



Agenda

Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45am – 11.30am
Date of Meeting:	Wednesday 18 September 2024
Venue:	Committee Room 2, Rotherham Town Hall
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net / Wendy Commons: wcommons@nhs.net

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

Item	Business Items	Time	Pres by	Encs
1	Rotherham Place Performance Report	10 mins	J Wildgoose	Enc 1
2	Rotherham Quality, Patient Safety and Experience Dashboard	10 mins	A Russell	Enc 2
3	Rotherham Place Prescribing Report	5 mins	G Bhogal	Enc 3
4	Rotherham Better Care Fund – Letter of Approval	5 mins	C Edwards	Enc 4
5	Feedback from Rotherham Place Executive Team	5 mins	C Smith	Enc 5
6	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – <i>for information</i>	5 mins	C Edwards	Enc 6
Standard Items				
7	Minutes and Action Log from 21 August 2024 Meeting	5 mins	Chair	Enc 7i&7ii
8	Communication and Promoting Consultations and Events		All	Verbal
9	Risks and Items for Escalation to ICB Board		Chair	Verbal
10	Future Agenda Items: <ul style="list-style-type: none"> • Lung Health Checks • Local CHC and Co-design Update Standing Items <ul style="list-style-type: none"> • Place Performance Report (monthly) • Risk Register (monthly for information) • Place Prescribing Report (Nov) • Quality, Patient Safety and Experience Dashboard (Bi-monthly) • Quarterly Medical Director Update (Oct) 			
11	Date of Next Meeting: Wednesday 16 October 2024 at 10:45am at Rotherham Town Hall in John Smith Room			

GLOSSARY

A&E	Accident and Emergency
BAME	Black Asian and Minority Ethnic
BCF	Better Care Fund
C&YP	Children and Young People
CAMHS	Child and Adolescent Mental Health Services
CHC	Continuing Health Care
COI	Conflict of Interest
CQC	Care Quality Commission
DES	Direct Enhanced Service
DTOC	Delayed Transfer of Care
EOLC	End of Life Care
FOI	Freedom of Information
H&WB	Health and Wellbeing
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IDT	Integrated Discharge Team
JFP	Joint Forward Plan
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
KLOE	Key Lines of Enquiry
LAC	Looked After Children
LeDeR	Learning Disability Mortality Review
LES	Local Enhanced Service
LIS	Local Incentive Scheme
LOS	Length of Stay
LTC	Long Term Conditions
MMC	Medicines Management Committee
MOU	Memorandum of Understanding
NHS LTP	NHS Long Term Plan
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
OD	Organisational Development
OOA	Out of Area
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
SATOD	Smoking at Time of Delivery
SEND	Special Educational Needs and Disabilities
SIRO	Senior Information Risk Officer
TRFT	The Rotherham NHS Foundation Trust
UECC	Urgent and Emergency Care Centre
VAR	Voluntary Action Rotherham
VCS	Voluntary and Community Sector
VCSE	Voluntary, Community and Social Enterprise sector
YAS	Yorkshire Ambulance Service



South Yorkshire
Integrated Care Board

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

September 2024

Rotherham Place Delivery Dashboard - September 2024

Performance Comparison - Rotherham Place/FT v National

June 2024

	Target	Place/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1%	6.78%	22.92%	0 out of 106	8th out of 106
RTT	92%	61.88%	58.88%	0 out of 106	29th out of 106
IAPT 6 Week Wait*	75%	99.00%	92.20%	100 out of 106	12th out of 106

*IAPT Figures are as at May 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

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
Cancer Waits: 31 days	96%	● ▲	● ▲	● ▼	●

Deteriorating Not met last month but met previously or YTD met

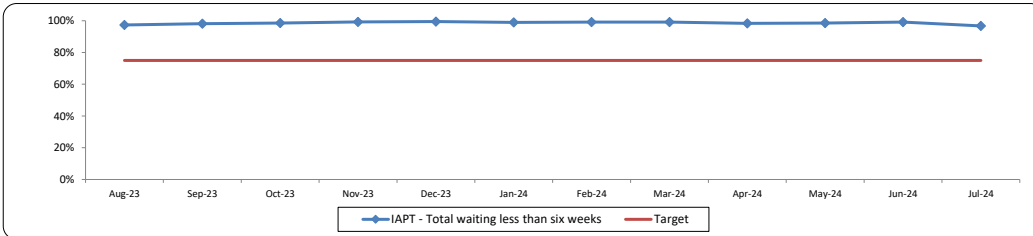
Concern Not met last two months

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
Cancer Waits: 62 days	85%	● ▲	● ▼	● ▲	●
Diagnostics	1%	● ▼	● ▼	● ▲	●
Referral to treatment	92%	● ▲	● ▲	● ▲	●
Cancelled Operations	0	● ▲	● ▲	● ▲	●

Rotherham Place Delivery Dashboard - September 2024

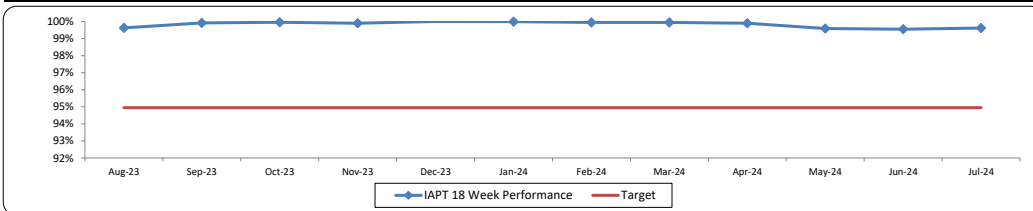
IAPT 6 Week Wait
 The national target for patients accessing IAPT services is 75% within 6 weeks and 95% within 18 weeks.
 The 6 week waits position for Rotherham Place as at end July was 96.7%. This is above the standard of 75%. June performance was 99.2%.
 Self-referral into the service is now established and contributing to this position.

		Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
6 Week Waiting List Performance	Actual	97.3%	98.2%	98.5%	99.3%	99.5%	99.0%	99.1%	99.1%	98.3%	98.5%	99.2%	96.7%
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



IAPT 18 Week Wait
 The 18 week waits position for the service as at end July was 99.7%. Performance is consistently meeting the 95% standard for 18 weeks.

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



IAPT Supporting Narrative
 Local comparison (published data June 24) shows the following benchmark position against Rotherham Place 98%
 Barnsley – 97%
 Doncaster – 88%
 Sheffield – 99%
 National – 92.4%

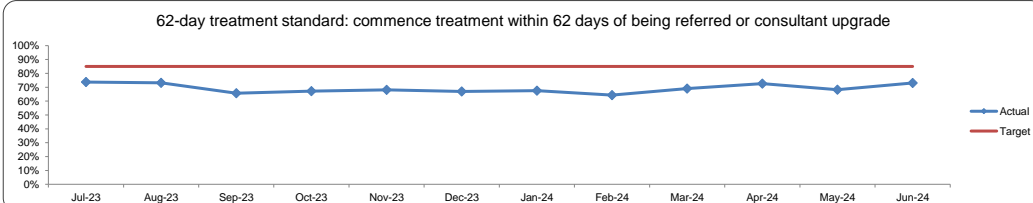
Cancer Waits

This section has been updated to align to the recent guidance on modernising and streamlining cancer waiting times
 In June the 28 day Faster Diagnosis standard achieved the target of 75% at 79.7%. May's performance was 79.9%
 The 31 day standard was achieved in June, with performance at 96.7% against the standard of 96%. A slight decrease from May's performance of 79.9%
 In June the 62 day referral to treatment target did not meet the national standard of 85%, with performance at 73.1% for Rotherham Place. An Improvement on May's performance of 68.2%.

	Apr-24	May-24	Jun-24
28 Day	●	●	●
31 day	●	●	●
62 day	●	●	●

Focus on - Cancer

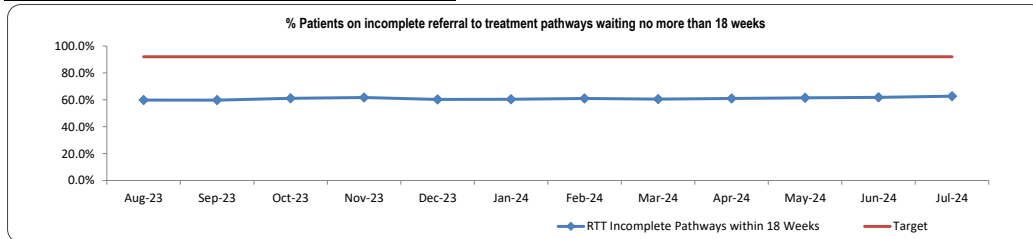
	Target	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Faster Diagnosis Standard: a diagnosis or ruling out of cancer within 28 days of referral	75%	79.7%	77.1%	73.6%	73.2%	74.1%	78.2%	70.4%	77.2%	79.3%	75.6%	79.9%	79.7%
31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients	96%	96.7%	95.7%	91.2%	90.7%	92.1%	84.4%	90.5%	94.2%	94.6%	90.2%	97.0%	96.7%
62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade	85%	73.7%	73.2%	65.7%	67.2%	68.1%	67.0%	67.5%	64.3%	69.1%	72.6%	68.2%	73.1%



Rotherham Place Delivery Dashboard - September 2024

Referral to Treatment					
RTT Incomplete Pathways did not meet the 92% standard in July at 62.7% based on provisional data. The position for June was 61.9%.					
In July there were 1039 waiters over 52 weeks, 52 over 65 weeks, 6 over 78 weeks and 0 over 104 weeks:					
Provider	Total	Over 52 Weeks	Over 65 Weeks	Over 78 Weeks	Over 104 Weeks
The Rotherham NHS Foundation Trust	29587	681 (66%)	1 (2%)	1 (17%)	0 (0%)
Barnsley Hospital NHS Foundation Trust	52	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	1165	53 (5%)	7 (13%)	1 (17%)	0 (0%)
Sheffield Teaching Hospitals NHS Foundation Trust	6265	243 (23%)	36 (69%)	4 (67%)	0 (0%)
Sheffield Children'S NHS Foundation Trust	1114	48 (5%)	6 (12%)	0 (0%)	0 (0%)
Other provider	1089	14 (1%)	2 (4%)	0 (0%)	0 (0%)
All Providers	39272	1039 (100%)	52 (100%)	6 (100%)	0 (0%)

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



	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
RTT Incomplete Pathways within 18 Weeks	92%	59.8%	59.8%	61.1%	61.7%	60.3%	60.4%	61.0%	60.5%	61.0%	61.4%	61.9%	62.7%
RTT Incomplete Pathways over 52 Weeks	0	1079	1146	1095	1023	1010	1038	994	963	1034	1020	1021	1039
RTT Incomplete Pathways over 65 Weeks	0	220	210	179	149	177	187	151	58	80	93	68	52
RTT Incomplete Pathways over 78 Weeks	0	9	14	6	8	12	18	11	5	8	2	3	6
RTT Incomplete Pathways over 104 Weeks	0	0	0	0	0	0	0	1	1	0	0	0	0

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

	% Over 13 Weeks	Apr-24	May-24	Jun-24	Jul-24	Target
All specialities - total incomplete	49.1%	61.0%	61.4%	61.9%	62.7%	92%
Cardiology	46.4%	62.7%	63.3%	63.5%	66.2%	92%
Cardiothoracic Surgery	25.6%	90.3%	87.8%	85.3%	87.2%	92%
Dermatology	34.5%	77.7%	78.6%	82.0%	78.2%	92%
Ear, Nose & Throat (ENT)	64.9%	46.7%	46.3%	45.7%	45.9%	92%
Gastroenterology	42.1%	75.1%	72.4%	71.9%	69.3%	92%
General Medicine	21.7%	100.0%	84.6%	94.1%	95.7%	92%
General Surgery	50.5%	52.4%	55.4%	57.2%	60.6%	92%
Geriatric Medicine	13.4%	86.4%	95.1%	97.3%	96.9%	92%
Gynaecology	52.2%	56.4%	57.0%	57.8%	58.8%	92%
Neurology	61.0%	46.0%	47.1%	47.1%	51.3%	92%
Neurosurgery	53.8%	54.3%	58.0%	60.1%	58.3%	92%
Ophthalmology	36.7%	72.7%	73.1%	73.5%	75.5%	92%
Other - Medical Services	40.7%	74.5%	75.2%	72.8%	73.6%	92%
Other - Mental Health Services	0.0%	-	-	-	-	92%
Other - Paediatric Services	43.5%	73.2%	69.9%	69.6%	71.3%	92%
Other - Surgical Services	41.2%	68.8%	69.8%	71.3%	71.3%	92%
Other - Other Services	24.6%	86.1%	84.3%	83.6%	85.4%	92%
Plastic Surgery	66.7%	54.0%	53.0%	49.5%	47.9%	92%
Rheumatology	13.8%	85.0%	90.6%	93.0%	93.0%	92%
Thoracic Medicine	15.8%	88.9%	91.7%	92.4%	93.2%	92%
Trauma & Orthopaedics	58.6%	47.6%	48.7%	48.7%	51.5%	92%
Urology	43.1%	72.2%	71.5%	70.6%	71.0%	92%

Focus on - Refer to Treatment: Incomplete Pathways

Total Incomplete 18 Week Pathways - 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
Number of Pathways	39284	39890	39422	37289	37169	36316	36702	37078	37848	37649	38343	39272
Mar-19 Number of Pathways	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819
Difference	22465	23071	22603	20470	20350	19497	19883	20259	21029	20830	21524	22453

RTT Supporting Narrative

Latest provisional data for July shows 18 specialities under the 92% standard, with just General Medicine (95.7%), Geriatric Medicine (96.9%), Rheumatology (93%) and Thoracic Medicine (93.2%) meeting the Standard.

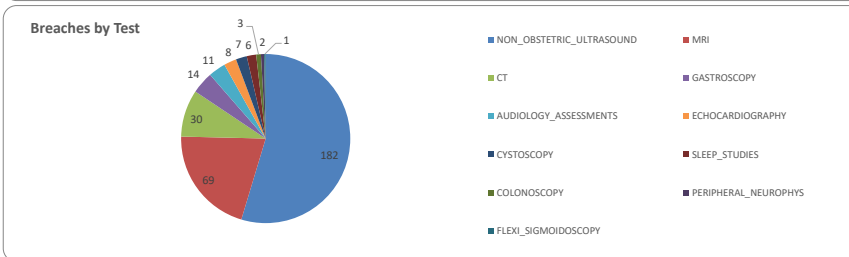
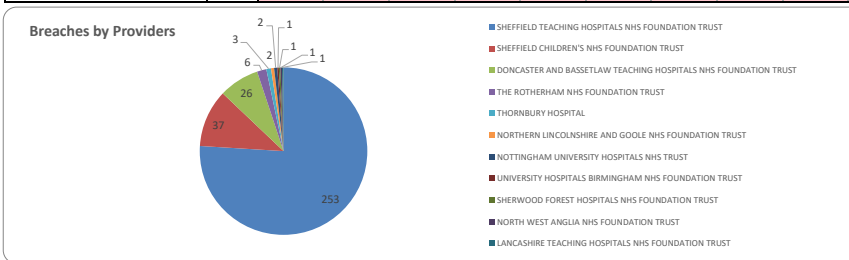
Rotherham Place performance benchmarks as follows against other places in South Yorkshire for RTT Incomplete waits in July (62.7%): Barnsley – 71.5% / Doncaster – 59.3% / Sheffield – 62.4% / South Yorkshire – 63.3%

In addition to performance against the 18 week waiting time, a comparison of the current waiting list size compared to March 19 has been provided for information. Please note: TRFT from April 2021 are including patients waiting to be appointed on their Referral to Treatment list, which has increased the overall waiting list size.

Rotherham Place Delivery Dashboard - September 2024

Diagnostic Waiting Times	
Provisional performance in July of 6.4% exceeds the <1% standard.	
333 Breaches occurred in July:	
6 (2%) at The Rotherham NHS Foundation Trust (1 Flexi Sigmoidoscopy, 2 Gastroscopy, 1 Colonoscopy, 2 Cystoscopy)	
0 (0%) at Barnsley Hospital NHS Foundation Trust ()	
26 (8%) at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (7 Echocardiography, 2 MRI, 11 Audiology Assessments, 5 Non Obstetric Ultrasound, 1 Peripheral Neurophys)	
253 (76%) at Sheffield Teaching Hospitals NHS Foundation Trust (1 Gastroscopy, 1 Colonoscopy, 5 Cystoscopy, 45 MRI, 28 CT, 1 Sleep Studies, 172 Non Obstetric Ultrasound)	
37 (11%) at Sheffield Children's NHS Foundation Trust (1 CT, 1 Peripheral Neurophys, 1 Colonoscopy, 19 MRI, 5 Sleep Studies, 10 Gastroscopy)	
11 (3%) at Other Providers (1 Gastroscopy, 3 MRI, 1 Echocardiography, 5 Non Obstetric Ultrasound, 1 CT)	

	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
% Patients waiting for diagnostic test > 6 weeks from referral (Commissioner)	1%	9.4%	7.5%	5.1%	3.4%	4.2%	5.3%	3.9%	2.2%	4.3%	5.1%	6.8%	6.4%



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

July-24 Provisional

Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	841	69	8.2%
Computed Tomography	783	30	3.8%
Non-obstetric ultrasound	1452	182	12.5%
Barium Enema	0	0	-
DEXA Scan	152	0	0.0%
Audiology - Audiology Assessments	373	11	2.9%
Cardiology - echocardiography	645	8	1.2%
Cardiology - electrophysiology	0	0	-
Neurophysiology - peripheral neurophysiology	23	2	8.7%
Respiratory physiology - sleep studies	171	6	3.5%
Urodynamics - pressures & flows	17	0	0.0%
Colonoscopy	215	3	1.4%
Flexi sigmoidoscopy	106	1	0.9%
Cystoscopy	112	7	6.3%
Gastroscopy	352	14	4.0%
Total Diagnostics	5242	333	6.4%

Rotherham Place Delivery Dashboard - September 2024

Eliminating Mixed Sex Accommodation










There were 0 breaches of this standard in June 2024

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

Incidence of C.diff

Performance for Rotherham Place overall in July was 8 cases. 8 cases in July occurred at Rotherham FT. In the YTD there have been a total of 48 cases.

Rotherham FT performance for July is 5 cases and 32 in the YTD.

	May-24	Jun-24	Jul-24
Place c.diff			
RFT c.diff			
MRSA			

Cancelled Operations

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

	Target	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
Cancelled operations re-booked within 28 days (Breaches)	0	6	9	6	7	11	5	5	13	11	9	2

Wheelchairs for Children

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

	Target	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25
Percentage of equipment delivered within 18 weeks	92%	100.0%	100.0%	98.7%	99.1%	97.9%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Rotherham Place Delivery Dashboard - September 2024

Percentage in 4 hours or less (type 1)

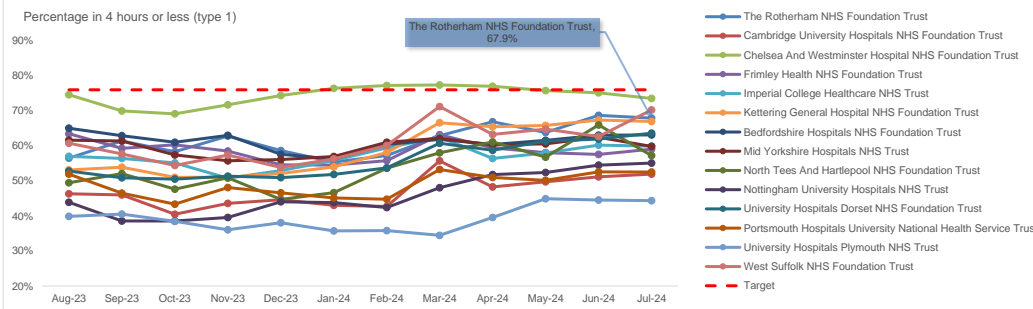
TRFT have now reverted to reporting the A&E 4 hour wait standard.

Data has only started being published from June 2023. The position as of July 2024 was 67.9%

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

TRFT is 3rd highest out of the 14 pilot sites in July

	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
The Rotherham NHS Foundation Trust	76%	56.5%	61.4%	58.3%	62.8%	58.7%	55.4%	57.2%	62.9%	66.9%	63.8%	68.7%	67.9%
TRFT Plan		55.0%	55.0%	60.0%	60.0%	65.0%	65.0%	70.0%	76.0%	0.0%	0.0%	0.0%	0.0%
Cambridge University Hospitals NHS Foundation Trust	76%	46.3%	46.0%	40.5%	43.6%	44.6%	43.0%	42.7%	55.7%	48.3%	49.7%	51.2%	51.9%
Chelsea And Westminster Hospital NHS Foundation Trust	76%	74.6%	70.0%	69.1%	71.7%	74.4%	76.4%	77.2%	77.4%	77.0%	75.8%	75.1%	73.6%
Frimley Health NHS Foundation Trust	76%	63.5%	59.3%	60.3%	58.5%	54.6%	54.5%	55.8%	63.2%	59.4%	58.1%	57.6%	59.0%
Imperial College Healthcare NHS Trust	76%	57.0%	56.4%	55.1%	50.8%	52.9%	55.8%	59.4%	62.5%	56.4%	58.0%	60.2%	59.9%
Kettering General Hospital NHS Foundation Trust	76%	53.1%	53.9%	51.0%	51.0%	52.1%	54.0%	58.1%	66.6%	65.5%	65.8%	67.4%	67.0%
Bedfordshire Hospitals NHS Foundation Trust	76%	65.0%	62.9%	61.0%	63.0%	57.6%	56.2%	60.4%	61.8%	60.4%	61.6%	63.0%	63.1%
Mid Yorkshire Hospitals NHS Trust	76%	61.6%	61.4%	57.4%	55.7%	56.1%	57.0%	61.0%	62.2%	60.2%	60.6%	62.4%	59.8%
North Tees And Hartlepool NHS Foundation Trust	76%	49.5%	52.1%	47.6%	50.9%	44.7%	46.6%	53.6%	58.0%	61.1%	56.8%	66.0%	57.3%
Nottingham University Hospitals NHS Trust	76%	43.9%	38.6%	38.6%	39.5%	44.0%	43.8%	42.4%	48.0%	51.8%	52.4%	54.5%	55.1%
University Hospitals Dorset NHS Foundation Trust	76%	52.8%	50.9%	50.5%	51.4%	50.9%	51.9%	53.7%	60.8%	58.7%	61.4%	62.0%	63.6%
Portsmouth Hospitals University National Health Service Trust	76%	51.9%	46.5%	43.4%	48.1%	46.6%	45.2%	44.8%	53.2%	51.0%	50.2%	52.6%	52.5%
University Hospitals Plymouth NHS Trust	76%	39.9%	40.5%	38.5%	36.0%	38.0%	35.7%	35.8%	34.5%	39.6%	44.9%	44.5%	44.4%
West Suffolk NHS Foundation Trust	76%	60.7%	57.7%	54.4%	57.4%	53.8%	56.3%	60.1%	71.2%	63.3%	64.8%	62.7%	70.2%



Rotherham Place Delivery Dashboard - September 2024

YAS		
Yorkshire Ambulance Service (YAS) is continuing to participate in NHS England's Ambulance Response Programme (ARP), which has moved to phase three. Based on feedback from the pilot, there are now four categories and the eight-minute response time for category 1 incidents no longer exists.		
YAS reported a mean of 7 minutes 43 seconds for category 1 calls in August for Rotherham Place. The position in July was 7 minutes 56 seconds.		
15 Minute Turnaround for The Rotherham NHS Foundation Trust in August was 54.3% an increase from July performance at 53%.		
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)

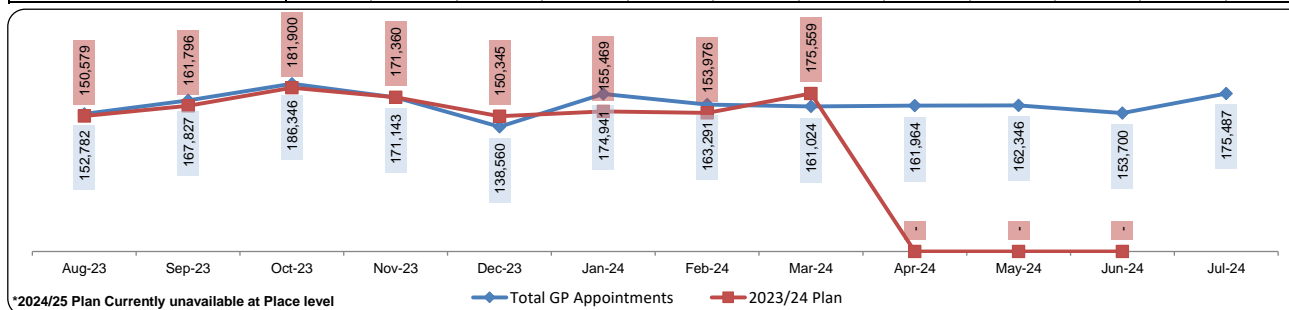
	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Cat 1 Mean	00:08:05	00:08:56	00:09:18	00:08:54	00:08:23	00:08:17	00:08:17	00:07:42	00:07:57	00:08:10	00:07:56	00:07:43
Cat 2 Mean	00:24:53	00:26:30	00:35:04	00:39:52	00:34:09	00:30:19	00:26:51	00:18:45	00:24:28	00:22:51	00:21:51	00:20:33
Cat 3 90th Percentile	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	02:26:31
Cat 4 90th Percentile	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	02:14:46

Handovers at TRFT

	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
% Handovers WITHIN 15 minutes	68.2%	53.8%	56.9%	49.6%	41.1%	41.6%	46.2%	52.5%	50.1%	57.0%	53.0%	54.3%
% Handovers OVER 30 minutes	7.7%	13.6%	9.4%	18.7%	31.6%	25.8%	21.6%	16.2%	16.7%	9.9%	11.3%	9.2%
% Handover OVER 60 minutes	1.4%	5.0%	1.0%	6.4%	15.9%	11.3%	7.1%	4.6%	4.6%	1.2%	3.4%	2.0%
Number of ambulance handovers OVER 60 minutes (RFR)	28	105	22	144	348	236	166	98	108	27	76	43

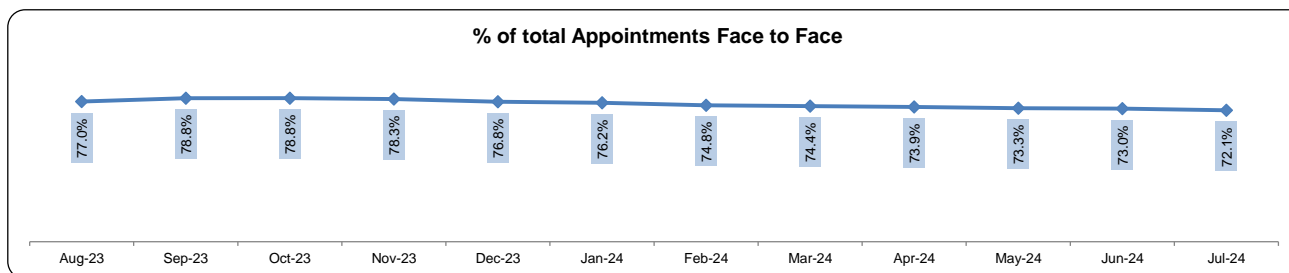
GP Appointments

	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Total GP Appointments	152,782	167,827	186,346	171,143	138,560	174,941	163,291	161,024	161,964	162,346	153,700	175,487
2023/24 Plan	150,579	161,796	181,900	171,360	150,345	155,469	153,976	175,559	-	-	-	-
Variance to 2023/24 Plan	2,203	6,031	4,446	- 217	- 11,785	19,472	9,315	- 14,535	161,964	162,346	153,700	-



*2024/25 Plan Currently unavailable at Place level

	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
% of total Appointments Face to Face	77.0%	78.8%	78.8%	78.3%	76.8%	76.2%	74.8%	74.4%	73.9%	73.3%	73.0%	72.1%



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	Apr-24	May-24	Jun-24	Jul-24	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	86.70%	88.20%	89.10%	89.60%	66.70%
Protecting People From Avoidable Harm	May-24	Jun-24	Jul-24	2024/25 YTD	
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0	0	0	0	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - RFT	0	0	0	0	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	13	11	8	48	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	10	6	5	32	Actual
	0	0	0	0	Plan
Mental Health: Monthly Indicators	May-24	Jun-24	Jul-24	2024/25 YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	3.8%	5.2%	5.2%	5.2%	27.80%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	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 Q2	2023/24 Q3	2023/24 Q4	2024/25 Q1	Target
Proportion entering treatment waiting two weeks or less	88%	61%	83%	73%	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)	Mar-24	Apr-24	May-24	Jun-24	Target
Number of CYP aged under 18 supported through NHS funded mental health with at least one contact (12 month rolling)	4910	4465	4455	4465	4250
Perinatal Access (No. of Women)	Mar-24	Apr-24	May-24	Jun-24	Target
Perinatal Access showing the number of people in contact with Specialist Perinatal Mental Health Community Services (12 month Rolling)	230	225	225	225	TBC
Discharges follow up in 72 hours	Mar-24	Apr-24	May-24	Jun-24	Target
% Discharges from adult acute beds followed up within 72 hours in the reporting period	83%	69%	76%	77%	80%
Out of Area Placements (OAP) bed days					
Place holder - content TBC					
Physical Health Checks for people with Serious Mental Illness (PH SMI) Achievement	2022/23 Q4	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4
People on the GP SMI Registers receiving all six physical Health Checks (in the 12 months to period end)	1197	1106	1086	1099	1349
Target (Local)			918		
Community Mental Health (MH) Access (2+ contacts)	Mar-24	Apr-24	May-24	Jun-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)	2915	2950	3005	3095	TBC
Learning Disability Annual Health Checks	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Checks	158	154	83	86	96
Register	1781	1781	1781	1781	1781
Trajectory	125	125	56	56	56
2 Hour Urgent Community Response	Mar-24	Apr-24	May-24	Jun-24	Target (from Dec-22)
% of 2-hour UCR referrals that achieved the 2-hour standard (TRFT)	72%	75%	77%	75%	70%
* N.B. New technical guidance was published in March 23 affecting data from April 23 onwards: therefore direct comparison to data prior to April 2023 is not possible. Latest month is Provisional.					
Virtual Ward					
Place holder - content TBC					
Looked After Children					
Placeholder - content TBC					

BCF

ACS Admissions		Mar-24	Apr-24	May-24	Jun-24	Jul-24
Number of Ambulatory Care Sensitive Admissions	Actual	322	339	361	312	283
	Target	240				
Discharges to Usual Place of Residence		Mar-24	Apr-24	May-24	Jun-24	Jul-24
% Discharged to Usual Place of Residence	Actual	95.7%	95.2%	95.0%	96.1%	94.9%
	Target	94.0%				

Discharges

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

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

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

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

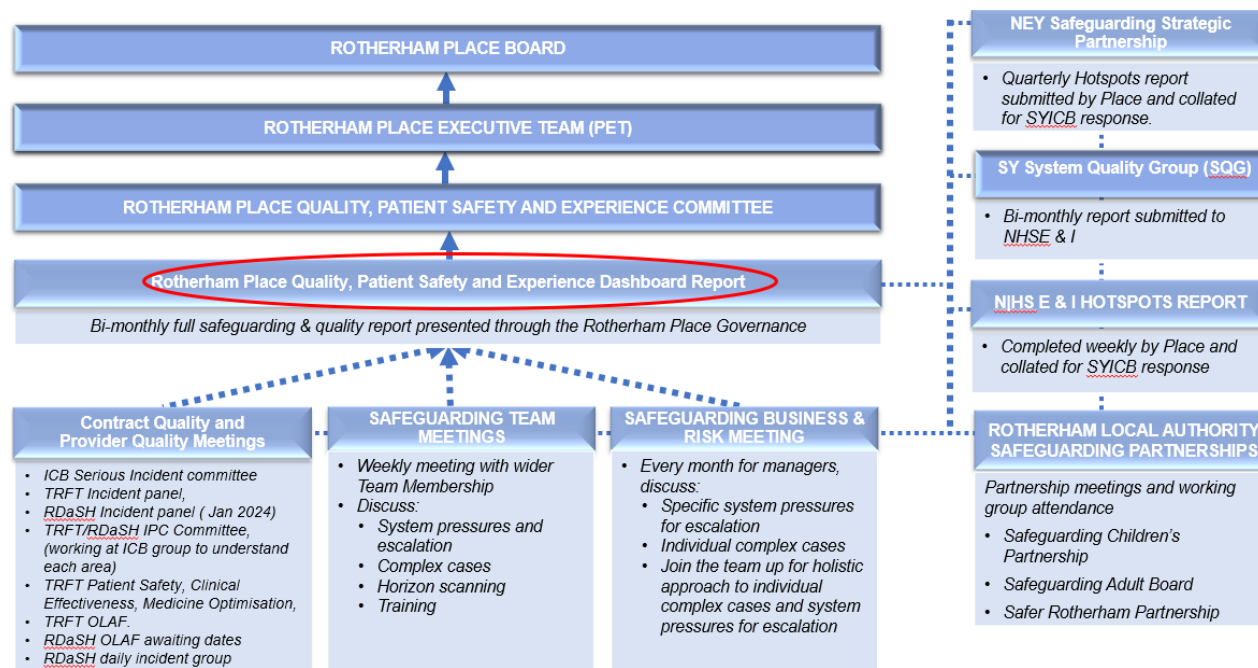
Lead Executive	Andrew Russell, Director of Nursing Rotherham & Doncaster, Deputy CN SY ICB
Lead Officer	Julie Warren-Sykes Deputy Chief Nurse Rotherham Place on behalf of Kirsty Leahy, Head of Quality

Purpose

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

Background

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



Analysis of key issues and of risks

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

Patient, Public and Stakeholder Involvement

None. Business reporting.

Financial Implications
None.
Approval history
NHS SYICB Rotherham Place Quality Team – 3 rd Sept 2024 NHS SYICB PET – 19 th September
Recommendations
Note and discuss content of report.

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

September 2024

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

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

The following RAG ratings and descriptor have been applied.

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

Summary Table

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

SECTION 1 Rotherham Place Overview/Systems Quality Group

Issue	Key Status/ Risks / Concerns	Mitigating actions
The Rotherham NHS Foundation Trust		
Industrial action	Although Consultants have agreed a new pay deal, Junior doctors in England will continue to strike over the next six months after a recent vote to continue to take industrial action. The BMA have announced that the referendum for General Practice and GP registrars in England with over 99% voting against the 24 25 Contract uplift.	Risk assessment will continue to take place highlighting areas of concern which are being worked and addressed across PLACE. ICB will continue to provide support/on call systems during industrial action. Debriefs pre- and post-strike period to ensure learning across Place and SY. When required -early planning briefs with all partners Daily meetings to check in on system pressures. On call rota.
Endoscopic Retrograde Cholangiopancreatography - (ERCP)	A retrospective external review of ERCP services is being undertaken in response to issues raised – NHSE leading to provide update. Two cases heard at Doncaster Coroners Court February 2023. Summary of the verdict: <ul style="list-style-type: none"> - ERCP not completely causative but some missed opportunities around care. - No Regulation 28 restrictions. - No media coverage. Awaiting national guidance regarding service requirements to ensure appropriate pathways. STH transfer embedded into practice. No date to restart	Oversight, assurance NHSE. CQM (Contract Quality Meeting)
Paediatric Audiology screening programme – national programme	The Newborn Hearing Screening Programme reviewed the data of every newborn baby born in England (2018-2023) and identified four Trusts who had diagnosed significantly fewer babies with a permanent childhood hearing impairment (PCHI) than expected, following initial hearing screening assessment. Recognising the system wide nature of the issues identified, a National Paediatric Hearing Improvement Programme has been established by NHS England to support providers and ICBs to improve the quality of these services. The programme is undertaking work to understand the scale of the problem and the number of	SY system working and within each PLACE. SY Quality Improvement Group/ Quality Leads/QPPIE CQM NHSE Specialist Scientific input involved and oversight monthly meeting. Monthly audit meetings Regional group First Audit meetings commenced February 2024.

Issue	Key Status/ Risks / Concerns	Mitigating actions
	<p>children who have been affected, and to develop the strategic tools and interventions to support sustainable improvements.</p> <p>A set of system recommendations for immediate action have been developed. These have been informed by stakeholders including regional and ICB clinical and quality leads as well as the outcomes of the reviews of root cause analyses of the incidents and other pilot service assessments by UKAS.</p> <p>The review outcome did not identify significant concerns with a programme of ongoing work identified and monitoring for TRFT.</p> <p>TRFT action plan submitted as requested. No feedback received at this time.</p>	<p>TRFT has signed for accreditation which has a two-year lead time</p>
<p>SY ICB – TRFT & GP update Safeguarding/ Media Interest Case An independent investigation has been commissioned via NHSE for a child death</p>	<p>Final report published on the 5th of October. COMMS Final Report YMN October 2023 publication version.pdf (syics.co.uk)</p> <p>TRFT- Actions have been addressed however the family have met with politicians and NHSE Chief Executive. The family have requested a new Independent Inquiry due to challenges around TRFT patient journey. An independent person had been appointed to liaise with the family and the report authors.</p> <p>GP – Actions are being addressed. PLACE Medical Director involvement for pathways.</p>	<p>Routine. Oversight, assurance, and support from the ICB Safeguarding/Quality team. Strategic safeguarding group CQM (Contract Quality Meeting) Medical Director oversight/support with Primary Care</p>

Issue	Key Status/ Risks / Concerns	Mitigating actions
RDaSH		
CQC Quality Improvement Plan		
Primary Care		
Rotherham's 28 General Practices CQC ratings:		
Outstanding	1	The Gate
Good	24	
Requires Improvement	3	Crown Street, Shakespeare Road, Swallownest
Inadequate	0	
<p>The Senior Manager for Primary Care continues to have monthly meetings with the Lead CQC Inspector for Rotherham to discuss concerns, but the CQC is experiencing reorganisation and therefore visits will only be undertaken on a risk basis. All three RI practices have been visited by the Primary Care Team and remain under closer review of their performance overall; Swallownest and Crown Street will be revisited. The Primary Care Team continue to provide support to all practices currently.</p>		
Crown Street Surgery, Rotherham	Last inspected August 2023. RI in all areas Breach Reg 12 .	At the most recent reinspection, Crown Street dropped from RI in 3 areas to RI in all areas. They were visited on the 27th March 2024 by the Primary Care Team, including the Medical Director as an escalation of concerns and provided assurance around their action plan. Close contact is being maintained, and appropriate steps have been taken by the practice to address issues.
Shakespeare Road PMS, Rotherham	Last inspected May 22. RI overall (RI safe, effective & well-led). Breach Reg 12	CQC inspections have now restarted with those practices listed as RI remaining on the priority list for re-inspection, the practice is still awaiting a visit. Team support continues.
Swallownest Heath Centre, Rotherham	Last inspected June 2023. RI overall – all KLOEs . Breach of Reg 12 . A CQC follow-up visit took place 14 June 2023, report issued 27 September 2023 – practice remains RI overall, though has moved to 'good' for caring, and responsive.	Primary Care support continues. Taking account of the continued RI status, the practice received a further Contract & Quality Visit on 24 January 2024. Team support continues, in light of a number of staff absences and the loss of a Practice Manager.
Woodstock Bower Surgery, Rotherham	Unrelated to current CQC status, this practice received an enhanced Contract & Quality Visit 04 October 2023 including the attendance of the Medical Director following a complaint to the CQC in September 2023. A further visit was undertaken January 2024.	At the first visit there were found to be several areas where further work in conjunction with the practice was needed: <ul style="list-style-type: none"> • A review of the high rate of emergency admissions alongside the seemingly low referral rate.

Rawmarsh Health Centre	Unrelated to CQC status, this practice last received a formal Contract & Quality Visit in November 2022. In December, the Practice Manager left with immediate effect and has yet to be replaced; as a result, a series of further meetings have been held with the practice.	<ul style="list-style-type: none"> • A review of the management of conflicts of interest when using external staff to undertake core contract responsibilities. • Medical staffing levels. <p>The practice has undertaken significant work to provide assurance, and it is hoped that after a third follow-up visit in early summer the practice will no longer need to be under enhanced surveillance. Concerns from staff appear to be centred on a change in management style as opposed to clinical risk.</p> <p>March 2024 - Primary Care Senior Manager spent a day in the practice, and was significantly assured having sat in a clinic, talked to clerical staff, receptionists, telephonists, and clinicians. A final follow-up visit is scheduled to offer further assurance, this will take place in the summer.</p> <p>Concerns have been raised by patients, other services and wider primary care staff, and relate to a number of issues, including staffing. The practice has been placed on a monitored action plan with agreed timelines for delivery. Lack of improvement will lead to escalation and formal contractual action.</p>
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Care Homes		
Care Homes	<p>Older peoples care homes as at 31/08/24.</p> <ul style="list-style-type: none"> • 2 pauses on new admissions • 14 beds are closed for refurbishment in 3care homes. <p>Care Home for Under 65 / Specialist</p> <ul style="list-style-type: none"> • One suspension on new admissions – now lifted 	Weekly reporting via hotspots report.
Care Home Contract Concerns/Defaults	<p>In March 2024, there were a total of 37 contract concerns raised in relation to 27 providers involving residential and nursing care homes, home care and supported living providers.</p> <p>11 concerns have been substantiated, 4 unsubstantiated with the remaining 22 still being investigated.</p>	Monthly reporting via RMBC Multiagency monthly Risk meeting

	<p>The themes for the substantiated concerns are staffing, environment, equipment, moving and handling, medication, and safeguarding.</p> <p>One under 65 / specialist care home provider had a contract default and special measures improvement plan in place. This has now been lifted</p>	
Byron Lodge Rotherham	CQC overall rating requires improvement. Date of inspection visit: 12 April 2023. Date of publication: 12 May 2023. 8 people placed via fully funded CHC.	RMBC oversight. PLACE involvement. Contracting default and embargo have now been lifted and CHC team have found improvements in care plans when they visited.
Waterside Grange	CQC visit concerns.	RMBC oversight. PLACE involvement. New manager in post, CHC team have found improvement in care plans. Further visits arranged. RMBC oversight continues with PAMMS Assessment planed for end of August
Roche Abbey	CQC visit concerns	RMBC oversight. Roche Abbey has been subject to an Organisational Safeguarding led by RMBC which commenced in May 2024. There are currently ongoing weekly MDT meetings monitoring the situation attended by the ICB, with the CHC and ICB Rotherham Place Safeguarding & Quality Lead proactively engaging with and monitoring the care home in relation to fully funded health care patients who are residing there. Continues to be in organisational safeguarding
Layden Court	CQC Inspection – Rated Inadequate	This CQC inspection linked to organisational safeguarding concerns for this care provider. The Organisational safeguarding concluded, and the process was exited in February 2024 following improvements in care being made at the care home. 31.05.2024 Contracting default and embargo have now been lifted. Sustainability visits have been carried out by RMBC and CHC - no longer in organisational safeguarding.

Riverside Healthcare Limited Cheswold Park Hospital, Doncaster	Mental health - community & hospital – independent, rated inadequate http://www.cqc.org.uk/location/1-107889029	Individuals are being identified who are placed within the facility and awaiting further guidance for next steps.
Regulation 28		
Rotherham Place	RDaSH - No Regulation 28 restrictions. TRFT – No new Regulation 28 restrictions.	Regulation 28 has been added to the TRFT and RDaSH Contract Quality agenda as standard.
IPC		
HCAI's – (<i>Health care associated infections</i>)	Work remains ongoing around HCAI's, reviewing the processes and the themes and trends to enable improvement and reduction strategies.	Continues. C-Difficile rates remain high, and this is a theme nationally. MRSA BSI rates increased. Appears to be a national theme.
GNBSI's – (<i>Gram negative blood stream infections</i>)	Work looking at themes and reduction strategies. There are some improvement projects in process/ development based on the surveillance data around urine sampling and catheter care.	Continues. Links into the hydration project. Reducing UTI's will reduce GNBSI's. Also looking into themes identified to plan further reduction and improvement projects/ work.
C-difficile - (<i>Clostridioides Difficile Infection</i>) increasing nationally and this is evident in Rotherham as a comparison to last year.	Work on going to look at themes and reduction strategies required. Some themes identified and planning improvement and potential reduction projects in collaboration with TRFT and Medicines management.	Continues. The reduction/ improvement will not have an immediate effect on the figures due to identification being quarterly. 23/24 thresholds breached due to unrealistic setting and not based on rates. Awaiting 24/25 thresholds which are believed to be set based on rates for the first time. Alert received around a strain (new variant ribotyping 955) causing increase in severity of symptoms and mortality. Outbreak seen in the midlands. Remains no cases in Rotherham but continuing to monitor, plans in place by providers if any cases identified and will be reported on.
Measles	Cases increasing around the UK and seen in Y+H. NHSE and UKHSA requests and support in having processes in place are ongoing at Place level through the Health Protection Committee membership with additional requirement of primary care.	Event held in Rotherham through HPC membership. Acknowledgment that Primary care inclusion required. SYICB template has now been shared by Sheffield for completion at Place level for Primary Care involvement. Guidance from UKHSA and NHSE published late January 24. Escalated within PLACE and to ICB medical director. Meeting w/c 22 nd April to address.

High Consequence Infectious Diseases (HCID) (would include mpox and Avian flu)	Cases increasing around the world, UKHSA alerts and briefings arriving, requesting processes in place. These are under discussion within the ICB and at Place level regarding requirement of primary care in relation to PPE usage.	Briefings received and dissemination to Primary Care. Does not include information for Primary care relating to PPE at present and no additional guidance. UKHSA guidance expected to be published around this imminently.
Workforce		
Rotherham Place Safeguarding & Quality Team workforce concerns.	Continues to be impacted due to several factors including the overall ICB structure changes. Potential risks identified include breaches of statutory functions e.g. Care Education and Treatment Review arrangements.	Workforce issues continue. Escalated within PLACE and ICB. Band 4 admin post recruited to.
CHC		
Disputes on eligibility outcomes	Disputes on eligibility outcomes continue to impact on the CHC National Standards of 80% of cases completed within 28 days and no cases over 12 weeks. There are currently several cases in dispute panel at this present time.	The CHC team are working in partnership with RMBC to develop and provide joint benchmarking and training to staff working at all levels across CHC which in turn will raise awareness and knowledge of the National framework and reduce variations in outcomes.
Capacity of EMI nursing placements	Rotherham area remains low with an increasing number of care homes requesting 1:1 to manage falls and behaviours that challenge.	CHC continue to work with partner organisations to address the issues, work has begun to develop a multi-agency process which will be included in the operational meetings update
LD placements/provisions	The limited number of LD placements/provisions in the local area continues to be an issue, particularly for young people who are transitioning from Children's services to Adults.	CHC continue to work with RMBC, RDASH and ICB colleagues to address this issue and source appropriate care provisions. Access to RMBC enhanced brokerage services has been requested and if agreed will help support the commissioning and monitoring of quality individual provisions.

Safeguarding																
Volume DHRs, SARs, learning reviews, CSPRs etc	<p>There are currently three DHR's open in Rotherham Place, one which is at the end of the process and awaiting sign off of the final report. Two are ongoing. There are no SAR's currently in Rotherham place, and one out of area SAR in Sheffield that Rotherham Place is participating in.</p> <p>There has been a child death at Rotherham Place that did not meet the criteria for reporting to the National Panel, but a local review will identify any learning.</p>	<p>Statutory requirement RSAB RSCP SRP PLACE Board ICB/NHSE</p>														
Court of Protection (COP)	<p>Cases continued to be progressed via the COP. Data for July 2024 below for people who have been screened in as requiring a formal deprivation of liberty safeguard to legally deprive them of their liberty in the community (Stage 1). There are currently 2 awaiting court approval for deprivation (Stage 2). Both will move to a review (Stage 4) once orders are approved. This is only data based on the Learning Disability Cohort of patients and 3 from CHC. Work has started now around completing assessments for people living in the community who are fully CHC funded. These are screened accordingly on a priority basis using a screening tool that's been adapted from ADASS.</p>	<p>For information, further details in section 3</p>														
<table border="1"> <thead> <tr> <th colspan="2">Count of Patient ID – July 2024</th> </tr> <tr> <th>Safeguarding Alert Type</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>COP – Pending</td> <td>2</td> </tr> <tr> <td>COP - Stage 1</td> <td>38</td> </tr> <tr> <td>COP - Stage 2</td> <td>2</td> </tr> <tr> <td>COP - Stage 4</td> <td>4</td> </tr> <tr> <td>Grand Total</td> <td>46</td> </tr> </tbody> </table>			Count of Patient ID – July 2024		Safeguarding Alert Type	Total	COP – Pending	2	COP - Stage 1	38	COP - Stage 2	2	COP - Stage 4	4	Grand Total	46
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Operation Stovewood	<p>Operation Stovewood commenced in 2014 as the single largest law enforcement investigation into non-familial child sexual abuse in the UK. The Rotherham investigation between 1997 and 2013 identified over 1100 victims and those who have been convicted jailed for over 255 years.</p> <p>A change in investigative approach from 1 January 2024 will mean that the NCA will no longer adopt any new investigations falling within the Stovewood terms of reference. They will continue to investigate open cases as a priority. From 2024 any new investigations will be investigated by South Yorkshire Police, and this is a key step, as it demonstrates ongoing progress against one of the priorities, around working with local partners and communities to rebuild public confidence in agencies.</p> <p>South Yorkshire Police has continued to investigate CSE throughout this period across South Yorkshire and within Rotherham where the offence falls outside of the time period covered by Operation Stovewood. In the latest inspection carried out by His Majesty's Inspectorate of Constabulary and Fire & Rescue Service (HMICFRS), South Yorkshire Police were assessed as outstanding at protecting vulnerable people.</p> <p>Operation Stovewood has now entered a phase of reviewing organisational learning, with agencies involved being requested to complete workbooks and participating in partnership workshops.</p>	<p>Regulatory approval Open cases will be a priority and investigated under Stoverwood Public arena/High profile operation Previous community tensions SQG Oversight and awareness as national operation. Multi agency involvement including Public Protection.</p>
Provider safeguarding concerns	There is currently one organisational safeguarding concern for a Rotherham care provider where the ICB has fully funded patients in residence.	<p>Statutory process RSAB & subgroup Provider to provider meetings PLACE Board ICB/NHSE</p>
Hidden Harms – any insight/emerging issues, concerns	Increasing amount of people in the community needing acute mental health beds. Both Learning disability and Autism and Mental health. This has led to increased LAEPs and out of area placements.	Increased pressure on Rotherham acute services to monitor and repatriate when possible.
LD & Autism		
LeDeR	An ICB centralised team commenced on the 1 st of July 2023 to address current and backlog of cases. Reporting on LeDeR for future reports will be provided by the central team.	Report from last meeting
Capacity Issues	Capacity issues remain and are reflected across the board by partners in RDaSH and RMBC. This is impacting on both inpatient and community.	
Bed provision	ingle accommodation recognised as a key with fill rates.	

	<p>RMBC brokerage continue to ask placements in Rotherham to prioritise Rotherham patients first, however a number of new providers have set up supported living placements in the area without following process. This has resulted in a number of out of area patients being placed in the Rotherham area.</p> <p>Mental health with risky behaviours or autism only diagnosis continue to cause blockages in the system due to the lack of availability to move on. Providers have been approached but building new or identifying and then adapting properties will take time.</p>	
Mental Health and Section 117	<p>Capacity issues remain and are reflected across the board by partners in RDaSH and RMBC.</p> <p>Out of area acute and PICU bed requests have continued to remain high. As of 23/08/2024 there are 12 patients placed out of area, mainly due to lack of local beds.</p> <p>There are 18 people in out of area locked rehab placements with an expected 4 discharges over the next year.</p> <p>Lack of standard nursing beds across Rotherham has meant that people are having to be placed out of area, also impacting upon clinically ready for discharge rates.</p>	
C(e)TR	<p>Lack of capacity within the team has meant that meeting statutory timescales are problematic to meet, and impacts upon workload.</p> <p>Difficulties in finding appropriate panel members can make arranging CETRs challenging for business support, currently completing a scoping exercise to support with this.</p> <p>There continues to be increasing requests for C(E)TRs. In 23/24 a total of 22 were held for the year. However, there have been 23 held in 24/25 so far.</p>	
Transforming Care	<p>Lack of learning disability and autism provision and placements for all ages, continues to impact service along with placements/environments that do not always meet needs. System/ nationwide issues.</p>	

CARE AND TREATMENT REVIEWS

In April and May there have been 5 held.

13. WINTERBOURNE SUBMISSION

There are currently 10 patients in a hospital setting and 3 in secure services. Discharge planning is underway for 8 of these patients, but 3 are under Ministry of Justice restrictions so transitions will be prolonged. There remain difficulties identifying placements for patients who have capacity regarding their care and support needs but will need high levels of support due to risks in relation to self-harm.

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

14. DYNAMIC SUPPORT REGISTER (DSR)

The children and young people's DSR is held on a weekly basis. The adult autism and learning disability DSRs are both held fortnightly.

There continues to be a lack of community provision to support adults with an 'Autism' only diagnosis. However, plans have commenced to consider a new model for a South Yorkshire wide team and a market testing/engagement event was held in May which was well attended by a number of potential providers.

There are proposals for the Senior Navigator service to be expanded to provide 'all-ages' provision (currently commissioned to work with people up to the age of 25). The Senior Navigators will be moving to a centrally managed team in September and the new manager for the service is now in post.

15 LEARNING DISABILITY MORTALITY REVIEWS (LeDeR)

An ICB centralised team commenced on the 1st July 2023 to address current and backlog of cases. Reporting on LeDeR for future reports will be provided by the central team. A report is due for the next submission.

SECTION 2 Key Updates

Title	Key Status/ Risks / Concerns / Good Practice
Rotherham Hospice	Quarterly Contract Performance Meetings between Hospice / ICB take place. KPI suite in place and ICB received Hospice Compliance& Assurance Report for consideration/assurance.
Public Protection	NHS SY ICB Rotherham remain committed members to Channel and MAPPA. All Operation Stovewood cases are managed by MAPPA on release. Local arrangements are in pace for our providers to attend MARAC and CMARAC.
Patient Experience	<p>Patient experience is collected in several ways: Healthwatch Rotherham have published a number of documents, and have a regular programme of outreach activity https://healthwatchrotherham.org.uk/news-and-reports.</p> <p>Providers</p> <ul style="list-style-type: none"> • TRFT produces a comprehensive patient Experience and Engagement report, covering FFT, comments, complaints, and compliments, which is considered at the Patient Experience committee - for October (latest available), there are no exceptions to report. • RDASH – patient experience is addressed in the Quality data sets, with a regular overview of experience, which is being refined and developed. <p>FFT - currently available up to March 2024 here https://www.england.nhs.uk/fft/friends-and-family-test-data/ Generally, figures for Rotherham services are in line with national averages, or slightly higher. To note for March,</p> <ul style="list-style-type: none"> • UECC rates 73% positivity, lower than the national average of 78%, also concerning is that collection levels are the lowest in South Yorkshire, which can skew the data negatively • GP practices have all submitted data bar 5, and only one practice falls below the national average of positivity at 89%. GP and dental data have not been analysed at a practice level (capacity); however, most dental practices in Rotherham do not submit data. • Maternity FFT collection is low, especially for Q3, and Q4- Other trusts across the ICB have struggled to collect any responses for Q4. <p>PATIENT AND PUBLIC ENGAGEMENT – WHAT WE ARE HEARING</p> <p>Engagement activity and themes April - May 2024</p> <p>Activity</p> <p>NHS ICB South Yorkshire Engagement Team</p> <ul style="list-style-type: none"> • Work on the Involvement Strategy Refresh – Start with People. This has now been presented to Board, and signed off, with work starting on implementing the agreed themes. These include better feedback to communities; refreshing the way the Board hears stories and themes, and working with Board level colleagues to build links and relationships with communities, raising their profile and establishing links. Work

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

Title	Key Status/ Risks / Concerns / Good Practice
	<p>PSII. This approach has already been taken successfully used by PSIRF Early Adopter organisations. StEIS will continue to be available and operational for now. It is envisaged that as new activities and processes under PSIRF become more embedded and as the latest LFPSE versions and capabilities develop, StEIS closures can be considered to new incidents from October 2024. StEIS will continue to be available for managing incidents for a period after this point and access to legacy data.</p> <p>Further information: NHS England » Learn from patient safety events (LFPSE) service</p>
<p>PSIRF/Serious Incidents and Never Events</p>	<p>Both TRFT and RDaSH have transitions to PSIRF with implementation continuing. A parallel system for recording of all incidents on LFPSE and PSII's on StEIS with overview panels progressing and developing. At present the top three themes in 2024 for TRFT are Maternity/Obstetrics, Surgical / Invasive procedures and Diagnostic incidents including delays whilst RDaSH's is Apparent/actual/suspected self-inflicted harm, Patient Safety incident and Slips/trips/falls. These areas have been highlighted within their trust PSIRF plans.</p> <p>The NHSE Never Event Framework is out for consultation.</p> <p>Work continues across PLACE and the ICB for moving ahead with the PSIRF agenda in Primary Care and the Independent Sector.</p> <p>The ICB's responsibilities within PSIRF continue to evolve.</p> <p>The Healthcare Safety Investigation Branch (HSIB) has transitioned to the Health Services Safety Investigations Body (HSSIB). The maternity investigations programme is the Maternity and New-born Safety Investigations Special Health Authority (MNSI). You can read more about these changes and the new organisations on the HSIB website.</p>
<p>SEND Local Area Inspection Update</p>	<p>Await an Ofsted CQC inspection under the new framework and will continue to use the documentation to provide updates on progress to the SEND Executive Board and Place Board.</p>
<p>Waiting times for neurodevelopmental assessment.</p>	<p>Early Years</p> <p>There has been a year-on-year increase in referrals to the Child Development Centre (CDC). The demand for the service has almost doubled since 2016/17.</p> <p>Rotherham council and South Yorkshire ICB, Rotherham Place have agreed a number of actions to reduce the waiting times for assessment in the child development centre and ensure all children receive an age-appropriate assessment. This includes work with the 0-19 service to quality assure referrals into the Child Development Centre to ensure that all referrals are good quality referrals. Development of a 'fast track' pathway for children who clearly meet the criteria for diagnosis in line with NICE guidance, at the discretion of the diagnostic team. Additional short-term investment into the team to increase capacity for assessments.</p> <p>5-19</p> <p>The Social and Emotional Wellbeing Panel aims to screen all new referrals within 4 weeks of receipt (currently all referrals are screened within this time).</p> <p>The change to the referral pack has improved the quality of referrals for assessment. There have also been approx. a third less referrals for assessment. From September the pathway moved to a 6-week assessment cohort, which means assessments are now completed where possible within this timescale. The focus on reducing waits continues to be a priority along with evidence based, quality assessments.</p> <p>The service has responded to patient, family and professional feedback in order to shape services around individual's needs:</p> <ul style="list-style-type: none"> • Simplifying and reducing the length of the final report.

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

SECTION 3 Patient Quality and Safety Report

INFECTION PREVENTION AND CONTROL

HEALTHCARE ASSOCIATED INFECTION (HCAI)

RDaSH: There have been no cases of Health Care Associated Infection so far this year (24/25).

Hospice: There have been no cases of Health Care Associated Infection so far this year (24/25).



HCAI:	TRFT	NHSR
MRSA	0	0
MSSA	10	27
Clostridium Difficile	32	48
E Coli	21	78
Klebsiella spp	8	19
Pseudomonas aeruginosa	6	10

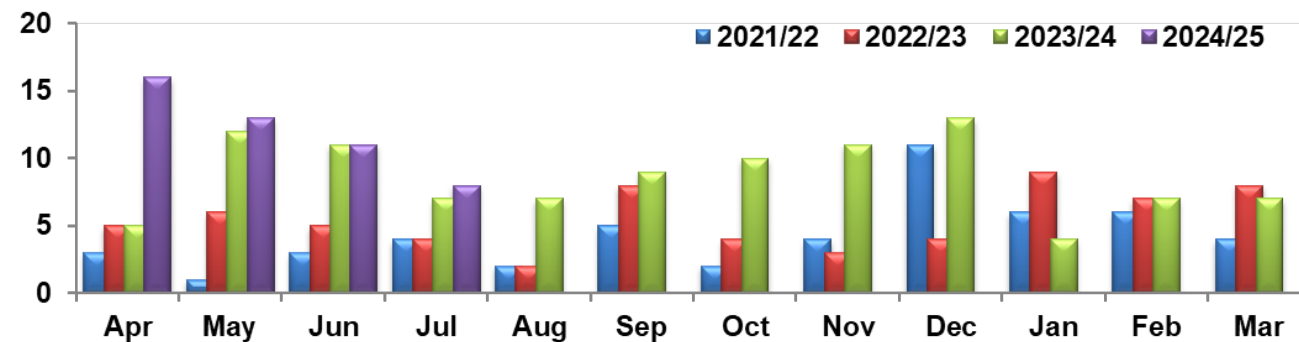
Clostridium Difficile Infections (CDI)

TRFT 2024/25 Target = TBC for CDI												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	11	10	6	5								
Monthly Plan*	2	2	2	1	0	1	2	1	2	2	1	1
Year to Date	11	21	27	32								
Year to Date Plan*	2	4	6	7	7	8	10	11	13	15	16	17

NHS Rotherham CCG 2024/25 Target = TBC for CDI												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	16	13	11	8								
Monthly Plan*	3	4	4	4	3	4	3	4	4	4	3	4
Year to Date	16	29	40	48								
Year to Date Plan*	3	7	11	15	18	22	25	29	33	37	40	44

Figure comparison for SYICB Rotherham Place of CDI

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

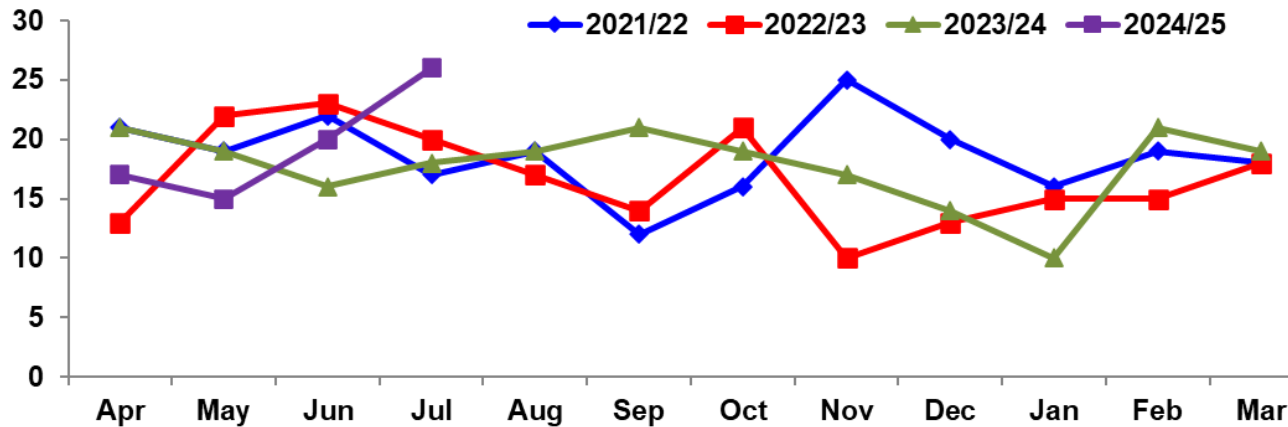


E Coli

TRFT 2024/25 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	4	6	7	4								
Monthly Plan*	4	4	5	5	3	3	6	4	4	2	3	4
Year to Date	4	10	17	21								
Year to Date Plan*	4	8	13	18	21	24	30	34	38	40	43	47

RCCG 2024/25 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	17	15	20	26								
Monthly Plan*	16	17	16	18	16	16	14	15	14	14	14	14
Year to Date	17	32	52	78								
Year to Date Plan*	16	33	49	67	83	99	113	128	142	156	170	184

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



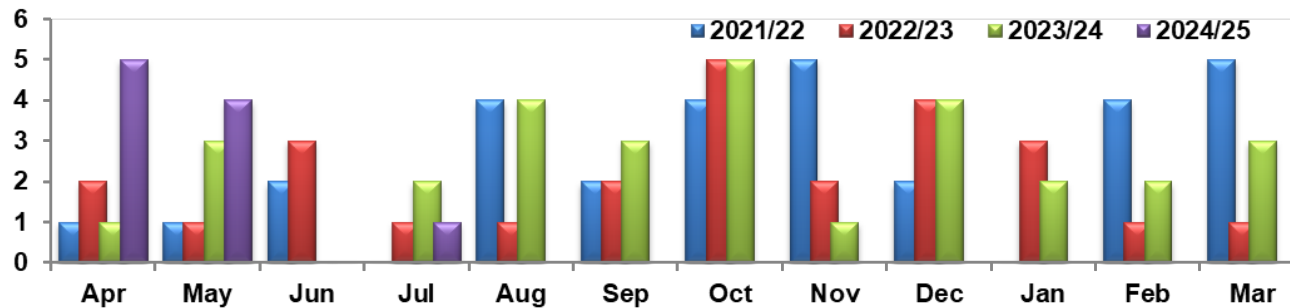
Pseudomonas Aeruginosa

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

RCCG for Pseudomonas Aeruginosa												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	5	4	0	1								
Monthly Plan*	1	2	1	1	3	2	3	2	2	1	1	1
Year to Date	5	9	9	10								
Year to Date Plan*	1	3	4	5	8	10	13	15	17	18	19	20

Figure comparison for NHS Rotherham CCG of Pseudomonas Aeruginosa

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



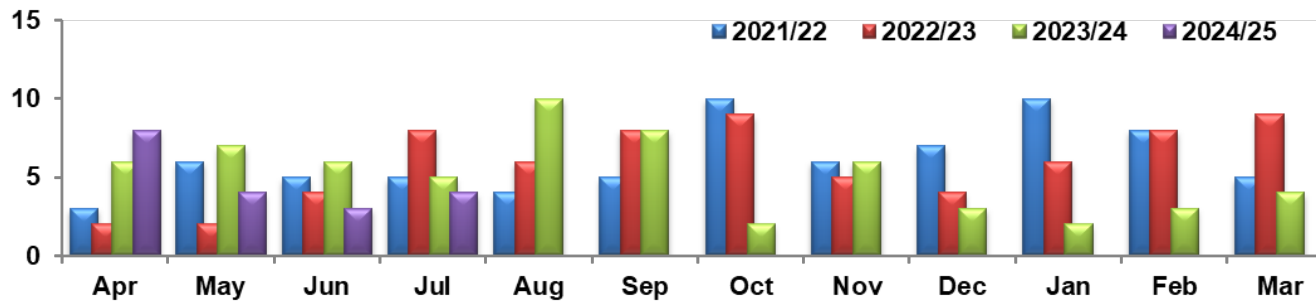
Klebsiella Spp

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

RCCG for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	8	4	3	4								
Monthly Plan*	5	5	5	5	4	5	5	4	4	5	4	5
Year to Date	8	12	15	19								
Year to Date Plan*	5	10	15	20	24	29	34	38	42	47	51	56

Figure comparison for NHS Rotherham CCG of Klebsiella Spp

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



MORTALITY RATES

There are 3 SHMI bandings, As Expected, Higher or Lower. The Trust’s SHMI has consistently been As Expected, since July 2021. It should be noted that the Trust has recently moved away from using HSMR, which as an indicator showed vast improvement over the last three years.

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

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

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

PSIRF / SERIOUS INCIDENTS AND NEVER EVENTS

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

PATIENT SAFETY/QUALITY ASSURANCE REPORT

SERIOUS INCIDENTS (SI) AND NEVER EVENTS (NE)

SI Position 01.07.2024 – 29.08.2024	TRFT	RDASH	RCCG	*Out of Area	YAS	GP / Hospice
Open at start of period	33	17	0	7	6	0
Closed during period	7	0	0	0	0	0
De-logged during period	0	0	0	0	0	0
New during period	7	3	0	0	0	0
Of the above number that are New NE	0	0	0	0	0	0
Total Open at end of period	33	20	0	7	6	0
Of the above the number that are NE	0	0	0	0	0	0
Final Report Status	TRFT	RDASH	RCCG	*Out of Area	YAS	GP / Hospice

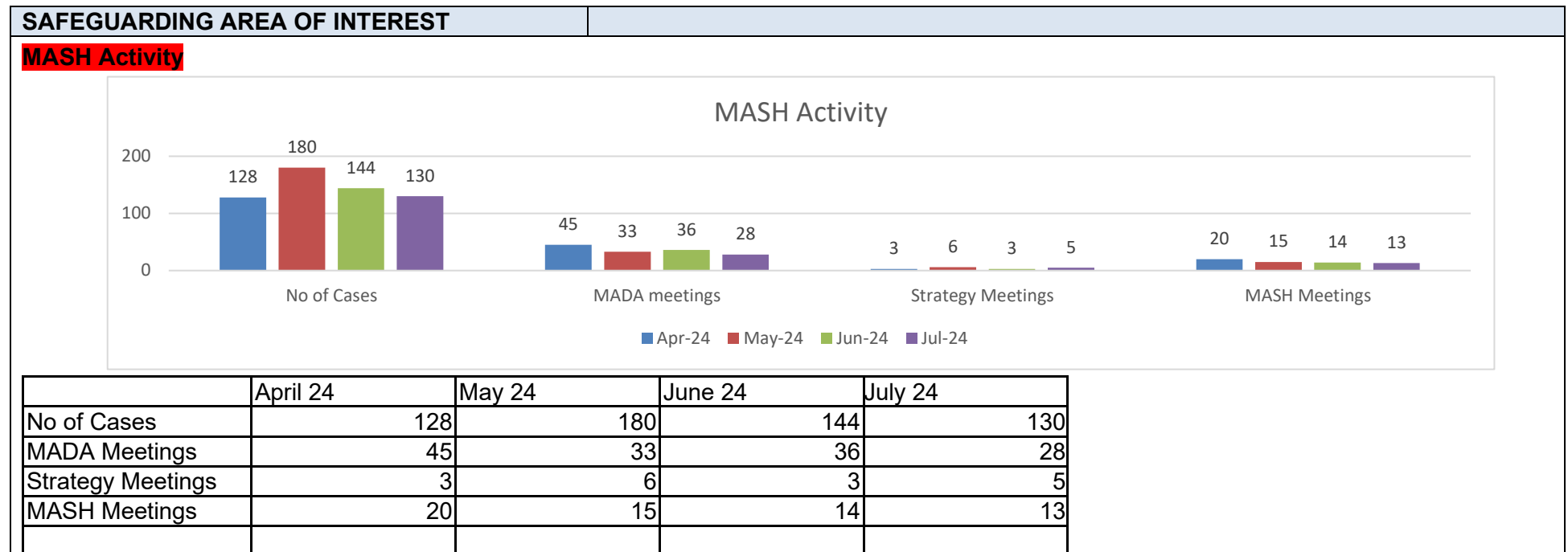
Final Reports awaiting additional information	2	9	0	6	2	0
**Investigations 'On Hold'	0	1	0	0	0	0
CCG approved Investigations above 60 days	0	3	0	N/A	N/A	0
Investigations above 60 days without approval	0	0	0	N/A	N/A	0
Final Reports due at next SI Meeting	5	3	0	N/A	N/A	0

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

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

SAFEGUARDING VULNERABLE CLIENTS

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

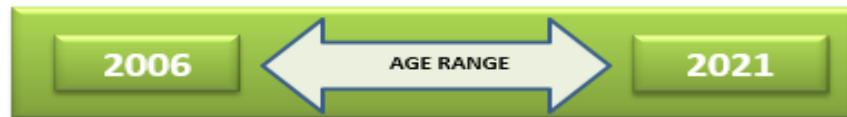


SAFEGUARDING AREA OF INTEREST

Child Exploitation (CE) Reported to Health MASH - notifications received from 1st March 2024 to 31st March 2024.

Child Exploitation (CE) Reported to Health MASH

The information below has been collated by the Health MASH team and relates to notifications received from 1st March 2024 to 31st March 2024.



Source of Referral	Number of Referrals
Police	3
MASH	4
Education	5
Early Help	1

Type of CE Referral

Child Sexual Exploitation (CSE) Notifications: 2
 Child Criminal Exploitation (CCE) Notifications: 11



Report Author- Debbie Health Support Officer, MASH – 18th April 2024

CLINICALLY READY FOR DISCHARGE (CRFD)

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

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

ADULT CONTINUING HEALTH CARE

Quality Standards

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

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

FRACTURED NECK OF FEMUR INDICATOR

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

CQUIN UPDATE

CQUINs 2023-24

Five out of nine applicable CQUINs achieved expected compliance in Q4 and overall for 2023-24. CCG1 and CCG6 performance are reported for the financial year not quarterly. The outcomes are being addressed through the relevant Care Group, to ensure appropriate actions are implemented and monitored for improvement.

CQUINs 2024-25

Confirmation was received by Rotherham Place that there is no local requirement to continue measuring the **CQUINs** topics during 2024-25. This is whilst a pause has been placed on the national scheme by NHSE to undertake a full external review. The future direction for CQUINs will be published by NHSE following this review.

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

- 1: Flu vaccinations for frontline healthcare workers – RDaSH achieved 59% against a target of 75%.
- 15a: Routine outcome monitoring in community mental health services – RDaSH anticipate that this will be met. RAG rating Green .

- 15b: Routine outcome monitoring in CYP and perinatal mental health services - This area is improving, and a planning group is monitoring progress. RAG rating Amber .(18% against a target of 20%)
- 17: Reducing the need for restrictive practice in adult/older adult settings - RDaSH anticipate that this will be met. RAG rating Green .

COMPLAINTS AND COMPLIMENTS

Via TRFT

The TRFT Patient Experience Annual Report provides an overview of activity, key achievements and challenges during 2024/25. Key points include:

During 2023/4 4,629 Compliments were received. 277 Formal Complaints were received. 2273 Concerns were received. Of the complaints closed: 61 of the complaints were upheld, 153 partly upheld, and 49 were not upheld.

10 Divisional presentations were heard through the Patient Experience Group (PEG). Total number of re-opened complaints was 29 (11.03%). 100% of Complaints were acknowledged in 3 working days. Complaints responded to in the agreed timescale was 100%.

The Trust took part in all the CQC patient experience surveys this year and Quality improvement plans have been developed as a result of this work. Division presentations have been received at the Patient Experience Group throughout the year and improvement work shared in the report.

Via RDASH

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

Via Rotherham Place

No update.

ELIMINATING MIXED SEX ACCOMMODATION

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

UECC	The Trust continued to see high levels of attendances at UECC during May, with 8985 attendances compared to 8046 in May 2023 and this was also the highest attendance in month for the last twelve months. In May, the Trust achieved 63.8% for 4-hour performance. Work continues in terms of the Acute Care Transformation Programme to enhance pathways of care. In addition, a recovery plan for performance has been developed to ensure delivery of the Trust ambition of 80%, with an intention of achieving over 70% performance in June 2024.
Cancer Standards	The Trust achieved the Cancer 62 Day Treatment Standard for April achieving 72.1% against the target of 70%.

18wws	The Trust achieved 61.27% against the RTT 18ww Incomplete Pathways standard.
52wws	The key ambition this quarter is to have no patients waiting over 65 weeks, ahead of the national September 24 target. The trajectory submitted to NHSE was 10 patients at the end of June 2024, with no patients over 65 weeks from July onwards. Work is on-going to achieve this, there are some complex cases but the Trust has managed to reduce the numbers waiting and is forecasting to achieve the trajectory of 10. Focus also remains on reducing the number of patients waiting over 52 weeks and returning to compliance with the Referral to Treatment (RTT) standard, with each Care Group currently working on their trajectories for delivery and recovery of their RTT positions.
6 wws diagnostics	Diagnostic Waiting Times (DM01) is 0.83% for June 2024 against the target of 1%.
Nurse Staff	<p>The TRFT Safe Staffing and Quality report provides evidence that processes are in place to record and manage nurse staffing levels on a shift by shift basis across the hospital setting and that any concerns around safe staffing are reviewed and processes put in place to ensure delivery of safe care for the period of April 2024 and May 2024.</p> <p>The current funded establishment for Registered Nurses is 1360.06 WTE. The current vacancy position is 85.32 WTE with 29.7 WTE going through the recruitment process. This will give an overall vacancy position of 55.63 WTE (4.0%).</p> <p>The funded establishment for HCSW is 647.78 WTE. The current vacancy is 38.04 WTE with 15.68 WTE going through the recruitment process. This gives an overall vacancy position of 22.36 WTE (3.5%).</p>

ASSOCIATE CONTRACTS

Trust	A&E Four Hour Access Standard (July 2024)	RTT 18ww Incomplete Pathways (June 2024)	62-Day wait from an Urgent Referral or Consultant Upgrade to a first Definitive Treatment (June 24)	Six Week Diagnostic (June 2024)
Sheffield Teaching Hospitals NHS Foundation Trust	74.1%	61.52%	50.52%	33.44%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	69.8%	60.10%	65.69%	24.73%
Barnsley Hospital NHS Foundation Trust	71.4%	72.00%	77.84%	2.78%
Sheffield Children's Hospital NHS Foundation Trust	94.1%	64.02%	100%	26.54%
The Rotherham NHS Foundation Trust	67.9%	61.27%	79.70%	0.83%

CARE AND TREATMENT REVIEWS

From June and July there have been 5 CTRs and 3 LAEP. Finding hospital placements remains difficult due to national bed pressures. There is no place of safety for Children across SYB, so this has led to one young person being admitted to Sheffield Children's Hospital resulting in the temporary closure in several beds due to the person's complex presentation.

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

PATIENT AND PUBLIC ENGAGEMENT – WHAT WE ARE HEARING

Engagement activity and themes January – March 2024

Activity

NHS ICB South Yorkshire Engagement Team

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

Rotherham Place work and contacts have included:

- Support to the Population health management workstreams, linking the project leads, primary care in the target areas and community activity, to ensure the project is informed by engagement, and looking at the possibilities of building engagement to co-created solutions as the project develops. There were over 1200 responses to the initial survey, which Public Health are now analysing, and which already promises to provide a rich seam of data – with people noting that the things that most helped them manage their long term conditions were friends, family and remaining as active as possible, including getting out. The next stage of community conversations will follow shortly, and the full analysis will be circulated as soon as available.
- Working with the commissioning lead and Rotherham Maternity and Neonatal Voices Partnership to build a new model of voice provision following new national guidelines
- Liaison with and support to Rotherham Healthwatch- there is a new manager in post, and the current organisation now has a new contract secured. In the Engagement team we are looking at ways of working with the VCS generally and Healthwatch in particular in a more planned and sustainable way, building ongoing conversations, rather than time limited, one off asks
- Support and advice to place colleagues on community links, contacts, and engagement processes remains regular and part of routine tasks
- Contact also maintained with a variety of community organisations, both online and virtually

GLOSSARY

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

Place Prescribing Report

End of Year April - March 2024

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

Purpose
To update Place Board on medicines management activity in the first 9 months of 2023/24.
Background
<p>The Medicines Optimisation Team (MOT) monitors and advises on all aspects of prescribing that is attributed to Rotherham Place.</p> <p>The attached report details</p> <ul style="list-style-type: none"> • The financial performance. • The quality initiatives that are being implemented.
Analysis of key issues and of risks
See attached report.
Patient, Public and Stakeholder Involvement
Not applicable.
Financial Implications
<p>Prescribing is the second largest area of expenditure for Place and the South Yorkshire Integrated Care Board (ICB). Whilst the financial risk of this area of expenditure resides with the ICB, we have little influence over the “prescribers” whose actions impact on prescribing expenditure.</p> <p>Prescribing costs are influenced by a wide range of factors that are often outside of the individual clinician’s control such as:</p> <ul style="list-style-type: none"> • National guidance (NICE etc) • New clinical evidence • Drug shortages – resulting in patients having to prescribing less cost-effective alternatives • Drugs not available at drug tariff price (NHS contract price) NCSO – No cheaper stock obtainable. <p>Drugs are global commodities and supply chains into the UK are international. The ever-increasing number of drug shortages/supply problems and the inability to obtain drugs at drug tariff prices, will all impact on prescribing costs.</p> <p>The MOT engages with prescribers to get them to accept ownership of the financial impact of their prescribing, even though increased prescribing costs will have little direct impact on the clinician.</p>
Approval history
Not applicable.
Recommendations
Rotherham Place Board is asked to note the 2023/24 End of Year position and outcomes in the attached report.

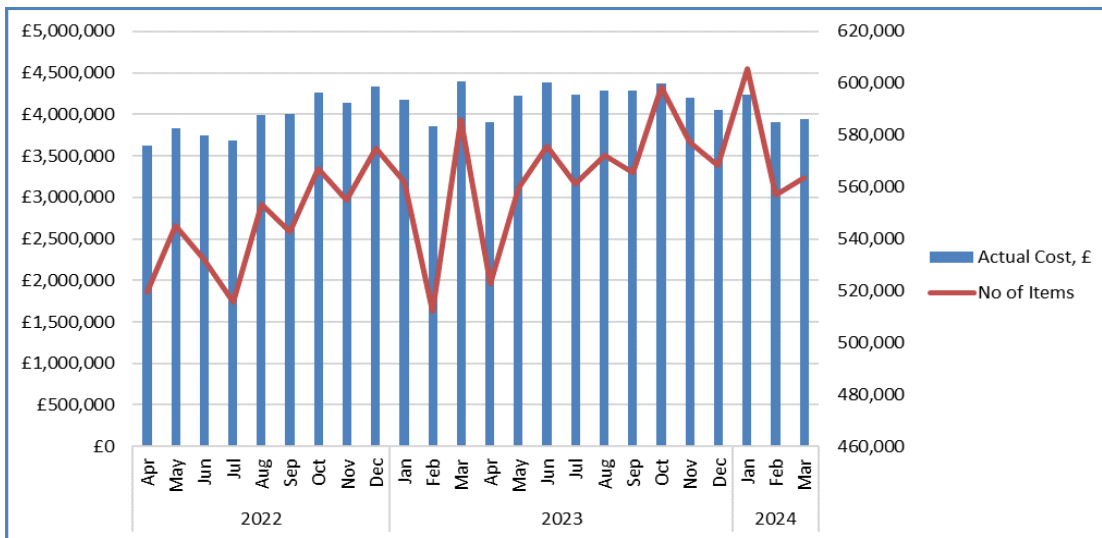
2023-24 Medicine Management End of Year report April-March 2024

NHS South Yorkshire SICBL Rotherham

SICBL Rotherham has experienced a cost growth of 3.74% in the 12 months of 2023/24 compared to the same period in 2022/23. This is below the cost growth for England (5.19%). Rotherham's cost growth is partially driven by a strong item growth of 3.76% compared to an item growth of 2.99% for England.

NCSO (no cheaper stock obtainable) continues to contribute to cost growth adding £1,281,105 to Rotherham's prescribing costs (Apr-Mar 2024)

Rotherham prescribing by month



12 months cost growth to March 2024 (top 10)

Cost Growth

1	Lipid-regulating drugs	£577,136
2	Drugs used in diabetes	£520,016
3	Antisecretory drugs and mucosal protectants	£409,455
4	Detection Sensor Interstitial Fluid/Gluc	£236,602
5	Sex Hormones	£233,218
6	Corticosteroids (respiratory)	£177,902
7	Sex hormones and hormone antagonists in malignant disease	£141,271
8	Hypertension and heart failure	£117,560
9	Nitrates, calcium-channel blockers & other antianginal drugs	£113,421
10	Bronchodilators	£104,287
	Total	£2,630,868

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

Cost Reduction

1	Anticoagulants and protamine	£1,209,640.23
2	Drugs affecting bone metabolism	-£192,994.71
3	Antidepressant drugs	-£60,565.14
4	Anaemias and some other blood disorders	-£33,382.74
5	Hypnotics and anxiolytics	-£26,237.96

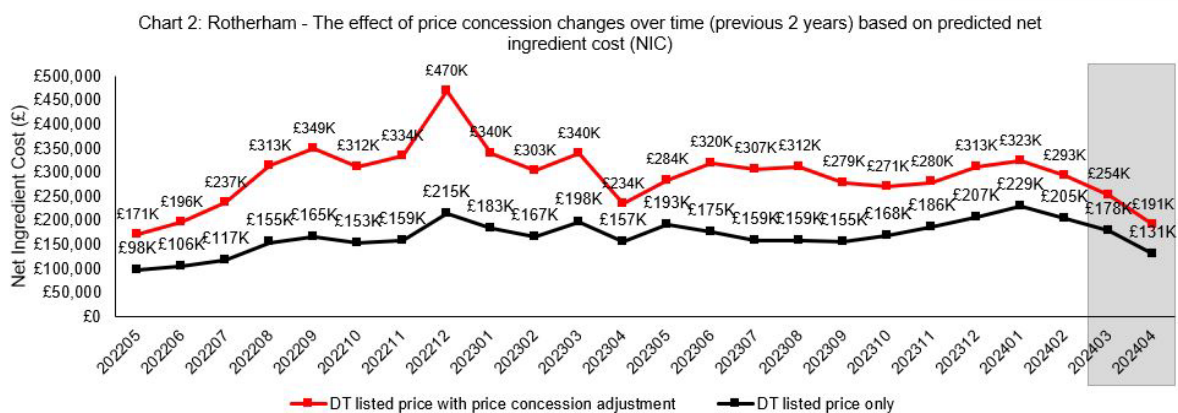
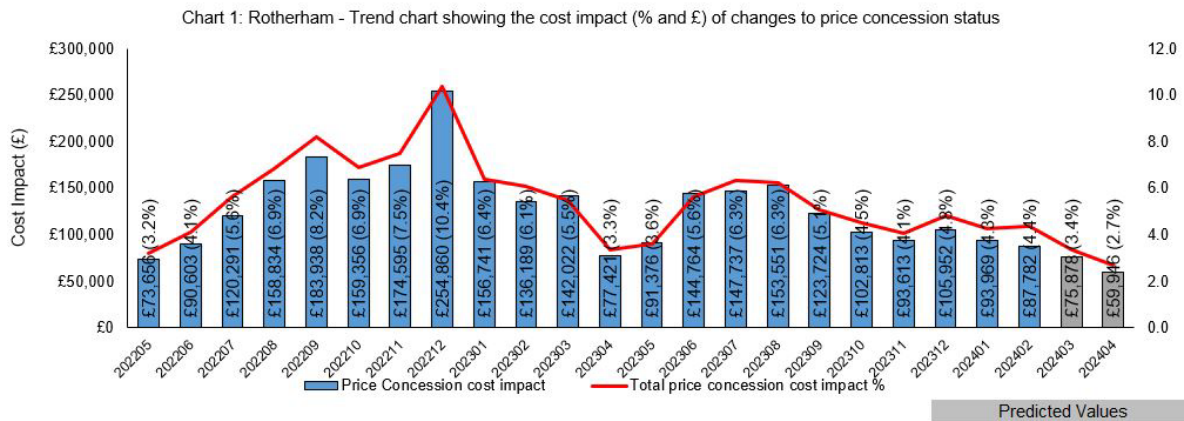
The decrease in oral anticoagulants costs is due to the drug apixiban coming off patent. The decrease in the cost of drugs for bone metabolism is in response to a reduction in NCSO issues. The decrease in antidepressant cost is due in part to the Rotherham antidepressant reviews.

12 months percentage item growth to March 2024 (top 10)

Item Growth

BNF Section Name	Item growth %
Detection Sensor Interstitial Fluid/Gluc	42.79
Sex Hormones	19.86
Mucolytics	10.36
Lipid-regulating drugs	8.33
Nitrates, calcium-channel blockers & other antianginal drugs	7.21
Preparations for eczema and psoriasis	7.14
Antihistamines, hyposensitisation and allergic emergencies	6.51
Topical corticosteroids	5.92
Drugs for genito-urinary disorders	5.85

Item growth can be seen in continuous blood glucose monitoring devices (In accordance with NICE guidelines) and increase in HRT, mucolytics and lipid regulating drugs in line with national prescribing trends.



2023-24 Prescribing Incentive scheme

The prescribing incentive scheme has been refreshed for 2023/4. The scheme comprises of a total of 13 criteria (9 quality indicators and 4 financial indicators).

At the end of the year, Rotherham Practices achieved 301 out of a possible 364 criteria (82%). The practice range was between 7 and 13 out of 13 criteria.

The majority of the criteria have shown improvement.

- The asthma indicator highlighting patients under using inhaled corticosteroids while overusing their reliever (SABA) inhaler, has resulted in reduced overuse of SABA inhalers, increased used of steroid inhalers as per national guidance, reduced uncontrolled asthma and improve sustainability around the use of inhaled therapy.
- There has been an increase in statins being offered to patients with a high Qrisk & non-HDL (5.2% reduction of patients needing a review)
- A new quality indicator to review of Oestrogen HRT not having progesterone, has resulted in a 64% reduction in patients needing review.
- Previous indicators in regards laxatives, recording insulin dosages, DOAC monitoring continue to improve.

- The antibiotic indicator for volume is currently above target due to the national spike in Strep A carrying over effects from the first quarter of the year. Rotherham's very low use of broad-spectrum antibiotics continues.

QIPP Savings 24/25

QIPP 23/24	Potential Savings (£)	Year to Date savings April – Dec	Supporting info & comments
AMD Pathway (BlueTec)	500K		Currently included in TRFT Block contract
Edoxaban	60K	£106,316	Supporting practices to use most cost effective DOAC in 23/24
Test Strip swap (with new guideline)	50K	Commenced Jan 2024	Test strip work to tie in with ICB timeline and Rotherham Place High Impact Transformation Projects
Buprenorphine patch swap	60K	To Commence	Chosen brand currently Out of Stock
Optimise RX	330K	£624,492	Active management of decision support tool
Vit D swaps to Formulary (cont.)	72K	£35,665	Adherence to more cost-effective Vitamin D preparations
Rebates		£106,289	Active utilisation of rebates where appropriate
Other Swaps (e.g. Atorva 60, Ciprofibrate, Topiramate etc)	50K	£75,350	Rationalise to locally agreed choices.
Total year to date	£1.1M	£948,112	

The 2022/23 QIPP programme delivered cost savings of **£948,112**.

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

Rotherham has made efficiencies over the years from moving prescribing of nutritional products, continence and stoma appliances and wound care from GP

practices to other health care professionals. This has not only result in cost efficiencies but also improved patient care.

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

Management of non-PBR drugs.

The use of biosimilar biologicals at TRFT remains one of the highest in the country at 98%, which has saved the Rotherham health care community **£1,575,418** in 23/24.

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

There are new biosimilars coming to market 2024/25 which will release further savings, and work has been agreed with TRFT to commence once the supply chain is available, with a gain share in place.

- Tocilizumab – 100K / annum – Now available
- Ustekinumab – at least 300k / annum – available from July/Aug 24 onwards.

Moving forwards, an SY ICS Medicines Value group has been set up to improve the usage of biosimilars and the pathways around all high-cost drugs including biologicals. This is being chaired by a secondary care chief pharmacist.

Medicine Safety Dashboard

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

The Rotherham MO team has introduced the Medicines Safety Dashboard to assist practices in prioritising MHRA alerts and other safety agendas. There are 12 indicators on the dashboard, and on the first run of data over 936 patients were highlighted as needing a review, this has reduced to 482 by March 2024 (51.5% decrease) and continues to decrease across all indicators.

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

In total for the 23/24 period, Rotherham practices achieved 50 out of the possible 112 criteria available. The practice range was between 0 and 4 out of 4 criteria

Rotherham Medicines Optimisation Projects

Health Inequalities

Hypertension & Lipid modification

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

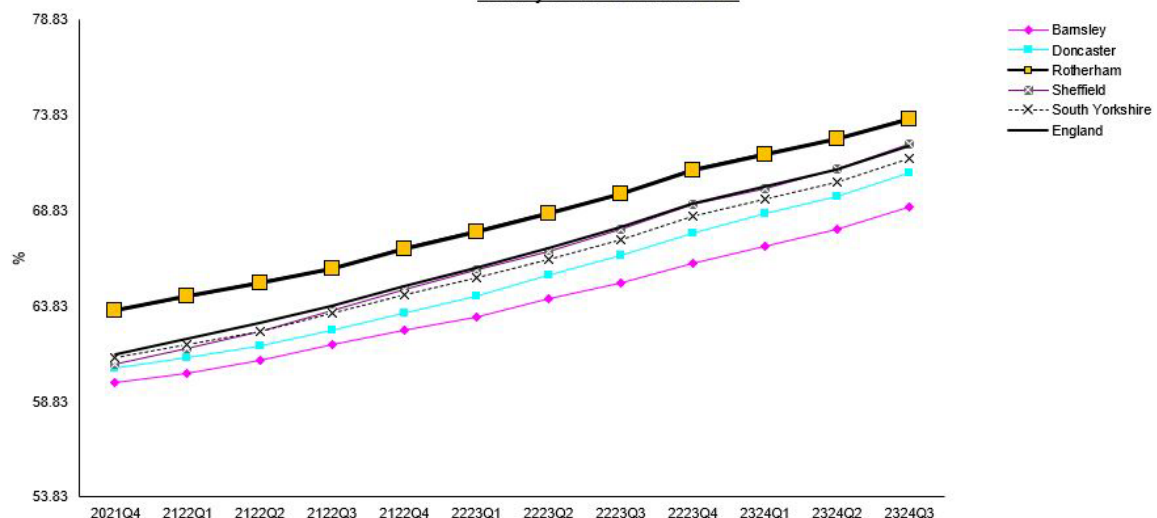
The table and chart below shows that Rotherham is performing well both within South Yorkshire and compared to the England average in achieving cholesterol treatment targets in CVD patients and has no inequity between practices for CVD treated patients achieving threshold.

LM1: Percentage of patients aged 18 and over with GP recorded CVD (narrow definition), who are currently treated with lipid lowering therapy
LM2: Percentage of patients aged 18 and over with GP recorded CKD (G3a to G5), who are currently treated with lipid lowering therapy
LM3: Percentage of patients aged 18 and over, with GP recorded CVD (narrow definition), in whom the most recent blood cholesterol level (measured in the preceding 12 months) is non-HDL cholesterol less than 2.5mmol/l or LDL-cholesterol less than 1.8mmol/l
CVD admissions as % of total patient population: Total number of stroke and MI admissions as a % of the total patient population

South Yorkshire: Lipid management prescribing indicators (LM1, LM2, LM3, CVD hospital admissions) change 2023 against 2022

Organisation	LM1 - % (CVD target*: 70-95%)			LM2 - % (CKD target*: 70-95%)			LM3 - % (CVD target*: 20-35%)			CVD admissions as % of total patient population**		
	2022	2023	Growth%	2022	2023	Growth%	2022	2023	Growth%	FY 2122	FY 2223	Growth%
Barnsley	84.93	85.65	0.85	67.56	69.24	2.50	30.96	36.04	16.41			
Doncaster	85.07	85.85	0.92	67.56	69.19	2.42	26.22	29.52	12.59			
Rotherham	85.82	86.43	0.71	70.38	72.10	2.44	33.79	37.05	9.65			
Sheffield	84.12	84.61	0.58	66.87	67.78	1.37	32.35	35.87	10.89			
South Yorkshire	84.85	85.46	0.73	67.95	69.17	1.80	31.43	34.78	10.65	0.34	0.34	0.47
England	81.41	82.09	0.84	60.84	62.23	2.28	24.62	29.16	18.45	0.27	0.25	-5.38

South Yorkshire: Patients prescribed a high intensity statin (Atorvastatin 20-80mg, Rosuvastatin 10-40mg) as a % of all patients prescribed a statin - January 2021 to December 2023



Nutrition Prescribing

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

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

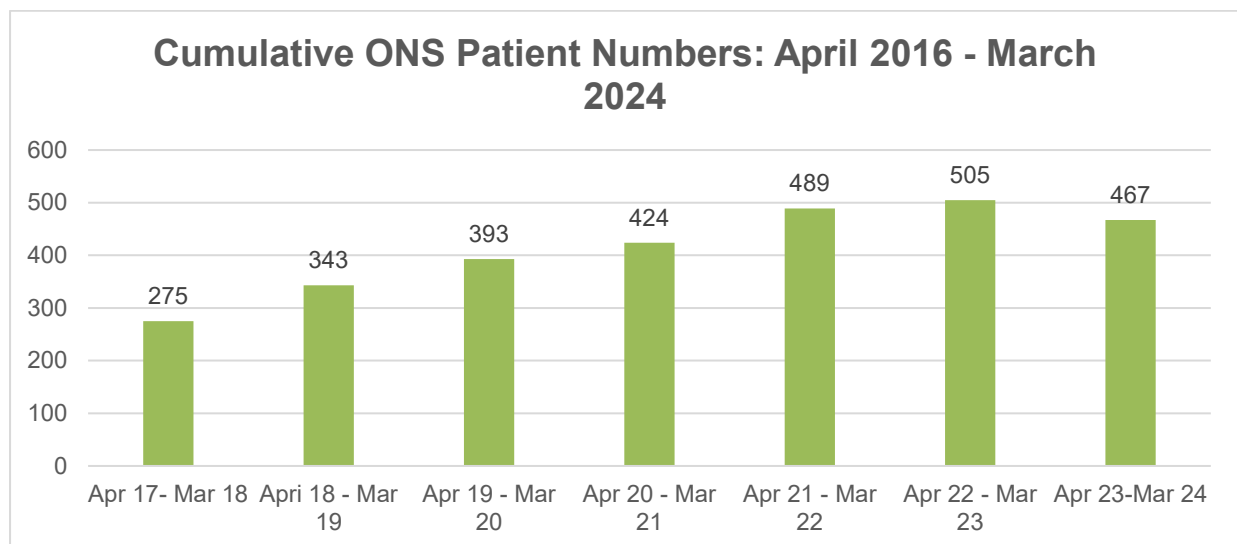
The service model is supported by a nutrition contract that covers both Secondary and Primary care.

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

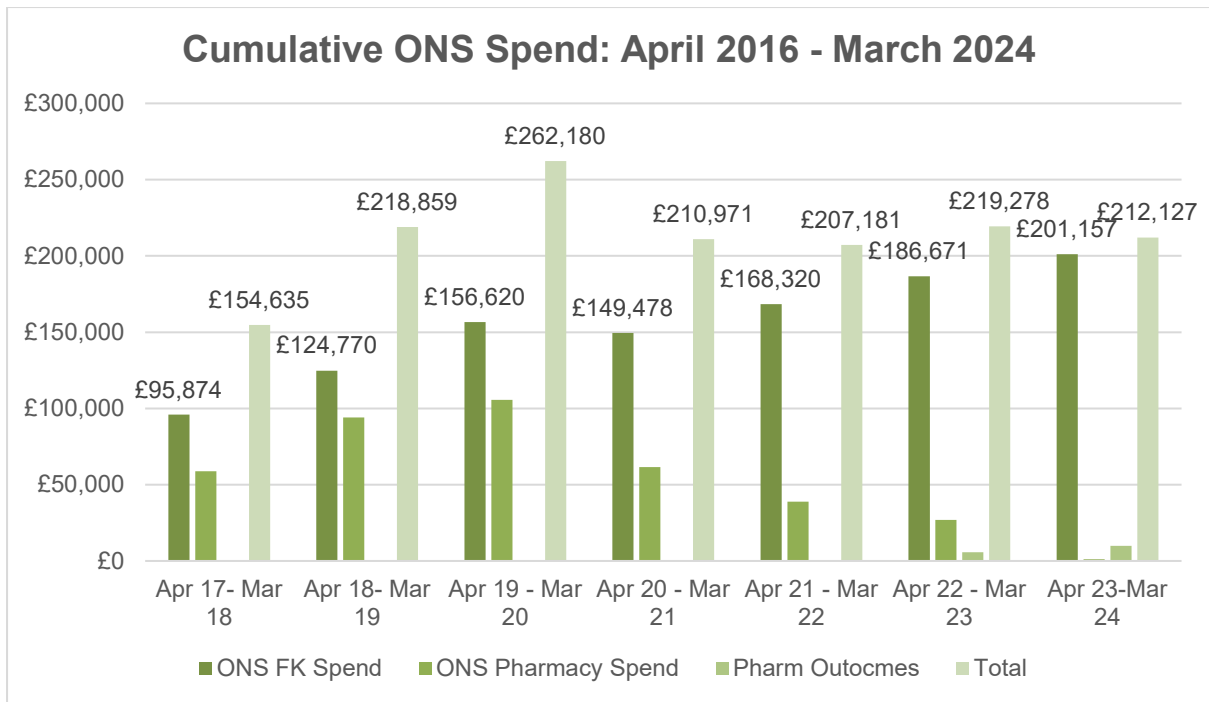
The service supports 194 patients on tube feeds (97 adults 97 children), this is double the number from 2004. The service model has also enabled most tube feed patients to have their PEG tubes changed/managed in their own home. The service has collaborated with patients and carers to enable them to be more self-caring eg. Changing Y connectors (previously they would have to attend hospital), managing own balloon water changes (reducing work for community nursing). They have also supported carers/patients to be self-caring with tube changes where they have requested this.

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

As of March 2024, there are 467 patients receiving oral nutritional support (sip feeds) this is less than half the number that there was in 2004.



Nationally ONS expenditure is showing very strong cost growth whereas Rotherham has seen very mild cost growth over the last 6 years.



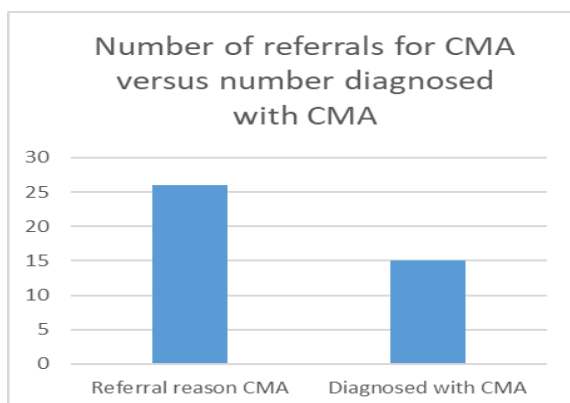
The nutrition contract needs to be re-tendered in the next 12 months, the current contract is being reviewed prior to re-tendering and this work is on schedule.

Infant Feeds

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

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

September snapshot of suspected CMA referral vs those going on to be diagnosed with CMA



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

However, the service is currently facing challenges in meeting demand for referrals within a 7-day timeframe. With the rising rate of referrals, there is potential to expand the service model to manage infant feeding issues which would not only improve patient care but also positively impact on GP and paediatrician capacity.

Continence and Stoma

A team of specialised nurses oversee the management and prescribing of all continence and stoma products. This dedicated service supports 1610 continence patients and 905 stoma patients as of March 2024 and provides support, advice and the prescribing of products as required. The case load has increased by approximately 500 (25%) since the service was established.

The service benchmarks well for costs and has successfully reinvented some of the initial savings into increasing community provision.

Rotherham still has the lowest prescribing costs for continence products in South Yorkshire and continues to benchmark well nationally. The service model also prevents admissions and hospital attendances and can demonstrate patient focused personalised care. The service has reported the avoidance of 64 hospital admissions between April 2023-March 2024.

The continence prescribing costs are however, inflated by some of the highest costs nationally for anal irrigation products which requires further investigation, to either reduce or justify these costs.

Cost growth in both areas is primarily due to the increase in demand (number of patients) and the increases in unit costs, while the product selection continues to be highly cost-effective. Nursing support to stoma patients is significantly lower compared to other areas, therefore, a pilot project is being considered to provide extra support to stoma patients within the community to determine if this initiative can lead to additional cost savings.

Wound Care

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

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

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

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

Diabetes

Rotherham has approximately 19,000 patients with diabetes. The growth in the number of patients with diabetes and resulting increase in prescribing expenditure,

together with the inequity in care across practices and the number of preventable health issues associated with diabetes and its management as led to diabetes being a major transformational project for Rotherham Place.

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

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

Rotherham Diabetes initiatives 2023/24

- Prevention to become the mainstay of type two diabetes treatment, the GP federation was tasked with contacting patients with diabetes and encouraging them to participate in an evidence-based NHS commissioned weight loss intervention.
- 12 week High dose insulin clinics have now been completed patients have had a reduction in Insulin and HbA1c. Some patients have been able to come off insulin completely
- The newly diagnosed diabetes clinics are established and achieving a remission rate of around 30%
- 7 insulin device swap shops have been delivered with 501 patients invited and 265 swapped from older non-compliant insulin meters to newer NHS England compliant devices.

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

Heart Failure

Practice data shows a wide variation between practices in the prescribing of medication to manage heart failure.

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

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

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

Antidepressant prescribing

- Antidepressant reviews are offered to Rotherham patients where there appears to be no reason for an antidepressants continued use.
- Patients are contacted and opt in to the service

- All reviews are done virtually.
- Work completed in 25/28 practices.
- Positive feedback from both pts and GP practices
- 7000 pts contacted and around 800 pts reviewed, with two-thirds stopping antidepressant and one-third reducing.
- The project has won two national PresQipp awards and promoted by Prof Avery NHSIR
- Project is now reviewing hypnotic and anxiolytic drugs which are the biggest cause of falls and fractures resulting in hospital admissions. As of March 2024, patients have been reviewed in 12 GP Practices with 51 pts either stopping their sleep tablets or reducing dose by at least 50%.

Care home hydration project

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

A total of 700 staff have been trained in 2023 and a further 86 in the first month of 2024 in 44 Care Homes.

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

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

	Baseline 6 months	Intervention 6 months	% age decrease	Baseline 9 months	Intervention 9 months	% age decrease
Ambulance	643	606	5.8%	969	909	6.2% *
Antibiotic course	452	393	13.1%	678	623	8.1%
Barrier products	71	46	35.2%	102	70	31.4%
Laxatives	605	537	11.2%	918	804	12.4%
Referrals	189	284	-50.3%	295	437	-48.1%
Repeat Antibiotics	33	27	18.2%	49	40	18.4%
UTIs read coded	88	51	42.0%	106	70	34.0%

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

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

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

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

Rotherham GP Practice / Community Pharmacy Interface

Out of Stock medicines (OOS)

- Working with Accurx to streamline the communication of OOS between CPs and GPs
- Worked with Accurx a system was development to allow CPs to send electronic msg into GP practice.
- Piloted scheme at RVS PCN where feedback from both CPs and GPs was positive. Reduction in prescription items issued and reduced workload.
- Liaised with all Practices and received full consensus from all to take forward.
- Expanding scheme across all Rotherham GPs and CPs with training events planned throughout Feb and March 2024, with go-live 11/03/24.
- Further expansion across South Yorkshire starting with Doncaster occurring 24/25.

Govinder Bhogal
Programme Director Medicines Optimisation
NHS South Yorkshire SICBL Rotherham
July 2024

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

21 August 2024

To: Cllr Joanna Baker-Rogers, Chair,
Rotherham Health and Wellbeing
Board
Christopher Edwards, Integrated Care
Board Chief Executive or
Representative(s)
Sharon Kemp, Chief Executive,
Rotherham Metropolitan Borough
Council

cc. Nicola Hunt, Jennifer Keane,
Priya Oomahdat, Jenny Sleight

Dear Colleagues,

Better Care Fund 2023-25 – approval for updated 24-25 plans and permission to spend NHS minimum contribution

Thank you for submitting your Better Care Fund (“**BCF**”) updated plan as part of year two of the two year planning process for regional assurance and approval. I am pleased to let you know that following this process, your plan has been classified as ‘**approved**’.

BCF Conditions for financial year 2024/25

The BCF funding from NHS England for the financial year 2024/25, which includes additional discharge funding, can now be formally released subject to compliance with the following conditions (referred to as “the **BCF Conditions**”):

- The BCF funding is used in accordance with your final approved plan.
 - The national conditions (“the **National Conditions**”) set out in the [BCF Policy](#)
-

[Framework for 2023-25](#) and further detailed in the [BCF Planning Requirements for 2023-25](#) continue to be met.

- Satisfactory progress is made towards meeting the performance objectives specified in your BCF plan.
- Reports on your area's progress and performance are provided to NHS England in accordance with relevant guidance and any requests made by NHS England and governmental departments. This includes quarterly reporting on the BCF overall, as set out in the Planning Requirements document.

In addition the National Conditions the [Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements](#), update on the 12th April 2024 outlines the requirement:

- that the intermediate care capacity and demand plan is developed along with, and aligned to, Urgent and Emergency Care activity planning in NHS plans.
- reporting of actual demand and available capacity for intermediate care (compared to plans) is included in planning and quarterly reporting
- to provide a narrative on impact and value for money from BCF funding sources

This letter acts as permission to spend the NHS minimum contribution and you should now proceed to finalise your section 75 agreements where required, with a view to these being signed off by 30th September 2024.

Ongoing support and oversight regarding the spending of BCF funding will continue to be led by your local Better Care Manager ("BCM"). Following regional assurance, we are asking all BCMS to provide feedback to local systems where the process identified areas for improvement in plans, including where systems may benefit from conversations with other areas. Nationally, we will also be reflecting on the data and will consider what further support can be provided in the future.

Thank you for your work and best wishes with implementation and ongoing delivery.

Yours sincerely,



Nicola Hunt

National Discharge and Intermediate Care Programme Director
NHS England



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

18 September 2024

RPET Meeting Date	Item Discussed	Outcome	Date reported to Rotherham ICB Committee
22.08.24	Rotherham Mental Health Crisis Pathway	<p>RPET received a report about the Rotherham Mental Health Crisis Pathway. The service provision is across both health and social care and supports people who are experiencing a mental health crisis. This multi-agency pathway has been collaboratively written by the ICB, RDaSH and RMBC and has been received at both the Mental Health Steering Group and the Mental Health and Learning Disability Transformation Group for approval by all partners.</p> <p>Once approved in the RMBCs governance routes it will be accommodated within a RDaSH contract variation. RPET reviewed and were assured by the document and agreed to support.</p>	18.09.24
22.08.24	South Yorkshire Eating Disorder Support Service	<p>RPET received a report seeking approval to develop a South Yorkshire-wide Early Intervention and Prevention Eating Disorder support service for adults, children and young people in the community.</p> <p>Noting that guidance has been sought from procurement to ensure transparency, RPET supported the recommendations, recognising the concerns raised around the financial position and that the position is same for all Places.</p>	18.09.24



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

Rotherham Place Partnership Board

18 September 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 Affairs and Risk Abby Sharp – Business Support Officer – Risk
Sponsor Director	Mark Janvier – Director of Corporate Governance & Board Secretary Will Cleary-Gray, Executive Director of Strategy & Partnerships
Purpose of Paper	
For members to have oversight of the current Risk Management Framework including Board Assurance Framework, Risk Register and Issues Log, which had been presented by exception on the 5 September 2024 as part of the Rotherham PET agenda. Updates following this meeting have been included within this report.	
Key Issues / Points to Note	
The current BAF, RR and IL is a standing item on the Rotherham Place Board agenda at each meeting. Reviews of risks, issues and the BAF are undertaken at SMT with a deep dive conducted a quarterly basis, with exception reporting occurring between each deep dive. Risks can be added, amended, or deleted at any time by contacting a member of the risk management team, it doesn't have to wait for a meeting.	
Executive Summary	
Changes have been made to the presentation of the Risk Register and Issues Log. The view available to Rotherham Place Board Member is inclusive of:	
<ul style="list-style-type: none"> • ICB-Wide Corporate Risks / Issues with a Score of 12 or above (threshold for ICB Board). • 'All Place' based risks / issues where each Place has individual responsibility for update, review and action. • Risks / issues in which Place Teams have to provide assurance. 	
The BAF, RR and IL has transferred to the new digital system, which launched on the 1 April 2024. However, due to the access rights of the ICB, the information will be provided on the appendices supporting this cover paper.	
Board Assurance Framework	
A new BAF went live on the 1 April 2024. The new BAF has been aligned to the 5-year joint forward plan. Work has been undertaken in collaboration with the Corporate Risk Team and the Accountable Officers. It is to be acknowledged that this is a work in progress, so further	

amendments and updates are anticipated over time. The new BAF is available on the link noted above.

2 Board Assurance Framework

Rotherham Place has principal oversight of the following BAF Risks:

Table 1: BAF Risks, by score

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

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

2.1	Through effective Place Partnership Plans, the ICB is tackling inequalities and moving towards greater self-care, prevention and citizen empowerment.	4 x 2 = 8	<ul style="list-style-type: none"> • Clear line-of-sight for Health Inequalities investment in the 2023/24 Operating and Financial Plan - Final sign-off in July 2023 ICB Board • Robust ICB 5-year Joint Forward plan - agreed at July board 2023 • Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report - Q2 2023 Stocktake • 360 Internal Audit HI completed May 23. Audit and PHM SDG action plan presented to August QPPIE - HI internal audit to be included in the internal audit ICB annual Plan.
1.1.1 – R	the ICB is maintaining quality, services and outcomes through Improvement and transformation	2 x 3 = 6	<ul style="list-style-type: none"> • Implement Rotherham Health and Care plan
1.8 – R	Primary care services are effective in Place	2 x 3 = 6	<ul style="list-style-type: none"> • Regular meetings with PCNs/LMC to monitor progress against plans and develop new services. • Work with PCNs and the federation to mitigate potential impact of collective action
2.7.1 – R	The ICB works collaboratively with partners to improve health, care and reduce inequalities	2 x 3 = 6	<ul style="list-style-type: none"> • Deliver the Rotherham health and care place plan
2.12 – R	Integrated services supporting people in the community are working well	2 x 3 = 6	<ul style="list-style-type: none"> • Deliver the Rotherham Health and care place plan. • Continue to integrate primary, Acute and community services
4.9 – R	Our work with people and communities is effective	2 x 3 = 6	<ul style="list-style-type: none"> • Complete social value training for key staff
4.11 – R	Our work with local authority is effective	2 x 2 = 4	<ul style="list-style-type: none"> • Meet frequently as a joint senior management group with Council colleagues regarding commissioning decisions, commencing from Sept 24. Review how they work and review attendance - aim to support transparency over workstreams

			and key priorities/risks within our organisations to manage and mitigate impact across H&SC on decisions
3.9	The ICB effectively uses of digital and data to better understand and enable transformation of productivity and VfM in health and care delivery	2 x 1 = 2	<ul style="list-style-type: none"> • Delivery of the target minimum viable product for SCR within the next two financial years. • Delivery of the SY Data Platform to support population health management by June 2024 • Inclusion of qualitative (public) insight into the SY Data Platform by Q3 24-25. • Development of a pathways costing model by June 2024 to support identification of productivity opportunities. • To implement Eclipse across all GPs in South Yorkshire by Q2 2024
3.10	The ICB is improving digital inclusion to ensure optimal use of digital and data solutions for our citizens and wider population	2 x 1 = 2	<ul style="list-style-type: none"> • Establish SY Digital Inclusion working group and delivery plan by June 2024. • Co-design and deliver a system wide coordinated approach to the use of digital communication across South Yorkshire by 2025
1.6.1 – 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

Person Responsible for Update	Risk Reference	Description	Score	Days Overdue	Date Review Requests Sent
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No risks 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 **36** open risks on the Corporate Risk Register. The risks applicable to Rotherham (all places, ICB and Rotherham listings) are available on the link as noted above.

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

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

Ref	Descriptor	Score	Change in Score	Mitigation / Treatment
SY042 - R	Service Delivery - There is a risk that the number of transformation workstreams within Places are not delivered which will cause a non delivery of our plans of services population health improvement and potential funding gap.	5 x 4 = 20		<ul style="list-style-type: none"> • Place Committee. • Partnership Agreements.

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

				<p>broaden discussions across all providers and incorporate into the wider Acute Federation review of OMFS services.</p>
SY117	<p>Paediatric Radiotherapy - There is a requirement to extend the mutual aid arrangements for Paediatric Radiotherapy with Leeds Teaching Hospitals NHS Foundation Trust beyond September 2023 with a lack of confirmed date for repatriation to Sheffield Teaching Hospitals. There is a risk that the paediatric radiotherapy service will not be able to be returned.</p>	<p>4 x 4 = 16</p>		<p>NHSE Specialised commissioning leading discussions with LTHFT, SCH and STHFT. Current commitment to March '24 based on increased training commitment of the STHFT clinical oncologist.</p>
SY132	<p>GP Action - There is a risk of GP action during 2024/5 due to the BMA's General Practitioner Committee (England) being in dispute with NHS England in relation to the 2024/5 GMS contract for General Practice which may result in negative impact on the delivery of and access to Primary services.</p>	<p>4 x 4 = 16</p>		<ul style="list-style-type: none"> • 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 SDF was mentioned – as discussed we need to be open about this and

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

SY134 – New risk score of 12

4. CORPORATE ISSUES LOG



Issue Log Review: Overdue Status -

1 – 6 days overdue	7 – 13 days overdue	14 – 20 days overdue	21 – 27 days overdue	Over 28 days overdue	Pending Detail	Review Complete
0 (0%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	9 (90%)

4,1 Overdue Issues.

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

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

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


4.2 Rotherham Issues Log – Corporate Issues





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



There are currently **10** issues on the Issues log, with 8 related to Rotherham (inclusive of All Places and ICB issues). These can be viewed via the link in the Executive Summary.

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

Table 5: extreme and very high issues, by score

Ref	Descriptor	Score	Change in Score	Mitigation / Treatment
IL18	Doncaster Royal Infirmary (DRI) - Backlog Maintenance - Recent incidents at DRI including a fire at the maternity wing, evacuation of South Block and failure of lifts have demonstrated significant risks within the estate of DRI. The issue has the potential to cause harm to patients, staff and visitors.	5 x 5 = 25		<ul style="list-style-type: none"> • Risk summit held with local partners. • Put improved electrical infrastructure. • Upgraded roofing and replaced windows. • Improve fire precautions. • Multi agency workshop on 9th October 2023 involving all SY trusts Ambulance Service and NHSE. • NHSE appointed project manager to oversee development of offsite SY wide Plan. • Doncaster Place Team are organising a Doncaster providers workshop to look at mitigation of this risk take place on 4th December

				2023. <ul style="list-style-type: none"> 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		<ul style="list-style-type: none"> Breast waiting times are being monitored through the Regional Incident management team meetings. Mutual aid has been fully explored through regional team. However, capacity issues are reflected regionally and nationally. Some capacity has been established through insourcing.
IL03	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.	5 x 4 = 20		<ul style="list-style-type: none"> Elective recovery plan overseen at system level with individual trusts efforts to recover their elective lists.
IL17	Continuing Health Care - Current risk across ICB is in relation to capacity to deliver statutory requirements identified within the CHC Framework. This is caused by recruitment and retention issues. This results in a potential delay for patients and reduced quality of care.	4 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.

<p>IL09</p>	<p>Medication Supply - There is a risk that shortages of medicines due to increases in demand and/or supply issues will prevent appropriate treatment/ condition management and potentially increase medicine costs.</p>	<p>5 x 3 = 15</p>		<ul style="list-style-type: none"> • To communicate deployment of serious shortage protocols • An additional mitigation/ response is a co-ordinated sharing of out of stock information across 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.
<p>IL07 - R</p>	<p>Urgent and Emergency Care (including 111/999)- there continues to be significant pressure faced by Urgent and Emergency Care Services including the Yorkshire Ambulance Service. Which could result in patient harm, reputational damage for the ICB.</p>	<p>5 x 3 = 15</p>		<ul style="list-style-type: none"> • Note Contract led by West Yorkshire ICB. • South Yorkshire ICB executive represented on the Y&H Executive Leadership Board, Memorandum of Understanding in place between 3 ICBs (WY, HNY and SY) and YAS • Good engagement and representation from YAS at place and SY UEC Alliance Board. • System Co-Ordination Centre (SCC), manages the live risk and responds to pressure across the system. New National Draft SCC and OPEL reporting guidance being consulted on and expected to be final in Autumn. • The governance arrangements are via the South Yorkshire UEC Alliance Board with delivery through each of

				our 4 Place UEC delivery groups
IL20 (new)	Places have fallen behind schedule in achieving their target savings. This is due to a number of factors: enhanced access and access PCN DES requirements; Community pharmacy contract and QOF metrics aimed to increase case finding (BP, AF) and to achieve targets for lipid modification, AF and BP; Retirement of SMRs in IIF; NCSO – this is not thought to be improving this year; cost of living leading to decreased willingness for patients to purchase self-care medication; MO redesign with held vacancies and disruption to BAU during the process; GP industrial action	$5 \times 3 = 15$	New	<ul style="list-style-type: none"> • 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 5 September 2024 at 17:00

Is your report for Approval / Consideration / Noting			
<ul style="list-style-type: none"> • For Consideration - An item of business that requires discussion by the Committee prior to agreement of a formal decision or a general policy steer to the executive officers 			
Recommendations / Action Required			
Members are asked to:			
<ul style="list-style-type: none"> • Review the collated SY ICB Risk Register and Issues Log for Quarter 2; and • Support the ongoing development of the BAF, Risk Register and Issues log. 			
Board Assurance Framework			
This report provides assurance against the following corporate priorities on the Board Assurance Framework (<i>place ✓ beside all that apply</i>):			
Priority 1 - Improving outcomes in population health and health care.	✓	Priority 2 - Tackling inequalities in outcomes, experience, and access.	✓
Priority 3 - Enhancing productivity and value for money.	✓	Priority 4 - Helping the NHS to support broader social and economic development.	✓
In addition, this report also provides evidence against the following corporate goals (<i>place ✓ beside all that apply</i>):			
Goal 1 – Inspired Colleagues: To make our organisation a great place to work where everyone belongs and makes a difference.			✓
Goal 2 – Integrated Care: To relentlessly tackle health inequalities and to support people to take charge of their own health and wellbeing.			✓
Goal 3 – Involved Communities: To work with our communities so their strengths, experiences and needs are at the heart of all decision making.			
Are there any potential Risk Implications? (Including reputational, financial etc)?			
There are no risk implications.			
Are there any Resource Implications (including Financial, Staffing etc)?			
There are no financial implications for this paper but notwithstanding some of the risk areas will have financial implications for the ICB.			
Are there any Procurement Implications?			
There are no procurement implications.			
Have you carried out an Equality Impact Assessment and is it attached?			

Not applicable

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

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

Appendices

- Board Assurance Framework
- Corporate Risk Register
- Corporate Issues Log

Board Assurance Framework, Corporate Risk Register & Corporate Issues Log

Version : Live

Meeting Date: 21/08/2024

REPORT FOR: Rotherham Place Board

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

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

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

Ref	How is the Board Assured that	Accountable Officers	Delegated to	Principal Oversight Committees that must be in the Governance Structure (Board, Sub-committee, Place Committee, SLE, QSO)	RACI	Source of Risk	Link to Risk Register/Issues Log	e.g. operational processes, project risk and control activity, business level monitoring	e.g. Finance, IT, Business Support, HR and Payroll	e.g. Monitor compliance and provide independent challenge and assurance	Risk Appetite	Control/Assurance Gap What additional actions need to be taken to manage this risk (including timescales) or what additional assurance do we need to seek?	Residual Score	Assurance Level	Rationale for assurance level	ACTIONS	Potential audit area
Objective 1: Improve Outcomes in Population Health and Healthcare - Executive Leads - Chief Medical Officer/Chief Nurse																	
1.1.1 - R	The ICB is maintaining quality, services and outcomes through improvement and transformation	Chris Edwards (Rotherham Place Director)	NA	GIPE Supported by SY ICB Place Committees	Accountable	South Yorkshire Joint Forward Plan	SY114, SY115, SY116, SY117, SY124, SY028, SY032, SY107, SY040, SY066, SY127.	Rotherham Health and Care Place Plan details plans and is overseen by the Rotherham place board and the Health and Wellbeing board. Plan is also signed off by all statutory partners, VAR and Connect Healthcare	Rotherham Place Board reviews monthly performance and quality reports. Rotherham place leadership team meets weekly	Quarterly performance meetings between Rotherham place and SYICB. RMBC health Select committee engage on issues as appropriate	3 x 3 = 9	The Rotherham Place Plan focuses on prevention and health inequalities so it needs to be implemented over the next 2 years	robust governance is in place. Resource (workforce across partnership) to deliver all actions within our Place Plan and Population Health and Inequalities strategy is needed to deliver	2 x 3 = 6	Medium	alongside the Place Plan there is a strategy and action plan formalised through the population health and inequalities steering group chaired by Ben Anderson Director of Public Health and Deputy Place Director ICB. Assurance on the action plan is via the steering	Implement Rotherham Health and Care plan
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)	NA	Place Committee System Leaders Executive	Accountable	South Yorkshire Joint Forward Plan / BAF 2023	SY031, SY082, SY028, SY069, SY040, IL02	- Development and implementation of effective system-wide and Place Operational Plans - Effective delivery management processes at place including internal ICB escalation - Effective and responsive complaints and enquiries processes - Patient experience and engagement process - Integrated Care Strategy - 5 year ICB Plan - EPRIE - NHS England/SY ICB Assurance MOU	ICB Place Committees Operational Executive Board Sub-Committee review	- Local HWBAs - NHSE Single Oversight Framework - NHSE Assurance process	3x4 = 12	- Ongoing, effective leadership in the development and implementation of Place Partnerships, collaborative working, and place implementation - Subsidiarity at Place a fundamental and underpinning principle of the of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Reduction programme (noting as at August 24 recruitment into majority of Rotherham Place team achieved).	Greater certainty of finances and resources to provide planned services. Effective and successful Organisational Redesign required by the National ICB Running Cost Reduction Programme (noting as at August 24 recruitment into majority of Rotherham Place team achieved).	3 x 3 = 9	Medium	2023/24 Operational Plan, including NHSE Assurance Oversight and sign-off - ICB Executive Director Portfolio Objectives. Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. Change Programme implementation Q2 & Q3. Transition to new Operating Model Q4. New operating model in place with most vacancies at Place now filled.	
1.6.1 - R	Children and Young People (0-25) services are effective (General Services)	Will Cleary Gray (Director of Strategy and Partnerships)	Helen Swatton	Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY040	SY Children and Young People Alliance Proder Contract management, Quality Assurance and Performance Information and Service Development Meetings. Thematic Partnership Oversight Meetings e.g. SEMH Strategic Group, Best Start Steering Group, CIC Physical and Emotional Health Group, SEND Partnership Board, Preparation for Adulthood Board etc.	Place Board and Place Plan and performance reporting, Rotherham Safeguarding Children's Board, Health and Wellbeing Board, Children and Young People's Partnership Board.	Y&H Network, NHSE, Ofsted/ CQC including SEND Inspection Framework/ JTAI.		Review Child Development Centre Development of an SEMH Framework...	Involve CYP Health Equity Collaborative Long term conditions New service models & pilots eg core connect Children and young people mental health Family hubs				
1.6.2	Children and Young People (0-25) services are effective (Safeguarding and SEND)	Cathy Wrixfield (Chief Nursing Officer)	NA	Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY040	SY Children and Young People Alliance	0				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, SEND Improvement, prep for adulthood. Doncaster - Start for life project, SEND Strategy, MH crisis, eating disorder.	Involve CYP Health Equity Collaborative Long term conditions New service models & pilots eg core connect Children and young people mental health Family hubs			
1.6.3.	Children and Young People (0-25) services are effective (Mental Health, LD and Autism) Specifically for mental health this includes: - Implementation of Mental Health Support Teams in Schools - A comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults. - The 95% CYP Eating Disorder referral to treatment time standards and the proportion of CYP waiting 4 weeks or less to start receiving help achieved - 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions - Delivery of the CYP inpatient transformation plan (led by specialised collaborative) - CYP mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice	Wendy Lowder (Director of Barnsley Place)	Kelly Glover	Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY040	- Development and implementation of effective system-wide and Place Operational Plans to deliver LTP BSS planning objectives - Effective delivery management processes at place including internal ICB escalation and system level oversight - Effective patient experience and engagement processes to support delivery undertaken by VCSE partners - Focus on delivering the ambitions of the Integrated Care Strategy and 5 year ICB Plan with a focus on early intervention and prevention	ICB Place Committees MMLDDA SDG Senior Leadership Executive Operational Executive Board	- NHSE Assurance process	3x3 = 9	ICB level review and refresh of Local Transformation Plans for CYP ICB level overview and escalation of progress against plan in terms of performance and delivery Rotherham - Review Child Development Centre Development of an SEMH Framework. Sheffield - Transform family hubs, neuro diversity pathways, short breaks for disabled CYP. Inclusion locality model, SEND Improvement, prep for adulthood. Doncaster - Start for life project, SEND Strategy, MH crisis, eating disorder.	Involve CYP Health Equity Collaborative Long term conditions New service models & pilots eg core connect Children and young people mental health Family hubs Full usage of targeted SDF	3x2 = 6	Medium	The collaborative, ICB programmes and places are working to clarify who is leading what to ensure clarity around what the priorities are across the system and who is leading and contributing to which elements. ICB level and Place level oversight of deliverables and adherence to access and waiting times standards Implementation of 2x MHTs in 2024/25 Review and refresh of LTP for CYP in 2024/25 at place supported by the system, with involvement from CYP Review of CYP LDA programme to ensure alignment Interdependencies with Provider Collaborative delivery of all-age eating disorder reconfiguration and ASD/ADHD workstream	
1.7.	The ICB has a programme of work in place to strengthen and accelerate our focus on prevention and early identification that has a focus on where it can have the most impact in improving outcomes. i) on the four main modifiable risk factors of smoking, healthy weight (diet and physical activity), alcohol and hypertension, ii) improved management of long term conditions which are the main causes of premature mortality in South Yorkshire (cardiovascular and respiratory) in order to delay and prevent co-morbidity from occurring.	David Crichton (Chief Medical Officer)	David Lautman / Lisa Wilkins	Pop Health and Health Inequalities SDG, Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY044	To give clear oversight Prevention and LTC papers detailing progress against AIP priorities will be tabled at Pop Health and HI SDG and Board. This work is led by the Prevention and Public Health Team (Medical Directorate) and the Population Health Team for LTC (Strategic and Partnership) as a joint function mapped against the Joint Forward Plan, NHS planning Guidance and the Integrated Care Partnership's strategy. In 2025 we are expecting the publication of a National Major Conditions Strategy which will further guide this work. The programme of work is delivered in number of different ways. Some work is led and undertaken by the team, in others it is co-ordinated or supported by team and led by others. Physical Health and Prevention Programmes are further supported by the Clinical Programmes team at NHSE NEY Regional Team.	-x4 Place Partnership Committees -SY SDG Population Health and HI's	- NEY NHSE Regional meetings (NEY Prevention Board and NEY Physical Health Board)	3 x 3 = 9	Management of LTC delivery transition to ICB as a result of changes to NHSE delivery of Clinical Networks for Respiratory and Cardiac. Alignment of Respiratory plans to place transformation plans - all places have identified Respiratory Programmes of work (whole pathway including unmet care) as a priority for 2025 and are developing transformation plans. These plans will need to feed into this programme of work.	Reporting progress on focussed on the priorities that will have the biggest impact in the below areas. - Primary prevention - modifiable risk factors (smoking, healthy weight and physical activity, alcohol) - Early identification of LTCs, diabetes, CVD, respiratory, increase the prevention detection and management - Optimal models of care, multi morbidity, rehab - Support for self management - support and tools for people	3 x 3 = 9	Medium	UCL Institute of Health Equity, Engaging a Wider Health Gap: Local Places Falling Behind 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.	Financial challenges and requirement for release in SDF funding to help potential limit progress in prevention.
1.8 - R	Primary care services are effective in Place.	Chris Edwards (Rotherham Place Director)	NA	System Leadership Executive Group supported by Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY079, SY069, SY061	Place Primary Care meetings: Primary Care Delivery Group chaired by Deputy Place Director, decisions record and may go through Place Executive Team (meets weekly) where appropriate. Oversight by Rotherham PLACE board	Operational Executive	Annual update to Health Select committee	3 x 3 = 9	work to mitigate risk of collective action is ongoing including meetings with LMC to understand likely action, impact and mitigating actions required.	agreement on uplifts to ensure ending of collective action	2 x 3 = 6	High	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 placements at the ICB Board Regular meetings with PCNs/LMC to monitor progress against plans and develop new services. Work with PCNs and the Federation to mitigate potential impact of collective action	
Objective 2: Tackle Inequalities in Outcomes, Experiences and Access - Executive Lead - Chief Medical Officer																	
2.1.	Through effective Place Partnership Plans, the ICB is tackling inequalities and moving towards greater self-care prevention and patient empowerment.	Dr David Crichton (Chief Medical Officer)	NA	Place Committees	Accountable	South Yorkshire Joint Forward Plan / BAF 2023	SY021, SY042, SY010, SY061, SY044, SY114	- PHM SDG - Digital Research Innovation (DRI) SDG - ICS Constitution sets out statutory duties - ICS Engagement and Involvement Strategy and policies - Place Communication & Engagement Plan - Strong relationship with Healthwatch - Health & Wellbeing Board - local collaborative work to improve health outcomes and address health inequalities. - Place Strategy and PLACE Delivery Plans - Integrated Care Partnership Strategy - Population Health Needs Assessment - Joint Forward Plan - ICP strategy and comprehensive public engagement on population needs. SY Digital strategy to develop PHM infrastructure, i.e., shared data platform PHM digital tech and implementation across SY (both for direct patient care and service planning purposes).	SY Population health SDG and 360 HI audit action plan Digital Research and Innovation SDG. Outcomes framework and Dashboard - Integrated Care Strategy - x 4 Place Partnership Committees	360 Internal Audit on HIs completed with considerations, action plan developed and owned by Pop h SDG was presented at GPPE SLE. Action plan progress to be presented to GPPE going forward - NHSE Assurance Framework - CQC	4x3=12	Sufficient resources required to undertake the work required to facilitate work that reduces health inequalities and inequity of access (investment £ and capacity / resources) - Health Care related Inequalities are clearly reported, in equivalence with other ICB Duties - through pop health outcomes framework and dashboard (which is part of the ICB's IPI) - 360 Internal Audit HIs action plan and annual HI internal audit undertaken	- Clear line-of-sight for Health Inequalities investment in the 2023/24 Operating and Financial Plan - Robust ICB 5-year Joint Forward Plan - Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report including reporting health outcomes and HIs measurement and regularly collecting patient experience and insights (inc PROMS metrics)	4 x 2 = 8	Medium	This is one of the main ICB core areas and is embedded into all strategy and delivery plans across the ICB. Regularly discussed through the delivery group, place partnership meetings and the ICB Board 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 GPPE - HI internal audit to be included in the internal audit ICB annual Plan.	
2.7.1 - R	The ICB works collaboratively with partners to improve health, care and reduce inequalities	Chris Edwards (Rotherham Place Director)	NA	Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY001, SY079, IL02	Rotherham Health and Care Place Plan details plans and is overseen by the Rotherham place board and the Health and Wellbeing board. Plan is also signed off by all statutory partners, VAR and Connect Healthcare	Rotherham Place ICB board sub committee, alongside the Place Plan there is a Population Health and Inequalities strategy developed through a steering group chaired by the public health Director and Deputy Place Director ICB - an action plan is monitored through this group and the Place Board / HWB.	Rotherham HWBB	3 x 4 = 12	Continued assurance that organisations are leading decisions/reviews of services through to Place Board with a shared understanding of the EQIA. Collaborative approach to ensuring improvements in outcomes for people with a continued focus on monitoring performance	Delivery of Place Plan priorities and our Health Inequalities Strategy - action plan. Delivery of key priorities with the HWBS strategy continually holding partners to account for decisions made that impact our population working in continued collaboration taking appropriate business through Place	2 x 3 = 6	Medium	Partnership approach and collaboration is well established and embedded in our Place governance however, the financial positions of organisations pose a risk to ensuring we work in collaboration to ensure health inequalities are addressed	Deliver the Rotherham health and care place plan

2.12 - R	Integrated services supporting people in the community are working well	Chris Edwards (Rotherham Place Director)	N/A	ICB Place Committees	Accountable	South Yorkshire Joint Forward Plan	L17	Rotherham Health and Care Place Plan details plans and is overseen by the Rotherham place board and the Health and Wellbeing board. Plan is also signed off by all statutory partners, VAR and Connect Healthcare. Better Care Fund utilised appropriately with governance arrangements in place to promote integrated services in H&SC - positive feedback from our submissions annually	Rotherham Place ICB board sub committee	Rotherham HWBB	3 x 4 + 12	Grow virtual wards, UCR, Falls prevention, Community led base Palliative & EOLC review / respect Rotherham (allocative efficiency) - CHC	Integrated neighbourhood team development Community services transformation Urgent community response Palliative and end of life care	2 x 3 + 6	Medium	workforce and appropriate training are key to ability to integrate services, there are risk in the system due to gaps in our collective workforce work is underway to support roles that can span both H&SC	Deliver the Rotherham Health and care place plan. Continue to integrate primary, Acute and community services
Objective 3 - Enhance Productivity and Value for Money - Executive Lead - Chief Finance Officer											Risk Appetite 9	Risk Appetite 9					
3.9.	The ICB effectively uses of digital and data to better understand and enable transformation of productivity and VM in health and care delivery	Will Cleary Gray (Director of Strategy and Partnerships)	Kieran Baker	ICB Board IG Group (Covering Cyber, Digital and Data Security, Clinical Safety) Place Committees QIPPE	Accountable	South Yorkshire Joint Forward Plan	SY044; SY061	ICS Data and Insight Strategy ICS Digital Strategy Digital, Research and Innovation SDG	Digital, Data and Technology Delivery Oversight Group	360 Audit - Data Strategy 360 Audit - Data Quality and Performance Management NHSE NEY Digital Transformation Programme	2X2=4	SY ICS Digital, Data and Technology Workforce Plan Implementation of Eclipse Vista across all South Yorkshire Places	Development of analytical approach to population health management (initiative 5 of the ICS Data and Insight Strategy) Improvement in scope and standardisation of Shared Care Records in South Yorkshire. To implement Eclipse across all GPs in South Yorkshire by Q2 2024	2 x 1 + 2		Delivery of the target minimum viable product for SCR within the next two financial years. Delivery of the SY Data Platform to support population health management by June 2024 Inclusion of qualitative (public) insight into the SY Data Platform by Q3 24-25. Development of a pathways costing model by June 2024 to support identification of productivity opportunities. To implement Eclipse across all GPs in South Yorkshire by Q2 2024	
3.10.	The ICB is improving digital inclusion to ensure optimal use of digital and data solutions for our citizens and wider population	Will Cleary Gray (Director of Strategy and Partnerships)	Kieran Baker	ICB Board IG Group (Covering Cyber, Digital and Data Security, Clinical Safety) Place Committees QIPPE	Accountable	South Yorkshire Joint Forward Plan	SY044; SY061	ICS Data and Insight Strategy ICS Digital Strategy ICS Cyber Strategy Digital, Research and Innovation SDG	Digital, Data and Technology Delivery Oversight Group	NHSE NEY Digital Transformation Programme Primary Care Alliance SY Digital Inclusion Audit	2X2=4	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	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	
Objective 4 - Help the NHS Support Broader Social and Economic Value - Executive Lead, Director of Strategy & Partnerships											Risk Appetite 9	Risk Appetite 9					
4.9 - R	Our work with people and communities is effective	Chris Edwards (Rotherham Place Director)	N/A	Place Committees	Accountable	South Yorkshire Joint Forward Plan	SY010	ICB Involvement Team & wider network Places, Provider Collaboratives and Alliances	Rotherham Place ICB board sub committee	HWBB	3 x 4 + 12	Robust plan with the engagement lead to ensure that all planned reviews of services had appropriate engagement with communities. Use of EQIA for all appropriate commissioning activity	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	2 x 3 + 6	Medium	Rotherham place plan and Rotherham together partnership plan focuses on social value and the role of anchor organisations. ICS place team part of Rowntree review on anchors and signed up to social value charter and staff trained	Complete social value training for key staff
4.11 - R	Our work with local authority is effective	Chris Edwards (Rotherham Place Director)	N/A	ICB Place Committees	Accountable	South Yorkshire Joint Forward Plan	SY124	Rotherham PLACE partnership is co-chaired by ICB RMBC. Plans are signed off by both organisations. HWBB strategy signed off by both organisations. Senior joint posts across key work areas. Health attend Rotherham Partnership Board chaired by RMBC Chief Exec and attend Health Scrutiny routinely.	Rotherham Place ICB board sub committee	HWBB	2 x 3 + 6	Support and strengthen our partnership arrangements in our places and our SY Integrated Care Partnership		2 x 2 + 4		Meet frequently as a joint senior management group with Council colleagues regarding commissioning decisions, commencing from Sept 24. Review how they work and review attendance - aim to support transparency over workstreams and key priorities/risks within our organisations to manage and mitigate impact across H&SC on decisions.	

430	ICB	2	7	<p>Practices have fallen behind schedule in achieving their target savings. This is due to a number of factors, including access and access Primary Care Network (PCN) Street Enhanced Service (SES) requirements, Community pharmacy contract and Quality Outcomes Framework (QOF) metrics aimed to increase cases leading (BP, AF) and BP achievement of 98% in BP, NCD - this is not thought to be impacting the cost of being leading to increased willingness for patients to purchase self care medications, MO redesign with new vacancies and alignment to business as usual (BAU) during the process of operational action</p>	5	3	11	0	<p>NICE National medicines optimisation opportunities 5 of 16 areas prioritised. Rollout plans for QOF and cost efficient spending on medicines and devices. ICB incentive quality schemes to reduce risk. ICB wide funded minor ailment and leading to CPIC and Pharmacy First scheme.</p>	David Clifton	Risk Register - 37121	45506	45527	Not overdue	Alex Polynicus	<p>Additional to the top up with industry in a bid to the one discussed as PMS would allow us to access resources without including the costs or recruitment difficulties associated with them, at a risk of limited control. Once we can implement the shortfall increasing should be able to be stopped. A mitigation would then be to utilize our savings to temporarily increase the working hours of those in the team who are willing to bring in locums to deliver greater throughput and the delivery able to make up the shortfall. A strong project management team keeping the focus on the key deliverables at the start of the</p>	Monthly	Medicines Management Optimisation Group	Quality Improvement Performance Patient Experience	45506	0	<p>Raised as an issue following increase in score on Risk Register (37121)</p>
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Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Likelihood	Impact	Residual Score	Date risk assessed	Person Responsible for Updates	Progress / Update	Date for reassessment	Assurance	Oversight	Date added to RR	
RPP001	Mental Health Services	Rotherham	1,2,5,6,8	1.2.2,1.2.2	There is a risk that the reconfiguration of RDASH Rehabilitation Pathways may increase demand for acute services through increased delays in the whole pathway (leading to a possible increase in OOA placements)	3	4	12	Accountable	RDASH to present to the Place Leadership Team (Nov 2023) evidence and service benefit/impact review of the decision to reconfigure rehabilitation pathways to decrease bed base whilst increasing community offer. Place partners to feedback and support in review of pathway design in order to mitigate risks across the to patients and partners	Claire Smith SYICB (Place Partnership)	Rotherham PET	2	2	4	6.10.23	Claire Smith Deputy Place Director (Rotherham)	Rdash informed SYICB colleagues of the decision to reconfigure pathways mid-sept, this was discussed at our PLT on 4th October with a request for RDASH to present to the group evidence and impact assurance for the model. This will be appraised by Place colleagues and support provided to ensure all risks are mitigated update 1/11/23 . Risk reassessed as presentation and report submitted to PLT which has given further assurance on impact, there will be 20% increase in community capacity with approach now over 7 days instead of 5, update 1/12/23 report to board discussed, monitoring impact in coming weeks 22/12 update continue to monitor but low risk 1/3/24 - No further update on position work ongoing. April update - OOA placements are increasing but no evidence as yet linked will monitor and expect an update at a Place Board in coming months. May Update - Julie Thornton will be presenting an update on Goldcrest closure and a review of any impact/actions taken to mitigate at Board this month. This may see this risk come off our register. June update : Julie Thornton presented a paper which highlighted the current position favourably, there doesn't seem to have been an impact due to the closure with additional capacity being freed up to support in the community. The data analysis was only from a short period so risk remains for a further 3 mths until a more detail review takes place. Sept - position remains as is, 3 mths review in this month to be added to PLT agenda.	Dec-23	Monthly	Place Leadership Team		
RPP002	Diabetes Pathway	Rotherham	1,2,5,6,8		There is a risk that patients with diabetes in Rotherham are not managed effectively or equitably leading to additional pressure on primary and secondary care services.	4	4	16	Accountable	There has been ongoing work to try and support better pathways in primary and secondary care - this has been difficult to effect change and more recently a paper was taken to our PET to agree additional short term (2yr) funding of resource across place to lead transformation. There is a T&F group establish and once in post this resource will drive our key priorities which have already been identified and are part of our PLACE priorities and agreed with TRFT	Claire Smith SYICB (Place Partnership)	Rotherham PET	2	2	4	01/11/2023	Claire Smith Deputy Place Director (Rotherham) Stuart Lakin (Rotherham)	Post agreed, will sit with TRFT but will be a transformational role for Place. T&F group established and work underway to recruit. Update 1/12/23 , recruitment underway, this is now agreed Place priority linked to our 4 key areas of transformation on QSiR methodology for 24-25. Project checklist completed and prescribing savings identified (initial thoughts only). 22.12 update recruitment underway for the project lead 1/3/24 update continue to workshop by March 21st with presentation to exec board on progress and proposed next steps. April update - new starter commenced and work is starting to progress request to close risk at next board May/June update - work is ongoing established T&F and awaiting baseline, expected outcomes to monitor in support of transformation. A regular oversight group meets within ICB to monitor progress and feeds into Board for assurance. August - high impact work in progress, outcome measures agreed and working through financial impact of implementing transformation. September remains as is.	Monthly	mm,	Place Leadership Team		
RPP003	Mental Health Services Inc. LD/Autism/ CAMHS	Rotherham	1,2,5,6,8		Trauma Resilience Service - There is a risk of funding being unavailable from March 2025 onwards. Previous funding was received from Health and Justice since 2017/18 to support the Rotherham response to the findings of the Aless Jay report in 2014. If external funding ceases there is a risk to the longevity of the service leaving a reduced service offer to those who have suffered exploitation. This could also result in adverse media attention. The Stovewood investigation into non recent child sexual exploitation is expected to continue for a number of years	4	4	16	Accountable	Review of mental health services commissioned by Rotherham ICB to understand demand and value for money in current model. Working with TRS to horizon scan and support to apply for external funding where available.	Chris Edwards (Executive Place Director Rotherham)	Rotherham Place Executive Team	2	2	4	30/06/2023 11/08/2023	Andrew Russell / Claire Smith	No funding expected from Health and Justice, Rotherham Place ICB has funding identified to March 2025 however, with a significant deficit planned for next financial year funding of the model is unsustainable past this point. A full review of the outcomes of the service, funding for this cohort across our Place partners and required demand/model moving forward is required and will commence shortly, initial conversations have taken place to raise this risk with the provider and a meeting will discuss further in October. Risk to be tolerated. Review continues. Risk to be tolerated. Review continues. 1/3/24 review completed and report presented to PET, national funding of 350k is being proposed to support a SY model with the provider, H&J Rotherham funding is proposed to be provided over 2yrs to support a transition into the new SY model which will mitigate risk of loss of this element of funding in March 25. Business case by RDASH completed and sent to H&J. April update - currently lobbying Home Office for specific funding to ensure all court cases are supported to 2026, funding for SY model has been confirmed May/June update - position remains awaiting home office July Update : Jaime Cherry - Swaine submitted a business case for funding for 24/25 onwards, the draft business case some clarifications, required, once received a central finance business case for the funding will be developed. Sept - still awaiting update from Home Office	Six Monthly		Rotherham Place Executive Meeting / Stovewood Strategic Coordination Group	Quality, Performance, Involvement, Experience	30/06/2023
RPP004	Financial position and required savings/efficiencies across Place	Rotherham	1,2,3,4,5,6,7,8		Financial Position across Place Partners - there is a risk that the significant financial challenge across Place Partners leads to organisational decisions on service delivery (including reduction or ceasing provision) that impact negative on Place Partners and the overall outcomes/health and wellbeing of the Rotherham populations	4	5	20	Accountable	Rotherham Place Leadership Board, refreshed Place Plan 23-25 with clear Place Priorities. Formal processes in place for escalation across partners in weekly PLT meetings. Finance executive leads meet regularly with oversight at Board level.	Claire Smith SYICB (Place Partnership) Wendy Allott SYICB Chief Finance Officer	Rotherham Place Leadership Board & Rotherham Place Executive Team	3	3	9	6.10.23	Wendy Allott / Claire Smith	Discussion have taken place with partners through the PLT regarding working collaboratively on any MTFs plans. Shared understanding of financial positions has been discussed and continues to be an agenda item at Board. Commitment across Place to leave no one behind - in terms of understanding impact across Place partners of any decisions on savings/efficiencies. Joint roles in place in commissioning that support integration across Place on decision making. 22/12 update our 4 transformational and efficiency projects have been agreed at Place Board I&T groups will be established for these in new year and there will be updates for assurance to board as well as within ICB, work continues to ensure any decisions are shared across Place including Council sharing of these financial planning for 24-25 consultation out. 1/3/24 Finance is being taken through Place Board regularly from Place partners collectively. PET: 06.03.24 - further review to take place April/May when there is better understanding of the financial regime for 24/25. May/June Update : Risk assessed and to remain as is. AUGUST UPDATE: 07/08/24 ICB position went to FIC 02/08/24 - awaiting feedback on any required actions/further impacts on Place. Leave risk as is for now. 29/08/24 Update from CE following exec/national meeting - ICB financial performance under national scrutiny / monitoring. Additional scrutiny on efficiency plans across the ICB/ICS in progress. Leave as is for now	Monthly	Monthly	Place Leadership Team		
RPP006	Infection Prevention and Control (IPC) Provision	Rotherham			There is a risk that Rotherham Place does not have sufficient resources in place to support Infection Prevention and Control initiatives across community settings. This may result in increased risk of infections within care settings and also a reduced ability to respond to incidents and emerging risk within the Rotherham Health and Care System.	4	4	16	Accountable	Discussions are underway across the Partnership to understand the potential options around resource. A paper describing the challenge, risks and options has been prepared by the Director of Public Health with support from the ICB.	Chris Edwards (Executive Place Director Rotherham) / Claire Smith SYICB (Place Partnership) & Andrew Russell Chief Nurse	Rotherham Place Leadership Board & Rotherham Place Executive Team	3	3	9	01/02/2024	Andrew Russell/Claire Smith	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 mitigate 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 Service substantively. May/June Update - this remains an issue Rotherham is only LA in SY that doesn't have a resource for IPC, there has been a commitment from BCF for one year but nothing recurrently which remains the concern. September update: Continued discussion with LA/TRFT with support from SY ICB in relation to achievable models with the 1 year funding (pilot provision for 12mths from IBCF funding). No implementation has yet been agreed.	Monthly	Monthly	Place Leadership Team	01/02/2024	
RPP 008 (NEW)	MHRA bed alert	Rotherham	1,3,5,6,8		There is a risk of injury or death from entrapment or falls from medical beds, trolleys, bed rails, bed grab handles and lateral turning devices, as alerted by the medicines and healthcare product regulatory agency.	2	4	8	Accountable	Each impacted organisation in Rotherham to complete and maintain mitigating actions stated by the MSRA. These are to risk assess all patients who are using this equipment, prioritising those with atypical anatomy and updating when clinical conditions change; update policies and procedures; develop and implement a training plan; review medical device management systems; implement maintenance and servicing schedules;	Mediquip: Community Occupational Therapy; Kirsty Littlewood/Jodie Roberts Hospice: Mat Cottle Shaw TRFT Therapy and nursing: Jodie Roberts Care Homes: Owners/Directors	Rotherham Place Leadership Team	2	3	6	28/05/2024	Claire Smith	RDASH and TRFT have set up working groups and Mediquip and the Hospice have action plans SY ICB commissioning team are co-ordinating assurance of the mitigating actions including circulating the alert notice to care homes and issuing and reviewing an audit questionnaire to establish the number of impacted residents, actions and timeline and outstanding actions June update - paper presented to Place Board in May 24 a further update expected in 3 mths. July - further paper with updated action plan to Place Leadership this week 3rd July. Sept - 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	Monthly	Monthly	Place Leadership Team	01 06 24	
RPP 0009 (NEW)	RDASH Care Home Liaison Team Acute staffing levels	Rotherham	1,2,6		If the RDASH CHLT cannot address the acute staffing levels within it's Nursing team there will be an impact on its ability to meet demand with its clinical capacity. This will have a detrimental effect on its ability to provide responsive and effective care.	4	3	12	Accountable	Actions: To address the staffing issues through sickness management and recruitment. To support service delivery through mutual support from resources within the Care Group. Escalate the situation to PLACE partners to explore opportunities for mutual support. To pursue the LES proposal for shared care with Primary Care through the RIBC.	Claire Smith SYICB (Place Partnership) Julie Thornton RDASH	Rotherham Place Leadership Team	2	2	4	07/06/2024	Claire Smith SYICB (Place Partnership) Julie Thornton RDASH	July - Review of dementia LES has taken place with possibility of looking at enhancing this to cover the requirements of the service, awaiting result of the Sheffield Hallam Uni review of dementia and the admiral nurses by end of July to then progress with discussions. Provider looking to mitigate risk in the meantime. August - RDASH have indicated that the risk is reducing as a member of staff has come back to work from LT sick leave. Sept - Risk reviewed in August and reduce continue to monitor this month and review whether still remains a live risk	Monthly	Monthly	Place Leadership Team	07/06/2024	
RRP 0010 (NEW)	Funding pay rise announcements	Rotherham	1,2,3,4,5,6,7,8		Pay settlements are being made with e.g. Junior doctors, consultants and further discussions are happening with all settings including social care and the voluntary sector. The risk is that these pay wards are not funded in all sectors	4	3	12	Accountable	Actions: Work with NHSE to understand funding streams to assess what is funded centrally and communicate risks to providers	Chris Edwards SYICB	Rotherham Place Board	4	3	12		Chris Edwards SYICB	September: Awaiting guidance from NHSE	Monthly	Monthly	Rotherham Place Board	28/08/2024	

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

Apologies:	Richard Jenkins, Chief Executive, TRFT Toby Lewis, Chief Executive, RDaSH Cllr Joanna Baker-Rogers, Chair of Rotherham Health & Wellbeing Board, RMBC Dr Anand Barmade, Medical Director, Connect Healthcare Sharon Kemp, Chief Executive, RMBC Shahida Siddique, Independent Non-Executive Member, NHS SY ICB Ian Spicer, Strategic Director – Adult Care, RMBC 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
Ben Anderson (**BA**), Director of Public Health, RMBC
Wendy Allott (**WA**), Director of Financial Transformation (Rotherham), 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**), Director of Partnerships (Rotherham), NHS SY ICB

Participants:

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
Gordon Laidlaw (**GL**), Head of Communications (Rotherham), NHS SY ICB
Jude Wildgoose (**JW**), Assistant Director – Transformation & Delivery (Rotherham), NHS SY ICB

In Attendance:

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

Item Number	Discussion Items
138/8/24	<p>Place Performance Report</p>
	<p>JW had met with colleagues to look at making the performance report more fit for purpose with a descriptive level of narrative. It had been agreed to reshape the report but with the purpose of aligning with other reports to avoid duplication. Initial work is underway and Place Board can expect to receive an initial draft at the September meeting.</p> <p>JW gave the headlines from the performance report this month. National comparison showed:</p> <ul style="list-style-type: none"> – Diagnostics slight decrease – Rotherham now 5th out of 106 – Referral to Treatment maintained performance on last month at 61.4% against the challenging national target of 92% – IAPT 6 week waits - still overperforming against the target and 8th out of 106 nationally <p>On performance overall:</p> <ul style="list-style-type: none"> – IAPT 18 week wait is at 99.2% so consistently meeting target (95%). – An issue with data reporting on cancer is being investigated. – On referral to treatment 18 specialties were under the 92% standard with just general medicine, geriatric medicine, rheumatology and thoracic medicine meeting the target. – 1021 patients had been waiting over 52 weeks to be seen, 68 over 65 weeks and 3 over 78 weeks. There were no Rotherham patients waiting over 104 weeks. – There had been a dip in performance with 341 patients waiting over 6 weeks for diagnostic tests and increase from 263 last month so an upward trajectory noted. 32 of the breaches were at The NHS Rotherham Foundation Trust (TRFT). – A reduction had been seen in the number of cancelled operations. – Due to system pressures A&E 4-hour waits had increased to 68.7%. – Performance on ambulance response times had slightly improved but handover times had seen a decrease to 53% for a 15 minute turnaround. <p>Members noted performance this month.</p>
139/8/24	<p>Rotherham Place Committee Annual Report</p>
	<p>Members received the Committee’s Annual Report which gave an opportunity to reflect on the activities and business undertaken during 2023/24 as well as providing assurance for CE as the accountable officer and NHS SY ICB Board that Rotherham Place has discharged its duties and delegated functions as set out in its terms of reference.</p> <p>This report will also form part of the ICB Annual Report and its Annual Governance Statement.</p> <p>CE thanked partners for their work and contributions in the past year.</p> <p>Members approved the report for submission to the ICB Annual General Meeting.</p>
140/8/24	<p>Updated Place Board Terms of Reference for ICB Business</p>
	<p>LG reminded Members of the amendments made to the terms of reference that had been approved in April. Subsequently in May and July approval had been given to the addition of representatives from Rotherham Hospice and Rotherham Healthwatch as participants.</p>

<p>For completeness, Members noted that the terms of reference for the Place Board Partnership ICB Committee Business (Part 3) had been updated to reflect the above changes made to those agreed in April 2024.</p>	
141/8/24	ICB Board Assurance Framework, Risk Register & Issues Log
<p>Members reviewed the Board Assurance Framework, Risk Register and Issues Log for Quarter 2.</p> <p>In the partnership session of today's Place Board, CE had highlighted GP collective action as a key issue for Rotherham Place which is on the risk registers for both the ICB and Rotherham Place.</p> <p>Discussion followed around how NHS organisations will be able to implement the recently announced pay increases when to date, there has been no advice or guidance on how this will be funded.</p> <p>Partners agreed that a risk be added to the register reflecting this concern.</p> <p style="text-align: right;">Action: CE</p> <p>Similarly, during the partnership session under the Maternity, Children & Young People's Update, Members had noted the risk that place partners have been unable to mitigate for a reduction in funding into the Smoking at Time of Delivery Service (SATOD).</p> <p>A risk relating to this issue will be drafted by the Director of Public Health for inclusion in the risk register.</p> <p style="text-align: right;">Action: BA</p>	
142/8/24	Feedback from Rotherham Place Executive Team (RPET)
<p>CS updated Members on items considered by the Rotherham Place Executive Team including:</p> <ul style="list-style-type: none"> • Rotherham Town Centre Development Update • Rotherham QWELL (mental health platform for adults) – RPET had supported the award of the contract and had been assured by procurement advice. • Dementia Carers Resilience Service – supported the recommendations following procurement advice. • Rotherham Place Review of 2023/24 – reviewed the report as recommended for presentation as part of today's business. 	
143/8/24	Minutes and Action Log from 17 July 2024 Meeting
<p>The minutes from the meeting held in July were accepted as a true and accurate record. The action log was reviewed and up to date.</p>	
144/8/24	Communication to Partners/Promoting Consultations & Events
<ul style="list-style-type: none"> – MCS advised of the intention to launch the Hospice Strategy and rebranding. The date will be shared and partners invited. – The Rotherham Show is taking place on Saturday 7th and Sunday 8th September from 11am -5pm in Clifton Park. Consultation and engagement will be taking place on 'Say Yes!' – Rotherham Together Partnership Showcase event will take place on Tuesday 17 September from 9.45am – 1pm at the new Arc Cinema. It will focus on Town Centre regeneration and investment and how it is creating opportunities for local people and businesses. 	

I45/8/24	Risks and Items for Escalation
Risks as noted under I41/8/24.	
I46/8/24	Future Agenda Items:
<ul style="list-style-type: none"> – CHC Review/Co-design update – AR - RPET then Sept PB – session to be decided – Targeted Lung Health Checks Update – JP – (Oct) <p>Standing Items</p> <ul style="list-style-type: none"> – Rotherham Place Performance Report (monthly) – Risk Register (Monthly for information) – Place Medicines Management Report (Quarterly – next due Sept) – Quality, Patient Safety and Experience Dashboard (Bi- monthly – next due Sept) – Quarterly Medical Director Update (Oct) – JP 	
I47/8/24	Date of Next Meeting
The next meeting will take place on Wednesday 18 September 2024 at Rotherham Town Hall in Committee Room 2.	

Membership

Chris Edwards (Chair)	Executive Place Director/Deputy Chief Executive, ICB	NHS South Yorkshire Integrated Care Board
Claire Smith	Director of Partnerships, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Director of Financial Transformation, Rotherham	NHS South Yorkshire Integrated Care Board
Andrew Russell	Director of Nursing, Rotherham & Doncaster Places	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board

Participants

Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Ian Spicer	Strategic Director, Adult Care, Housing & Public Health	Rotherham Metropolitan Borough Council
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 Chair	Rotherham Health and Wellbeing Board/ Rotherham Metropolitan Borough Council
Dr Neil Thorman	Primary Care Representative	Rotherham Primary Care Collaborative Group
Dr Anand Barmade	Medical Director	Connect Healthcare Rotherham
Michael Wright	Managing Director	The Rotherham NHS Foundation Trust
Kym Gleeson	Service Manager	Healthwatch Rotherham
Mat Cottle-Shaw	Chief Executive	Rotherham Hospice

Nicola Curley	Director of Children's Services	Rotherham Metropolitan Borough Council
Lydia George	Transformation & Partnership Portfolio Manager (Rotherham)	NHS South Yorkshire Integrated Care Board
Gordon Laidlaw	Head of Communications (Rotherham)	NHS South Yorkshire Integrated Care Board

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ROTHERHAM PLACE BOARD: ICB BUSINESS ACTION LOG - O/S and New

Mtg Date	Item No.	Agenda Item Title	Action Description	By	Action Status	Comments
17-Jul-24	i28/7/24	Quality, Patient Safety & Experience Report	AR to report outcomes from review of CHC capacity to Place Board for assurance.	AR	Green	Update on local work and CHC co-design work scheduled for October
21-Aug-24	i41/8/24	ICB Board Assurance Framework, Risk Register and Issues Log	CE to add risk to the register reflecting concern around how NHS organisations will be able to fund the recently announced pay increases.	CE	Green	
21-Aug-24	i41/8/24	ICB Board Assurance Framework, Risk Register and Issues Log	BA to draft a risk for the risk register around place partners being unable to mitigate for a reduction in funding into the Smoking at Time of Delivery Service.	BA	Amber	Risk in draft, will be included next month