



# Agenda

Title of Meeting:	<b>Rotherham Place Board: ICB Business</b>
Time of Meeting:	10.45am – 11.30am
Date of Meeting:	Wednesday 16 October 2024
Venue:	<b>John Smith Room, Rotherham Town Hall</b>
Chair:	<b>Chris Edwards</b>
Contact for Meeting:	Lydia George: <a href="mailto:lydia.george@nhs.net">lydia.george@nhs.net</a> / Wendy Commons: <a href="mailto:wcommons@nhs.net">wcommons@nhs.net</a>

Apologies:	R Jenkins, Chief Executive, The Rotherham NHS Foundation Trust T Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust S Kemp, Chief Executive, Rotherham Council 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	Lung Health Checks Update	10 mins	Dr J Page	Enc 2
3	Medical Director Update	5 mins	Dr J Page	Verbal
4	Feedback from NHS SY ICB Annual General Meeting	5 mins	S Siddique	Verbal
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
<b>Standard Items</b>				
7	Minutes and Action Log from 18 September 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"> <li>• Local CHC and Co-design Update – A Russell</li> </ul> Standing Items <ul style="list-style-type: none"> <li>• Place Performance Report (monthly)</li> <li>• Risk Register (monthly for information)</li> <li>• Place Prescribing Report (Nov)</li> <li>• Quality, Patient Safety and Experience Dashboard (Bi-monthly)</li> <li>• Quarterly Medical Director Update (Jan)</li> </ul>			
11	Date of Next Meeting: Wednesday <b>20 November 2024</b> at 10:45am at <b>Rotherham Town Hall in John Smith Room</b>			

**GLOSSARY**

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



**South Yorkshire**  
Integrated Care Board

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

**October 2024**

### Rotherham Place Delivery Dashboard - October 2024

Performance Comparison - Rotherham Place/FT v National

July 2024

	Target	Place/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1%	6.35%	22.42%	0 out of 106	9th out of 106
RTT	92%	62.68%	58.83%	0 out of 106	24th out of 106
IAPT 6 Week Wait*	75%	98.00%	92.40%	98 out of 106	31st out of 106

\*IAPT Figures are as at June 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					
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Deteriorating Not met last month but met previously or YTD met					
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Concern Not met last two months					
	Target	Previous Month	Last Month	Current Month	Next Month Predicted
Cancer Waits: 62 days	85%	● ▼	● ▲	● ▼	●
Diagnostics	1%	● ▼	● ▲	● ▼	●
Referral to treatment	92%	● ▲	● ▲	● ▼	●
Cancelled Operations	0	● ▲	● ▲	● ▲	●
Cancer Waits: 31 days	96%	● ▼	● ▼	● ▼	●

### Rotherham Place Delivery Dashboard - October 2024

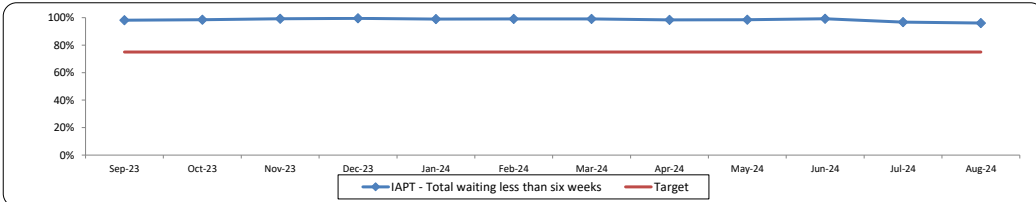
#### IAPT 6 Week Wait

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 August was 96.1%. This is above the standard of 75%. July performance was 96.7%.

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

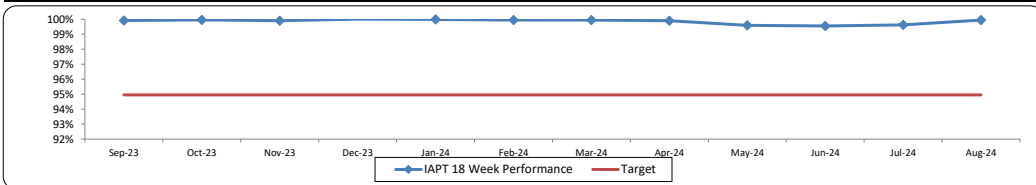
		Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
6 Week Waiting List Performance	Actual	98.2%	98.5%	99.3%	99.5%	99.0%	99.1%	99.1%	98.3%	98.5%	99.2%	96.7%	96.1%
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



#### IAPT 18 Week Wait

The 18 week waits position for the service as at end August was 100%. Performance is consistently meeting the 95% standard for 18 weeks.

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



#### IAPT Supporting Narrative

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

- Barnsley – 98%
- Doncaster – 83%
- Sheffield – 98%
- National – 90.7%

#### Cancer Waits

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

In July the 28 day Faster Diagnosis standard achieved the target of 75% at 78.2%. June's performance was 79.7%

The 31 day standard was not achieved in July, with performance at 84% against the standard of 96%. A slight decrease from June's performance of 85.3%

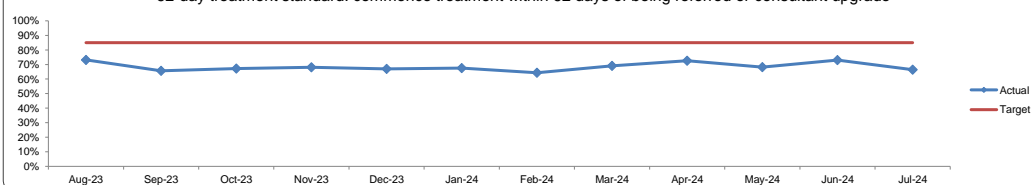
In July the 62 day referral to treatment target did not meet the national standard of 85%, with performance at 66.4% for Rotherham Place. A decrease on June's performance of 73.1%.

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

#### Focus on - Cancer

	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
Faster Diagnosis Standard: a diagnosis or ruling out of cancer within 28 days of referral	75%	77.1%	73.6%	73.2%	74.1%	78.2%	70.4%	77.2%	79.3%	75.6%	79.9%	79.7%	78.2%
31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients	96%	88.3%	86.1%	84.9%	82.2%	85.1%	79.8%	83.8%	81.5%	88.0%	86.8%	85.3%	84.0%
62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade	85%	73.2%	65.7%	67.2%	68.1%	67.0%	67.5%	64.3%	69.1%	72.6%	68.2%	73.1%	66.4%

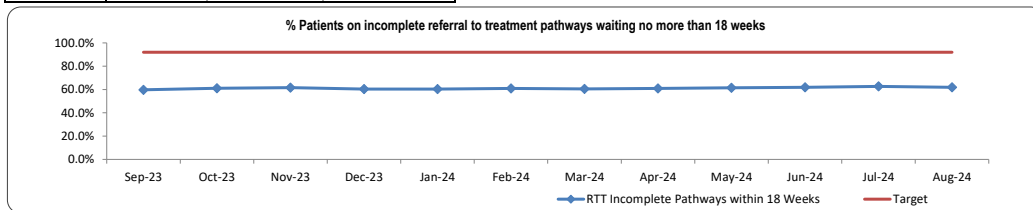
62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade



### Rotherham Place Delivery Dashboard - October 2024

Referral to Treatment					
RTT Incomplete Pathways did not meet the 92% standard in August at 61.9% based on provisional data. The position for July was 62.7%.					
In August there were 1078 waiters over 52 weeks, 73 over 65 weeks, 1 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	29873	687 (64%)	4 (5%)	0 (0%)	0 (0%)
Barnsley Hospital NHS Foundation Trust	50	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	1201	46 (4%)	10 (14%)	0 (0%)	0 (0%)
Sheffield Teaching Hospitals NHS Foundation Trust	6295	278 (26%)	47 (64%)	1 (100%)	0 (0%)
Sheffield Children'S NHS Foundation Trust	1103	54 (5%)	11 (15%)	0 (0%)	0 (0%)
Other provider	1039	13 (1%)	1 (1%)	0 (0%)	0 (0%)
<b>All Providers</b>	<b>39561</b>	<b>1078 (100%)</b>	<b>73 (100%)</b>	<b>1 (100%)</b>	<b>0 (0%)</b>

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



	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
RTT Incomplete Pathways within 18 Weeks	92%	59.8%	61.1%	61.7%	60.3%	60.4%	61.0%	60.5%	61.0%	61.4%	61.9%	62.7%	61.9%
RTT Incomplete Pathways over 52 Weeks	0	1146	1095	1023	1010	1038	994	963	1034	1020	1021	1039	1078
RTT Incomplete Pathways over 65 Weeks	0	210	179	149	177	187	151	58	80	93	68	52	73
RTT Incomplete Pathways over 78 Weeks	0	14	6	8	12	18	11	5	8	2	3	6	1
RTT Incomplete Pathways over 104 Weeks	0	0	0	0	0	0	1	1	0	0	0	0	0

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

	% Over 13 Weeks	May-24	Jun-24	Jul-24	Aug-24	Target
All specialities - total incomplete	50.2%	61.4%	61.9%	62.7%	61.9%	92%
Cardiology	46.1%	63.3%	63.5%	66.2%	67.8%	92%
Cardiothoracic Surgery	21.6%	87.8%	85.3%	87.2%	89.2%	92%
Dermatology	37.3%	78.6%	82.0%	78.2%	76.4%	92%
Ear, Nose & Throat (ENT)	65.2%	46.3%	45.7%	45.9%	45.5%	92%
Gastroenterology	42.0%	72.4%	71.9%	69.3%	72.8%	92%
General Medicine	11.5%	84.6%	94.1%	95.7%	92.3%	92%
General Surgery	51.5%	55.4%	57.2%	60.6%	59.4%	92%
Geriatric Medicine	14.7%	95.1%	97.3%	96.9%	95.8%	92%
Gynaecology	52.0%	57.0%	57.8%	58.8%	58.1%	92%
Neurology	64.0%	47.1%	47.1%	51.3%	48.7%	92%
Neurosurgery	46.5%	58.0%	60.1%	58.3%	66.3%	92%
Ophthalmology	36.7%	73.1%	73.5%	75.5%	74.9%	92%
Other - Medical Services	42.5%	75.2%	72.8%	73.6%	72.0%	92%
Other - Mental Health Services	0.0%	-	-	-	-	92%
Other - Paediatric Services	46.9%	69.9%	69.6%	71.3%	66.1%	92%
Other - Surgical Services	43.1%	69.8%	71.3%	71.3%	68.5%	92%
Other - Other Services	24.8%	84.3%	83.6%	85.4%	84.6%	92%
Plastic Surgery	64.5%	53.0%	49.5%	47.9%	43.9%	92%
Rheumatology	20.1%	90.6%	93.0%	93.0%	91.8%	92%
Thoracic Medicine	22.2%	91.7%	92.4%	93.2%	92.9%	92%
Trauma & Orthopaedics	60.5%	48.7%	48.7%	51.5%	50.8%	92%
Urology	44.1%	71.5%	70.6%	71.0%	69.6%	92%

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

Total Incomplete 18 Week Pathways - 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
Number of Pathways	39890	39422	37289	37169	36316	36702	37078	37848	37649	38343	39272	39561
Mar-19 Number of Pathways	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819
Difference	23071	22603	20470	20350	19497	19883	20259	21029	20830	21524	22453	22742

#### RTT Supporting Narrative

Latest provisional data for August shows 19 specialities under the 92% standard, with just General Medicine (92.3%), Geriatric Medicine (95.8%) and Thoracic Medicine (92.9%) meeting the Standard.

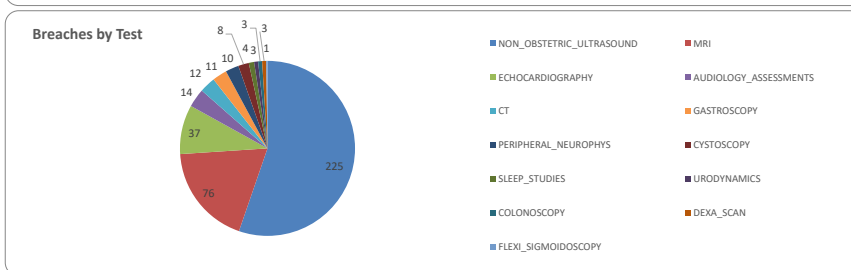
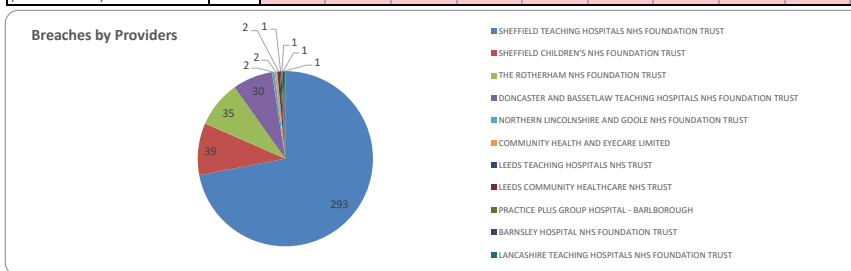
Rotherham Place performance benchmarks as follows against other places in South Yorkshire for RTT Incomplete waits in August (61.9%): Barnsley – 71.7% / Doncaster – 58.5% / Sheffield – 62.6% / South Yorkshire – 63.1%

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

### Rotherham Place Delivery Dashboard - October 2024

Diagnostic Waiting Times	
Provisional performance in August of 7.3% exceeds the <1% standard.	
407 Breaches occurred in August:	
35 (9%) at The Rotherham NHS Foundation Trust (1 Flexi Sigmoidoscopy, 31 Echocardiography, 1 Gastroscopy, 1 Colonoscopy, 1 Cystoscopy)	
1 (0%) at Barnsley Hospital NHS Foundation Trust (1 Audiology Assessments)	
30 (7%) at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (5 Echocardiography, 1 Urodynamics, 2 MRI, 11 Audiology Assessments, 11 Non Obstetric Ultrasound)	
293 (72%) at Sheffield Teaching Hospitals NHS Foundation Trust (2 Gastroscopy, 1 Colonoscopy, 10 Peripheral Neurophys, 7 Cystoscopy, 49 MRI, 12 CT, 212 Non Obstetric Ultrasound)	
39 (10%) at Sheffield Children's NHS Foundation Trust (3 DEXA Scan, 1 Audiology Assessments, 22 MRI, 4 Sleep Studies, 7 Gastroscopy, 2 Urodynamics)	
9 (2%) at Other Providers (1 Colonoscopy, 1 Gastroscopy, 3 MRI, 1 Echocardiography, 2 Non Obstetric Ultrasound, 1 Audiology Assessments)	

	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
% Patients waiting for diagnostic test > 6 weeks from referral (Commissioner)	1%	7.5%	5.1%	3.4%	4.2%	5.3%	3.9%	2.2%	4.3%	5.1%	6.8%	6.4%	7.3%



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

August-24 Provisional

Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	793	76	9.6%
Computed Tomography	607	12	2.0%
Non-obstetric ultrasound	1695	225	13.3%
Barium Enema	0	0	-
DEXA Scan	175	3	1.7%
Audiology - Audiology Assessments	406	14	3.4%
Cardiology - echocardiography	754	37	4.9%
Cardiology - electrophysiology	0	0	-
Neurophysiology - peripheral neurophysiology	31	10	32.3%
Respiratory physiology - sleep studies	222	4	1.8%
Urodynamics - pressures & flows	19	3	15.8%
Colonoscopy	247	3	1.2%
Flexi sigmoidoscopy	106	1	0.9%
Cystoscopy	153	8	5.2%
Gastroscopy	363	11	3.0%
<b>Total Diagnostics</b>	<b>5571</b>	<b>407</b>	<b>7.3%</b>

### Rotherham Place Delivery Dashboard - October 2024

#### Eliminating Mixed Sex Accommodation










There were 0 breaches of this standard in July 2024

	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
Number of mixed sex accommodation breaches (commissioner)	0%	0	0	0	0	0	4	0	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 - October 2024**

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

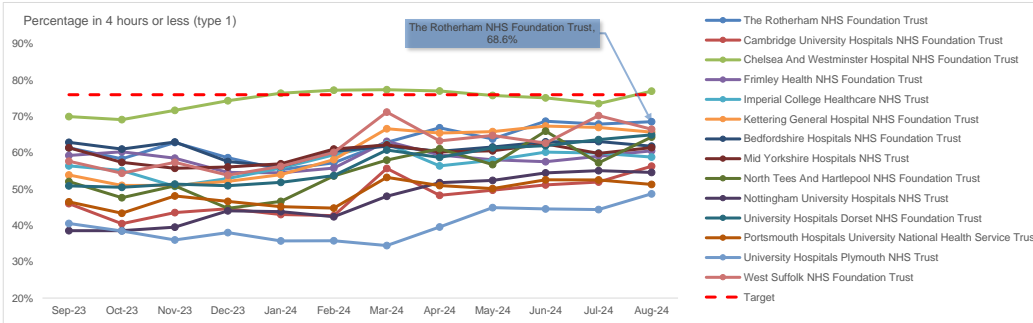
TRFT have now reverted to reporting the A&E 4 hour wait standard.

Data has only started being published from June 2023. The position as of August 2024 was 68.6%

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

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

	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
The Rotherham NHS Foundation Trust	76%	61.4%	58.3%	62.8%	58.7%	55.4%	57.2%	62.9%	66.9%	63.8%	68.7%	67.9%	68.6%
<b>TRFT Plan</b>		<b>55.0%</b>	<b>60.0%</b>	<b>60.0%</b>	<b>65.0%</b>	<b>65.0%</b>	<b>70.0%</b>	<b>76.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Cambridge University Hospitals NHS Foundation Trust	76%	46.0%	40.5%	43.6%	44.6%	43.0%	42.7%	55.7%	48.3%	49.7%	51.2%	51.9%	56.3%
Chelsea And Westminster Hospital NHS Foundation Trust	76%	70.0%	69.1%	71.7%	74.4%	76.4%	77.2%	77.4%	77.0%	75.8%	75.1%	73.6%	77.0%
Frimley Health NHS Foundation Trust	76%	59.3%	60.3%	58.5%	54.6%	54.5%	55.8%	63.2%	59.4%	58.1%	57.6%	59.0%	60.5%
Imperial College Healthcare NHS Trust	76%	56.4%	55.1%	50.8%	52.9%	55.8%	59.4%	62.5%	56.4%	58.0%	60.2%	59.9%	58.8%
Kettering General Hospital NHS Foundation Trust	76%	53.9%	51.0%	51.0%	52.1%	54.0%	58.1%	66.6%	65.5%	65.8%	67.4%	67.0%	65.7%
Bedfordshire Hospitals NHS Foundation Trust	76%	62.9%	61.0%	63.0%	57.6%	56.2%	60.4%	61.8%	60.4%	61.6%	63.0%	63.1%	61.8%
Mid Yorkshire Hospitals NHS	76%	61.4%	57.4%	55.7%	56.1%	57.0%	61.0%	62.2%	60.2%	60.6%	62.4%	59.8%	61.4%
North Tees And Hartlepool NHS Foundation Trust	76%	52.1%	47.6%	50.9%	44.7%	46.6%	53.6%	58.0%	61.1%	56.8%	66.0%	57.3%	64.4%
Nottingham University Hospitals NHS Trust	76%	38.6%	38.6%	39.5%	44.0%	43.8%	42.4%	48.0%	51.8%	52.4%	54.5%	55.1%	54.6%
University Hospitals Dorset NHS Foundation Trust	76%	50.9%	50.5%	51.4%	50.9%	51.9%	53.7%	60.8%	58.7%	61.4%	62.0%	63.6%	65.0%
Portsmouth Hospitals University National Health Service Trust	76%	46.5%	43.4%	48.1%	46.6%	45.2%	44.8%	53.2%	51.0%	50.2%	52.6%	52.5%	51.3%
University Hospitals Plymouth NHS Trust	76%	40.5%	38.5%	36.0%	38.0%	35.7%	35.8%	34.5%	39.6%	44.9%	44.5%	44.4%	48.7%
West Suffolk NHS Foundation Trust	76%	57.7%	54.4%	57.4%	53.8%	56.3%	60.1%	71.2%	63.3%	64.8%	62.7%	70.2%	66.5%



## Rotherham Place Delivery Dashboard - October 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 48 seconds for category 1 calls in September for Rotherham Place. The position in August was 7 minutes 43 seconds.		
15 Minute Turnaround for The Rotherham NHS Foundation Trust in September was 48.4% a decrease from August performance at 54.3%.		
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)

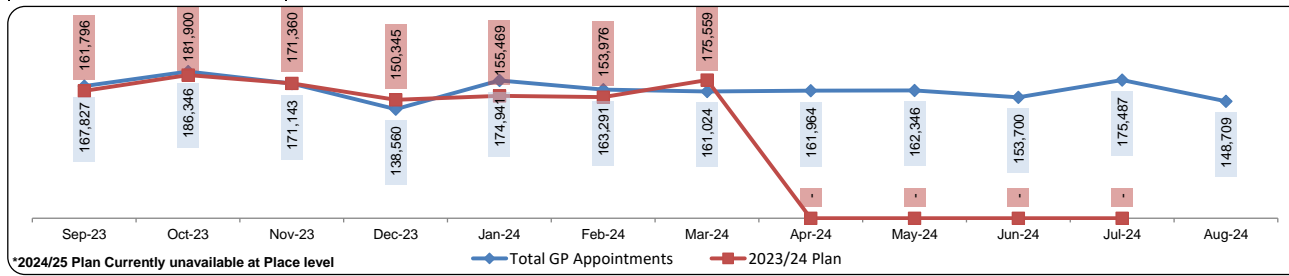
	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Cat 1 Mean	00:08:56	00:09:18	00:08:54	00:08:23	00:08:17	00:08:17	00:07:42	00:07:57	00:08:10	00:07:56	00:07:43	00:07:48
Cat 2 Mean	00:26:30	00:35:04	00:39:52	00:34:09	00:30:19	00:26:51	00:18:45	00:24:28	00:22:51	00:21:51	00:20:33	00:27:50
Cat 3 90th Percentile	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	03:29:26
Cat 4 90th Percentile	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	01:23:41

### Handovers at TRFT

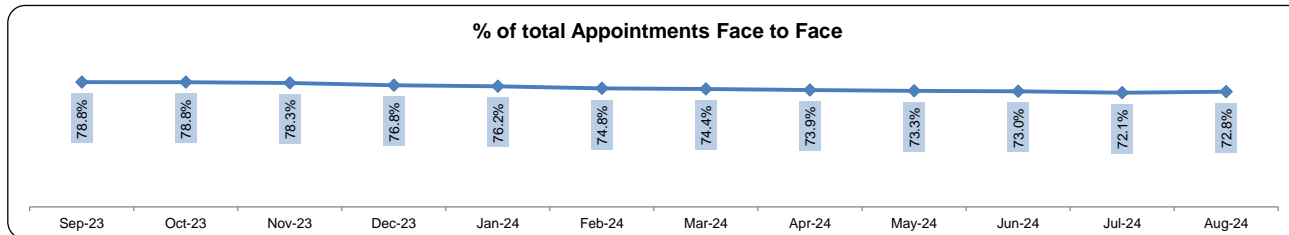
	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
% Handovers WITHIN 15 minutes	53.8%	56.9%	49.6%	41.1%	41.6%	46.2%	52.5%	50.1%	57.0%	53.0%	54.3%	48.4%
% Handovers OVER 30 minutes	13.6%	9.4%	18.7%	31.6%	25.8%	21.6%	16.2%	16.7%	9.9%	11.3%	9.2%	12.6%
% Handover OVER 60 minutes	5.0%	1.0%	6.4%	15.9%	11.3%	7.1%	4.6%	4.6%	1.2%	3.4%	2.0%	2.3%
Number of ambulance handovers OVER 60 minutes (RFR)	105	22	144	348	236	166	98	108	27	76	43	53

### GP Appointments

	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Total GP Appointments	167,827	186,346	171,143	138,560	174,941	163,291	161,024	161,964	162,346	153,700	175,487	148,709
2023/24 Plan	161,796	181,900	171,360	150,345	155,469	153,976	175,559	-	-	-	-	-
Variance to 2023/24 Plan	6,031	4,446	- 217	- 11,785	19,472	9,315	- 14,535	161,964	162,346	153,700	175,487	



	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
% of total Appointments Face to Face	78.8%	78.8%	78.3%	76.8%	76.2%	74.8%	74.4%	73.9%	73.3%	73.0%	72.1%	72.8%



## 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	May-24	Jun-24	Jul-24	Aug-24	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	88.20%	89.10%	89.60%	90.10%	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	Apr-24	May-24	Jun-24	2024/25 YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	2.1%	3.8%	5.2%	5.2%	27.80%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	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)	Apr-24	May-24	Jun-24	Jul-24	Target
Number of CYP aged under 18 supported through NHS funded mental health with at least one contact (12 month rolling)	4465	4455	4465	4445	4250
Perinatal Access (No. of Women)	Apr-24	May-24	Jun-24	Jul-24	Target
Perinatal Access showing the number of people in contact with Specialist Perinatal Mental Health Community Services (12 month Rolling)	225	225	225	230	TBC
Discharges follow up in 72 hours	Apr-24	May-24	Jun-24	Jul-24	Target
% Discharges from adult acute beds followed up within 72 hours in the reporting period	69%	76%	77%	68%	80%
Out of Area Placements (OAP) bed days					
Place holder - content TBC					
Physical Health Checks for people with Serious Mental Illness (PH SMI) Achievement	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4	2024/25 Q1
People on the GP SMI Registers receiving all six physical Health Checks (in the 12 months to period end)	1106	1086	1099	1349	1559
Target (Local)			918		
Community Mental Health (MH) Access (2+ contacts)	Apr-24	May-24	Jun-24	Jul-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)	2950	3005	3095	3185	TBC
Learning Disability Annual Health Checks	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Checks	154	83	86	96	101
Register	1781	1781	1781	1781	1781
Trajectory	125	56	56	56	140
2 Hour Urgent Community Response	Apr-24	May-24	Jun-24	Jul-24	Target (from Dec-22)
% of 2-hour UCR referrals that achieved the 2-hour standard (TRFT)	75%	77%	75%	72%	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		Apr-24	May-24	Jun-24	Jul-24	Aug-24
Number of Ambulatory Care Sensitive Admissions	Actual	339	361	312	285	224
	Target					
Discharges to Usual Place of Residence		Apr-24	May-24	Jun-24	Jul-24	Aug-24
% Discharged to Usual Place of Residence	Actual	95.1%	95.0%	96.1%	94.9%	94.9%
	Target					

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



# Rotherham Place Board- Targeted Lung Health Checks

Dr. Jason Page, Clinical Director Targeted Lung Health Checks SY&B Cancer Alliance and Rotherham Place MD



# TLHC



- 55-74 ever smoked from GP records
- Nurse assessment for risk
- High risk = CT scan
- Fully managed service with Alliance Medical

# Invites



- 135952 SY&B
- 36325 Rotherham

# Coverage May 2024 (highest and lowest CA)

- South Yorkshire & Bassetlaw 72% with plan 100% by 2026
- North Central London 59%
- Greater Manchester 49%
- Northern 48%
- Cheshire and Merseyside 44%
- West London 41%
  
- East Midlands 10%
- Kent and Midway 8%

# Lung Health Checks



- 51807 SY&B
- 14026 Rotherham
- Uptake: Initially 38% in Doncaster
- Now: 63% last 6 months \*

# CT scans



- **Baseline: 23467  
(5734)**
- **Total: 30291 (6859)**
- **(Rotherham)**



# Stop Smoking



- >3000 referrals
- >500 quits
- No specific Rotherham data at the moment due to provider change

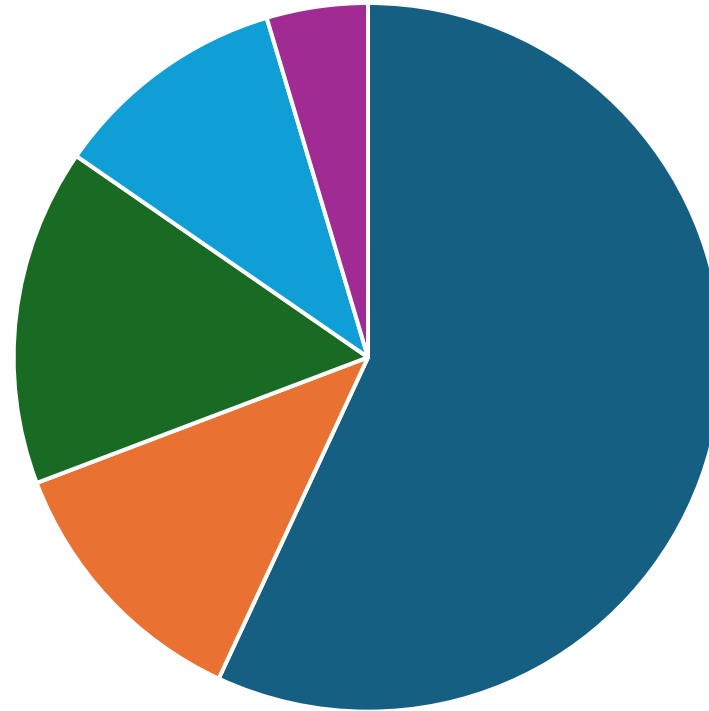
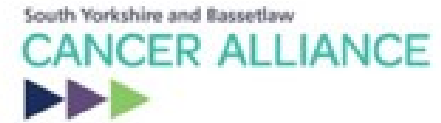
# Cancers Found



	Doncaster	Bassetlaw	Rotherham	Barnsley				
Stage 1	139	34	37	49		259	64.4	
Stage 2	19	6	8	11		44	10.9	75.4
Stage 3	22	5	10	10		47	11.7	
Stage 4	24	7	7	10		48	11.9	23.6
?stage	0	0	3	1		4	1.0	
	204	52	65	81		402		
Others	68	8	15	18	109	511		



# Rotherham Cancers



■ Stage 1 ■ Stage 2 ■ Stage 3 ■ Stage 4 ■ ?stage

# Challenges



- Secondary Care capacity
- Incidental Findings
- Sites
- GP Collective Action
- Finance
- Preparing for National Roll-out

# Planning



- Sheffield first invites just going out
- Bassetlaw 24-month scans and new cohorts
- Preparing Rotherham and Barnsley 24-month scans
- Doncaster new cohorts
- Prisons



Targeted Lung  
Health Check  
Programme

# What do patients say?



“You don’t expect to get cancer. You think you’re not going to get it, but you can. The doctors and nurses are fantastic, and they’re all working hard to make sure more people survive. I’m thankful that I had the opportunity to take part in the Doncaster Lung Health Check. The sooner you get treatment the better. I say to people just go for it, you should always get checked. It could save your life.”

## Sandra’s story:

<https://www.youtube.com/watch?v=tG6fNMLC7ZQ>

**And read John’s story here:** [Rotherham Advertiser](#)

- *“At my lung scan the attitude of the staff made me feel comfortable and at ease, and by the time I actually had my scan my nervousness had gone.”*
- *“Everything is good from the first phone call to having the scan. Everyone was professional & friendly. Excellent service!”*





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

**16 October 2024**

<b>RPET Meeting Date</b>	<b>Item Discussed</b>	<b>Outcome</b>	<b>Date reported to Rotherham ICB Committee</b>
19.09.24	<b>Rotherham Samaritans Grant Agreement</b>	<p>RPET received a report regarding the future funding for the Rotherham Samaritans Wellness Check Pathway. The service is within a Grant Agreement which expires on 30 September 2024.</p> <p>RPET supported the extension of the Grant Agreement by one year on the basis that the value of provision would be looked at in-year and a decision made about continuation of the service.</p>	16.10.24
19.09.24	<b>Rotherham Wound Care Project</b>	<p>The wound care contract expires in June 2025, RPET were asked to support re-procuring the service through a direct award utilising the NHS Framework.</p> <p>RPET supported the proposal to explore this direction of travel noting that procurement advice had been sought and a further report will come back to a future meeting.</p>	16.10.24
19.09.24	<b>Rotherham Nutrition Project</b>	<p>RPET discussed the retendering of the nutrition contract which supplies a wide range of nutritional products to patients in acute and community care and removes the need for GPs to prescribe these products, this contract is nationally unique.</p> <p>RPET supported the direction of travel to explore re-procuring the service and a further report will come back to a future meeting. Noting that the current tender specification will be updated but not substantially changed.</p>	16.10.24
19.09.24	<b>Rotherham – Area SEND Notification Letter</b>	RPET noted the announcement of the Ofsted & CQC inspection of SEND in Rotherham.	16.10.24
26.09.24	<b>Extension of Case Management</b>	<p>In May, RPET considered and supported the proposal for transition of the Local Enhanced Services (LES) for Case Management to the national Proactive Care model specified by the PCN Contract Designated Enhanced Services (DES).</p> <p>RPET supported the extension of the existing Case Management LES by one month, ending 31 October 2024, with implementation of pro-active care on 1 November 2024.</p>	16.10.24



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

Rotherham Place Board

**16 October 2024**

<b>Author(s)</b>	Ruth Nutbrown – Assistant Director of Business Management - Governance Alison Hague – Business Manager – Corporate Affairs and Risk Roni Foster-Ash – Business Support Manager – Corporate Affairs and Risk Abby Sharp – Business Support Officer – Risk
<b>Sponsor Director</b>	Mark Janvier – Director of Corporate Governance & Board Secretary
<b>Purpose of Paper</b>	
For members to have oversight of the current Risk Management Framework including Board Assurance Framework, Risk Register and Issues Log, which had been presented by exception on the 3 October 2024 as part of the Rotherham PET agenda. Updates following this meeting have been included within this report.	
<b>Key Issues / Points to Note</b>	
The current BAF, RR and IL is a standing item on the Rotherham Place Board agenda at each meeting. Reviews of risks, issues and the BAF are undertaken at SMT with a deep dive conducted a quarterly basis, with exception reporting occurring between each deep dive. Risks can be added, amended, or deleted at any time by contacting a member of the risk management team, it doesn't have to wait for a meeting.	
<b>Executive Summary</b>	
Changes have been made to the presentation of the Risk Register and Issues Log. The view available to Rotherham Place Board Member is inclusive of:	
<ul style="list-style-type: none"> <li>• ICB-Wide Corporate Risks / Issues with a Score of 12 or above (threshold for ICB Board).</li> <li>• 'All Place' based risks / issues where each Place has individual responsibility for update, review and action.</li> <li>• Risks / issues in which Place Teams have to provide assurance.</li> </ul>	
The BAF, RR and IL has transferred to the new digital system, which launched on the 1 April 2024. However, due to the access rights of the ICB, the information will be provided on the appendices supporting this cover paper.	
<b>Board Assurance Framework</b>	
A new BAF went live on the 1 April 2024. The new BAF has been aligned to the 5-year joint forward plan. Work has been undertaken in collaboration with the Corporate Risk Team and the Accountable Officers. It is to be acknowledged that this is a work in progress, so further amendments and updates are anticipated over time. The new BAF is available on the link noted above.	

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

	<p>educational needs and disability (SEND), children and young people's</p> <ul style="list-style-type: none"> <li>• services, and health and justice</li> </ul>		
1.7	<ul style="list-style-type: none"> <li>• The ICB has a programme of work in place to strengthen and accelerate our focus on prevention and early identification that has a focus on where it can have the most impact in improving outcomes;</li> <li>• on the four main modifiable risk factors of smoking, healthy weight (diet and physical activity), alcohol and hypertension,</li> <li>• improved management of long term conditions which are the main causes of premature mortality in South Yorkshire (cardiovascular and respiratory) in order to delay and prevent co-morbidity from occurring</li> </ul>	3 x 3 = 9	<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"> <li>• Clear line-of-sight for Health Inequalities investment in the 2023/24 Operating and Financial Plan - Final sign-off in July 2023 ICB Board</li> <li>• Robust ICB 5-year Joint Forward plan - agreed at July board 2023</li> <li>• Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report - Q2 2023 Stocktake</li> <li>• 360 Internal Audit HI completed May 23. Audit and PHM SDG action plan presented to August QPPIE - HI internal audit to be included in the internal audit ICB annual Plan.</li> </ul>
1.1.1 – R	the ICB is maintaining quality, services and outcomes through Improvement and transformation	2 x 3 = 6	<ul style="list-style-type: none"> <li>• Implement Rotherham Health and Care plan</li> </ul>
1.8 – R	Primary care services are effective in Place	2 x 3 = 6	<ul style="list-style-type: none"> <li>• Regular meetings with PCNs/LMC to monitor progress against plans and develop new services.</li> <li>• Work with PCNs and the federation to mitigate potential impact of collective action</li> </ul>
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"> <li>• Deliver the Rotherham health and care place plan</li> </ul>
2.12 – R	Integrated services supporting people in the community are working well	2 x 3 = 6	<ul style="list-style-type: none"> <li>• Deliver the Rotherham Health and care place plan.</li> <li>• Continue to integrate primary, Acute and community services</li> </ul>
4.9 – R	Our work with people and communities is effective	2 x 3 = 6	<ul style="list-style-type: none"> <li>• Complete social value training for key staff</li> </ul>
4.11 – R	Our work with local authority is effective	2 x 2 = 4	<ul style="list-style-type: none"> <li>• 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</li> </ul>


			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"> <li>• Delivery of the target minimum viable product for SCR within the next two financial years.</li> <li>• Delivery of the SY Data Platform to support population health management by June 2024</li> <li>• Inclusion of qualitative (public) insight into the SY Data Platform by Q3 24-25.</li> <li>• Development of a pathways costing model by June 2024 to support identification of productivity opportunities.</li> <li>• To implement Eclipse across all GPs in South Yorkshire by Q2 2024</li> </ul>
3.10	The ICB is improving digital inclusion to ensure optimal use of digital and data solutions for our citizens and wider population	2 x 1 = 2	<ul style="list-style-type: none"> <li>• Establish SY Digital Inclusion working group and delivery plan by June 2024.</li> <li>• Co-design and deliver a system wide coordinated approach to the use of digital communication across South Yorkshire by 2025</li> </ul>
1.6.1 – R	Children and Young People (0-25) services are effective (General Services)	Score to be applied	Awaiting details
1.6.2	Children and Young People (0-25) services are effective (Safeguarding and SEND)	Score to be applied	Awaiting details

### 3 CORPORATE RISK REGISTER - OVERVIEW

#### Initial vs Residual Scoring

 **14** (40.00%)  
have seen a decrease in score

 **19** (54.29%)  
have experienced no change to score

 **2** (5.71%) have  
increased in score

**1** 'very high' high  
risk has closed



#### Risk Review: Overdue Status -

1 – 6 days overdue	7 – 13 days overdue	14 – 20 days overdue	21 – 27 days overdue	Over 28 days overdue	Pending Detail	Review Complete
0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (5.71%)	0 (0%)	33 (94.29%)

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

SY028	<p><b>Oncology Workforce Challenges</b> – in recent months we have become aware of a growing pressure on the oncology workforce, which is replicated nationally, related to the number of Oncologists across services locally. A temporary breast oncology service, head and neck service and lower 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>	$4 \times 4 = 16$		<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>
SY116	<p><b>Operational Recovery</b> - There is a risk that OMFS Consultant pressures for cancer services will lead to an increase and inequity in waiting time leading to potential harm for patients with head and neck cancer.</p>	$4 \times 4 = 16$		<p>Discussions ongoing with DBHFT / STHFT to establish solution and ensure equity of waiting times. Agreement to broaden discussions across all providers and incorporate into the wider Acute Federation review of OMFS services.</p>
SY117	<p><b>Paediatric Radiotherapy</b> - There is a requirement to extend the mutual aid arrangements for Paediatric Radiotherapy with Leeds Teaching Hospitals NHS Foundation Trust beyond September 2023 with a lack of confirmed date for repatriation to Sheffield Teaching Hospitals. There is a risk that the paediatric radiotherapy service will not be able to be returned.</p>	$4 \times 4 = 16$		<p>NHSE Specialised commissioning leading discussions with LTHFT, SCH and STHFT. Current commitment to March '24 based on increased training commitment of the STHFT clinical oncologist.</p>

SY132	<p><b>GP Action</b> - 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"> <li>• We committed to continued dialogue – and discuss potential “themes” of action – e.g. shared care – that may allow us to plan accordingly with partners</li> <li>• We discussed that this may be seen as an opportunity to accelerate some of the transformation – particularly the primary / secondary care interface work</li> <li>• Inevitably SDF was mentioned – as discussed we need to be open about this and really give some thought to prioritisation</li> <li>• Escalate Risk through NHSE regional and national channels.</li> <li>• Brief local MPs and seek support to resolve the dispute between BMA and Government.</li> </ul>
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The following changes to Rotherham Place Risk Portfolio have been made during the reporting period:

SY115 – Reviewed and closed.

#### 4. CORPORATE ISSUES LOG

**1** issue (IL09) has experienced a change in score, from **15** (very high) to **10** (high)



#### Issue Log Review: Overdue Status -

1 – 6 days overdue	7 – 13 days overdue	14 – 20 days overdue	21 – 27 days overdue	Over 28 days overdue	Pending Detail	Review Complete
2 (20%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	7 (70%)

#### 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
No issues meet this criteria					

#### 4.2 Rotherham Issues Log – Corporate Issues





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



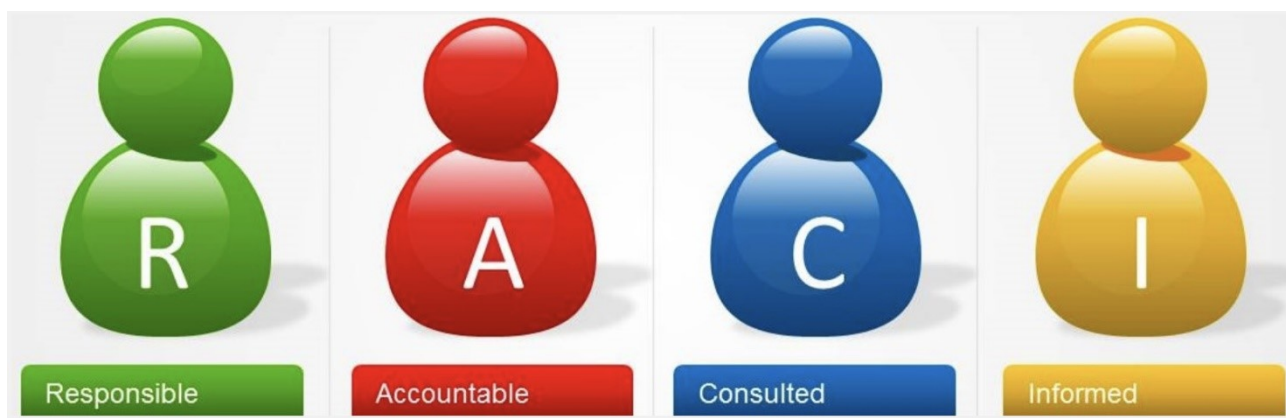
				<ul style="list-style-type: none"> <li>• Weekly planning briefs to update on mitigation of risk being provided by NHSE lead to WCG.</li> </ul>
IL12	<p><b>Cancer</b> – Due to a shortfall in the consultant oncology workforce, there is an extension to the wait time for patients requiring non-surgical oncology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

<p>IL07 - R</p>	<p><b>Urgent and Emergency Care</b> (including 111/999)- there continues to be significant pressure faced by Urgent and Emergency Care Services including the Yorkshire Ambulance Service. Which could result in patient harm, reputational damage for the ICB.</p>	<p>5 x 3 = 15</p>		<ul style="list-style-type: none"> <li>• Note Contract led by West Yorkshire ICB.</li> <li>• South Yorkshire ICB executive represented on the Y&amp;H Executive Leadership Board, Memorandum of Understanding in place between 3 ICBs (WY, HNY and SY) and YAS</li> <li>• Good engagement and representation from YAS at place and SY UEC Alliance Board.</li> <li>• System Co-Ordination Centre (SCC), manages the live risk and responds to pressure across the system. New National Draft SCC and OPEL reporting guidance being consulted on and expected to be final in Autumn.</li> <li>• The governance arrangements are via the South Yorkshire UEC Alliance Board with delivery through each of our 4 Place UEC delivery groups</li> </ul>
<p>IL20</p>	<p>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</p>	<p>5 x 3 = 15</p>		<ul style="list-style-type: none"> <li>• NHSE National medicines optimisation opportunities 5 of 16 areas prioritised.</li> <li>• Robust plans for QIPP and cost efficient spending on medicines and devices.</li> <li>• ICB incentive/ quality schemes to replace IIF, ICB wide funded minor ailment and linking to CPCS and Pharmacy First scheme.</li> </ul>

	purchase self-care medication; MO redesign with held vacancies and disruption to BAU during the process; GP industrial action			
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### 5. RACI

There has been some debate in relation to risks on the ICB Risk Management Framework which are not under the control of the ICB. This is where the RACI model is utilised.



This allows the ICB to understand where the authority for control of the risk lies, specifically in relation to risks that belong to other partners but will impact the ICB in any form e.g., financial pressures, patient flow, capacity etc. These risks will be added to the ICB Risk register and presented to the assurance committees and Board of the ICB as appropriate.

These risks will be added to the ICB Risk register and presented to the assurance committees and Board of the ICB as appropriate.

The BAF, RR and IL have been to the following committees/groups this quarter.

- NHS South Yorkshire ICB Board
- Formal Executive
- Rotherham Place Board
- Quality Patient Performance Improvement Experience (QPPIE)
- Finance and Investment
- Medicines Optimisation Assurance Group
- People Workforce and Culture Committee

The RR and IL is a live document and may have been updated since the papers deadline. The paper is as of 07 October 2024 at 13:10

<b>Is your report for Approval / Consideration / Noting</b>
<ul style="list-style-type: none"> <li>• For Consideration - An item of business that requires discussion by the Committee prior to agreement of a formal decision or a general policy steer to the executive officers</li> </ul>
<b>Recommendations / Action Required</b>
<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• Review the collated SY ICB Risk Register and Issues Log for Quarter 2; and</li> <li>• Support the ongoing development of the BAF, Risk Register and Issues log.</li> </ul>
<b>Board Assurance Framework</b>

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

Priority 1 - Improving outcomes in population health and health care.	✓	Priority 2 - Tackling inequalities in outcomes, experience, and access.	✓
Priority 3 - Enhancing productivity and value for money.	✓	Priority 4 - Helping the NHS to support broader social and economic development.	✓

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

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

**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**

- There are no appendices attached to this cover paper. Access to the digital systems is via the links within the executive summary.

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

Version : Live

Meeting Date: 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, CDO)	RACI	Source of Risk	Link to Risk Register/Issues Log	1st Line of Defence - Risk Ownership/ Front Line	2nd Line of Defence - Risk Management Corporate Oversight Functions	3rd Line of Defence - External and Internal audit, CIC Regulator, CQC, Monitor	Risk Appetite	Control/Assurance Gap	What would be required to reduce the risk?	Residual Score	Assurance Level	Rationale for assurance level	ACTIONS
								e.g. operational processes, project risk and control activity, business level monitoring	e.g. Finance, IT, Business Support, HR and Payroll	e.g. Monitor compliance and provide independent challenge and assurance		What additional actions need to be taken to manage this risk (including timescale) or what additional assurance do we need to seek					
Objective 1: Improve Outcomes in Population Health and Healthcare - Executive Leads - Chief Medical Officer/Chief Nurse												Risk Appetite 9	Risk Appetite 9				
1.1.1 - R	the ICB is maintaining quality, services and outcomes through Improvement and transformation	Chris Edwards (Rotherham Place Director)		QIPPE Supported by SY ICB Place Committees	Accountable	South Yorkshire Joint Forward Plan	SY115, SY116, SY117, SY124, SY026, SY082, SY107, SY040, SY066, SY127, SY128, IL12, IL13, IL07, IL08, IL19, IL20	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 receives monthly performance and quality reports. Rotherham place leadership team meets weekly	Quarterly performance meetings between Rotherham place and SY ICB. RMEC health Select committee engage on issues as appropriate							
1.3 - R	The local healthcare system is sustainable, accessible and reactive to change, through the development and implementation of effective Local Place Partnerships and Plans.	Chris Edwards (Rotherham Place Director)		Place Committee System Leaders Executive	Accountable	South Yorkshire Joint Forward Plan / BAF 2023	SY082, SY028, SY069, SY040	- Development and implementation of effective system-wide and Place Operational Plans - Effective delivery management processes at place including internal ICB escalation - Effective and responsive complaints and enquiries processes - Patient experience and engagement process - Integrated Care Strategy - 5 year ICB Plan - EPRR - NHS England/SY ICB Assurance MOU	- ICB Place Committees - Operational Executive - Board Sub Committee review	- Local HWBBS - NHSE Single Oversight Framework - NHSE Assurance process	3x4 = 12	- Ongoing, effective leadership in the development and implementation of Place Partnerships, collaborative working, and plan 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)	Cathy Winfield	Helen Swanton	Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY040, SY107, SY127, SY128, IL08	SY Children and Young People Alliance. Provider Contract management, Quality Assurance and Performance Information and Service Development Meetings. Thematic Partnership Oversight Meetings e.g. SEMH Strategic Group, Best Start Steering Group, CIC Physical and Emotional Health Group, SEND Partnership Board, Preparation for Adulthood Board etc.	Place Board and Place Plan and performance reporting. Rotherham Safeguarding Children's Board. Health and Wellbeing Board. Children and Young People's Partnership Board.	Y&H Network, NHSE, Ofsted/ CQC including SEND Inspection Framework/ JTAI		Review Child Development Centre/Development of an SEMH Framework...	Involve CYP Health Equity Collaborative Long term conditions New service models & pilots eg core connect Children and young people mental health Family hubs				
1.6.2	Children and Young People (0-25) services are effective (Safeguarding and SEND)	Cathy Winfield (Chief Nursing Officer)		Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY040, SY107, SY127, SY128	SY Children and Young People Alliance					Rotherham - Review Child Development Centre/Development of an SEMH Framework. Sheffield - Transform family hubs, neuro diversity pathways, short breaks for disabled CYP. Inclusion 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 Lawler (Director of Barnsley Place)	Kelly Glover	Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY040, SY107, SY127, SY128	- Development and implementation of effective system-wide and Place Operational Plans to deliver LTP B35 planning objectives - Effective delivery management processes at place including internal ICB escalation and system level oversight - Effective patient experience and engagement process to support delivery undertaken by VCSE partner - Focus on delivering the ambitions of the Integrated Care Strategy and 5 year ICB Plan with a focus on early intervention and prevention	- ICB Place Committees - MHLDDA 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	ICB level and Place level oversight of deliverables and adherence to access and waiting times standards Implementation of 2x MSHs 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 Laughton / Lisa Wilkins	Pop Health and Health Inequalities SDG, Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY044	To give clear oversight Prevention and LTC papers detailing progress against JFP priorities will be tabled at Pop Health and HI SDG and Board.  This work is led by the Prevention and Public Health Team (Medical Directorates) and the Population Health Team for LTC (Strategic and Partnerships) as a joint function mapped against the Joint Forward Plan, NHS Planning Guidance and the Integrated Care Partnership's strategy. In 24/25 we are expecting the publication of a National Major Conditions Strategy which will further guide this work.  The programme of work is delivered in number of different ways. Some work is led and undertaken by the team, in others it is co-ordinated or 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 unplanned care) as a priority for 24/25 and are developing transformation plans. These plans will need to feed into this programme of work.	Reporting progress on focussed on the priorities that will have the biggest impact in the below areas. - Primary prevention - modifiable risk factors (smoking, healthy weight and physical activity, alcohol) - Early identification of LTCs, diabetes, CVD, respiratory, increase the prevention detection and management - Optimal models of care, multi morbidity, rehab - Support for self management - support and tools for people	3 x 3 = 9	Medium		
1.8 - R	Primary care services are effective in Place.	Chris Edwards (Rotherham Place Director)		System Leadership Executive Group supported by Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY078, SY069, SY061, SY132, IL03	Place Primary Care meetings: Primary Care Delivery Group chaired by Deputy Place Director, decisions record and may go through Place Executive Team (meets weekly) where appropriate. Oversight by Rotherham PLACE board	Operational Executive	Annual update to Health Select committee							
Objective 2: Tackle Inequalities in Outcomes, Experience and Access - Executive Lead - Chief Medical Officer												Risk Appetite 9	Risk Appetite 9				
2.1.	Through effective Place Partnership Plans, the ICB is tackling inequalities and moving towards greater self-care prevention and patient empowerment.	Dr David Crichton (Chief Medical Officer)		Place Committees	Accountable	South Yorkshire Joint Forward Plan / BAF 2023	SY021, SY042, SY061, SY044	- 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 - Place Strategy and PLACE Delivery Plans - Integrated Care Strategy - x4 Place Partnership Committees	360 Internal Audit on HIs completed with considerations, action plan developed and owned by Pop h SDG was presented at QIPPE 8/8. Action plan progress to be presented to QIPPE going forward - NHSE Assurance Framework - CQC	4x3=12	Sufficient resources required to undertake the work required to facilitate work that reduces health inequalities and inequity of access ( investment E and capacity / resource) - Health Care related inequalities are clearly reported, in equivalence with other ICB Duties through pop health outcomes framework and dashboard (which is part of the ICB's IPR) - 360 internal audit 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 - Q2 2023 Stocktake - 360 Internal Audit HIs completed May 23. Audit and PHM SDG action plan presented to August QIPPE - HI internal audit to be included in the internal audit ICB annual Plan.	4 x 2 = 8	Medium	- 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 HIs completed May 23. Audit and PHM SDG action plan presented to August QIPPE - HI internal audit to be included in the internal audit ICB annual Plan.	
2.7.1 - R	The ICB works collaboratively with partners to improve health, care and reduce inequalities	Chris Edwards (Rotherham Place Director)		Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY026, SY115, SY116, SY117, SY124, SY079, SY113, SY021, SY040, SY082, SY044, SY066	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 / H&WB.	Rotherham HWBB							



2.12 - R	Integrated services supporting people in the community are working well	Chris Edwards (Rotherham Place Director)		ICB Place Committees	Accountable	South Yorkshire Joint Forward Plan	SY068, SY107, IL17	Rotherham Health and Care Place Plan details plans and is overseen by the Rotherham place board and the Health and Wellbeing board. Plan is also signed off by all statutory partners. V&R 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		Grow virtual wards, UCR, Falls prevention Community bed 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				
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 VIM in health and care delivery	David Crichton (Chief Medical Officer)	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	ZK2=4	SY ICS Digital, Data and Technology Workforce Plan implementation of Eclipse Vista across all South Yorkshire Places	Development of analytical approach to population health management (initiative 5 of the ICS Data and Insight Strategy) Improvement in scope and standardisation of Shared Care Records in South Yorkshire.	2 x 1 = 2			Delivery of the target minimum viable product for SCR within the next two financial years. Delivery of the SY Data Platform to support population health management by June 2024 Inclusion of qualitative (public) insight into the SY Data Platform by Q3 24-25. Development of a pathways costing model by June 2024 to support identification of productivity opportunities. To implement Eclipse across all GPs in South Yorkshire by Q2 2024
3.10.	The ICB is improving digital inclusion to ensure optimal use of digital and data solutions for our citizens and wider population	David Crichton (Chief Medical Officer)	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	ZK2=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)		Place Committees	Accountable	South Yorkshire Joint Forward Plan	No link	ICB Involvement Team & wider network Places, Provider Collaboratives and Alliances Rotherham Chief Execs meeting	Rotherham Place ICB board sub committee	HWBB			Put the voices of people and communities into decision making Embed mechanisms to enable citizen involvement to play a key role in the system focus on tackling health inequalities Work with people and communities on the priorities identified in JFP				
4.11 - R	Our work with local authority is effective	Chris Edwards (Rotherham Place Director)		ICB Place Committees	Accountable	South Yorkshire Joint Forward Plan	SY107, SY124, SY021	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. ICB key member of Rotherham Together Partnership which is leading the way on maximising social value	Rotherham Place ICB board sub committee	HWBB			Support and strengthen our partnership arrangements in our places and our SY Integrated Care Partnership				





Ref	Place/ICB	Domain	Link to BAF/RR	Issue Description	Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead issue owner	Source of Issue	Date Issue assessed	Due for review	Overdue?	Responsible	Progress / Update	Date for reassessment	ICB	Date Issue Added to IL	Days Open	Comments	
IL18	ICB	1,2,5,7,8	BAF 0.2	Doncaster Royal Infirmary (DRI) - Backing 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	5	25	Responsible	Risk summit held with local partners 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. Weekly planning briefs to update on mitigation of risk being provided by NHSE lead to WCCG.	Will Cleary-Gray (Director of Strategy and Partnerships) Sarah Perkins	LHRP Risk Register	06/11/2023 01/05/2024 15/05/2024 13/05/2024 17/06/2024 21/06/2024 10/07/2024 22/07/2024 28/07/2024 18/08/2024 02/09/2024 23/09/2024 18/09/2024	45572	Not overdue	Alta Leighton / Helema Charlton	Risk summit held with local partners Put improved electrical infrastructure Upgraded roofing and replaced windows. Improve fire 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.	Weekly	Local Health Resilience Partnership	Audit and Risk Committee	06/11/2023	241	EPRR Manager out to recruitment
IL03	ICB	1,2,4,6	BAF 2.2 SY031, SY028, SY078	Strike Action across health and social care workforce - industrial action following union ballots across health and care impacting on all programmes of work to particular the ability to safely deliver urgent and emergency care pathways.	5	4	20	Accountable	Effective incident planning of services local discussion about derogations services that should continue during strike.	Sarah Perkins	SYICB RR SY068	18/12/2022 16/01/2023 02/09/2023 14/08/2023 01/02/2024 22/04/2024 28/05/2024 10/07/2024 27/06/2024	45561	-11	Chief People Officer Christine Joy Chief Nursing Officer - Cathy Winfield Director of Strategy and Partnerships- Will Cleary-Gray	Industrial action occurred in December 2023 and January 2024, which the ICB coordinated. Awaiting further notification of planned periods of Industrial Action. Impact on ICB programmes and delivery evaluated and action plans agreed accordingly. EPRR Manager commenced joint with March 2024. Awaiting the implications of the industrial action in primary care. The threat of industrial action has reduced following the governments attempts to address pay, but unions are still testing these offers with their members. The general practice action remains a key concern and the	Monthly	Operational Executive	Audit and Risk Committee	18/12/2022	471	EPRR Manager left organisation on 29 December 2023. Recruitment for replacement completed and successful candidate commencing on 4 March 2024. Interim arrangements through existing team members.
IL12	ICB	1,2,5,6	BAF 2.6, BAF 2.15, BAF 2.16, SY028	Cancer - Due to a shortfall in the consultant oncology workforce, there is an extension to the wait time for patients requiring non-surgical oncology resulting in possible harm to patients	5	4	20	Accountable	Breast waiting times are being monitored through the Regional Incident management team meetings. Mutual aid has been fully explored through regional team. However, capacity issues are reflected regionally and nationally. Some capacity has been established through insourcing.	Emma Latimer (Sheffield Place Director)	CCG Due Diligence Assurance Letters	05/12/2022 02/03/2023 22/03/2023 28/03/2023 18/04/2023 18/06/2023 03/07/2023 01/08/2023 05/08/2023 05/12/2023 28/04/2024 02/07/2024 22/07/2024 20/08/2024 01/10/2024	45597	Not overdue	Julia Jessop	SHFTs in the Region Hospitals Foundation Trust (SHFT) continue to have regular Tier 1 discussions to review the backlog position. Additional capacity being secured through Remedy. Agreement IMT discussion will continue until waiting times revert back to pre-escalation. Regional IMT meetings will continue until breast waiting times revert to pre-incident levels. Additional capacity will be established in August through the insourcing arrangement with Remedy. SHFT requested to provide regular communications across providers and through exec director in ICB to	Monthly	Cancer Alliance	Quality Improvement Performance Patient Experience	05/12/2022	481	Liable to be impacted by next period of industrial action. Cancer Board scheduled for 29/01/2024 to be provided following this meeting.
IL13	ICB	1,2,5,6	BAF 2.13, SY063	65/52 Week Waits - The system has not eliminated patient waits 65 and 52 weeks. Risk to patients and risk to ICB reputational damage not meeting national targets.	4	4	16	Accountable	SYB Elective recovery plan established and overseen at system level to support individual trust and place actions to recover their elective lists.	Chris Edwards (Rotherham Place Director)	Sarah Bayliss	02/05/2023 01/08/2023 18/08/2023 11/09/2023 02/10/2023 01/12/2023 15/12/2023 03/02/2024 13/02/2024 18/06/2024 22/07/2024 05/09/2024 07/10/2024	45603	Not overdue	Cathy Hassell / Sarah Bayliss	integrated performance report. There has been significant progress on the target to eliminate 78week waits; however, ongoing industrial action poses a threat to this. Trusts are prioritising the delivery of safe clinical services during strike periods but also optimising the use of non-striking staff for elective care where work planned to commence as this will consider future Workforce, structures and models. No change in risk identified.	Monthly	Doncaster Place Committee	Quality Improvement Performance Patient Experience	02/05/2023	375	Liable to be impacted by GP Collective Action, any further industrial action, and winter pressures.
IL17	ICB	5,6,8	BAF 2.12, SY127.	Continuing Health Care (CHC) - Current risk across ICB is in relation to capacity to deliver statutory requirements identified within the CHC Framework. This is caused by recruitment and retention issues. This results in a potential delay for patients and reduced quality of care.	4	4	16	Accountable	Review of CHC all age teams across South Yorkshire. Identification of areas of highest need and consideration of whether resources can be moved to target these. Commencement of transformation project for all age continuing care.	Cathy Winfield	South Yorkshire ICB Chief Nurse formal meeting, SYICB Place Directors and DoN and Place Executive Team meeting	29/06/2023 01/12/2023 01/02/2024 01/03/2024 29/04/2024 03/08/2024 22/07/2024 27/08/2024 30/08/2024	45595	Not overdue	Andrew Russell	Discussions regarding setting up a All age continued care transformation group. Risk Remains and position is varied across the four places. Immediate actions being taken in relation to structures, recruitment and agency use to mitigate risks. Insight work planned to commence as this will consider future Workforce, structures and models. No change in risk identified.	Monthly	All Place Committees	Quality Improvement Performance Patient Experience	29/06/2023	290	Score currently being reviewed as issue is greater in some areas over others
IL07	All places	1,5,6	BAF 2.13, BAF 0.1.2, SY115, SY152, SY113, SY066	Urgent and Emergency Care (including 119/999) - there continues to be significant pressure faced by Urgent and Emergency Care Services including the Yorkshire Ambulance Service. Which could result in patient harm, reputational damage for the ICB.	5	3	15	Consulted	Note Contracted by West Yorkshire ICB. South Yorkshire ICB executive represented on the Yorkshire & Humber Executive Leadership Board. Memorandum of Understanding in place between 3 ICBs (WV, HNY and SY) and Yorkshire Ambulance Service (YAS). Good engagement and representation from YAS at place and South Yorkshire Urgent Emergency Care (SYUEC) Alliance Board. System Co-Ordination Centre (SCC), manages the live risk and responds to pressure across the system. New National Draft SCC and Operational Pressures Escalation Levels (OPEL) reporting guidance being consulted on and expected to be final in Autumn. The governance arrangements are via the SY UEC Alliance Board with delivery through each of our 4 Place UEC delivery groups. Letter issued to Place Delivery Board from UEC Senior Responsible Officer (SRO) and Exec lead to request recovery plan to recover current operational attainment	Dr David Critchton (Chief Medical Officer)	SYICB RR SY048	05/10/2022 02/03/2023 22/03/2023 28/03/2023 02/05/2023 06/06/2023 18/06/2023 01/08/2023 04/08/2023 21/09/2023 10/11/2023 08/01/2024 09/01/2024 02/02/2024 21/02/2024 11/03/2024 15/04/2024 06/05/2024 20/05/2024 18/06/2024 30/06/24 29/07/2024 27/08/2024 02/09/2024 30/09/2024	45595	Not overdue	Barnsley: Jamie Wake / Doncaster: Alta Leighton / Rotherham: Claire Smith (Steph Watt) / Sheffield: Ian Atkinson Katie Roebuck- Harlewell	engagement from all partners including YAS on Barnsley UEC Board. UEC Plan is in place to ensure delivery of requirements set out in the UEC Recovery Plan and Winter Planning Guidance and is currently being reviewed to ensure 2024/25 planning requirements are responded to. Sheffield has agreed and programme manager aligned to support delivery of improvements to Urgent Treatment Pathways including the model of meeting the needs of people with Emergency and Urgent/Misop injuries needs. Doncaster: Good	Monthly	All Place Committees	Quality Improvement Performance Patient Experience	05/10/2022	481	Barnsley: continues to see fluctuations in performance. We await the Winter planning letter from NHSE. However we expect this to be in keeping with the NHSE 2 year recover plan for UEC. Doncaster: Performance metrics have been more challenging to date, reflecting the increase in ED presentations. Work is underway to further quantify the impact of plans for 24/25 and the local UEC Board is focussed on delivery of those plans. We await the Winter planning letter from NHSE. However we expect this to be in keeping with the 2 year recover plan for UEC. Rotherham: Rotherham continue to be challenged in meeting the national 4hr UEC measure (20/24) - DC Sheffield: Type 1 A+E Performance continues to be challenging. We await the Winter planning letter from NHSE. However we expect this to be in keeping with the 2 year recover plan for UEC.

IL20	ICB	2	BAF 4.3, BAF 4.4, BAF 4.8, SY044, SY042, SY107, SY128, SY082, SY106	Places have fallen behind schedule in achieving their target savings. This is due to a number of factors: enhanced access and access Primary Care Network (PCN) Direct Enhanced Service (DES) requirements; Community pharmacy contract and Quality Outcomes Framework (QOF) metrics aimed to increase case finding (BP, AF) and to achieve targets for lipid modification, AF and BP. Retirement of DMAs in IP, NCCSO - this is not thought to be improving this year; cost of living leading to decreased willingness for patients to purchase self-care medication; MCO redesign with held vacancies and disruption to Business as Usual (BAU) during the process; GP industrial action	5	3	15	0	NHS National medicines optimisation opportunities 5 of 16 areas prioritised. Robust plans for QPP and cost efficient spending on medicines and devices. ICB incentive/quality schemes to replace III, ICB wide funded minor ailment and linking to CPCS and Pharmacy First scheme.	David Crichton	Risk Register - SY103	45508	45537	Not overdue	Alex Molyneux	Additional for ups with industry in a view to the one discussed at IPHQ would allow us to access resource without including the costs or recruitment difficulties associated with them, at a risk of limited control. Once we can implement the shortfall increasing should be able to be stopped. A mitigation would then be to utilise any slippage to temporarily increase the working times of those in the team who are willing to bring in occurs to deliver greater throughput on the delivery side to make up the shortfall. A strong project management team keeping the focus on the key deliverables at the	Monthly	Medicines Management Optimisation Group	Quality Improvement Performance Patient Experience	02/08/2024	0	Raised as in issue following increase in score on Risk Register (SY103)
IL09	ICB	3,5,6	BAF 2.11, SY112	Medication Supply - There is a risk that shortages of medicines due to increases in demand and/or supply issues will prevent appropriate treatment condition management and potentially increase medicine costs.	5	2	10	Accountable	To communicate deployment of serious shortage protocols An additional mitigation/ response to 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 desling stock from hospitals, release advice about alternatives and how they can be used to raise with NHS region. A new electronic commis system utilising Accufix is being rolled out to link CP and GP to exchange ODS information and reduce issuing of prescriptions with have no stock	Dr David Crichton (Chief Medical Officer)	Previous CCG Risk Management Processes	13/04/2023 02/05/2023 03/07/2023 18/08/2023 21/09/2023 16/10/2023 09/01/2024 21/02/2024 30/04/2024 20/05/2024 30/06/2024 22/07/2024 02/09/2024 09/09/2024	45631	Not overdue	Alex Molyneux (Chief Pharmacy Officer)	Additional national medicines shortages have been reported. The most significant is GLP-1 medicines for Diabetes. Communication have been shared with relevant clinicians and patients are being identified, reviewed and prioritised for alternative treatment. The latest national notification is shortage of supply medicines for ADHD which has been communicated out to prescribers. A number of other medications are intermittently in short supply	Quarterly	All Place Committees	Quality Improvement Performance Patient Experience	13/04/2023	388	This is a fluid topic with new alerts of medication shortages. Proposed a paper is presented to QPPE in September to share the oversight and assurance processes.

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	Commentary to Support Review
RPP001	Mental Health Services <b>"TO BE REMOVED FROM THE RISK REGISTER"</b>	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	1	1	1	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 11/12/23. 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 11/12/23 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 request 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. OCT - as reported to PLT, since the change of pathway there has been 0 patients admitted to an out of area rehab bed and 0 concerns raised. Agreed this can be removed from the risk register.	Dec-23	Monthly	Place Leadership Team		
RPP002	Diabetes Pathway	Rotherham	1,2,5,6,8		There is a risk that patients with diabetes in Rotherham are not managed effectively or equitably leading to additional pressure on primary and secondary care services.	4	4	16	Accountable	There has been ongoing work to try and support better pathways in primary and secondary care - this has been difficult to effect change and more recently a paper was taken to our PET to agree additional short term (2yr) funding of resource across place to lead transformation. There is a T&F group established and once in post this resource will drive our key priorities which have already been identified and are part of our PLACE priorities and agreed with TRFT	Claire Smith SYICB (Place Partnership)	Rotherham PET	2	2	4	01/11/2023	Claire Smith Deputy Place Director (Rotherham) Stuart Lakin (Rotherham)	Post agreed, will sit with TRFT but will be a transformational role for Place. T&F group established and work underway to recruit. Update 11/22/23, recruitment underway, this is now agreed Place priority linked to our 4 key areas of transformation on QSR 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 post appointed 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. October work progressing with financial impact being measured and clear timelines for completion to take to Board in coming months	Monthly	mm,	Place Leadership Team		
RPP003	Mental Health Services Inc. LD/Autism/ CAMHS	Rotherham	1,2,5,6,8		Trauma Resilience Service - There is a risk of funding being unavailable from March 2025 onwards. Previous funding was received from Health and Justice since 2017/18 to support the Rotherham response to the findings of the Alexis Jay report in 2014. If external funding ceases there is a risk to the longevity of the service leaving a reduced service offer to those who have suffered exploitation. This could also result in adverse media attention. The Stovewood investigation into non recent child sexual exploitation is expected to continue for a number of years	4	4	16	Accountable	Review of mental health services commissioned by Rotherham ICB to understand demand and value for money in current model. Working with TRS to horizon scan and support to apply for external funding where available.	Chris Edwards (Executive Place Director Rotherham)	Rotherham Place Executive Team	2	2	4	30/06/2023 11/08/2023	Andrew Russell / Claire Smith	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: Janine 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. October positive news regarding funding of a rotherham specific service to be incorporated into the RDASH SY model. Still awaiting detail to assess if the risk can be withdrawn	Six Monthly	Rotherham Place Executive Meeting / Stovewood Strategic Coordination Group	Quality Performance, Involvement, Experience	30/06/2023	Risk to be removed.
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 181 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 three 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 NS 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. October - 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. October - no further update	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 twice 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. October further update scheduled for PLT this	Monthly	Monthly	Place Leadership Team	01 06 24	
RPP 0009 (NEW)	RDASH Care Home Liaison Team Acute staffing levels	Rotherham	1,2,6		If the RDaSH CHLT cannot address the acute staffing levels within its Nursing team there will be an impact on its ability to meet demand with its clinical capacity. This will have a detrimental effect on its ability to provide responsive and effective care.	4	3	12	Accountable	Actions: To address the staffing issues through sickness management and recruitment. To support service delivery through mutual support from resources within the Care Group. Escalate the situation to PLACE partners to explore opportunities for mutual support. To pursue the LES proposal for shared care with	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 has 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	

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

<b>Apologies:</b>	Wendy Allott, Director of Financial Transformation (Rotherham), NHS SY ICB Ben Anderson, Director of Public Health, RMBC Cllr Joanna Baker-Rogers, Chair of Rotherham Health & Wellbeing Board, RMBC Dr Anand Barmade, Medical Director, Connect Healthcare Mat Cottle-Shaw, Chief Executive, Rotherham Hospice Kym Gleeson, Manager, Rotherham Healthwatch Richard Jenkins, Chief Executive, TRFT Sharon Kemp, Chief Executive, RMBC Toby Lewis, Chief Executive, RDaSH Andrew Russell, Director of Nursing (Rotherham), NHS SY ICB Ian Spicer, Strategic Director – Adult Care, RMBC Michael Wright, Managing Director, The Rotherham NHS Foundation Trust
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services.
<b>Quoracy:</b>	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

**Members Present:**

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

**Participants:**

Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham  
Lydia George (**LG**), Transformation & Partnership Portfolio Manager, NHS SY ICB  
Gordon Laidlaw (**GL**), Head of Communications (Rotherham), NHS SY ICB  
Jude Wildgoose (**JW**), Asst Director – Transformation & Delivery (Rotherham), NHS SY ICB  
Gov Bhogal (**GB**), Medicines Optimisation Project Director, NHS SY ICB

**In Attendance:**

Louise Darwin (Observing), Primary Care Transformation Manager, NHS SY ICB  
Wendy Commons, Business Support Officer (Rotherham), NHS SY ICB

Item Number	Discussion Items
<b>148/9/24</b>	<b>Place Performance Report</b>
<p>JW advised that progress is being made on revising this report to integrate it with the South Yorkshire performance report and to give more meaningful detail by providing narrative to support the figures. The first iteration will be available for Members to review and agree at next month's meeting.</p> <p>In terms of this month, JW advised:</p> <ul style="list-style-type: none"> <li>– diagnostics performance has increased since last month to 9.78% so Rotherham is now 8<sup>th</sup> out of 106 nationally.</li> <li>– Performance has been maintained on Referral to Treatment (RTT) at 61.8% but working hard to achieve the challenging target of 92%.</li> <li>– IAPT 6 week wait, 99% has been achieved against the 75% target making Rotherham 12<sup>th</sup> out of 106 nationally. Also the IAPT 18 week wait position had slightly improved since last month to 99.7%. Consistently meeting the 95% target.</li> <li>– Following its absence in the past few months, the cancer statistics had been reinserted. It showed the 28 day faster diagnosis target of 75% being met at 79.7% and the 31 day standard was also achieved at 96.7% against the 96% target. The 62 day target was not met but showed an improvement on the previous month.</li> <li>– Referral to Treatment incomplete pathways did not meet the standard of 92% at 62.7% but did show a slight increase in position.</li> <li>– Those referred for treatment on incomplete pathways over 18 weeks stood at 62.7% against a target of 92%. There were waiters over 52, 65 and 78 weeks but none waiting over 104 weeks. Rotherham benchmarks second against other places in South Yorkshire.</li> <li>– Patients waiting for diagnostic tests over 6 weeks is 6.4% and increase in performance since last month. There were 6 breaches for TRFT significantly down from last month.</li> <li>– There had been 2 cancelled operations which was down from 9 previously.</li> <li>– The A&amp;E 4 hr position stood at 67.9% against the challenging target of 75%. However, this position is in line with reporting throughout the country and TRFT continues to benchmark well against the other trusts that took part in the A&amp;E pilot ranking 3<sup>rd</sup> out of 13.</li> <li>– Yorkshire Ambulance performance for Category 1 calls is consistent being just seconds over the 7 minutes response. Handover times within 15 minutes had increased to 54.3%</li> <li>– Primary care continues to offer a consistent number of appointments.</li> </ul> <p>Members noted this month's performance.</p> <p>CE added that, although it is expected that Rotherham and Barnsley will meet the target of zero 65 week waiters at the end of September, Sheffield and Doncaster are unlikely to meet the target. Place Board noted the South Yorkshire position and praised Rotherham Hospital on its performance.</p>	
<b>149/9/24</b>	<b>Rotherham Quality, Patient Safety &amp; Experience Dashboard</b>
<p>Members received and noted the report for information.</p> <p>There were no issues identified for the Chief Nurse to answer at next month's meeting.</p>	



**150/9/24**

**Rotherham Place Prescribing Report**

GB presented the end of year report for 2023/24. During the twelve months, Rotherham has experienced a cost growth was 3.74% compared with 2022/23, but below that for England. Item growth was slightly higher at 3.76%.

No cheaper stock obtainable (NCSO) continues to contribute to cost growth adding £1.2m to Rotherham's prescribing costs. However the work being done by the team is working well in keeping cost growth down.

There had been item growth in continuous blood glucose monitoring devices but this was to ensure we are working in accordance with NICE guidance.

The 23-24 Prescribing Incentive Scheme had completed very successfully with 301 out of a possible 364 practices achieving.

The QIPP programme had also proved successful with Rotherham rated as one of the best in the country.

A medicines safety dashboard had been launched to assist practices in prioritising MHRA alerts and other safety agendas which had been successful in highlighting over 936 patients needing a review which decreased by over 50% by March 2024. Feedback from practices indicating that it was confusing has been rectified for this year so better achievement is anticipated this year.

Work on a health inequalities project around hypertension and lipids modification has worked well in Rotherham and is now being shared across South Yorkshire.

Moving nutrition prescribing from GPs to dietitians has proved successful and is being well maintained by service.

Contenance and stoma is managed and prescribed by a team of specialised nurses and works exceptionally well resulting in Rotherham having the lowest prescribing costs for continence produced in South Yorkshire as well as benchmarking well nationally.

With approximately 19,000 patients with Diabetes in Rotherham. The growth in the number of patients and resulting increase in prescribing expenditure, coupled with the inequity in care across practices has led to diabetes being a major transformational project for Rotherham Place which is performing and achieving well.

Work done to reduce variation between practices in the prescribing of medication to manage heart failure is helping reduce mortality and hospital admissions.

Antidepressant prescribing work has been successful in getting patients off medication they now longer require. A project is now taking place to review 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 practices with 51 patients either stopping their sleeping tablets or reducing the dose by at least 50%. This project won two national awards.

The Care Home Hydration project has worked well and is now being rolled out across South Yorkshire. This has been shortlisted for a HSJ award.

Dr Page enquired as to whether practices on the medicines safety dashboard that had only achieved around 50% were not safe. GB explained that this project was voluntary, with practices being asked to deliver above standard care so not a true safety measure. However, he confirmed that this project has since been incorporated into incentive scheme and revised taking into account the feedback to make it easier to understand.

<b>I51/9/24</b>	<b>Rotherham Better Care Fund – Letter of Approval</b>
<p>CS presented a letter that had been sent to Cllr Baker-Rodgers, Chair of Rotherham Health &amp; Wellbeing Board, Sharon Kemp and Chris Edwards, confirming that Rotherham’s plan for 2024-25 for spending the Better Care Fund has been approved with permission given to spend the NHS minimum contribution. – approved and detailed in letter –</p> <p>CE welcomed the confirmation and looked forward to working with partners to implement the plan and asked partners to convey thanks to all involved in drafting the submission.</p>	
<b>I52/9/24</b>	<b>Feedback from Rotherham Place Executive Team (RPET)</b>
<p>CS advised members of two items that RPET had considered in the past month, one related to mental health crisis pathway provision. It has been supported by RPET and is going through partners governance and will come to Place Board in future.</p> <p>The other paper related to the South Yorkshire Eating Disorder Support service. RPET had supported the direction of travel and will work with colleagues to deliver this intervention and prevention service for adults, children and young people in the community.</p>	
<b>I53/9/24</b>	<b>ICB Board Assurance Framework, Risk Register &amp; Issues Log</b>
<p>Members reviewed the Board Assurance Framework, Risk Register and Issues Log for information.</p> <p>No new risks were identified.</p>	
<b>I54/9/24</b>	<b>Minutes and Action Log from 21 August 2024 Meeting</b>
<p>Members agreed that the Terms of Reference for Rotherham Place Executive Team had been approved in July. However, the minutes of that meeting did not accurately confirm the decision taken. A post meeting note will be added to the July minutes to reflect the approval and provide a more accurate record.</p> <p style="text-align: right;"><b>Action: LG/WC</b></p> <p>The minutes from the meeting held in August were accepted as a true and accurate record. The August action log was reviewed and up to date.</p>	
<b>I55/9/24</b>	<b>Communication to Partners/Promoting Consultations &amp; Events</b>
<p>None.</p>	
<b>I56/9/24</b>	<b>Risks and Items for Escalation</b>
<p>None.</p>	
<b>I57/9/24</b>	<b>Future Agenda Items:</b>
<ul style="list-style-type: none"> <li>– Local CHC/Co-design update - A Russell</li> <li>– Targeted Lung Health Checks Update - J Page</li> <li>– Verbal feedback from SY ICB AGM (30<sup>th</sup> Sept) for Rotherham Partners – C Edwards</li> </ul> <p>Standing Items</p> <ul style="list-style-type: none"> <li>– Rotherham Place Performance Report (monthly)</li> <li>– Risk Register (Monthly for information)</li> <li>– Place Medicines Management Report (Quarterly – next due Dec)</li> <li>– Quality, Patient Safety and Experience Dashboard (Bi- monthly – next due Nov)</li> <li>– Quarterly Medical Director Update (Oct) – JP</li> </ul>	

<b>158/9/24</b>	<b>Date of Next Meeting</b>
The next meeting will take place on <b>Wednesday 16 October 2024</b> at Rotherham Town Hall in John Smith Room.	

**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

**ROTHERHAM PLACE BOARD: ICB BUSINESS ACTION LOG as at Oct 2024**

<b>Mtg Date</b>	<b>Item No.</b>	<b>Agenda Item Title</b>	<b>Action Description</b>	<b>By</b>	<b>Action Status</b>	<b>Comments</b>
18-Sep-24	i54/9/24	Minutes & Action Log from last meeting	A post meeting note will be added to the approved ICB Business minutes from the meeting held on 17 July. This is to reflect that Place Board ratified approval of the Terms of Reference for the Rotherham Place Executive Team.	LG/WC	Green	