



Agenda

Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45am – 11.30am
Date of Meeting:	Wednesday 15 January 2025
Venue:	Conference Suite, Voluntary Action Rotherham, S60 2HX
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net / Wendy Commons: wcommons@nhs.net

Apologies:	R Jenkins, Chief Executive, The Rotherham NHS Foundation Trust T Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust S Kemp, Chief Executive, Rotherham Council
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 Integrated Performance Report	5 mins	Jude Wildgoose	Enc 1
2	Continuing Health Care Codesign Update	10 mins	Andrew Russell	Enc 2
3	Quality Patient Safety and Experience Report	5 mins	Andrew Russell	Enc 3
4	Medical Directors Update	5 mins	Jason Page	Verbal
5	Feedback from Rotherham Place Executive Team	5 mins	Claire Smith	Enc 5
6	Rotherham Place Board (Partnership) Minutes – 18 December 2024 - <i>for information</i>	5 mins	Chris Edwards	Enc 6
7	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – <i>for information</i>	5 mins	Chris Edwards	Enc 7
Standard Items				
8	Minutes, Action Log and Assurance Report from 18 December 2024 Meeting	5 mins	Chair	Enc 8i, 8ii & 8iii
9	Communication and Promoting Consultations and Events		All	Verbal
10	Risks and Items for Escalation to ICB Board		Chair	Verbal
11	Standing Items <ul style="list-style-type: none"> • Rotherham Place Integrated Performance Report • Risk Register (monthly for information) • Place Prescribing Report (Feb) • Quality, Patient Safety and Experience Dashboard (Mar) • Quarterly Medical Director Update 			
12	Date of Next Meeting: Wednesday 19 February 2025 at 10:45am in the John Smith Room, Rotherham Town Hall			

GLOSSARY

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



NHS Rotherham Place Integrated Performance Report (IPR) January 2025

✉ Contact
syicb.datainsyghts@nhs.net





System Pathway Oversight Narrative



The summary below reflects these areas, but this does not detract from the importance of other key standards included within the IPR around mental health, maternity, children and young people etc.

Urgent and Emergency Care (UEC) recovery

- Performance against the 4-hour UEC Standard for November 2024 is 70.2% against a 78% target, down slightly from 70.4% in October. Trusts have reported that this has been due to increases in activity and acuity of patients.
- Winter plans have been agreed at UEC Place Boards and the UEC Alliance Board with the aim to minimise the drop in performance and improve patient safety during the winter months.
- Ambulance performance for category 2 standard response time is 32:02, having improved significantly since October (37:38), but still being significantly worse than August (22:34) and September (30:00). South Yorkshire is therefore not meeting the 30-minute target, and no Place is yet achieving the 19-minute ambition that was set locally. NHSE is now looking to roll out a policy in NEY where ambulances can leave patients at an A&E (where clinically appropriate) once they have been waiting for 45 minutes, and is starting with Hull.
- South Yorkshire Adult General & Acute bed occupancy for November 2024 is 94.9%, which is higher than the target of 92%, and in line with October's figure of 95.0%. The proportion of beds occupied by patients who no longer meet the criteria to reside in November is 14.1% which is lower than the October position of 15.5%, however this is still above the planned target for March 2025 of 10.8%. Barnsley FT have seen a particularly large improvement since July, going from performance of 17.1% to 8.5%, though this is partly due to a change in how their metric is calculated. Improving NCtR levels is a key part of the South Yorkshire winter plan and place teams are working with Local Authorities and Trusts to ensure delivery of this target.

Primary and community services:

- The number of GP appointments in October 2024 (1,049k) increased significantly from September (786k) – this is a trend that has been reflected nationally and reflects a spike in October as peak activity for flu vaccinations. The 12-month cumulative figure to October 2024 is 5.9% higher than to October 2023.

General Practice Collective Action:

- Contractual dispute between the Government and the British Medical Association continues, and the ICB is working hard to plan for disruption and to mitigate this where possible. GPs are choosing to take this action but the nature of the collective action means that the impacts will vary at different GP practices and area by area. The BMA are asking GP partners to take at least one of nine possible actions. None of the options breach the GP contract, actions range from withdrawing from data-sharing agreements, to writing referral letters in place of preferred hospital referral form.
- The ICB is in regular dialogue with our Local Medical Committees, and is collating all know impact of the action in order to mitigate wherever possible. We are also ensuring regular updates are reviewed with Secondary Care providers on the patch. The NHS is asking the public to come forward as usual for care during collective action. Patients with an appointment at a GP practice, should attend as usual unless told otherwise.

Cancer recovery:

- The ICB is meeting the faster diagnosis standard (77%) in October (79.9%) to ensure that patients who do not have cancer, receive the good news in a timely manner.
- There has been significant focus on the target to commence cancer treatment within 62 days of referral – the ICB has seen a worsening in the October 2024 position (62.6%) compared to September 2024 (63.8%) for a variety of reasons, including delays caused by diagnostic test waits. STH is still in Tier 1 scrutiny for its cancer performance, and work is underway with the alliance, NHSE, and the ICB to increase the capacity to treat South Yorkshire patients.



The summary below reflects these areas, but this does not detract from the importance of other key standards included within the IPR around mental health, maternity, children and young people etc.

Elective:

- Performance against the ambition of 95% of patients receiving diagnostic test within 6 weeks has improved in October (72.0%) compared to September (70.8%). All Places are below target, but Doncaster and Sheffield in particular are struggling. In Doncaster the diagnostic backlog is primarily made up of audiology patients – external capacity has been found for 200 patients so far, and work is underway to expand this further to reduce the backlog of approx. 3,000 patients. STH have workforce pressures in radiology which has resulted in a backlog of scans and is also experiencing pressure in endoscopy services, mutual aid has been agreed between Trusts across South Yorkshire to reduce this backlog. Their largest challenge, though, is in non-obstetric ultrasound, which has a particularly large impact on performance as it is a high-volume test.
- South Yorkshire reported 589 65+ week waiters in October 2024 which is a significant increase on 448 in September. The key challenges for South Yorkshire to meet the target of having zero 65+ week waiters by the end of March 2025 are in neurology at STH and ENT at DBTH. STH is in tier 1 oversight for electives & diagnostics, and DBTH is in tier 2.
- The Acute Federation has identified 6 fragile specialties which may face sustainability problems & is working on plans to address this. Conversations are underway to source mutual aid to support these specialties.
- The Mexborough and Sheffield Mexborough Elective Orthopaedic Centres (MEOC and SEOC) are underutilised, with consultant availability being a particular challenge and SEOC seeing a more complex case-mix than anticipated. Action plans have been developed to increase the workforce and utilisation.

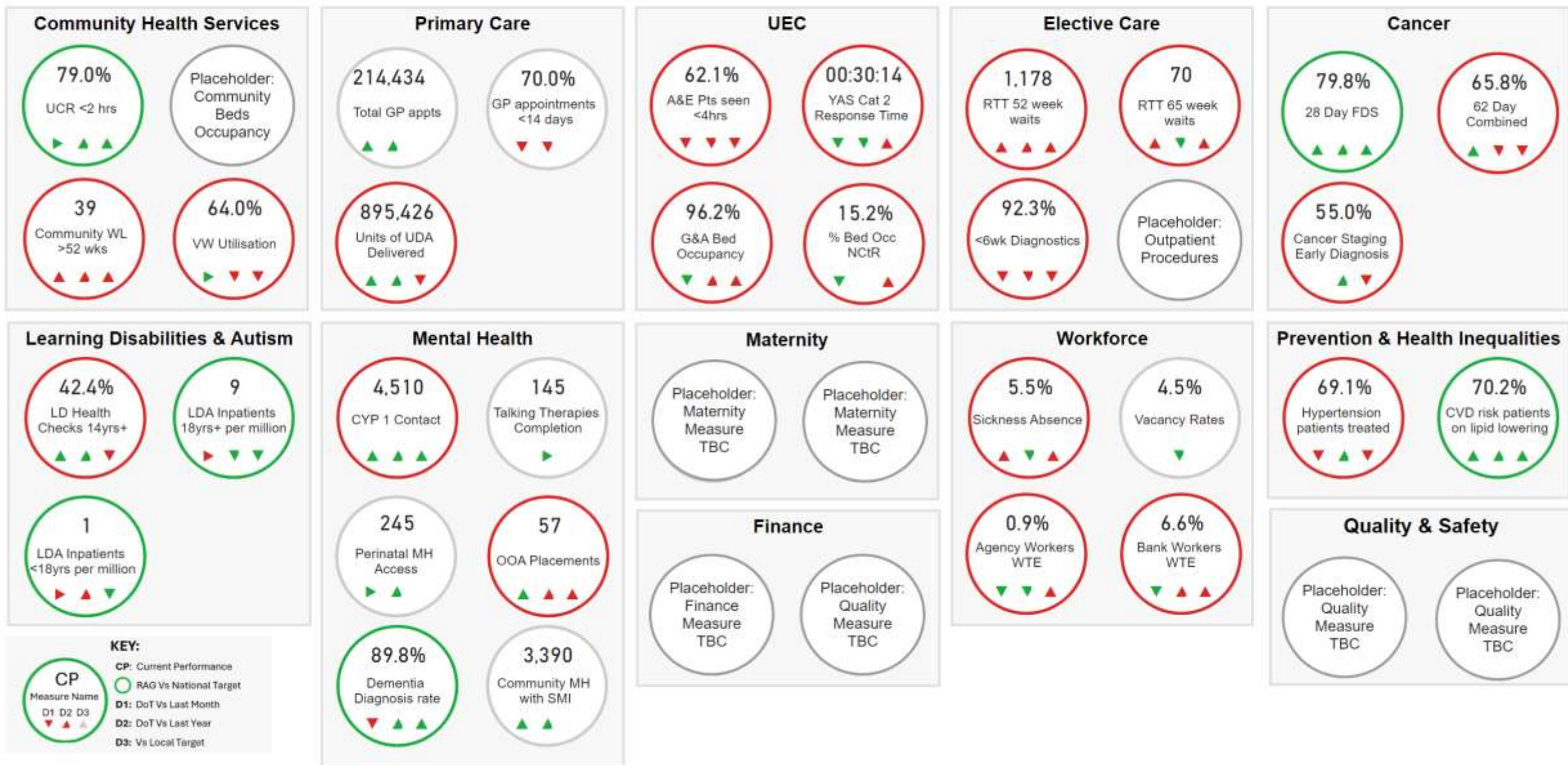
Mental health:

- There has been national scrutiny on waiting lists for neurodiversity assessments, as these have increased rapidly. South Yorkshire is no exception to this, and work is underway with the alliance and mental health trusts to understand the scale of the challenge and agree the model of care/action plan to reduce this backlog.
- Inappropriate out-of-area placements (OAPs) are significantly higher than our planned position. South Yorkshire Trusts had 57 patients residing in inappropriate out of area placements in November. An action plan supported by the alliance has been developed to resolve this situation, and early December data shows that the situation is improving.

Learning Disability and Autism:

- The national Annual Health Checks target of 75% was exceeded at the end of 23/24, with uptake of 77.9%. Often a significant proportion of the year's annual health checks are performed Jan-March, but this year checks are slightly ahead of plan as at October.

Below summarises the NHS National Priorities at South Yorkshire ICB level. A breakdown of these measures (into Place/Provider performance - where applicable and also a Core20PLUS5* strategy applied) can be found within the following report.





Population Health Outcomes

- ✓ Improve outcomes in population health and healthcare.
- ✓ Tackle inequalities in outcome, experience and access.
- ✓ Enhance productivity and value for money.
- ✓ Help the NHS support broader social and economic development.

	What We are trying to Achieve	How we are measuring this	Where We Started	Where We Are Now	Where We Are Aiming	Annual Trend Over Time
<p>GOALS</p>	Healthier & Longer Life	1 Life Expectancy (Female)	81.5	80.9	84.5	
		1 Life Expectancy (Male)	77.8	77.2	80.8	
		1 Healthy Life Expectancy (Female)	60.2	60.2	63.9	
		1 Healthy Life Expectancy (Male)	59.5	59.5	63.1	
<p>BOLD AMBITIONS</p>	Focus on development in early years, so that every child is school ready	2 School Readiness (%)	64.8	66.6	67.5	
		2 Gap in School Readiness between those with FSM & all children (pp)	15.0	14.6	11.2	
	Strengthen & accelerate our focus on prevention	1 Adult Smoking Prevalence (%)	16.1	13.6	5.0	
		2 Economic Inactivity Rate (%)	22.1	25.6	20.0	
	Work together to increase economic participation & support a fair, inclusive & sustainable economy	2 Gap in employment rate between those with LD & overall rate (pp)	69.1	68.7	51.8	
		2 Gap in employment rate between those with LTC & overall rate (pp)	12.0	10.2	9.0	

In this table we highlight one outcome from each of our four domains and make a comparison to England

Best Start in Life	Skills & Resources to Thrive	Safe, Strong & Vibrant Communities	Longer, Healthier Lives & Inequality
<p>Best Start in Life</p> <p>Breastfeeding Prevalence at 6-8 weeks (%)</p> <p>SY 45.9</p> <p>ENG 52.7</p> <p>2023/24</p>	<p>Skills & Resources to Thrive</p> <p>Percentage of People in Employment (%)</p> <p>SY 71.8</p> <p>ENG 75.7</p> <p>2023/24</p>	<p>Safe, Strong & Vibrant Communities</p> <p>EM Hospital Admissions Due to Falls, 65+ (Std Rate per 100,00)</p> <p>SY 2.1K</p> <p>ENG 1.9K</p> <p>2022/23</p>	<p>Longer, Healthier Lives & Inequality</p> <p><75 Mortality from All Causes (Std Rate per 100,000)</p> <p>SY 399.2</p> <p>ENG 341.6</p> <p>2023</p>

SHARED OUTCOMES




Overview

Life expectancy in SY has declined recently (2020 to 2022) thereby widening inequalities compared to England. Linked to this we have seen a significant increase in preventable mortality in our under 75s. However these figures include the impact of deaths during COVID. If we look at one year of data rather than the average over 3 years, mortality and LE do show signs of some improvement and we need more years of data to confirm if the decline is now reversing.

As a system, we have seen improvements in smoking prevalence, school readiness and gaps in employment rates for those with LTC have narrowed. Challenges remain in SY where our economic inactivity rate has worsened.

On our shared outcomes, we still have a lower prevalence of breastfeeding at 6–8 weeks and a lower percentage of our population in employment. Additionally, emergency hospital admissions due to falls among those over 65 and premature mortality from all causes are both higher than the England average.

Urgent & Emergency Care

<p>❗ ✔ % A&E patients seen within 4hrs</p> <p>Improve A&E waiting times compared to 2023/24, with a minimum of 78% of patients seen within 4 hours by March 2025</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Nov-24</td> <td>62.1%</td> <td>78.0%</td> </tr> </tbody> </table>		Actual	Standard	Nov-24	62.1%	78.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>61.0%</td> <td>72.9%</td> <td>88.5%</td> <td>69.9%</td> <td>70.2%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	61.0%	72.9%	88.5%	69.9%	70.2%	<p>● TRFT - This Yr ● Last Yr ● Standard</p> 
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<p>❗ Category 2 Ambulance Response Time</p> <p>Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Nov-24</td> <td>00:30:14</td> <td>00:30:00</td> </tr> </tbody> </table>		Actual	Standard	Nov-24	00:30:14	00:30:00	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>00:34:51</td> <td>00:36:45</td> <td>00:28:48</td> <td>00:32:02</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	00:34:51	00:36:45	00:28:48	00:32:02	<p>● Rotherham - This Yr ● Last Yr ● Standard</p> 		
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<p>❗ Total general and acute bed occupancy</p> <p>Reduce adult general and acute bed occupancy to 92% or below</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Nov-24</td> <td>96.2%</td> <td>92.0%</td> </tr> </tbody> </table>		Actual	Standard	Nov-24	96.2%	92.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>96.5%</td> <td>95.0%</td> <td>94.1%</td> <td>94.9%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	96.5%	95.0%	94.1%	94.9%	<p>● TRFT - This Yr ● Last Yr ● Standard</p> 		
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Overview

% A&E patients seen within 4hrs

In November, TRFT's performance was 62.1%, which failed to meet the National Target of 78%. It was a decline on the previous periods performance of 62.6% and was a decline on the same period in the previous year of 62.8%.



Category 2 Ambulance Response Time

In November, Rotherham's performance was 00:30:14, which failed to meet the National Target of 00:30:00. It was an improvement on the previous periods performance of 00:36:57 and was an improvement on the same period in the previous year of 00:35:04.

Total general and acute bed occupancy

In November, TRFT's performance was 96.2%, which failed to meet the National Target of 92%. It was an improvement on the previous periods performance of 96.9% and was a decline on the same period in the previous year of 90%.

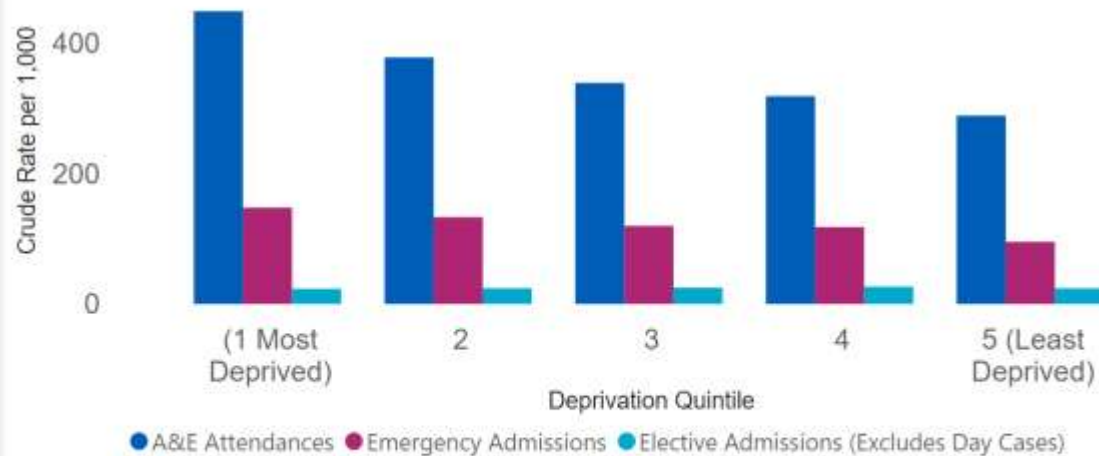
Urgent & Emergency Care Continued

<p>❗ ❗ No Criteria to Reside</p> <p>Reduce the Number of patients that have no criteria to reside</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Nov-24</td> <td>15.2%</td> <td>10.8%</td> </tr> </tbody> </table>		Actual	Standard	Nov-24	15.2%	10.8%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>8.5%</td> <td>16.6%</td> <td>0.0%</td> <td>15.5%</td> <td>14.1%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	8.5%	16.6%	0.0%	15.5%	14.1%	<p>● TRFT - This Yr</p> 
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<p>❗ Average Handover Time</p> <p>Reduce the time it takes for Ambulance Handovers to an average of 18 Minutes</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Nov-24</td> <td>22:37</td> <td>18:00</td> </tr> </tbody> </table>		Actual	Standard	Nov-24	22:37	18:00	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>25:26</td> <td>28:34</td> <td>10:41</td> <td>33:47</td> <td>28:02</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	25:26	28:34	10:41	33:47	28:02	<p>● TRFT - This Yr ● Last Yr ● Standard</p> 
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CORE20 PLUS

Hospital Activity Rates in South Yorkshire by Deprivation Quintile, 2023/24

Rates per 1,000 patients registered with a South Yorkshire GP practice



Overview

No Criteria to Reside

In November, TRFT's performance was 15.2%, which failed to meet the National Target of 10.8%. It was an improvement on the previous periods performance of

Average Handover Time

In November, TRFT's performance was 00:22:37, which failed to meet the National Target of 00:18:00. It was an improvement on the previous periods performance of 00:25:16 and was a decline on the same period in the previous year of 00:16:29.

Community Health Services

<p>1 Urgent Community Referrals seen within 2 hours</p> <p>2 Increase the proportion of Urgent Community Referrals seen within 2 hours to 70%</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>79.0%</td> <td>70.0%</td> </tr> </tbody> </table>		Actual	Standard	Oct-24	79.0%	70.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>RDASH</th> <th>STH</th> <th>SWYPFT</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>71.0%</td> <td>0.0%</td> <td>97.0%</td> <td>93.0%</td> </tr> </tbody> </table> <p><small>*No data available for STH</small></p>	RDASH	STH	SWYPFT	SYICB	71.0%	0.0%	97.0%	93.0%	<p>● TRFT - This Yr ● Last Yr ● Standard</p>						
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<p>3 Placeholder: Community Beds Occupancy</p> <p>Number of beds occupied as a proportion of total available for ICB</p>																							
<p>1 Community Waiting List over 52 weeks</p> <p>2 Number of patients on community waiting lists for over 52 weeks</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Sep-24</td> <td>39</td> <td>0</td> </tr> </tbody> </table>		Actual	Standard	Sep-24	39	0	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>RDASH</th> <th>SCH</th> <th>SHSC</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>0</td> <td>6,370</td> <td>1</td> <td>40</td> <td>6,450</td> </tr> </tbody> </table>	BHFT	DBTHFT	RDASH	SCH	SHSC	STH	SYICB	0	0	0	6,370	1	40	6,450	<p>● TRFT - This Yr ● Last Yr ● Standard</p>
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0	0	0	6,370	1	40	6,450																	
<p>1 Virtual Ward Utilisation</p> <p>2 Increase Virtual Ward utilisation to consistently be above 80%</p> <p>*Note: This is a Snapshot as at 21st November 2024</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Nov-24</td> <td>64.0%</td> <td>79.6%</td> </tr> </tbody> </table>		Actual	Standard	Nov-24	64.0%	79.6%	<p>Actual</p> <table border="1"> <thead> <tr> <th>RDASH</th> <th>STH</th> <th>SWYPFT</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>78.0%</td> <td>60.0%</td> <td>107.1%</td> <td>78.0%</td> </tr> </tbody> </table>	RDASH	STH	SWYPFT	SYICB	78.0%	60.0%	107.1%	78.0%	<p>● TRFT - This Yr ● Last Yr ● Standard</p>						
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Overview

Urgent Community Referrals seen within 2 hours

In October, TRFT's performance was 79%, which met the National Target of 70%. It was an improvement on the previous periods performance of

Community Waiting List over 52 weeks

In September, TRFT's performance was 39, which failed to meet the National Target of 0. It was a decline on the previous periods performance of 35 and was a decline on the same period in the previous year of 11.

Virtual Ward Utilisation

In November, TRFT's performance was 64%, which failed to meet the National Target of 79.6%. It was an improvement on the previous periods performance of 64% and was a decline on the same period in the previous year of 78%.

Primary Care

<p>1 Number of GP appointments</p> <p>2 Total Number of Appointments in General Practice (rate per 1,000 practice population).</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>214,434 (779)</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Oct-24	214,434 (779)		<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>171,822 (635)</td> <td>218,294 (643)</td> <td>444,045 (692)</td> <td>1,048,595 (687)</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	171,822 (635)	218,294 (643)	444,045 (692)	1,048,595 (687)	<p>● Rotherham - This Yr ● Last Yr</p>
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Barnsley	Doncaster	Sheffield	SYICB														
171,822 (635)	218,294 (643)	444,045 (692)	1,048,595 (687)														
<p>1 % appointments booked within 14 days</p> <p>Make it easier for people to contact a GP practice, ensuring that everyone who needs an appointment who contact their practice urgently are assessed according to clinical need</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>70.0%</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Oct-24	70.0%		<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>70.3%</td> <td>74.9%</td> <td>70.0%</td> <td>71.1%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	70.3%	74.9%	70.0%	71.1%	<p>● Rotherham - This Yr ● Last Yr</p>
	Actual	Plan															
Oct-24	70.0%																
Barnsley	Doncaster	Sheffield	SYICB														
70.3%	74.9%	70.0%	71.1%														
<p>1 Improve access to NHS dentistry</p> <p>2 Increase dental activity by improving the units of dental activity (UDAs) delivered.</p>	<p>SYICB</p> <table border="1"> <thead> <tr> <th></th> <th>YTD Actual</th> <th>Sept YTD target</th> </tr> </thead> <tbody> <tr> <td>Aug-24</td> <td>895,426</td> <td>1,034,955</td> </tr> </tbody> </table>			YTD Actual	Sept YTD target	Aug-24	895,426	1,034,955	<p>● SYICB - This Yr ● Last Yr</p>								
	YTD Actual	Sept YTD target															
Aug-24	895,426	1,034,955															
<p>Number of Pharmacy First interventions</p> <p>Pharmacy First enhances the existing consultation service, enabling community pharmacies to manage minor illnesses, urgent repeat prescriptions, and seven</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Aug-24</td> <td>1,701</td> </tr> </tbody> </table>		Actual	Aug-24	1,701	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>2,250</td> <td>1,517</td> <td>3,292</td> <td>8,760</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	2,250	1,517	3,292	8,760	<p>● Rotherham - This Yr</p>		
	Actual																
Aug-24	1,701																
Barnsley	Doncaster	Sheffield	SYICB														
2,250	1,517	3,292	8,760														

Overview

Number of GP appointments

In October, Rotherham's performance was 214,434.00. It was an improvement on the previous periods performance of 160,928 and was an improvement on the same period in the previous year of 186,343.

% appointments booked within 14 days

In October, Rotherham's performance was 70%. It was a decline on the previous periods performance of 78.2% and was a decline on the same period in the previous year of 74.2%.

Improve access to NHS dentistry

In August, SYICB's performance was 895,426, which failed to meet the National Target of 1034955. It was an improvement on the previous periods performance of 190265 and was an improvement on the same period in the previous year of 177745.

Primary Care Continued

Overview

Primary Care Narrative Continued

GP Appointments Doncaster update (continued from previous page):

Numbers continue to remain high with October 2024 seeing exceptionally high numbers with the equivalent of almost 64% of the Doncaster population (in terms of appointment numbers) having a Primary Care appointment. Doncaster has seen high numbers of respiratory cases and have multiple hubs in place to address this need and support wider winter vaccinations. Numbers remain closely monitored against the Doncaster Primary Care delivery plan and cumulatively for the year we are above the trajectory for providing additional Primary Care appointments.

Access to NHS Dentistry:

Delivery of UDAs is delivered via core mandatory dental services with an annual activity target and a mid year expectation of a minimum of 30% delivery. Q1 performance showed UDA delivery was above the planning trajectory and early indications for Q2 are showing the same with the Mid Year position showing increased dental activity delivered compared to 2023/24. This growth is likely linked partially to the implementation of the former Government's Dental Recovery Plan (DRP), and the New Patient Premium (NPP), incentivising practices to see and treat patients who haven't been seen by a dentist in over two years, as the incentive is paid as UDAs. All eligible practices in SY are taking part in this scheme. In addition, across SY a number of practices have been commissioned to deliver over and above their core contracted activity in year as part of the ICBs dental investment plan.



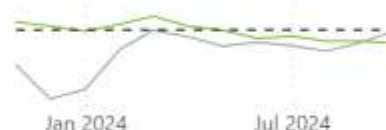
A number of practices have underdelivered UDAs due to workforce challenges and therefore negatively impacting on access for patients. A further scheme from the DRP is the Dental Recruitment Incentive Scheme to help practices that are struggling to attract people through the usual recruitment routes by supporting them to offer a financial incentive. The ICB has issued 'prior approval' notification to 21 dental practices to support workforce challenges, with the aim that a proportion will attract and secure new dentists.

Pharmacy First Interventions:

Pharmacy First adds to the existing consultation service, enabling patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply and enables community pharmacies to complete episodes of care for 7 common conditions following defined clinical pathways.

The ICB's Pharmacy First Steering Group oversees implementation of the service across SY, including assessing utilisation of the service and identifying areas of focus to increase utilisation. Through collaborative working with Community Pharmacy South Yorkshire (CPSY), implementation support is available to both GP Practices and Community Pharmacies. This support will be offered to the 4 PCNs that are part of the NHS England PCN New Ways of Working Pilot, as increasing integration with Community Pharmacy is part of the interventions to be tested.

Elective Care

<p>1 2 Total waiting over 52 weeks</p> <p>Reduce the number of patients waiting over 52 weeks for elective care (except where patients choose to wait longer on in specific specialties)</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>1,178</td> </tr> </tbody> </table>		Actual	Oct-24	1,178	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>582</td> <td>1,684</td> <td>2,230</td> <td>5,674</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-24	582	1,684	2,230	5,674	<p>● Rotherham - This Yr ● Last Yr</p> 		
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Oct-24	1,178																		
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<p>1 2 Total waiting over 65 weeks</p> <p>Eliminate the number of patients waiting over 65 weeks for elective care by September 2024 (except where patients choose to wait longer on in specific specialties)</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>70</td> <td>0</td> </tr> </tbody> </table>		Actual	Standard	Oct-24	70	0	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>119</td> <td>239</td> <td>161</td> <td>589</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-24	119	239	161	589	<p>● Rotherham - This Yr ● Last Yr</p> 
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Oct-24	119	239	161	589															
<p>1 2 %patients receiving diagnostic test within 6 weeks</p> <p>Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>92.3%</td> <td>95.0%</td> </tr> </tbody> </table>		Actual	Standard	Oct-24	92.3%	95.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>90.1%</td> <td>73.6%</td> <td>62.2%</td> <td>72.0%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-24	90.1%	73.6%	62.2%	72.0%	<p>● Rotherham - This Yr ● Last Yr ● Standard</p> 
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Oct-24	92.3%	95.0%																	
	Barnsley	Doncaster	Sheffield	SYICB															
Oct-24	90.1%	73.6%	62.2%	72.0%															

Overview

Total waiting over 52 weeks

In October, Rotherham's performance was 1,178, which failed to meet the National Target of 0. It was a decline on the previous periods performance of 1,108 and was a decline on the same period in the previous year of 1,095.

Total waiting over 65 weeks

In October, Rotherham's performance was 70, which failed to meet the National Target of 0. It was a decline on the previous periods performance of 55 and was an improvement on the same period in the previous year of 179.

%patients receiving diagnostic test within 6 weeks

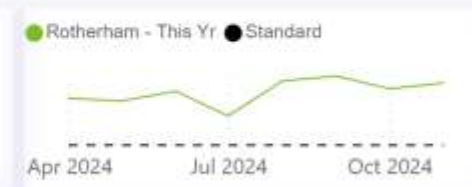
In October, Rotherham's performance was 92.3%, which failed to meet the National Target of 95%. It was a decline on the previous periods performance of 92.7% and was a decline on the same period in the previous year of 94.9%.

Elective Care

1 Outpatient Procedures
 Increase the proportion of all outpatient attendances that attract a procedure code to 46% across 2024/25

Rotherham		
	Actual	Standard
Nov-24	47.7%	46.0%

Actual				
Barnsley	Doncaster	Sheffield	SYICB	
44.2%	50.7%	48.1%	47.7%	



2 Value Weighted Activity
 Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%

TRFT		
	Actual	Standard
Nov-24	100.5%	103.0%

Actual				
BHFT	DBTHFT	SCH	STH	SYICB
98.7%	96.2%	104.9%	102.5%	105.1%



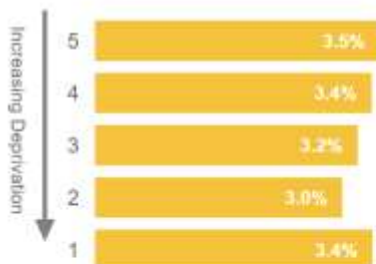
CORE20 PLUS

Over 52 Weeks

Over 65 Weeks

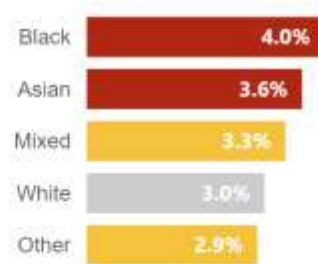
Total Waiting Over 52 Weeks (South Yorkshire)

Deprivation Quintile



October 2024 | Comparator: SY Average

Ethnicity



October 2024 | Comparator: White

Data Source: WLMDS

Statistical significance to comparator: Worse Similar Better N/A

Overview



Outpatient Procedures

In November, Rotherham's performance was 47.7%, which met the National Target of 46%. It was an improvement on the previous periods performance of 47.5%.

Value Weighted Activity

In November, TRFT's performance was 100.5%, which failed to meet the National Target of 103%. It was a decline on the previous periods performance of 99.5%.

Cancer

<p>❗ ❗ % patients with cancer diagnosis communicated within 28 days</p> <p>Meet Cancer faster diagnosis standard by March 2025 of 77% of patients receiving a communication of diagnosis or cancer ruled out within 28 days</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>79.8%</td> <td>77.0%</td> </tr> </tbody> </table>		Actual	Standard	Oct-24	79.8%	77.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>81.0%</td> <td>83.0%</td> <td>77.9%</td> <td>79.9%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-24	81.0%	83.0%	77.9%	79.9%	<p>● Rotherham - This Yr ● Last Yr ● Standard</p> 
	Actual	Standard																	
Oct-24	79.8%	77.0%																	
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Oct-24	81.0%	83.0%	77.9%	79.9%															
<p>❗ ❗ 62-day referral to treatment standard - combined</p> <p>Patients who receive a cancer diagnosis after an urgent suspected cancer referral, referral for breast cancer symptoms, or via cancer screening should start treatment within 62 days of that initial referral.</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>65.8%</td> <td>70.0%</td> </tr> </tbody> </table>		Actual	Standard	Oct-24	65.8%	70.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>60.6%</td> <td>76.4%</td> <td>54.4%</td> <td>62.6%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-24	60.6%	76.4%	54.4%	62.6%	<p>● Rotherham - This Yr ● Last Yr ● Standard</p> 
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Overview

28 Day Faster Diagnosis:

% patients with cancer diagnosis communicated within 28 days

In October, Rotherham's performance was 79.8%, which met the National Target of 77%. It was an improvement on the previous periods performance of 79.5% and was an improvement on the same period in the previous year of 73.2%.

62-day referral to treatment standard - combined

In October, Rotherham's performance was 65.8%, which failed to meet the National Target of 70%. It was an improvement on the previous periods performance of 63.2% and was a decline on the same period in the previous year of 67.2%.

Cancer

<p>1 Cancer Diagnosis at stage 1 or 2</p> <p>Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2021</td> <td>55.0%</td> <td>75.0%</td> </tr> </tbody> </table>		Actual	Standard	2021	55.0%	75.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>50.5%</td> <td>53.2%</td> <td>51.7%</td> <td>52.5%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	50.5%	53.2%	51.7%	52.5%	
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Barnsley	Doncaster	Sheffield	SYICB														
50.5%	53.2%	51.7%	52.5%														
<p>2 31 Day diagnosis to treatment</p> <p>31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>86.6%</td> <td>96.0%</td> </tr> </tbody> </table>		Actual	Standard	Oct-24	86.6%	96.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>87.9%</td> <td>87.8%</td> <td>80.0%</td> <td>84.6%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	87.9%	87.8%	80.0%	84.6%	
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87.9%	87.8%	80.0%	84.6%														

CORE20 PLUS

Early Diagnosis of Cancer is one of the five clinical priority areas of focus.

Early Diagnosis

Cancer Diagnosis at stage 1 or 2 (South Yorkshire)

Deprivation Quintile

Quintile	Percentage
5	56.8%
4	56.9%
3	54.4%
2	51.8%
1	48.3%

Year: 2021 | Comparator: SY Average

Ethnicity

Ethnicity	Percentage
Asian	55.6%
Black	53.6%
Other	52.0%
White	51.6%

Year: 2019-2021 | Comparator: White

Statistical significance to comparator: Worse Similar Better N/A

Overview

Cancer Diagnosis at stage 1 or 2

In January, Rotherham's performance was 55%, which failed to meet the National Target of 75%. It was a decline on the previous periods performance of 49.9%

31 Day Diagnosis to Treatment

In October, Rotherham's performance was 86.6%, which failed to meet the National Target of 96%. It was an improvement on the previous periods performance of 85.1% and was an improvement on the same period in the previous year of 84.9%.

* STH typically reports higher stillbirth rates than other trusts due to admitting more complex cases.

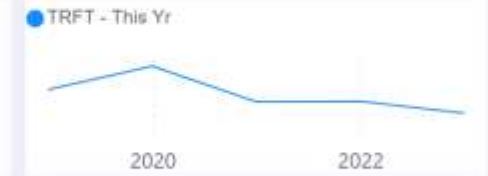
Maternity

1 Stillbirth per 1,000 live births

Make progress towards the national safety ambition to reduce stillbirths (by 50%)

TRFT	Actual	Standard
	2023/24	1.9

Actual			
BHFT	DBTHFT	STH	SYICB
2.3	2.9	4.1	3.1



1 Neonatal mortality rate per 1000 live births

Make progress towards the national safety ambition to reduce stillbirths (by 50%)

TRFT	Actual	Standard
	2023/24	0.8

Actual			
BHFT	DBTHFT	STH	SYICB
2.4	1.2	2.7	1.8

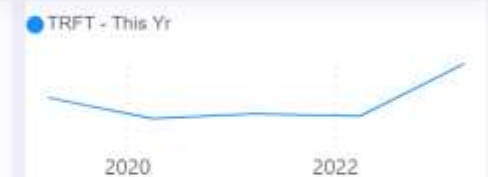


1 Preterm Birth Rate

Preterm is defined as babies born alive before 37 weeks of pregnancy are completed.

TRFT	Actual	Standard
	Apr-23	10.0%

Actual			
BHFT	DBTHFT	STH	SYICB
7.2%	9.0%	9.2%	8.9%



Overview

Stillbirth per 1,000 live births

In March, TRFT's performance was 1.93.

Neonatal mortality rate

Preterm Birth Rate

In April, TRFT's performance was 10%, which met the National Target of 6.2%



Maternity

<p>1 Breast milk at first feed</p> <p>This measure shows the number of new mothers known to have initiated breastfeeding</p>	<table border="1"> <thead> <tr> <th>TRFT</th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Jul-24</td> <td>62.5%</td> <td>71.7%</td> </tr> </tbody> </table>	TRFT	Actual	Standard	Jul-24	62.5%	71.7%	<table border="1"> <thead> <tr> <th colspan="4">Actual</th> </tr> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>59.5%</td> <td>63.5%</td> <td>71.6%</td> <td>65.7%</td> </tr> </tbody> </table>	Actual				BHFT	DBTHFT	STH	SYICB	59.5%	63.5%	71.6%	65.7%	<p>TRFT - This Yr</p>
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<p>2 Smoking at time of Delivery</p> <p>Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother.</p>	<table border="1"> <thead> <tr> <th>TRFT</th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2023/24</td> <td>10.8%</td> <td>7.9%</td> </tr> </tbody> </table>	TRFT	Actual	Standard	2023/24	10.8%	7.9%	<table border="1"> <thead> <tr> <th colspan="4">Actual</th> </tr> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>9.7%</td> <td>9.9%</td> <td>7.9%</td> <td>9.4%</td> </tr> </tbody> </table>	Actual				BHFT	DBTHFT	STH	SYICB	9.7%	9.9%	7.9%	9.4%	<p>TRFT - This Yr</p>
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Overview

Breast milk at first feed

In July, TRFT's performance was 62.5%, which failed to meet the National Target of 71.7%

Smoking at time of Delivery

In April, TRFT's performance was 10.8%, which met the National Target of 7.9%



Priorities 2024/25

- ✓ Improve outcomes in population health and healthcare.
- ✓ Tackle inequalities in outcome, experience and access.
- ✓ Enhance productivity and value for money.
- ✓ Help the NHS support broader social and economic development.



South Yorkshire
Integrated Care Board

Mental Health

<p>1 Increase Number of CYP (0-17yrs) receiving at least one contact in reporting period</p> <p>Increase the number of Children & Young People under 18 supported through NHS mental health services receiving at least 1 contact</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>4,510</td> <td>17,243</td> </tr> </tbody> </table>		Actual	Plan	Oct-24	4,510	17,243	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>4,585</td> <td>3,710</td> <td>5,325</td> <td>18,130</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-24	4,585	3,710	5,325	18,130	<p>● Rotherham - This Yr ● Last Yr</p>
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<p>2 Talking Therapies Completion</p> <p>Number of people completing IAPT Treatment in reporting period</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>145</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Oct-24	145		<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>365</td> <td>160</td> <td>395</td> <td>1,065</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-24	365	160	395	1,065	<p>● Rotherham - This Yr</p>
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	Barnsley	Doncaster	Sheffield	SYICB															
Oct-24	365	160	395	1,065															
<p>1 Talking Therapies Reliable Recovery</p> <p>Improve the number in Talking Therapies that achieve reliable recovery</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>44.8%</td> <td>48.0%</td> </tr> </tbody> </table>		Actual	Plan	Oct-24	44.8%	48.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>46.5%</td> <td>41.9%</td> <td>44.4%</td> <td>44.5%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-24	46.5%	41.9%	44.4%	44.5%	<p>● Rotherham - This Yr ● Last Yr ● Standard</p>
	Actual	Plan																	
Oct-24	44.8%	48.0%																	
	Barnsley	Doncaster	Sheffield	SYICB															
Oct-24	46.5%	41.9%	44.4%	44.5%															
<p>1 Talking Therapies Reliable Improvement</p> <p>Improve the number in Talking Therapies that achieve reliable improvement</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>69.0%</td> <td>67.0%</td> </tr> </tbody> </table>		Actual	Plan	Oct-24	69.0%	67.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>69.0%</td> <td>62.9%</td> <td>66.7%</td> <td>66.9%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-24	69.0%	62.9%	66.7%	66.9%	<p>● Rotherham - This Yr ● Last Yr ● Standard</p>
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Oct-24	69.0%	67.0%																	
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Oct-24	69.0%	62.9%	66.7%	66.9%															

Overview




Increase Number of CYP (0-17yrs) receiving at least one contact in reporting period - In October, Rotherham's performance was 4,510, which failed to meet the National Target of 17243. It was an improvement on the previous periods performance of 4,465 and was an improvement on the same period in the previous year of 4,425.

Talking Therapies Access - In October, Rotherham's performance was 500, which failed to meet the National Target of 1337. It was an improvement on the previous periods performance of 460 and was a decline on the same period in the previous year of 630.

Talking Therapies Reliable Recovery - In October, Rotherham's performance was 44.8%, which failed to meet the National Target of 48%. It was a decline on the previous periods performance of 45.2% and was an improvement on the same period in the previous year of 39.7%.

Talking Therapies Reliable Improvement - In October, Rotherham's performance was 69%, which met the National Target of 67%. It was an improvement on the previous periods performance of 64.5% and was an improvement on the same period in the previous year of 63.8%.

Mental Health Continued

<p>1 Perinatal Access</p> <p>Number of women accessing specialist Perinatal Mental Health services</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>245</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Oct-24	245		<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>220</td> <td>430</td> <td>375</td> <td>1,270</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-24	220	430	375	1,270	<p>● Rotherham - This Yr ● Last Yr</p> 
	Actual	Plan																	
Oct-24	245																		
	Barnsley	Doncaster	Sheffield	SYICB															
Oct-24	220	430	375	1,270															
<p>3 Out of area placements(inappropriate only)</p> <p>Improve patient flow and work towards eliminating inappropriate out of area mental health placements</p>		<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>RDASH</th> <th>SHSC</th> <th>SWYPFT</th> </tr> </thead> <tbody> <tr> <td>Nov-24</td> <td>19</td> <td>33</td> <td>5</td> </tr> </tbody> </table>		RDASH	SHSC	SWYPFT	Nov-24	19	33	5	<p>● RDASH ● SHSC ● SWYPFT</p> 								
	RDASH	SHSC	SWYPFT																
Nov-24	19	33	5																
<p>1 Dementia Diagnosis rate</p> <p>Improve the number of people aged 65 and over diagnosed with dementia as a proportion of estimated prevalence</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>89.8%</td> <td>66.7%</td> </tr> </tbody> </table>		Actual	Plan	Oct-24	89.8%	66.7%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>74.2%</td> <td>72.2%</td> <td>72.8%</td> <td>76.3%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-24	74.2%	72.2%	72.8%	76.3%	<p>● Rotherham - This Yr ● Last Yr</p> 
	Actual	Plan																	
Oct-24	89.8%	66.7%																	
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Oct-24	74.2%	72.2%	72.8%	76.3%															
<p>1 2 3 Community Mental Health Services for Adults and Older Adults with SMI, 2+ contacts</p> <p>Improve overall access to transformed Community Mental Health services for adults and older adults with severe mental illness</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>3,390</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Oct-24	3,390		<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>3,195</td> <td>3,915</td> <td>3,220</td> <td>13,720</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-24	3,195	3,915	3,220	13,720	<p>● Rotherham - This Yr ● Last Yr</p> 
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Oct-24	3,195	3,915	3,220	13,720															
<p>1 2 SMI Health Checks</p> <p>Proportion of people with Severe Mental Illness receiving a full annual physical health check and follow up interventions</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Sep-24</td> <td>66.0%</td> <td>60.0%</td> </tr> </tbody> </table>		Actual	Plan	Sep-24	66.0%	60.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Rotherham</th> <th>Sheffield</th> </tr> </thead> <tbody> <tr> <td>Sep-24</td> <td>66.0%</td> <td>68.0%</td> <td>66.0%</td> <td>57.0%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Rotherham	Sheffield	Sep-24	66.0%	68.0%	66.0%	57.0%	
	Actual	Plan																	
Sep-24	66.0%	60.0%																	
	Barnsley	Doncaster	Rotherham	Sheffield															
Sep-24	66.0%	68.0%	66.0%	57.0%															

Overview

Perinatal Access - In October, Rotherham's performance was 245. It was an improvement on the previous periods performance of 245 and was an improvement on the same period in the previous year of 215.

Dementia Diagnosis rate - In October, Rotherham's performance was 89.8%, which met the National Target of 66.7%. It was a decline on the previous periods performance of 90.2% and was an improvement on the same period in the previous year of 83%.

Community Mental Health Services for Adults and Older Adults with SMI, 2+ contacts - In October, Rotherham's performance was 3,390. It was an improvement on the previous periods performance of 3,310 and was an improvement on the same period in the previous year of 2,390.

Mental Health Continued

Overview

Mental Health Narrative Continued

Perinatal Access - In October, Rotherham's performance was 245. It was an improvement on the previous periods performance of 245 and was an improvement on the same period in the previous year of 215.

Dementia Diagnosis rate - In October, Rotherham's performance was 89.8%, which met the National Target of 66.7%. It was a decline on the previous periods performance of 90.2% and was an improvement on the same period in the previous year of 83%.

Community Mental Health Services for Adults and Older Adults with SMI, 2+ contacts - In October, Rotherham's performance was 3,390. It was an improvement on the previous periods performance of 3,310 and was an improvement on the same period in the previous year of 2,390.

South Yorkshire to ensure people with SMI receive a comprehensive physical health check.

Learning Disabilities & Autism

<p>❌ % people aged 14+ with a learning disability in the GP register receiving an annual health check</p> <p>Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check in the year to 31 March 2025</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Q3 Target</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>42.4%</td> <td>54.8%</td> </tr> </tbody> </table>		Actual	Q3 Target	Oct-24	42.4%	54.8%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Oct-24</td> <td>36.7%</td> <td>35.3%</td> <td>34.2%</td> <td>36.3%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-24	36.7%	35.3%	34.2%	36.3%	 <p>● Rotherham - This Yr ● Last Yr ● Standard</p>
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	Barnsley	Doncaster	Sheffield	SYICB															
Oct-24	36.7%	35.3%	34.2%	36.3%															
<p>❌ Inpatients with a learning disability and/or autism (adults)</p> <p>Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults for every 1 million population</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Nov-24</td> <td>9</td> <td>30</td> </tr> </tbody> </table> <p>Rate per million population</p>		Actual	Standard	Nov-24	9	30	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Nov-24</td> <td>20</td> <td>8</td> <td>14</td> <td>51</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Nov-24	20	8	14	51	 <p>● Rotherham - This Yr ● Last Yr ● Standard</p>
	Actual	Standard																	
Nov-24	9	30																	
	Barnsley	Doncaster	Sheffield	SYICB															
Nov-24	20	8	14	51															
<p>❌ Inpatients with a learning disability and/or autism (under 18)</p> <p>Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 12-15 Under 18's for every 1 million population</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Nov-24</td> <td>1</td> <td>15</td> </tr> </tbody> </table> <p>Rate per million population</p>		Actual	Standard	Nov-24	1	15	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Nov-24</td> <td>0</td> <td>0</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Nov-24	0	0	1	2	 <p>● Rotherham - This Yr ● Last Yr ● Standard</p>
	Actual	Standard																	
Nov-24	1	15																	
	Barnsley	Doncaster	Sheffield	SYICB															
Nov-24	0	0	1	2															

Overview

% people aged 14+ with a learning disability in the GP register receiving an annual health check

In October, Rotherham's performance was 42.4%, which failed to meet the National Target of 54.8%. It was an improvement on the previous periods performance of 30.9% and was an improvement on the same period in the previous year of 33%.

Inpatients with a learning disability and/or autism (adults)

In November, Rotherham's performance was 9, which met the National Target of 30. It was an improvement on the previous periods performance of 9 and was an improvement on the same period in the previous year of 13.

Inpatients with a learning disability and/or autism (under 18)

In November, Rotherham's performance was 1, which met the National Target of 15. It was an improvement on the previous periods performance of 1 and was a decline on the same period in the previous year of 0.



Learning Disabilities & Autism

Placeholder: ADHD Waiting list

Number of people waiting for an ADHD (Attention Deficit Hyperactivity Disorder) assessments

Placeholder: ASD Waiting list

Number of people waiting for an ASD (Autism Spectrum Disorder) assessments

Overview

Information for the numbers of people waiting for an ADHD or ASD assessment are currently in development. A more detailed view of the performance and issues in South Yorkshire will be displayed in subsequent reports.

Prevention & Health Inequalities (HI)

1 2 3 % of patients with hypertension treated to NICE guidance Increase the proportion of patients with hypertension treated according to NICE guidance to 80% by March 2025	Rotherham		Actual					
	Actual	Standard	Barnsley	Doncaster	Sheffield	SYICB		
	Jun-24	69.1%	80.0%	69.0%	71.1%	70.4%	70.0%	

1 2 3 % of patients aged 25-84 years with a CVD risk score greater than 20% on lipid lowering therapies Increase the proportion of patients aged 25-84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025	Rotherham		Actual					
	Actual	Standard	Barnsley	Doncaster	Sheffield	SYICB		
	Jun-24	70.2%	65.0%	68.9%	68.6%	66.1%	68.2%	

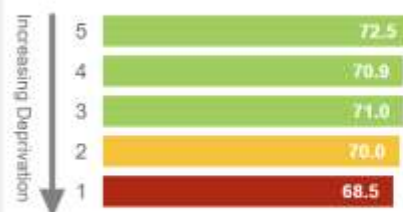
CORE20 PLUS ²

Hypertension Treatment

CVD Risk Score

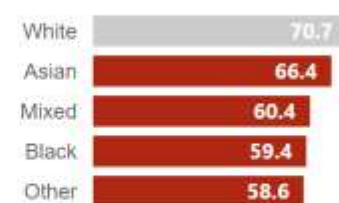
% of patients with hypertension treated to NICE guidance (South Yorkshire)

Deprivation Quintile



01 June 2024 | Comparator: SY Average

Ethnicity



01 June 2024 | Comparator: White

Learning Disability (LD)



01 June 2024 | Comparator: No LD

Statistical significance to comparator: Worse Similar Better N/A

Overview

% of patients with hypertension treated to NICE guidance

In June, Rotherham's performance was 69.1%, which failed to meet the National Target of 80%. It was a decline on the previous periods performance of 70.9% and was an improvement on the same period in the previous year of 68%.

% of patients aged 25-84 years with a CVD risk score greater than 20% on lipid lowering therapies

In June, Rotherham's performance was 70.2%, which met the National Target of 65%. It was an improvement on the previous periods performance of 70.1% and was an improvement on the same period in the previous year of 68.1%.



Prevention & Health Inequalities (HI) Continued

1 Increase vaccination uptake in Children

1 Increase vaccination uptake for children and young people year on year towards WHO recommended levels

	Vaccination	Target	Latest quarter (Q1 2024/25)	Previous quarter (Q4 2023/24)	Previous year's quarter (Q1 23/24)
Coverage measured at 12 months	6 in 1 Vaccine (Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Whooping Cough) (12m)	95%	93.9%	92.9%	93.3%
	Meningitis B (12m)	95%	93.5%	92.7%	92.8%
	Pneumococcal (Meningitis / Sepsis / Pneumonia) (12m)	95%	95.3%	95.3%	95.4%
	Rotavirus	95%	91.3%	91.2%	90.0%
Coverage measured at 24 months	6 in 1 Vaccine (Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Whooping Cough) (24m)	95%	94.7%	94.2%	94.0%
	Measles / Mumps / Rubella	95%	91.9%	91.6%	91.3%
	Hib / Meningitis C (12m)	95%	91.9%	91.4%	91.5%
	Pneumococcal (Meningitis / Sepsis / Pneumonia) (24m)	95%	91.6%	91.2%	91.0%
	Meningitis B (24m)	95%	90.6%	90.1%	90.1%
Coverage measured at 5 years	6 in 1 Vaccine (Diphtheria / Polio / Tetanus / Whooping cough/ Hepatitis B / Hib) (5y)	95%	95.1%	94.2%	95.3%
	Hib / Meningitis C (5y)	95%	88.5%	88.9%	90.8%
	4 in 1 Vaccine (Diphtheria / Polio / Tetanus / Whooping cough)	95%	85.7%	86.0%	85.7%
	Measles / Mumps / Rubella 1	95%	94.1%	93.7%	94.7%
	Measles / Mumps / Rubella 2	95%	87.3%	87.3%	87.1%

Source: UK Health Security Agency (UKHSA)

Overview

The data remains unchanged at the time of providing update as Q2 data is due for publication on after this report is finalised. However, unvalidated early baseline data (provided by UKHSA ImmForm platform) indicates a stable position across SY, with good acceptance of the early infant vaccination programme (8, 12 and 16 weeks). MMR 1 dose by 24 months remains below the 95% optimal threshold, though it is generally above the 90% minimal threshold. This is largely due to the work undertaken to address/reduce inequalities.

Childhood vaccinations, and in particular MMR remains a priority across SY, with strong collaborative working between NHSE, ICB place and Local Authority. Work is ongoing to explore rolling out the Sheffield neighbourhood clinic model in other ICB places. The role of the HV is being explored, and early years providers and family hubs are engaging to both raise awareness and explore delivery of vaccination within those settings. Trusts are being encouraged to adopt the 'ad-hoc imms' specification to allow catch up vaccination within hospital settings. Sheffield Children's Hospital have implemented vaccination training for newly qualified staff to enhance the vaccination offer/delivery. Work with ICB Digital Transformation Team to improve recording, reporting and data flows between providers and CHIS. School immunisation providers encouraged to provide catch up for outstanding vaccinations to non-school aged children.



Rotherham Place Board
Continuing Health Care Codesign Update
Wednesday 15th January 2024

1. Introduction.

- 1.1 The purpose of the paper is to update the Rotherham Place Board in relation to the Codesign work currently underway within South Yorkshire Integrated Care Board (SY ICB) Continuing Health Care Teams.

2. Background.

- 2.1 All Age Continuing Care (AACC) function across the SY ICB footprint sits within a single overall structure led by the Executive Chief Nurse (Cathy Winfield)
- 2.2 AACC was identified as a priority area where there are ongoing operational challenges in meeting the statutory duties. Alongside the operational challenges, AACC was also identified as an area that required additional scrutiny due to the financial challenges faced by SY ICB.
- 2.3 A codesign process including SY ICB staff was instigated with a view to reducing variation across all four Places within South Yorkshire, whilst recognising the need for ongoing specific partnership working within each Place.
- 2.4 Continuing Health Care relates to adults and delivery of this duty is in line with the NHS CHC Framework.

https://assets.publishing.service.gov.uk/media/64b0f7cdc033c100108062f9/National-Framework-for-NHS-Continuing-Healthcare-and-NHS-funded-Nursing-Care-July-2022-revised_corrected-July-2023.pdf

- 2.5 Continuing Care for Children and Young People is different and falls under the auspices of a separate Framework.

https://assets.publishing.service.gov.uk/media/5a80e998ed915d74e623126b/children_s_continuing_care_Fe_16.pdf



3. Codesign Process.

- 3.1 The codesign process involves key team members from across the SY ICB working collectively on service improvements. There are governance structures in place with appropriate task and finish groups.
- 3.2 There are several themes under this workstream including ones looking at
- Systems, Processes and Workforce Capacity
 - Contracting and Commissioning
 - IT, Data and Digital Solutions
 - Documentation
 - Governance and Escalation
 - Finance
- 3.3 The initial work of the group was 'inward looking' at how the ICB works across the system and four places and looking for opportunities to improve the quality of work and performance. There are key bits of work to align some processes whilst accepting that the CHC teams work into all four Places and there may be some necessary Place variation in the delivery of the function but that it is aligned wherever possible and with clear consistent outcomes for people.
- 3.4 As a design principle, all codesign work streams have agreed that there will be natural points when the work impacts on partners and at that stage, full engagement with all partners will be necessary. In the Case of CHC, the most likely statutory partner to be impacted will be the four local authorities.
- 3.5 The complete project plan scope is still to be finalised as a final draft internally but is expected to create a basis for ongoing improvement across the AACC pathways moving forwards
- 3.6 Internal facing priorities in relation to workforce, Internal operating model, Finance and Governance are progressing at pace with a range of milestones due for completion before the end of the financial year
- 3.7 Parts of the plan will necessarily extend over a number of years dependant on the complexity of transformation and the coproduction with wider key partners and will need to be socialised and discussed with all relevant stakeholders moving forwards



4. Rotherham Place AACC.

- 4.1 Rotherham Place colleagues continue to engage with all the codesign workstreams and when necessary are amending internal working practices in line with the individual programmes.
- 4.2 There continues to be a necessary focus on finance and as part of this there are several schemes in place. Primarily these are quality focussed, ensuring reviews are completed in line with the Framework. This ensures care needs are assessed, and care is commissioned appropriately. These schemes continue to be effective.
- 4.3 The Rotherham Place continues to see challenges around the capacity to assess and review people with a Learning Disability in relation to Continuing Health care eligibility. This issue is partly linked to the historic operating model in Rotherham. Steps are being taken to understand the current issues and adjust the team skills and capacity in this area. The current challenges are not creating any clinical risks at the moment.

5. Recommendations

- 5.1 It is recommended that the Rotherham Place committee note the ongoing work in relation to codesign and the work underway to address the specific challenge in relation assessing and reviewing eligibility for people with LD who may fall under the auspices of the Continuing Health Care Framework.



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

January 2025 (data from November/December 2024)

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

The following RAG ratings and descriptor have been applied.

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

Summary Table

Provider	Level of Surveillance				
	Sept 2024	Nov 2024	Jan 2025	SOF	CQC Overall Rating
NHS Foundation Trusts					
Rotherham, Doncaster & South Humber NHS Foundation Trust	Routine	Routine	Routine	3	Requires Improvement
The Rotherham NHS Foundation Trust	Routine	Routine	Routine	3	Requires Improvement
Independent Providers/Specialised Mental Health Providers					
Byron Lodge Rotherham	Routine	Routine	Routine		Requires Improvement
Care 4 U Care Limited, Rotherham	Routine	Routine	Routine		Requires Improvement
Roche Abbey Care Home, Rotherham	Routine	Routine	Routine		Requires Improvement
Waterside Grange, Rotherham	Routine	Routine	Routine		Requires Improvement
Primary Care					
Crown Street Surgery, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement
Shakespeare Road PMS, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement
Swallownest Heath Centre, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement

SECTION 1 Rotherham Place Overview/Systems Quality Group

Issue	Key Status/ Risks / Concerns / Good Practice
The Rotherham NHS Foundation Trust	
<p>Paediatric Audiology screening programme – national programme (<i>concern at present</i>)</p>	<p>The Newborn Hearing Screening Programme reviewed the data of every newborn baby born in England (2018-2023) and identified four Trusts who had diagnosed significantly fewer babies with a permanent childhood hearing impairment (PCHI) than expected, following initial hearing screening assessment.</p> <p>Recognising the system wide nature of the issues identified, a National Paediatric Hearing Improvement Programme has been established by NHS England to support providers and ICBs to improve the quality of these services. The programme is undertaking work to understand the scale of the problem and the number of children who have been affected, and to develop the strategic tools and interventions to support sustainable improvements.</p> <p>A set of system recommendations for immediate action have been developed. These have been informed by stakeholders including regional and ICB clinical and quality leads as well as the outcomes of the reviews of root cause analyses of the incidents and other pilot service assessments by UKAS.</p> <p>The review outcome did not identify significant concerns however did identify gaps with accreditation to which TRFT are progressing via a programme of work. Concerns have been raised regarding this request, time frames and financial implications to providers.</p> <p>Monthly ICB PLACE leads continue to meet with the ICB Medical Director to ensure a system wide approach, escalation and support. It has been noted that services are under increased pressure with staff wellbeing noted. Regional lead informed.</p> <p>TRFT, along with other Trusts are providing mutual aid across the SY footprint.</p>
<p>Day Case Tonsillectomy - (<i>good practice</i>)</p>	<p>Over the past few years, Tonsillectomy has become increasingly adopted as a day case procedure with demonstrated safety in the literature. In view of this trend and in keeping with national GIRFT (Getting it Right First Time) guidance the trust is commencing day case tonsillectomies. As this is a change in current practice clinical audit is required to monitor outcomes and ensure patient safety. The overall aim is to monitor the occurrence of haemorrhage and other complications following tonsillectomy, particularly those resulting in post-operative stay or readmission & further management. In addition, TRFT wish to establish any contributing factors for these complications, and if these can be utilized to improve the process of patient selection or identify changes required to surgical/anaesthetic practice for successful performance.</p>
RDaSH	
CQC	To ensure corporate readiness for the next CQC is a trust priority.
Service provision	Primary Care to Secondary Care post in place to support communication, pathways and transition.
Crisis Team	The Crisis team will now provide a service to older people. This was previously an identified gap.

Issue	Key Status/ Risks / Concerns / Good Practice	
Contract Quality Review Group	Doncaster and Rotherham PLACE Quality/Contracting teams have combined their contract review groups. This continues to be work in progress to ensure that robust monitoring and oversight of the NHS England Standard Contract quality schedules are adhered to too. November's meeting had to be stood down due to non-quoracy with RDaSH.	
ICB		
Quality schedule 4 & 6	PLACE Quality leads from across SY are reviewing schedule 4&6 of the NHSE England Standard Contract to ensure alignment and appropriate requirements for all contracts.	
Primary Care		
Rotherham's 28 General Practices CQC ratings:		
Outstanding	1	The Gate
Good	24	
Requires Improvement	3	Crown Street, Shakespeare Road, Sallowness
Inadequate	0	
The Senior Manager for Primary Care continues to have monthly meetings with the Lead CQC Inspector for Rotherham to discuss concerns, but the CQC is experiencing reorganisation and therefore visits will only be undertaken on a risk basis. All three RI practices have been visited by the Primary Care Team and remain under closer review of their performance overall; Swallowness and Crown Street will be revisited. The Primary Care Team continue to provide support to all practices currently.		
The GP Federation	The Acute Respiratory Infection hub will return this winter via the GP federation which provides additional primary care appointments. The service manages lower levels of respiratory illness allowing practices to deal with more complex cases. Last year's outcomes demonstrated that the service had a significant positive impact on the health service across Rotherham.	
Crown Street Surgery, Rotherham	Last inspected August 2023. RI in all areas Breach <u>Reg 12</u> .	At the most recent reinspection, Crown Street dropped from RI in 3 areas to RI in all areas. They were visited on the 27th of March 2024 by the Primary Care Team, including the Medical Director as an escalation of concerns and provided assurance around their action plan. Close contact is being maintained, and appropriate steps have been taken by the practice to address issues. December 2024 - There are ongoing concerns regarding partner numbers that we are meeting to work through in the new year.
Shakespeare Road PMS, Rotherham	Last inspected May 22. RI overall (RI safe, effective & well-led). Breach <u>Reg 12</u>	This practice has been waiting for a repeat CQC visit for 2 years now. Primary Care Team support continues.

Swallownest Heath Centre, Rotherham	Last inspected June 2023. RI overall – all <u>KLOEs</u> . Breach of <u>Reg 12</u> . A CQC follow-up visit took place 14 June 2023, report issued 27 September 2023 – practice remains RI overall, though has moved to ‘good’ for caring, and responsive.	Primary Care Team support continues. Taking account of the continued RI status, the practice received a further Contract & Quality Visit on 24 January 2024 and was working towards completion of the action plan. December 2024 - The practice manager was replaced in the summer of 2024, and feedback has since improved dramatically. They await a further re-visit from the CQC.
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Independent		
MSI Reproductive Choices UK (Marie Scopes International). Rotherham Clinic.	MSI have been commissioned by the ICB to provide high quality, NHS Funded reproductive healthcare services including medical and surgical abortion, vasectomy as well as post -abortion contraception at several locations across SY. Sarah Champion, Labour MP for Rotherham and currently Chair of the All-Party Parliamentary Group (APPG) on Global Sexual and Reproductive Health has supported efforts earlier this year to prevent women from being criminalised for ending their own pregnancies. During the visit, to the new state-of-the-art facility she spoke with Louise McCudden, UK head of external affairs at MSI, about why now is the time for abortion law reform in England and Wales.	

Care Homes		
Care Home Equality	There is currently a piece of work being completed by the ICB in all 4 places into Continuous Professional Development, Qualified Nurse Competencies and training for Nurses who work in the social care sector. The work is following on from a study completed by The Kings Fund into retention of staff in Nursing Homes. The work is looking into what training is provided by The Care Homes and Local Authorities and how training is accessed by Qualified Nurses to ensure their CPD and Revalidation.	
Care Home Contract Concerns/Defaults	Multiagency 6 weekly Risk meeting to discuss, share and address concerns for care settings. Escalation as appropriate. Weekly bed state for vacancy’s, embargos, outbreaks shared with partner organisations.	
Waterside Grange	CQC rating requires improvement. PAMMS assessment outcome is Poor. Quality Team Regional Manager is overseeing the service. CCOs monitoring the action plan. Trusted Assessors continue to raise concerns regarding the robustness of the acceptance of the discharges. There have been some overt disagreements between registered managers and area managers as to who would be the correct residents to accept from a safety point of view, which has been escalated appropriate within RMBC. ICB continue to support.	
Layden Court	CQC rating requires improvement. Organisational Safeguarding has now been exited however three sustainability visits have taken place around staffing levels, quality of care and pressure care. Escalated within RMBC for next steps due to increased concerns. ICB continue to support.	
Broom Lane	CQC rating requires improvement.	

	Voluntary admission embargo in place following non completion of action plans from RMBC PAMMS Assessment with the rating of Requires Improvement. Remains under organisational safeguarding. Concerns around IPC, care planning and pressure monitoring. Management support for the home continues via the Nominated Individual and Regional manager.
Notification to prevent future deaths – Regulation 28	
Rotherham Place	TRFT and RDaSH report no new cases.
IPC	
HCAI's – (<i>Health care associated infections</i>)	Work remains ongoing around HCAI's, reviewing the processes and the themes and trends to enable improvement and reduction strategies. Continues.
GNBSI's – (<i>Gram negative blood stream infections</i>)	Work ongoing looking at themes and reduction strategies. There are some improvement projects in process/ development based on the surveillance data and urine sampling. Continues. Links into the hydration project - UTI assessment and sampling and prescribing as reducing UTI's will reduce GNBSI's. Also looking into themes identified and deep dives to plan further reduction and improvement projects/ work. This work has received national recognition and Rotherham Place have received a national award.
C-difficile - (<i>Clostridioides Difficile Infection</i>)	Work on going to look at themes and reduction strategies required. Some themes identified and planning improvement and potential reduction projects in collaboration with Medicines management and primary care. PSIRF used within TRFT to identify themes with actions in place. Continues. Focus on prescribing and TARGET within primary care. Sharing on themes identified relating to quality improvement. Evaluation of actions identified at TRFT through PSIRF process escalated to contract quality. IMT led by UKHSA showing epidemiological data and agreement on further actions relating to prescribing. As a comparison to national and regional trends Rotherham (Hospital/ healthcare associated and not community) are an outlier in terms of C Difficile.
High Consequence Infectious Diseases (HCID) (would include mpox and Avian flu)	Cases internationally and UKHSA alerts, briefings and guidance received. These have been under discussion within the ICB and at Place level regarding requirements of primary care in relation to PPE usage. Briefings dissemination to Primary Care. Guidance initially did not include information for Primary care relating to PPE. Escalated with need for risk assessment and options paper completed for exec decisions. Awaiting decision then further guidance with reference to primary care. Implications around the ICB role in this- further paper to go to execs through escalation process.
Workforce	
Rotherham Place Safeguarding & Quality Team workforce concerns.	Continues to be impacted due to several factors including overall ICB structure changes. Potential risks identified include IPC and breaches of statutory functions e.g., Care Education and Treatment Review arrangements. Escalated within PLACE and ICB.

CHC	
<p>The functions of assessment and care management for any individual that is identified as having a Learning Disability and eligible for NHS Continuing Healthcare are delegated to Rotherham, Doncaster, and South Humber NHS foundation Trust (RDASH).</p>	<p>RDASH have informed Rotherham Place ICB that they have taken the decision to decline any new tasks related to the CHC caseload.</p> <p>This will include any new requests to complete a Decision support tool, annual CHC reviews, court of protection when related to care packages and associated MCA documentation.</p> <p>RDASH will complete 12 weekly safe and well checks until a long-term solution can be found for the whole CHC workload, however, this can't continue indefinitely as there are 87 patients who require this input, 12 of these reside out of the Rotherham area.</p> <p>RDASH will continue with any care package changes that have already been commenced, such as involvement with placement moves, however, for any new requests, we will have to refer to the ICB for their attention.</p> <p>The Quality Team are working to a recovery plan.</p>
<p>Capacity of EMI nursing placements</p>	<p>Rotherham area remains low with an increasing number of care homes requesting 1:1 to manage falls and behaviours that challenge.</p> <p>CHC continue to work with partner organisations to address the issues, work has begun to develop a multi-agency process which will be included in the operational meetings update</p>
<p>LD placements/provisions</p>	<p>The limited number of LD/MH placements/provisions in the local area continues to be an issue, particularly for young people who are transitioning from Children's services to Adults.</p> <p>CHC continue to work with RMBC, RDASH and ICB colleagues to address this issue and source appropriate care provisions. Access to RMBC enhanced brokerage services has been requested and if agreed will help support the commissioning and monitoring of quality individual provisions.</p>
Safeguarding	
<p>Safeguarding Awareness Week 2024 – 18th to the 22nd November 2024</p>	<p>Safeguarding Awareness Week was once again a success in Rotherham and across South Yorkshire, with many well attended events that took place covering a wide range of Safeguarding issues and themes. The Safeguarding Team at Rotherham Place also were involved in promoting Safeguarding Awareness Week within the ICB and contributed by offering drop-in Safeguarding Supervision sessions for all ICB staff. In addition, the Team also created a bite-size training video for all staff to access as part of a wider offer of training videos.</p>

Adult and Children's Safeguarding	<p>Quality, Safety and Improvement Co-Design work continues across SYICB. A core offer across SY has been developed to ensure equity at each Place in terms of meeting statutory requirements.</p>				
LAC/CL updates	<p>Through the SY ICB Quality, Safety and Improvement Co-Design Group, a new system-wide model for the Looked-after Children and Care Leavers agenda has been developed, which should be established in the coming months. This will provide a focussed and equitable approach to quality improvement across SY ICB. Work to meet the SY ICB 5-year strategic aims for this group is underway.</p>				
Rotherham Safeguarding Adults Board	<p>As part of ongoing continuous improvement, RSAB are currently going through a process of review of the various subgroups, board and executive meetings in the form of development days looking at strengthening partnerships and the effectiveness of RSAB locally and as part of the wider partnerships across South Yorkshire, embedding Safeguarding in everything we do.</p> <p>In addition to this, a new Safeguarding Adults Threshold Guidance Document for Rotherham Place is due to be finalised and shared with all partners and made widely accessible.</p>				
Volume DHRs, SARs, learning reviews, CSPRs etc	<p>There are currently three DHR's open in Rotherham Place, two of which that are ongoing, and the third one is just being initiated.</p> <p>There is one SAR currently in Rotherham place, which is in the process of having its recommendations finalised, one historical SAR that remains ongoing, and one out of area SAR in Sheffield that Rotherham Place has participated in.</p>				
Court of Protection (COP)	<p>Cases continued to be progressed via the COP. Data for November 2024 below for people who have been screened in as requiring a formal deprivation of liberty safeguard to legally deprive them of their liberty in the community (Stage 1). There are currently 4 awaiting court approval (Stage 2). All will move to a review (Stage 4) once orders are approved. Data collecting was initially started with the Learning Disability Cohort of patients. We have now started work on all other people deprived in the community who are fully health funded; we currently have 4 people. All cases are screened accordingly on a priority basis using a screening tool that's been adapted from ADASS. From the stats, there continues to be high numbers of people. Coupled with Section 21A challenges which we currently are working on 5 cases and have 3 cases that will potentially result in a S21A challenge.</p> <table border="1" data-bbox="573 1374 1155 1457"> <tr> <td data-bbox="573 1374 1005 1417">COP Pivot Nov 24</td> <td data-bbox="1005 1374 1155 1417"></td> </tr> <tr> <td data-bbox="573 1417 1005 1457">Safeguarding Alert Type</td> <td data-bbox="1005 1417 1155 1457">Total</td> </tr> </table>	COP Pivot Nov 24		Safeguarding Alert Type	Total
COP Pivot Nov 24					
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	<table border="1"> <tr> <td>COP - Pending</td> <td>2</td> </tr> <tr> <td>COP - Stage 1</td> <td>45</td> </tr> <tr> <td>COP - Stage 2</td> <td>4</td> </tr> <tr> <td>COP - Stage 4</td> <td>3</td> </tr> <tr> <td>Grand Total</td> <td>54</td> </tr> </table>	COP - Pending	2	COP - Stage 1	45	COP - Stage 2	4	COP - Stage 4	3	Grand Total	54
COP - Pending	2										
COP - Stage 1	45										
COP - Stage 2	4										
COP - Stage 4	3										
Grand Total	54										
Hidden Harms – any insight/emerging issues, concerns	An increasing amount of people in the community require acute beds, including Learning Disability and Autism and Mental Health. This has led to increased LAEPs and out of area placements. Increased pressure on Rotherham acute services. Monitoring continues, with a view to repatriating when possible.										
LD & Autism											
Capacity Issues	Capacity issues remain within both the community teams (RDASH and RMBC) in identifying appropriate community placements within area. This continues to impact on both inpatient and community and has resulted in delayed discharges.										
Winterbourne submission	There are currently 7 people with a diagnosis of learning disabilities and/or autism who are inpatients across the country. Oversight visits are completed every 8 weeks, however workload pressures impact on timeframes being met.										
Community placements	Single occupancy dwellings have been identified for some individuals with more complex needs. However, within Rotherham there continues to be a shortage of suitable quality placements. There have been quality concerns with two patients where discharge planning was underway, but the placements had to be withdrawn due to risk and quality concerns; leading to further delayed discharges.										
C(E)TRs	<p>Lack of capacity within the team has meant that meeting statutory timescales are problematic and can impact upon workload. However, co-production work is due to commence from an ICB wide perspective to look at how this managed across all four places.</p> <p>Difficulties in finding appropriate panel members can make arranging CETRs challenging for business support, currently completing a scoping exercise to support with this to increase independent panel members.</p> <p>October – 2 CTRs. November – 1 LAEP. December – 1 CTRs and 1 CETR and 2 LAEPs.</p>										
Dynamic support register (DSR)	<p>The children and young people’s DSR meeting is held on a weekly basis. The adult autism and learning disability DSR meetings are both held fortnightly. There is now a self-referral pathway with a standardised form for all 4 places.</p> <p>There continues to be a lack of community provision to support adults with an ‘autism only’ diagnosis. However, plans have commenced to consider a new model for a South Yorkshire wide team and work is ongoing with this.</p>										

	The expansion plan for the Senior Navigator/Keyworker service is now underway and will be provide all-age provision (currently commissioned to work with people up to the age of 25) from April 2025. The current model has also been reformulated, and this will be launched in January 2025.
Mental Health and Section 117	
Mental Health and Section 117	<p>Section 117 reviews continue not to be completed for all eligible patients and work is underway with both RDaSH and RMBC to address this. Work has also commenced to streamline s117 funding splits between RMBC and the ICB.</p> <p>Out of area acute and PICU bed requests continue to remain high. As of 20/12/2024 there are 10 patients placed out of area. From these 6 are identified as appropriate (for example, needing a same gender setting) and 4 inappropriate due to lack of local beds. This has been consistently high for many months and negotiations are underway to devolve the management and finance of this to RDaSH. However, there has been an identified need for training around responsible commissioner roles to ensure Who Pays? guidelines are followed.</p> <p>There are 15 people in out of area locked rehab placements with an expected 3 discharges over the next year.</p> <p>Lack of standard nursing beds across Rotherham continues to be an issue and has meant that people are having to be placed out of area, also impacting upon clinically ready for discharge rates.</p>
Other Key Updates	
Rotherham Hospice	Quarterly Contract Performance Meetings between Hospice / ICB take place. KPI suite in place and the ICB has received the Hospice Compliance & Assurance Report for consideration/assurance.
Public Protection	NHS SY ICB Rotherham remain committed members to Channel and MAPPA. All Operation Stovewood perpetrators are managed by MAPPA on release. Local arrangements are in pace for our providers to attend MARAC and CMARAC.
Patient Engagement	<p>Engagement activity and themes November- December</p> <p>NHS ICB South Yorkshire Engagement Team</p> <ul style="list-style-type: none"> Promotion of the NHS Change consultation exercise, and co-ordination of activity. In addition, we have provided information used in the NHS SY ICB organisational response, using data from previous engagement activity and aligning this with the NHS change questions where we could. <p>Rotherham Place work and contacts have included:</p> <ul style="list-style-type: none"> Support and advice to place colleagues on community links, contacts, and engagement processes remains regular and part of routine tasks, and includes place-based staff, alongside those working on cross ICB themes; and Rotherham placed project groups Contact is maintained in Rotherham with a variety of community organisations, both online and virtually. Member of the engagement team attended the Rotherham Place Development session Specific recent work and contacts have included;

- Support to the 'Healthy Family Fun Day' during October Half Term, organised by Clifton Learning Partnership. This was a great success, with over 100 people from the Roma community in Rotherham attending. Evaluation and next steps are being completed and will highlight future actions and outcomes; however, the event has certainly contributed to starting to build trust and relationships between community members and a variety of statutory organisations.
- Joint Health and Wellbeing Strategy refresh
- Linking into RMBC co-production board
- Carers Rights Day event in the foyer at Rotherham FT

Rotherham Healthwatch

Information from Rotherham Healthwatch is available on their website [Home | Healthwatch Rotherham](#)

Key points to note are their recent 'What we heard' report for November, and an Enter and View report carried out in November at Woodstock Bower surgery <https://healthwatchrotherham.org.uk/report/2024-11-27/enter-and-view-woodstock-bower-surgery>

They have also published an advice and information article on help available as a follow up to their report earlier in the year <https://healthwatchrotherham.org.uk/report/2024-12-02/what-we-heard-report-november-24>

Elena's story: Fighting to be heard

Elena's* story highlights the extra challenges some people face when trying to get help with their health. *Name changed <https://healthwatchrotherham.org.uk/blog/2024-11-14/elenas-story-fighting-be-heard>

National information

Several National Patient Experience Reports have been or are due to be published as follows

- The [2023 Under 16 Cancer Patient Experience Survey \(U16 CPES\) results](#); measuring experiences of tumour and cancer care for children across England
- A new [National Diabetes Experience Survey](#) (10 Dec).
- The Care Quality Commission (CQC) have published the results of the [2024 Urgent and Emergency Care Survey](#); this looks at the experiences of people using type 1 and type 3 urgent and emergency care services. Overall, results from this survey show people are having poor experiences of urgent and emergency care services. This applies more so for people using A&E services, with UTC patients generally reporting more positively. Patients with long waits to initial assessment and those whose visits lasted more than 4 hours consistently report poorer care experiences. For the first time, the survey asked why respondents attended urgent and emergency care, rather than opting to receive care from another service. The results show that a lack of timely access to other services may be contributing to unnecessary attendances at urgent and emergency care services.

SEND Local Area Inspection Update

A local SEND inspection has taken place in Rotherham, involving several partner agencies. This received positive outcome, with some areas for improvement identified.

SECTION 2 Patient Quality and Safety Report

1. CLINICALLY READY FOR DISCHARGE (CRFD)

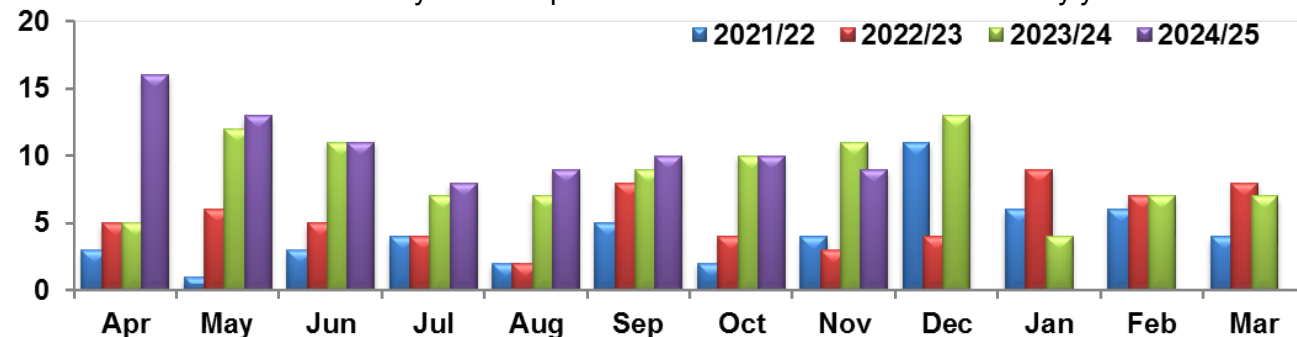
CRFD meetings held weekly and RDaSH continue to hold Multi-Agency Discharge Events to promote improved inter-agency working to facilitate improved patient flow. As at 20/12/2024 Rotherham have 8 patients identified as CRFD on the RdaSH wards.

<u>CRFD (but delayed) - Rotherham - AMHS</u>	Oct 24	Nov-24	SUB TOTAL
Delay Days - NHS	205	161	1310
Number of patients - NHS	9	7	
Delay Days - Social Care	31	4	103
Number of patients - Social Care	1	1	
Delay Days - <u>jointly</u> to NHS & Social Care	0	0	64
Num of patients - <u>jointly</u> to NHS & Social Care	0	0	
Delay Days - Housing	0	0	2
Number of patients - Housing	0	0	
Total Delay Days	236	165	1479
Total Number of Patients	10	8	

<u>CRFD (but delayed) - Rotherham - OPMHS</u>	May-24	Jun-24	SUB TOTAL
Delay Days - NHS	81	22	482
Number of patients - NHS	4	2	
Delay Days - Social Care	261	188	1094
Number of patients - Social Care	10	9	
Delay Days - <u>jointly</u> to NHS & Social Care	0	0	0
Num of patients - <u>jointly</u> to NHS & Social Care	0	0	
Delay Days - Housing	0	0	42
Number of patients - Housing	0	0	
Total Delay Days	342	210	1618
Total Number of Patients	14	11	

Figure comparison for NHS South Yorkshire ICB (Rotherham Place) of CDI

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



E Coli

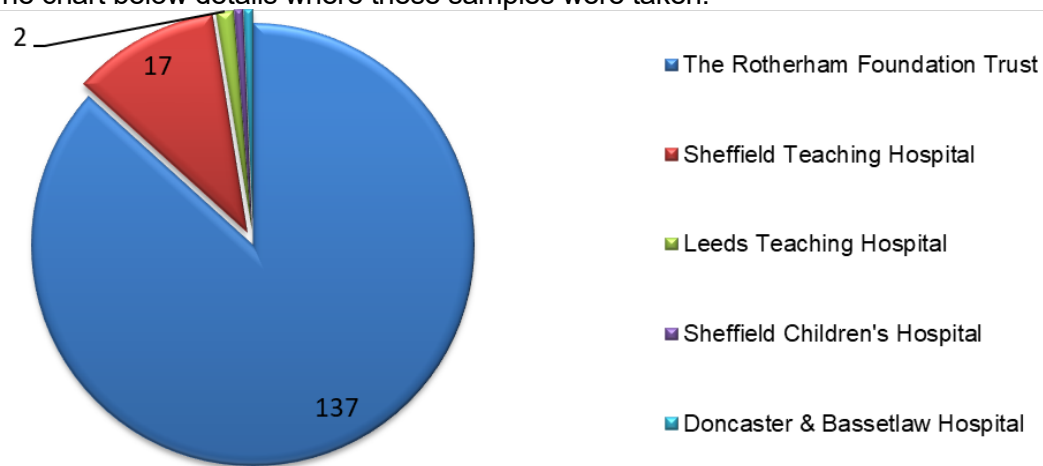
E Coli bacteraemia rates are high and have nationally increased in the last 5 years. There is a national reduction priority and local initiatives are on-going.

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

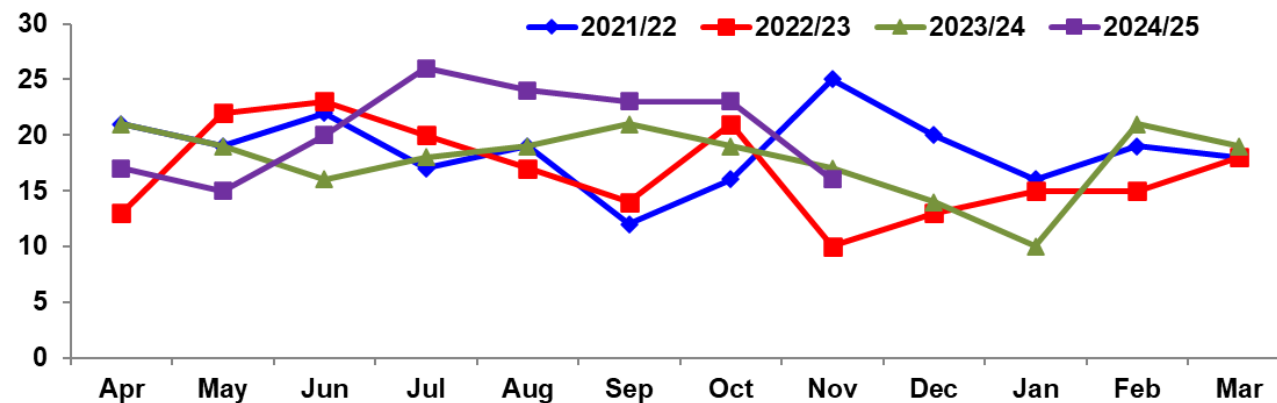
TRFT 2024/25 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	4	6	7	7	6	7	7	7				
Monthly Plan*	4	4	5	5	4	3	5	4	3	2	3	4
Year to Date	4	10	17	24	30	37	44	51				
Year to Date Plan*	4	8	13	18	22	25	30	34	37	39	42	46

RCCG 2024/25 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	17	15	20	26	24	23	23	16				
Monthly Plan*	20	21	21	23	22	20	18	19	18	18	18	18
Year to Date	17	32	52	78	102	125	148	164				
Year to Date Plan*	20	41	62	85	107	127	145	164	182	200	218	236

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



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



Pseudomonas Aeruginosa

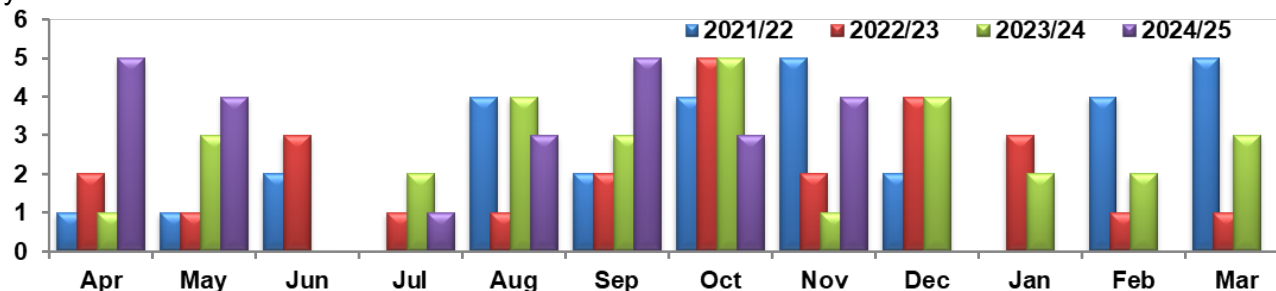
Based on the set trajectory monthly plans are formulated (see below)

TRFT for Pseudomonas Aeruginosa												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	3	2	0	1	1	4	2					
Monthly Plan*	1	1	0	0	1	1	1	0	1	1	1	1
Year to Date	3	5	5	6	7	11	13					
Year to Date Plan*	1	2	2	2	3	4	5	5	6	7	8	9

RCCG for Pseudomonas Aeruginosa												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	5	4	0	1	3	5	2					
Monthly Plan*	2	2	1	1	3	2	3	2	2	1	1	2
Year to Date	5	9	9	10	13	18	20					
Year to Date Plan*	2	4	5	6	9	11	14	16	18	19	20	22

Figure comparison for NHS Rotherham CCG of Pseudomonas Aeruginosa

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



Klebsiella Spp

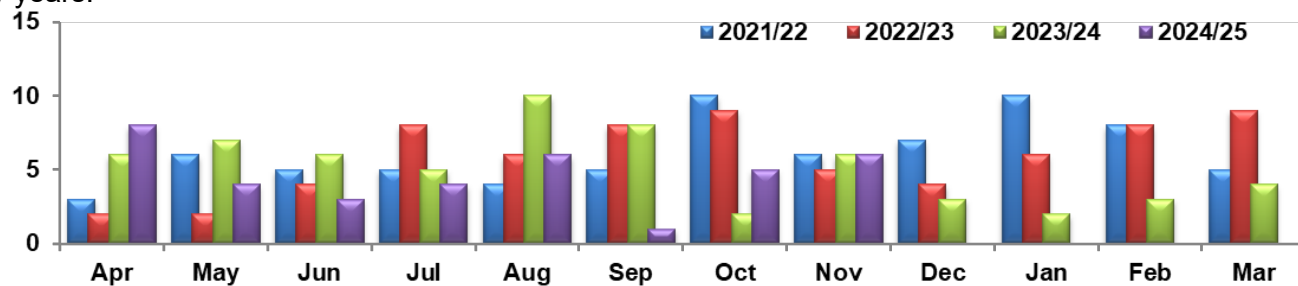
Based on the set trajectory monthly plans are formulated (see below)

TRFT for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	1	1	2	4	3	0	1	1				
Monthly Plan*	1	2	2	1	1	1	2	2	2	1	1	1
Year to Date	1	2	4	8	11	11	12	13				
Year to Date Plan*	1	3	5	6	7	8	10	12	14	15	16	17

RCCG for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	8	4	3	4	6	1	5	6				
Monthly Plan*	6	6	6	6	5	6	6	5	6	6	5	6
Year to Date	8	12	15	19	25	26	31	37				
Year to Date Plan*	6	12	18	24	29	35	41	46	52	58	63	69

Figure comparison for NHS South Yorkshire ICB of Klebsiella Spp

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



4. PSIRF / SERIOUS INCIDENTS AND NEVER EVENTS

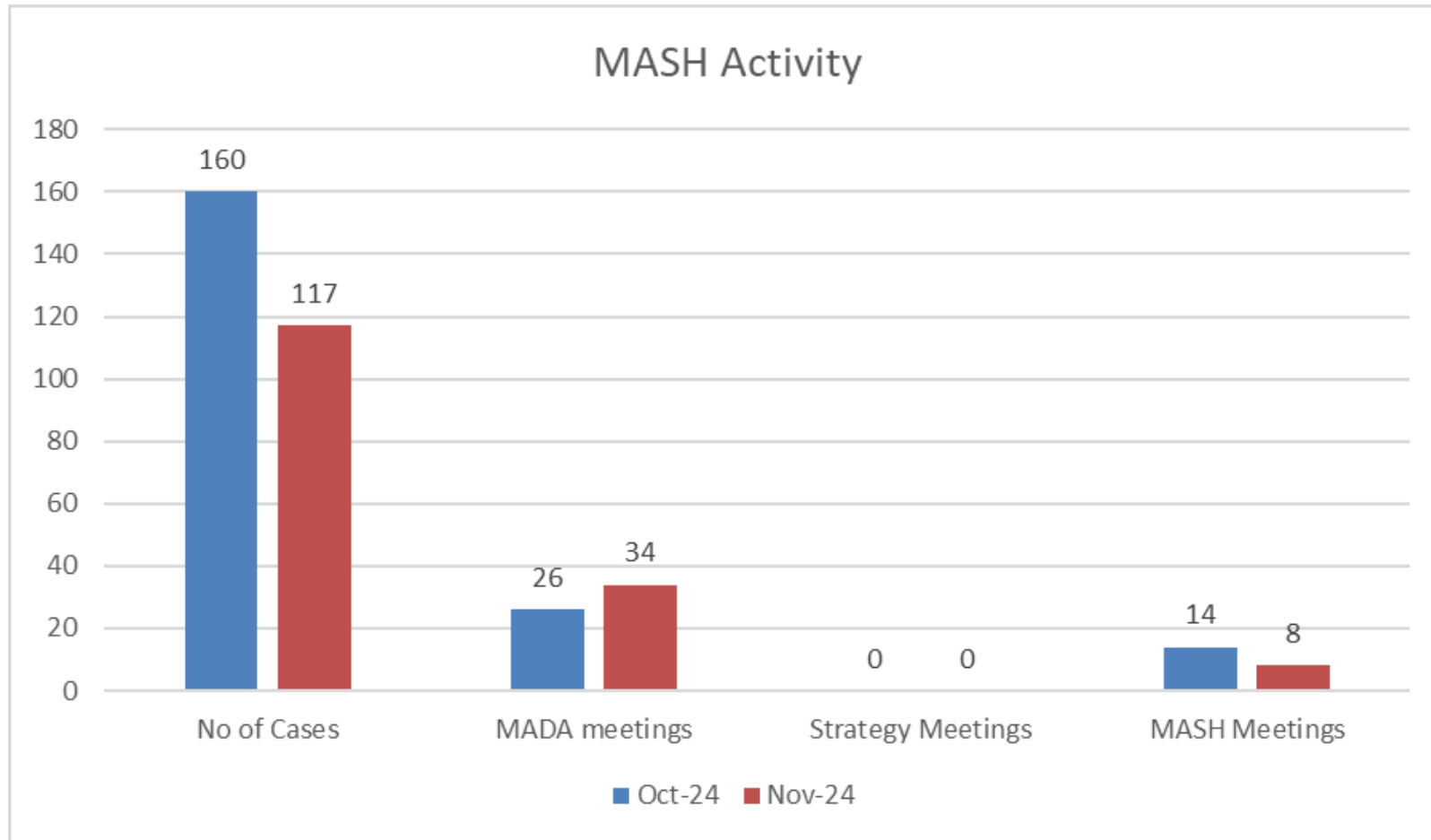
TRFT and RDaSH are working within PSIRF and continue to have parallel systems for recording of all incidents on LFPSE and PSII's on StEIS with overview panels progressing and developing. This will be discontinued once the latest version of LFPSE is in use for recording PSII's. Once the new system is operating reporting will be presented differently to the below.

SERIOUS INCIDENTS (SI) PSII's AND NEVER EVENTS (NE)

SI Position 17.10.2024 – 06.12.2024	TRFT	RDASH	RCCG	*Out of Area	YAS	GP / Hospice
Open at start of period	34	18	0	7	3	0
Closed during period	12	4	0	0	0	0
De-logged during period	0	0	0	0	0	0
New during period	6	3	0	0	0	0
Of the above number that are Never Events	0	0	0	1	0	0
Of the above number investigations 'On Hold'	0	0	0	0	0	0
Total Open at end of period	28	17	0	7	3	0

5. SAFEGUARDING VULNERABLE CLIENTS

Mash Activity October 2024 - November 2024



	October 24	November 24
No of Cases	160	117
MADA Meetings	26	34
Strategy Meetings	0	0
MASH Meetings	14	8

6. ADULT CONTINUING HEALTH CARE

Quality Standards

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

Figures for Q3 will be available at the end of Q3. The funded care submission will be completed by 15/01/2025.

Quality CHC Standards (2024/25)	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Percentage of cases meeting 28 days metric > 80%	62%	67%		
No incomplete referral's exceeding 28 days by > 12 weeks +	12	21		

GLOSSARY

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



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

15 January 2025

RPET Meeting Date	Item Discussed	Outcome	Date reported to Rotherham ICB Committee
12.12.24	Child Development Centre	RPET noted the detailed report and that RPET and Place Board have received multiple reports regarding this work and the actions. RPET endorsed the SEND executive decision to support the Child Development Centre in reducing waiting times.	15.01.25
19.12.24	Ieso NHS Talking Therapies	RPET supported a 12-month contract extension for 2025/26, requesting a further equality impact assessment to consider the risks for 2026/27.	15.01.25
19.12.24	Mental Health Peer Support Service	RPET considered and supported the request to extend the contract by one year once funding has been confirmed and recognising that further analysis to support the outcomes/performance of the provision is required.	15.01.25

Minutes	
Title of Meeting:	PUBLIC Rotherham Place Board: Partnership Business
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 18 December 2024
Venue:	John Smith Room, Rotherham Town Hall
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Anand Barmade, Connect Healthcare Rotherham Richard Jenkins, The Rotherham NHS Foundation Trust Sharon Kemp, Rotherham Metropolitan Borough Council Gordon Laidlaw, NHS SY Integrated Care Board Toby Lewis, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) Shahida Siddique, NHS SY ICB Andrew Russell, Chief Nurse, Doncaster & Rotherham Places, NHS SY ICB Ian Spicer, Strategic Director, Adult Care, Housing and Public Health, RMBC
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
Quoracy:	Confirmed as quorate.

Members:

Chris Edwards (**CE**), Chair, Executive Place Director, Rotherham Place, NHS South Yorkshire Integrated Care Board (NHS SY ICB)

Wendy Allott (**WA**), Director of Financial Transformation - Rotherham, NHS SY ICB

Ben Anderson (**BA**), Director of Public Health, Rotherham Metropolitan Borough Council

Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham

Julie Thornton (**JT**), Care Group Director, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

Michael Wright (**MW**), Managing Director, Rotherham NHS Foundation Trust

Participants:

Cllr Joanna Baker-Rogers (**JBR**), Health & Wellbeing Board Chair

Mat Cottle-Shaw (**MCS**), Chief Executive Officer, Rotherham Hospice

Kym Gleeson (**KG**), Service Manager, Healthwatch Rotherham

Dr Jason Page (**JP**), Medical Director, Rotherham Place, NHS SY ICB

Claire Smith (**CS**), Director of Partnerships Rotherham Place, NHS SY ICB

Lydia George (**LG**), Transformation & partnership Portfolio Manager, NHS SY ICB

Jude Wildgoose (**JW**), Asst Director – Transformation & Delivery, NHS SY ICB

Julie Warren-Sykes (**JWS**), Deputy Chief Nurse (Rotherham), NHS SY ICB

In attendance:

Dominic Carrell (**DC**) Deputy Director of Performance Delivery, NHS SY ICB

Emma Royle (ER) Senior Transformation and Delivery Manager, SY ICB

Minute Taker:

Jayne Watson, Business Support Officer (Rotherham), NHS SY ICB

Item Number	Discussion Items
88/12/24	Public & Patient Questions
There were no questions from members of the public.	
89/12/24	Palliative and End of Life Care Update
<p>ER provided an update regarding the palliative and end of life care (PEoLC) transformation programme.</p> <p>National Updates</p> <p>The Darzi Report specifically mentions PEoLC, stating that society needs to restart the conversation about how to die well, with dignity, compassion, and preferences respected. In Rotherham work is already taking place on a number of these areas.</p> <p>The Assisted Dying Bill was discussed in Government and passed to committee stage on 29 November 2024. Further decisions are awaited, NHS England (NHSE) have produced a position statement, and also statements and guidance for doctors, nurses and pharmacists.</p> <p>South Yorkshire Updates</p> <p>The governance structure for PEoLC was shared for information, it shows the meetings across South Yorkshire and how they link with each other.</p> <p>A SY PEoLC lead is in place for two years, funded by Macmillan. This role helps to ensure that work takes place collectively across SY and that there are opportunities to ensure parity across SY.</p> <p>The SY PEoLC Strategy is going to the sub-committee of the SY ICB Board this week and to the Board on 8th January 2025 for final sign off.</p> <p>A number of SY work streams were mentioned including advance care planning, ReSPECT implementation, a SY wide dashboard and a SY wide website for public and staff.</p> <p>A SY wide health needs assessment has been undertaken by the Public Health Registrar in Barnsley. This states that there are 14,000 deaths a year across SY (approx. 3000 in Rotherham). If on average 5 people are bereaved, this affects 70,000 people. Of these about 10% (7,000) will go on to have Complicated Grief Disorder (which is a formal medical diagnosis). The effect on the workplace is significant, not only for absence from work, but also for people in work and unable to fully function. As we have an ageing population, and the number of deaths will rise.</p> <p>Children and Young Peoples PEoLC</p> <p>Funding was received for medical and nursing staff for PEoLC support into hospitals across SY. These staff receive clinical and educational support from Sheffield Children’s Hospital and from Bluebell Wood Hospice. Rotherham now have half a day a week consultant/clinical nursing time/community time and clinical time for the Children’s PEoLC Consultant at Sheffield Children’s Hospital to support.</p> <p>A one-year transition study is taking place looking at options for SY hospices with regards to transitions from children’s services to adults.</p> <p>An update was provided regarding Bluebell Wood Children’s Hospice. A lot of the services are now running again including an ‘out of hours’ advice line, short breaks, day services and family support services.</p> <p>Rotherham Update</p> <p>Information was shared regarding a number of key highlights across Rotherham.</p>	

Rotherham Place PEOLC Group continues to meet and has a good representation from across the Rotherham Place

TRFT has carried out a number of quality improvement workshops. The EoLC Fast Track pathway has been reviewed using QSIR methodology. Five key workstreams were identified to focus on – communication/people/training/processes/equipment. An event regarding faith deaths was also held and key themes identified.

Yorkshire Ambulance Service (YAS) and the Care Homes Team (TRFT) are completing a joint review of ambulance call outs to care homes and conveyances to hospital. Also, a pilot is in place involving therapists accompanying YAS to care homes to try and reduce the number of conveyances to hospital. This has seen some success, and a report is currently being produced.

90/12/24 Rotherham Hospice Strategy – Living Life’s Wishes

MCS reported that the new Strategic Plan for 2024-2030: “Living Life’s Wishes” had been launched. The strategy is about ensuring the continued provision of the very best care and support for patients, their families, and the Rotherham community.

He also provided an update on the current work of the Hospice including:

- The 2024 staff survey showed a significant improvement in all areas compared to 2020
- The Hospice telephone numbers had changed, partners were asked to share with their communications teams
- Rotherham Hospice cares for approximately 1700 patients and their loved ones every year.
- The new superstore had opened and new store and café in Swinton are due for opening in January
- Around 70% of hospice care in the UK is provided in patients’ own homes or care homes.
- They were the only provider of face-to-face support for child bereavement in Rotherham.
- At Rotherham Hospice there are 150 dedicated volunteers, a number they aim to significantly grow over their strategic period.
- The Hospice was awarded the best Not for Profit at the unLTD business awards for 2024/25

MCS shared year to date performance, key challenges, plans and key drivers.

Further investment was required and there were discussions regarding a funding model. The possibility of increasing from 14 beds to 30 is being explored by either extending the existing premises or moving to a new building.

CE thanked MCS for his update and felt that a bigger conversation was required by Members when we start preparation on refreshing the Place Plan.

91/12/24 Reflections on the Winter Plan

The item was discussed at the confidential meeting.

92/12/24 Healthcare that Works for Young People – Statement of Intent

Members received the South Yorkshire and Bassetlaw Acute Paediatric Innovator Programme Healthcare that works for Young People – Statement of Intent.

CE reported this is a unique opportunity to work collaboratively as one of nine innovators to transform care and pathways for the 445,000 children and young people living in South Yorkshire and Bassetlaw.

The SY ICB are to sign up and CE will keep members up to speed with the work.

93/12/24 Outcome of the Rotherham Area SEND Inspection

CS shared the outcome of the recent Rotherham Area SEND Inspection which was the highest possible inspection outcome:

The local area partnership's special educational needs and/or disabilities (SEND) arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.

This means the service will not need to be inspected again for five years

Areas for improvement were identified as:

- continue to improve the quality of EHC plans
- continue to strengthen work to reduce waits for neurodevelopmental assessment pathways and intensify service improvements for occupational therapy and speech and language therapy at a universal and targeted level to reduce waiting times.

94/12/24	Place Achievements
RCN Cadets – was hosted by RDaSH. The cadets shadowed the team for a week on wards with nursing and community teams. The placement ended with a recognition ceremony and feedback had been positive.	
95/12/24	Feedback from SY Integrated Care Partnership
Cllr Baker Rogers and Dr Page were unable to attend the most recent meeting. SH reported that there had been a presentation on Pathways to Work and it was agreed that this would be brought to a future meeting. <p style="text-align: right;">Action: IS/LG for agenda</p> BA reported that he would be leading on a prevention workshop in February and a follow up in March	
96/12/24	Communications to Partners/Promoting Events & Consultations
MCS raised the issue of the palliative care on call rota. The Hospice is one consultant down which would be challenging. CE suggested he discuss with MW.	
97/12/24	Draft Minutes and Action Log from Public Place Board
The minutes from the meeting held on 18 November 2024 were agreed as a true and accurate record. The action log was reviewed, there was one amber action regarding heart failure patients, LG agreed to follow up. Green items from the Action Log were on forward agenda. In relation to the National 10-year plan consultation, it was agreed that organisations would respond individually and share their response as appropriate.	
98/12/24	Risks and Items for Escalation to Health and Wellbeing Board
GP Collective Action would be escalated to Health and Well Being Board LG will send the Risk Register to MCS so that the Hospice financial position can be included.	
99/12/24	Future Agenda Items:
<p>Items for December:</p> <ul style="list-style-type: none"> – Public Health Annual Report – BA – Digital Update – Andrew Clayton – Operating Guidance 2025-26 - CS <p>Standing Items</p> <ul style="list-style-type: none"> – Updates from all groups (as scheduled) – Bi-Monthly Place Partnership Briefing – Feedback from SY ICP Meetings – Bi Monthly – Place Achievements (as and when) 	

100/12/24	Date of Next Meeting
The next meeting will take place on Wednesday 15 January 2025 in the Conference Suite, Voluntary Action Rotherham.	

Members

Chris Edwards (Joint Chair)	Executive Place Director/ICB Deputy Chief Executive	NHS South Yorkshire Integrated Care Board
Sharon Kemp (Joint Chair) Quarterly attendance)	Chief Executive	Rotherham Metropolitan Borough Council
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health/Deputy CE	Rotherham Metropolitan Borough Council
Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust
Michael Wright	Managing Director	The Rotherham NHS Foundation Trust
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Toby Lewis	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust
Dr Anand Barmade	Medial Director	Connect Healthcare Rotherham (GP Federation)

Participants

Cllr Joanna Baker-Rogers	Chair of H&WB Board	Rotherham Health and Wellbeing Board
Claire Smith	Director of Partnerships, Rotherham Place	NHS South Yorkshire Integrated Care Board
Andrew Russell	Director of Nursing, Rotherham & Doncaster Place	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Director of Financial Transformation Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board
Nicola Curley	Director of Children's Services, RMBC	Rotherham Metropolitan Borough Council
Matt Cottle-Shaw	Chief Executive	Rotherham Hospice
Kym Gleeson	Service Manager	Healthwatch Rotherham
Lydia George	Transformation and Partnership Portfolio Manager (Rotherham)	NHS South Yorkshire Integrated Care Board
Gordon Laidlaw	Head of Communications	NHS South Yorkshire Integrated Care Board
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust



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

Rotherham Place Board

15 January 2024

Author(s)	Ruth Nutbrown – Assistant Director of Business Management - Governance Alison Hague – Business Manager – Corporate Affairs and Risk Abby Sharp – Business Support Officer – Risk
Sponsor Director	Mark Janvier – Director of Corporate Governance & Board Secretary
<p>This report provides assurance against the following risk(s) on the ICB’s Board Assurance Framework, Risk Register or Issues Log:</p>	<p>The paper provides overview of BAF Risks, Corporate Risks and Issues relevant to Doncaster Place, as follows:</p> <p>BAF (in which Place Committees provide Principal Oversight)</p> <ul style="list-style-type: none"> 1.1.1– R 1.3 – R 1.6.1 – CYP Alliance 1.6.2.1 1.6.2.2 1.6.3 1.7 1.8 – R 2.1 2.7.1 – R 2.12 – R 3.9 3.10 4.9 – R 4.11 – R <p>Risk Register:</p> <ul style="list-style-type: none"> SY016 SY021 SY040 - R SY042 - R SY044 - R SY049 SY061 SY066 SY082 – System SY106 SY107 – R SY113 SY124 SY136 (New) <p>Issues –</p> <ul style="list-style-type: none"> IL07 – R IL09 II17

The latest versions of the ICB's BAF, risk register and issues log can be found here [ICB Risk Registers \(sharepoint.com\)](#) or contact svicb-sheffield.riskmanagement@nhs.net – please refer to these each time you draft a report as the wording of risks could change in-year.

Purpose of Paper

For members to have oversight of the current Risk Management Framework including Board Assurance Framework, Risk Register and Issues Log, following exception reporting on the 2 January 2025 as part of the Rotherham PET agenda. Updates following this meeting have been included within this report.

Key Issues / Points to Note

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

Executive Summary

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

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

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

Whilst these are live links it is to be acknowledged the cover paper provides the position as of **09 January 2025 at 15:00**.

Is your report for Approval / Consideration / Noting

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

Recommendations / Action Required by the Committee

Members are asked to:

- Review the collated SY ICB Risk Register and Issues Log for Quarter 4; and
- Support the ongoing development of the BAF, Risk Register and Issues log.

Board Assurance Framework

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

Priority 1 - Improving outcomes in population health and health care.	✓	Priority 2 - Tackling inequalities in outcomes, experience, and access.	✓
Priority 3 - Enhancing productivity and value for money.	✓	Priority 4 - Helping the NHS to support broader social and economic development.	✓
In addition, this report also provides evidence against the following corporate goals (place ✓ beside all that apply):			
Goal 1 – Inspired Colleagues: To make our organisation a great place to work where everyone belongs and makes a difference			✓
Goal 2 – Integrated Care: To relentlessly tackle health inequalities and to support people to take charge of their own health and wellbeing.			✓
Goal 3 – Involved Communities: To work with our communities so their strengths, experiences and needs are at the heart of all decision making.			
Are there any 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.			
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			
Appendix One – BAF, RR and IL Report			

CORPORATE RISK REGISTER – OVERVIEW – Rotherham Place

Initial vs Residual Scoring

7 (50.00%) have seen a decrease in score

6 (42.86%) have experienced no change to score

1 (7.14%) have increased in score

1 new 'high' risk (SY136)



Risk Review: Overdue Status -

1 – 6 days overdue	7 – 13 days overdue	14 – 20 days overdue	21 – 27 days overdue	Over 28 days overdue	Review Complete
0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	14 (100%)

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
There are currently no Rotherham associated risks which are overdue					

3.2 Rotherham Risk Register – Corporate Risks


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



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




There are currently a total of **35** open risks on the Corporate Risk Register. The risks applicable to Rotherham (all places, ICB and Rotherham listings) are available on the link as noted above.


There are risks with a residual score of 12 or above (threshold for reporting to Board), shown in table 3 below.

Table 3: Risks with a residual score of 12 or above:

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

SY113	<p>Waiting times – failure to eliminate Referral to Treatment (RTT) waits over 65 weeks affects patient access, patient safety and experience, security of future funding and SYB reputation, by December 2024</p>	<p>4 X 4 = 16</p>		<ul style="list-style-type: none"> • Implement SYBAF Diagnostics & Elective Recovery Plan • Getting It Right First Time (GIRFT) improvement programme • NHSE Quality Improvement support Implement the 'choice' agenda for patients at the point of referral"
SY124	<p>National Trajectory for Learning Disability and Autism (LDA) Inpatients - There is a risk that the ICB will not meet the national trajectory for 24/25 based on no more than 30 inpatients per 1 million population, this is due to an increased number of admissions across all 4 places and a number of inpatients who are stuck in hospital with no clear discharge plans, this is also resulting in increased out of area placements being required which is having a significant impact on budgets due to the high cost packages involved with the spot purchased placements</p>	<p>4 X 4 = 16</p>		<ul style="list-style-type: none"> • Regular Case Reviews with place and Programme Director to identify and unblock barriers to discharge • Expansion of Children and Young People Keyworker Programme – Prevent risk of admission, facilitate discharge promptly • Development of Safe Place/Crisis beds as part of the crisis response pathway to prevent admission and placement breakdown • Development of a Specialist Autism Team working alongside existing teams on complex cases • Links with both MHLDA Provider Collaboratives who are leading on some of the identified priorities which sit under the overarching national LDA programme • Expansion of Forensic Outreach Liaison Services • Delivery of SY LDA Housing Needs Assessment • Implementation of the Care Education Treatment Review and

				Dynamic Support Register Policy to ensure that regular independent reviews are taking place to enable discharge planning and implement ICB assurance and escalation processes to provide overall assurance that we are meeting the policy requirements
SY021	Learning Disability Mortality Review (LeDeR) - There is a risk that the ICB will not meet national policy requirements for LeDeR, this is due to delays in agreeing workforce and accountability framework, which may result in learning not being identified and embedded across the system to prevent avoidable deaths and reduce health inequalities. The ICB will also be in breach of Nationally set KPI's resulting in further action by NHSE	4 x 3 = 12		<ul style="list-style-type: none"> • South Yorkshire approach to manage LeDeR
SY040 - R	Child and Adolescent Mental Health Services (CAMHS) - Sustainability of improvement in the quality of service in relation to CAMHS, specifically neurodevelopmental pathway (with long waits across SYICB). Unmet need leading to increased acuity in presentation, Continued risk of dissatisfaction in the service by GP's, families and young children.	3 x 4 = 12		<ul style="list-style-type: none"> • Weekly meeting between RICB and RDaSH, CAMHS and TRFT. • Monthly CAMHS contract performance meeting.
SY107 - R	Community Paediatrics/Childrens Pathways - There is a risk that current commissioned services, pathways and capacity of the services in place to support people are not aligned to meet the increasing needs of the Children and Young People	3 x 4 = 12		<ul style="list-style-type: none"> • ICB Place Committees/Leadership - oversight of risk and actions required to mitigate. • QIPPE meetings • ICB operational executive Place Governance in

	<p>(CYP) population (Including Autism Spectrum Disorder (ASD) Assessments, Sleep Pathways, Enuresis/Continence Support Speech and Language Therapy (SALT) and other related services is insufficient to meet the increasing demand resulting in people not receiving the timely care and support they require by the most appropriate service in the most appropriate setting. This could result in poor patient experience and impact upon quality of care and support. This also increases the risk that the ICB and Local Authority are unable to meet their statutory duties in relation to Education Health Care Plan (EHCP)/Special Educational Needs and Disabilities (SEND) and means that children and young people are not having their needs met appropriately</p>			<p>place for SEND, jointly with LA.</p>
<p>SY082 - System</p>	<p>Adult Mental Health (MEED) - There is a risk of increased presentation of eating disorders in adults, across the ICB. . This is due to unmet need and lack of provision in this pathway across the system. Secondly there are issues around the current available services and the capacity of these to meet the needs of patients already known to services (all-age). Lastly, there is an increased need in the adult eating disorder pathway following Covid-19 and an exponential growth in the number of children and young people with eating disorders who are now transitioning to adult services. This is leading to increased acuity in presentations, increased demand on primary care, impact in acute hospital trusts (Medical Emergency in Eating Disorders [MEED] pathways) and increased demand on crisis</p>	<p>3 x 4 = 12</p>		<ul style="list-style-type: none"> • A partnership SY Eating Disorders programme, managed by the Provider Collaborative, is in place bringing together good practice, raising the profile of the need for improvements of services and collectively reviewing risks/priorities. • There is some commissioned provision with Sheffield Eating Disorders Service (SEDS) provided by SHSC for Sheffield, Barnsley and Rotherham. This is also accessed by some Doncaster patients via patient choice mechanisms. • There is a service for low to moderate support commissioned

	provision and inpatient beds.		<p>across South Yorkshire with SYEDA.</p> <ul style="list-style-type: none"> • Support is provided to Acute Trusts from Mental Health Liaison Teams when patients are admitted with an eating disorder. • MEED baseline work has been completed including current pathways and self-assessment of compliance. <p>Planned mitigating actions:</p> <ul style="list-style-type: none"> • Investment identified from Barnsley, Doncaster and Rotherham ICB Place teams for adult community provision for 2024/25: noting this will not likely fulfil current needs but will mitigate risk. • MEED pathway work being jointly developed by Acute Federation and SY MHLDA Provider Collaborative. Plan to introduce a funded, co-ordinated service and oversight utilising 2025/26 funding.
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The following changes to Rotherham Place Risk Portfolio have been made during the reporting period:

- SY016 – Mitigation reviewed and updated
- SY113 – Score increased from 12 to 16
- SY136 – New risk, score of 9. Applies to all places.

4. CORPORATE ISSUES LOG

0 added or closed issues following the previous presentation



Issue Log Review: Overdue Status -

1 – 6 days overdue	7 – 13 days overdue	14 – 20 days overdue	21 – 27 days overdue	Over 28 days overdue	Pending Detail	Review Complete
0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	3 (100%)

4,1 Overdue Issues.

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

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



Person Responsible for Update	Issue Log Reference	Description	Score	Days Overdue	Review Requests Sent
There are currently no Rotherham associates issues which are overdue.					

4.2 Rotherham Issues Log – Corporate Issues

There are currently **10** issues on the Issues log, with 3 requiring assurance from Rotherham Place. 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
IL17	Continuing Health Care - Current risk across ICB is in relation to capacity to deliver statutory requirements identified within the CHC Framework. This is caused by recruitment and retention issues. This results in a potential delay for patients and reduced quality of care.	4 x 4 = 16		Review of CHC all age teams across South Yorkshire. Identification of areas of highest need and consideration of whether resources can be moved to target these. Commencement of transformation project for all age continuing care.
IL07 - R	Urgent and Emergency Care (including 111/999)- there continues to be significant pressure faced by Urgent and Emergency Care Services including the Yorkshire Ambulance Service. Which could result in patient harm, reputational damage for the ICB.	5 x 3 = 15		<ul style="list-style-type: none"> • Note Contract led by West Yorkshire ICB. • South Yorkshire ICB executive represented on the Y&H Executive Leadership Board, Memorandum of Understanding in place between 3 ICBs (WY, HNY and SY) and YAS • Good engagement and representation from YAS

				<p>at place and SY UEC Alliance Board.</p> <ul style="list-style-type: none"> • System Co-Ordination Centre (SCC), manages the live risk and responds to pressure across the system. New National Draft SCC and OPEL reporting guidance being consulted on and expected to be final in Autumn. • The governance arrangements are via the South Yorkshire UEC Alliance Board with delivery through each of our 4 Place UEC delivery groups
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5. RACI

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



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

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

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

- NHS South Yorkshire ICB Board
- Formal Executive
- Rotherham Place Board
- Quality Patient Performance Improvement Experience (QPPIE)
- Finance and Investment

- Medicines Optimisation Assurance Group
- People Workforce and Culture Committee

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

Risk Scoring Matrix

Likelihood	Consequences / Severity				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1	1	2	3	4	5
Unlikely 2	2	4	6	8	10
Possible 3	3	6	9	12	15
Likely 4	4	8	12	16	20
Almost Certain 5	5	10	15	20	25
	Low	Medium	High	Very High	Extreme
	1-3	4-6	8-12	15-20	25

Review Frequency **Annually** **Six Monthly** **Quarterly** **Monthly** **Weekly**

Likelihood	Consequences / Severity				
	Insignificant	Minor	Moderate	Major	Catastrophic
Rare	0.05	0.1	0.25	0.5	1
Unlikely	0.1	0.5	1	1.5	2
Possible	0.25	1	1.5	2	3
Likely	0.5	1.5	2	3	4
Almost Certain	1	2	3	4	5

Table 1 Consequence Score (C)

Domains	Consequence score (severity levels) and examples of descriptors				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness requiring minor intervention. Requiring time off work for > 3 days. Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention. Requiring time off work for 4-14 days. Increase in length of hospital stay by 4-15 days. RIDDOR/agency reportable incident. An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability. Requiring time off work for > 14 days. Increase in length of hospital stay by > 15 days. Mismanagement of patient care with long-term effects.	Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation. MP concerned (questions in the House)	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5-10 per cent over project budget Schedule slippage	Non-compliance with national 10-25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1-0.25 per cent of budget Claim less than £10,000	Loss of 0.25-0.5 per cent of budget Claim(s) between £10,000 and £1 million Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5-1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Table 2 Likelihood Score (L)

	Likelihood Score				
	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

RACI Model



Who is responsible for implementation

Who is accountable for the task completion

Who is consulted during process

Who should be informed when project complete

Domains

- Domains**
1. Adverse publicity/ reputation
 2. Business Objectives/ Projects
 3. Finance including claims
 4. Human Resources/ Organisational Development/ Staffing/ Competence
 5. Impact on the safety of patients, staff or public (phys/psych)
 6. Quality/ Complaints/ Audit
 7. Service/Business Interruption/ Environmental Impact
 8. Statutory Duties/ Inspections

BAF	Consequences / Severity				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Likelihood					
Rare 1		3.9; 3.10			
Unlikely 2	2.2; 2.3.2; 2.4; 4.13.2	1.4.2; 1.4.3.3; 1.9.1; 2.3.1; 4.10 - R/S; 4.11 - R/S; 4.13.1	1.1.1 - B/D/R/S; 1.4.3.1; 1.4.3.2; 1.61; 1.8 - B/R/S; 1.11; 2.6; 2.7.1 - B/D/R/S; 2.12 - B/R; 3.3.1 - B/R/S; 3.4; 4.6; 4.9-B/R/S; 4.10-D; 4.11- B; 4.12	2.11; 3.3.1-D	
Possible 3	3.1; 4.7	1.4.1; 1.6.2.1; 1.6.2.2; 1.6.3; 1.9.2; 1.10; 3.6	1.1; 1.2; 1.3-B/D/R/S; 1.4.3.4; 1.7; 1.8-D; 2.5; 2.8; 2.9; 2.12- S; 2.14; 2.15; 2.16; 3.5; 4.3- D; 4.9-D; 4.11-D	3.8	
Likely 4		2.1	2.13	1.1.1; 3.11	
Almost Certain 5			0.1.2	3.7; 4.3 - B/R/S	0.2; 4.4; 4.8

CORPORATE RISK REGISTER	Consequences / Severity				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Likelihood					
Rare 1	SY069; SY133			SY011	
Unlikely 2		SY106	SY017; SY019; SY049; SY062; SY078		
Possible 3		SY079; SY127; SY130	SY016; SY044-B/D/R/S; SY061; SY066; SY112; SY128	SY040 - B/D/R/S/System; SY063; SY082; SY091; SY107 - B/D/R/S;	
Likely 4			SY021; SY108; SY123; SY134	SY028; SY042-S; SY113; SY116; SY117; SY124; SY132; SY135	
Almost Certain 5			SY131	SY042 - B/D/R	

ISSUES LOG	Consequences / Severity				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Likelihood					
Rare 1					
Unlikely 2					
Possible 3				IL19	
Likely 4				IL13; IL17	
Almost Certain 5		IL09	IL07 - B/D/R/S; IL08; IL20; IL21	IL03; IL12; IL21-D	IL18

Ref	How is the Board Assured that	Accountable Officers	Delegated to	Principal Oversight Committees that must be in the Governance Structure (Board, Sub-Committees, Place Committees, SLE, OSG)	RACI	Source of Risk	Link to Risk Register/Issues Log	1st Line of Defence - Risk Ownership Front Line	2nd Line of Defence - Risk Management	3rd Line of Defence - External Assurance	Risk Appetite	What additional actions need to be taken to manage the risk (including initiatives) to what additional assurance do we need to seek?	Residual Score	Assurance Level	Rationale for assurance level	ACTIONS	Progress/Updates	
								CONTROLS	INTERNAL ASSURANCE	EXTERNAL ASSURANCE								Initial Risk Score
Objective 1: Improve Outcomes in Population Health and Healthcare - Executive Leads - Chief Medical Officer/Chief Nurse																		
1.1.1 - R	The ICB is maintaining quality, services and outcomes through Improvement and transformation	Chris Edwards (Rotherham Place Director)	Claire Smith	Quality Performance Patient Involvement Experience (QPPIE) 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 plan 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	Rotherham Place Board reviews monthly performance and quality reports. Rotherham place leadership team meets weekly	Quarterly performance meetings between Rotherham place and SY/BC. RMC health select committee engage on issues as appropriate	3 x 3 = 9	The Rotherham Place Plan focuses on prevention and health inequalities so it needs to be implemented over the next 2 years	2 x 3 = 6	Medium	Implement Rotherham Health and Care plan, ensure that EQIAs are completed for all decisions - those relating to how we achieve efficiencies required, work with SY and Place partners on Deloitte's work to ensure that at Place we are having a robust transformation programme that supports demand management/quality provision.		0	
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)	Claire Smith	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 Committees review	- Local HWBBS - NSE Single Oversight Framework - NSE 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 - Ongoing focus on prevention of illness - Sufficient funding and workforce	Greater certainty of finances and resources to provide planned services. Effective and successful Organisational Redesign required by the National ICB Running Cost Reduction Programme (noting as at August 24 recruitment into majority of Rotherham Place team achieved).	3 x 3 = 9	2024/25 Operational Plan, including NSE Assurance Oversight and sign-off - ICB Executive Director Portfolio Objectives - Completed review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Reduction programme	New operating model in place with all vacancies at Place now filled.		
1.6.1 - CYP Alliance	Children and Young People (0-25) services are effective (General Services)	Cathy Winfield (Chief Nursing Officer)	Nicola Emms	SY ICB Place Committees	Accountable	South Yorkshire Joint Forward Plan	SY040, SY107, SY127, SY128, IL08	Ensuring effectiveness of CYP services align with the JFP, GIRFT and the bold ambition, best start in life which included waiting lists for community services, elective surgery, mental health services and reablement assessments. Each Place has specific workplans connected to the recovery of long waits and the key leads from Place are working with provider collaboratives and alliance to support system change in services where appropriate.	Place Boards, Provider Collaboratives and Alliance Boards, ICB System Leaders Groups	NSE regional and national reporting	3x3=9	To truly understand whether 0-25 health services are effective there would need to be a benchmarking exercise to understand the different services delivered in each Place, the gaps and inequity in provision and the voice of CYP and families about each service they access. This would then be mapped against the financial investment in each service.	Involve CYP, Families and Carers. Involved the CYP workforce. Involved ICB CYP Place leads and providers - involved finance colleagues	2 x 3 = 6	Continue to work with the ICB CYP leads.	0		
1.6.2.1.	Children and Young People (0-25) services are effective (Safeguarding)	Cathy Winfield (Chief Nursing Officer)	Andrew Russell	Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY040, SY107, SY127, SY128	SY Children and Young People Alliance	Safeguarding - Place Based Local Safeguarding Partnerships, ICB System Safeguarding Oversight and Assurance Meeting (SOAM), QIPPE	Local Safeguarding Partnerships / NHS E Regional and National Teams / CQC	3x3 = 9	Quality and Performance Oversight subgroup at system that brings the 4 Places together. Submit data and information into the required NHS E digital tool. Designated professionals in each area continue to work in partnership with local teams and together as an ICB system.	Involve CYP Health Equity Collaborative Long term conditions New service models & pilots eg core connect Children and young people mental health	3 x 2 = 6	Populate and submit the NHS Digital dashboard requirements. Continue to strengthen the ICB safeguarding oversight and assurance meeting framework for safeguarding across all 4 areas and report into QIPPE at a system level	0		
1.6.2.2	Children and Young People (0-25) services are effective (SEND)	Cathy Winfield (Chief Nursing Officer)	Andrea Ibbeson	Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY040, SY107, SY127, SY128	SY Children and Young People Alliance	SEND - SEND place based multi-agency boards, ICB System - ICB SEND Board (chaired by Chief Nurse Officer), QIPPE	Place Based MA SEND Board / NHS E Regional and National Teams / CQC	3x3 = 9	Quality Assurance Framework tool that is identifying any gaps or variation across all the areas. From this a forward plan will be developed for 25/26. Creating a dashboard to understand performance and quality matrix for the system. We are linking with the parents' carers to ensure the population voice is heard.	Involve CYP Health Equity Collaborative Long term conditions New service models & pilots eg core connect Children and young people mental health	3 x 2 = 6	Analyse the information already populated in the Quality Assurance Framework. Work with NHS E as a Pilot site for the GAF to develop a workplan for the year ahead. Develop a SY ICB SEND Dashboard. To continue to strengthen the ICB SEND Board Report routinely into QIPPE	0		
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 dual diagnosis (SEND), children and young people's services, and health and justice	Chris Edwards	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 B33 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 - MH4DOA SDG - Senior Leadership Executive - Operational Executive Board	- NSE Assurance process	3x3 = 9	ICB level review and refresh of Local Transformation Plans for CYP ICB level overview and escalation of progress against plan in terms of performance and delivery Rotherham - Review Child Development Centre Development of an SEMH Framework, Sheffield - Transform family hubs, neuro diversity pathways, short breaks for disabled CYP, inclusion locally model, SEND improvement, prep for adulthood, Doncaster - Start for life project, SEND Strategy, MH crisis, eating disorder.	Involve CYP Health Equity Collaborative Long term conditions New service models & pilots eg core connect Children and young people mental health Family hubs Full usage of targeted SDF	3 x 2 = 6	ICB level and Place level oversight of deliverables and adherence to access and waiting times standards implementation of 2x MH4TA in 2024/25. Review and refresh of LTP for CYP in 2024/25. Review of CYP LTA programmes to ensure alignment and interdependencies with Provider Collaborative delivery of all-age eating disorder reconfiguration and ASD/ADHD workstream	0		
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 Lauman / Lisa Wilkins	Pop Health and Health Inequalities SDG, Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY044	This work is led by the Prevention and Public Health Team (Medical Director) 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 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 NSE NEV Regional Team.	- 4x Place Partnership Committees - SY SDG Population Health and H's	- NEV NSE Regional meetings (NEV Prevention Board and NEV Physical Health Board)	3 x 3 = 9	Management of LTC delivery transition to ICB as a result of changes to NSE 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	UCL Institute of Health Equity, England's Worsening Health Gap: Local Places Facing Behind	Ramp up current programmes of work and look to identify additional measures to mitigate and improve life expectancy and preventable causes of mortality, especially for females but for all.	Financial challenges and requirement for bridge in SCDF funding to help funding gap will potential limit progress in prevention. Limited SY wide and Place Transformation Capacity	
1.8 - R	Primary care services are effective in Place.	Chris Edwards (Rotherham Place Director)	Claire Smith	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, LMC	Operational Executive	Annual update to Health Select committee	3 x 3 = 9	work to mitigate risk of collective action is ongoing including meetings with LMC to understand likely action, impact and mitigating actions required.	2 x 3 = 6	High	Regular meetings with PCNs/LMC to monitor progress against plans and develop new services. Work with PCNs and the Federation to mitigate potential impact of collective action	0		
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)	Dr David Crichton (Chief Medical Officer)	Place Committees	Accountable	South Yorkshire Joint Forward Plan / BAF 2023	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 - ICF strategy and comprehensive public engagement on population needs - SY Digital strategy to develop PHM digital infrastructure, i.e., shared data platform PHM digital and implementation across SY (both for direct patient care and service planning purposes).	SY Population health SDG and 360 HI audit action plan Digital Research and Innovation SDG - Outcomes framework and Dashboard - Integrated Care Strategy - 4 Place Partnership Committees	360 Internal Audit on HIs completed with considerations - action plan developed and owned by Pop h SDG was presented at OPPIE 6th. Action plan progress to be presented to OPPIE going forward - NHSE Assurance Framework - COC	4x3+12	Sufficient resources required to undertake the work required to facilitate work that reduces health inequalities and inequity of access (investment £ and capacity / resources) - Health Care related inequalities are clearly reported, in equivalence with other ICB Duties - through pop health outcomes framework and dashboard (which is part of the ICB IPPI) - 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 - Fixed 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 OPPIE - HI internal audit to be included in the internal audit ICB annual Plan. Input into the Change.rhs engagement in the 10 year health plan.	4 x 2 = 8	Medium	This is one of the main ICB core aims and is embedded into all strategy and delivery plans across the ICS. Regularly discussed through the delivery group, place partnership meetings and the ICB Board	Clear line-of-sight for Health Inequalities investment in the 2023/24 Operating and Financial Plan - Fixed 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 OPPIE - HI internal audit to be included in the internal audit ICB annual Plan. Input into the Change.rhs engagement in the 10 year health plan.	0	
2.7.1 - R	The ICB works collaboratively with partners to improve health, care and reduce inequalities	Chris Edwards (Rotherham Place Director)	Claire Smith	Place Committee	Accountable	South Yorkshire Joint Forward Plan	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&A 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	3 x 4 = 12	Continued assurance that organisations are leading decisions/reviews of services through to Place Board with a shared understanding of the EQIA. Collaborative approach to ensuring improvements in outcomes for people with a continued focus on monitoring performance	Delivery of Place Plan priorities and our Health Inequalities Strategy - action plan. Delivery of key priorities with the H&WB strategy continually holding partners to account for decisions made that impact our population working in continued collaboration taking appropriate business through Place	2 x 3 = 6	Medium	Partnership approach and collaboration is well established and embedded in our Place governance however, the financial positions of organisations pose a risk to ensuring we work in collaboration to ensure health inequalities	Deliver the Rotherham health and care place plan	0	
2.12 - B	Integrated services supporting people in the community are working well	Wendy Lower (Director of Barnsley Place)	Jamie Wike	ICB Place Committees	Accountable	South Yorkshire Joint Forward Plan	Place Partnership Delivery Group Performance and Quality Reports Contract Management Arrangements Place Plan - 5 Goals and clear deliverables Transformation Priorities for Place Partnership Transformation and Delivery Work Programme	Place Partnership Board and Place Committee	COC Inspection and oversight of regulated services	3 x 3 = 9	Intermediate care - Long term sustainable model for bed and community based IC service	Integrated neighbourhood team - further development and expansion Community services transformation Urgent community response development with primary care and social care Palliative and end of life care Business case for IC approved.	2 x 3 = 6	High	Integrated neighbourhood team - further development and expansion Community services transformation Urgent community response development with primary care and social care Palliative and end of life care Business case for IC approved.	Implementation of new strengthened model for intermediate care Continue to develop VW, including utilisation of digital monitoring and responding to findings of initial evaluation Mapping of community/neighbourhood services to enhance the neighbourhood teams approach to working across Community and Primary Care Services	0	
Objective 3: Enhance Productivity and Value for Money - Executive Lead - Chief Finance Officer																		
3.9.	The ICB effectively uses of digital and data to better understand and enable transformation of productivity and VM in health and care delivery	David Crichton (Chief Medical Officer)	Kieran Baker	ICB Board IG Group (Covering Cyber, Digital and Data Security, Clinical Safety) Place Committees Quality Performance Patient Involvement Experience (QPPIE)	Accountable	South Yorkshire Joint Forward Plan	ICS Data and Insight Strategy ICS Digital Strategy Digital, Research and Innovation SDG ICS Cyber Strategy	Digital, Data and Technology Delivery Oversight Group South Yorkshire Cyber Forum	360 Audit - Data Strategy 360 Audit - Data Quality and Performance Management NHSE NEY Digital Transformation Programme	2X2+4	SY ICS Digital, Data and Technology Workforce Plan Implementation of Eclipse Vista across all South Yorkshire Places	Development of analytical approach to population health management Initiative 5 of the ICS Data and Insight Strategy Improvement in scope and standardisation of Shared Care Records in South Yorkshire.	2 x 1 = 2	Medium	Work continuing through the Improvement and Value Group, led by Lita Outhwaite to ensure that we are utilising our data effectively to enable insight-driven decision-making. New analytical products are being built alongside place programmes	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	0	
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 Quality Performance Patient Involvement Experience (QPPIE)	Accountable	South Yorkshire Joint Forward Plan	ICS Data and Insight Strategy ICS Digital Strategy ICS Cyber Strategy Digital, Research and Innovation SDG	Digital, Data and Technology Delivery Oversight Group	NHSE NEY Digital Transformation Programme Primary Care Alliance SY Digital Inclusion Audit	2X2+4	ICS Digital Strategy refresh in 2024 Digital Services for Our Public Programme ICS Digital Inclusion Programme	Creating a standardised approach across all four places for supporting our South Yorkshire population navigate an increasingly digital society between 2024 and 2026	2 x 1 = 2	High	Programmes of work supporting development of this agenda are being reviewed and shared with Board Working closely with VCSE alliance on a new digital offer for our public. Improvements to adoption of tools such as GP Online Registration and NHSApp.	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	18/10/24 - Dedicated programmes of work supporting development of this agenda are being reviewed and shared with Board Working closely with VCSE alliance on a new digital offer for our public. Improvements to adoption of tools such as GP Online Registration and NHSApp.	0
Objective 4: Help the NHS Support Broader Social and Economic Value - Executive Lead, Director of Strategy & Partnerships																		
4.9 - R	Our work with people and communities is effective	Chris Edwards (Rotherham Place Director)	Claire Smith	Place Committees	Accountable	South Yorkshire Joint Forward Plan	ICB Involvement Team & wider network Places, Provider Collaboratives and Alliances Rotherham Chief Exec meeting	Rotherham Place ICB board sub committee	Health and Wellbeing Board.	3 x 4 = 12	Robust plan with the engagement lead to ensure that all planned reviews of services had appropriate engagement with communities. Use of EQIA for all appropriate commissioning activity	Put the voices of people and communities into decision making Embed mechanisms to enable citizen involvement to play a key role in the system focus on tackling health inequalities Work with people and communities on the priorities identified in JFP	2 x 3 = 6	Medium	ICB place been part of Rotherham review on anchors and signed up to social value charter and staff trained RTP leading on social value training	Complete social value training for key staff	0	
4.11 - R	Our work with local authority is effective	Chris Edwards (Rotherham Place Director)	Claire Smith	ICB Place Committees	Accountable	South Yorkshire Joint Forward Plan	Rotherham PLACE partnership is co-chaired by ICB RMCB. Plans are signed off by both organisations. HWBB strategy signed off by both organisations. Senior joint posts across key work areas. Health and Wellbeing Board chaired by RMCB Chief Exec and attend Health Security routine. ICB key member of Rotherham Together Partnership which is leading the way on maximising social value	Rotherham Place ICB board sub committee	Health and Well Being Board	2 x 3 = 6	Continue current arrangements and work to the social value charter	Support and strengthen our partnership arrangements in our places and our SY Integrated Care Partnership	2 x 2 = 4	High	Rotherham partnership works closely on social value. All partners signed up to the social value charter and key staff have had social value training	Meet frequently as a joint senior management group with Council colleagues regarding commissioning decisions, commencing from Sept 24. Review how they work and review attendance - aim to support transparency over workstreams and key priorities/risks within our organisations to manage and mitigate impact across H&SC on decisions.	0	

5149	All places	Corporate Services	1,2,6,8	BAF 4.12	Compliance with Scheme Of Assurance and Delegation (SORD) and Policies at Place. If the ICB Place teams and the local governance arrangements do not comply in a fully transparent way with the ICB's policy in respect of Conflicts of Interest, its Constitution, SORD and relevant cultural guidance, there is a risk of reputational damage to the ICB and of legal challenge to the decisions taken.	2	3	6	Responsible	<ul style="list-style-type: none"> ICB Standards of Business Conduct Policy and Conflicts of Interest Policy updated to reflect relevant national guidance. Registers of interests of all staff to be identified and published. Declarations of interest to be tabled at start of every meeting to enable updating. Minutes to clearly record how any declared conflicts have been managed. Guidance to be provided to remind teams on recording decisions re managing conflicts of interest. Conflicts of interest training to be provided to relevant staff. Work required to raise awareness and audit of decision making at Place. Internal audit work to establish arrangements at each place and make recommendations to place on best practice. Scheme of Reservation and Delegation (SORD) publicly available on the website. 	Mark Jarner (Director of Corporate and Governance)	Previous CCG Risk Management Processes	2	3	6	20/02/2023 02/03/2023 04/05/2023 06/07/2023 08/02/2024 06/07/2024 21/10/2024	21/04/2025	Not overdue	Ruth Nutbrown	Board to be updated on any decisions made at Place. Awareness training to be put in place. Review of SORD and governance in light of Primary Care and Specialist Commissioning transfer of services.	Six Monthly	ICB Place Committee	Audit and Risk Committee	Rotherham requested clarification on the RN. Suggest closure 8/2/24 - Mark Jarner reviewed, discussion ongoing surrounding potential closure
5106	Rotherham	Mental Health Services Inc (MHS) / MHS CAMHS	1,2,5,6,8	1.1, 3.3.1, 3.4, 3.11, 4.4	Trauma Resilience Service (TRS) - 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 Aileen Jay report in 2014. If external funding ceases there is a risk to the longevity of the service having a reduced service offer to those who have suffered exploitation. This could also result in adverse media attention. The Bennett investigation into non-resident child sexual exploitation is expected to continue for a number of years.	2	4	8	Accountable	<ul style="list-style-type: none"> Review of mental health services commissioned by Rotherham ICB to understand demand and value for money in current model. Working with Trauma Resilience Service (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 01/08/2023 11/10/2023 03/11/2023 01/12/2023 18/12/2023 01/03/2024 11/04/2024 17/05/2024 24/07/2024 18/08/2024 23/09/2024 04/11/2024 21/12/2024 30/12/2024	30/06/2025	Not overdue	Clare Smith	The Rotherham place director has lobbied for additional financial support to manage the risk of court cases through to 2026. 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 has taken Place, Health and Justice are looking to transition into a 3Y model with all 4 Places covered by the service mitigating the risk of loss of provision. ERM completed. Current option pursued to be expand funding over 2 years. We will ensure funding is secured to our Voluntary and Community Sector (VCS) partners for the next 2 years. The Rotherham Place Director has agreed funding with Health and Justice to provide a revised TRS service for the period of the Stowehead court proceedings.	Six Monthly	Rotherham Place Executive Meeting / Stowehead Strategic Coordination Group	Quality Performance Patient Engagement Experience (QPPE)	the risk is likely to be removed shortly we have now received confirmation of additional funding from the home office for R0404 TRS service in Rotherham specifically, we are just agreeing the continuation of VCS provision to March 2027 in line with the other services and once formally agreed we will be removing the risk at Place board

Ref	Place/ICB	Domain	Link to RACI	Link to RR	Issue Description	Initial Risk Score			RACI	Mitigation / Treatment	Lead Issue Owner	Source of Issue	Date reviewed	LUB for Review	Overdue?	Person Responsible for	Update	Frequency	Scope
						Likelihood	Impact	Score											
IL17	ICB	5, 6, 8	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. SY ICB Place Directors and DoN and Place Executive Team meeting	29/08/2023 01/12/2023 01/02/2024 01/03/2024 29/04/2024 03/06/2024 22/07/2024 27/08/2024 30/09/2024 04/11/2024 09/12/2024 07/01/2025	45695	Not overdue	Andrew Russell	Discussions regarding setting up a All age continuing 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 and this will consider future Workforce, structures and models. No Change in risk identified. 29/04/2024 CHC work group established with Terms of Reference and Portfolio Leaders. Next step to develop clear work plan. No change in risk Work plan in place that considers model of	Monthly	All Place Committees
IL07 - R	All places	1,5,6	0.1.2; 2.13	SY115, SY132, SY113, SY066	Urgent and Emergency Care (including 111/999) - there continues to be significant pressure faced by Urgent and Emergency Care Services including the Yorkshire Ambulance Service. Which could result in patient harm, reputational damage for the ICB.	5	3	15	Consulted	Note Contract led by West Yorkshire ICB. South Yorkshire ICB executive represented on the Yorkshire & Humber Executive Leadership Board, Memorandum of Understanding in place between 3 ICBs (WY, HNY and SY) and Yorkshire Ambulance Service (YAS) Good engagement and representation from YAS at place and South Yorkshire Urgent Emergency Care (SY UEC) Alliance Board. System Co-Ordination Centre (SCC), manages the live risk and responds to pressure across the system. New National Draft SCC and Operational Pressures Escalation Levels (OPEL) reporting guidance being consulted on and expected to be final in Autumn. 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	Chris Edwards (Rotherham Place Director)	SY ICB RR SY048	07/10/2024 11/11/2024 16/12/2024	45673	Not overdue	Claire Smith	Rotherham: Place partners including YAS are engaged at all levels of our escalation process including weekly Executive escalation meetings and our UEC governance structure. Our Place priorities include all partners in delivery of transformation which will impact positively on YAS performance i.e. PUSH model, 4 hr and attendances/admissions ie admission avoidance pathways and streaming to SDEC. One of our transformational priorities is ambulatory care admissions and reducing avoidable attendances - meetings have been set up and data is being collected to drive this work forward across Place with YAS as	Monthly	All Place Committees
IL09	ICB	3,5,6	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 is a co-ordinated sharing of out of stock information across places and tactical level response being developed in the event of a sudden shortage. to raise with the system control centres the possibility of dealing stock from hospitals, release advice about alternatives and how they can be used to raise with NHS region. A new electronic comms system utilising AccuRx is being rolled out to link CP and GP to exchange QDS 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 05/09/2024 19/11/2024	45707	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. Additional national medicines shortages have been reported. The most significant is GLP-1 medicines for Diabetes. Communication have	Quarterly	All Place Committees

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
							Initial Risk																
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 1/12/23, recruitment underway, this is now agreed Place priority linked to our 4 key areas of transformation on Q&R 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. Same position in November report to PET 31st October. Same position in December.	Monthly	mn	Place Leadership Team		
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 18/12 groups will be established for these in new year and there will be updates for assurance to board as well as within ICB. work continues to ensure any decisions are shared across Place including Council sharing of these financial planning for 24-25 consultation out. 12/24 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 MS 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 exceptional 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. November - no change. December - No Change	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 BCF 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 year 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 substantially. 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 12 months from BCF funding). No implementation has yet been agreed. October, November, December - 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	A working group has been set up for ICB, TRFT, RDaSH, RMBC, Medequip and the Hospice. Action plan are in place. SY ICB commissioning team are co-ordinating assurance of the mitigating actions. The alert has also been sent twice to care homes along with an audit questionnaire to establish the number of impacted residents and actions taken by care homes. Domiciliary care providers have also been sent information. June - 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 a retrospective review. Regular updates to PLT in place and within providers. October further update scheduled for PLT this month no known escalations at this point. Nov/Dic position remains - number of actions completed. Paperwork/policy/leaflets etc agreed and in use. Risk assessments taking place for new service users. Jan 2025 - Validation of current service user list has been completed by TRFT. Risk remains low. Report to come to PLT Jan 2025 regarding suggested actions for completing retrospective reviews.	Monthly	Monthly	Place Leadership Team	01 06 24	
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. November/December no update	Monthly	Monthly	Rotherham Place Board	28/08/2024	
RRP 0011 (NEW)	Disproportionate impact for those experiencing health inequalities due to changes in the Maternity Tobacco Delivery Model within the Rotherham Maternity service	Rotherham			There is a risk that changes to the Maternity Tobacco Delivery Model within the Rotherham Maternity service will impact service uptake and outcomes and progress towards the national safety ambition to reduce still birth, neonatal mortality, maternal mortality and serious intrapartum brain injuries disproportionately on those experiencing adverse wider determinants of health including those from areas of highest deprivation.	4	3	12	Accountable	Reconfiguration of the Midwifery Service to continue to meet the NHS Long Term Plan commitments on smoking and health inequalities which include a smokefree pregnancy pathway. Further reducing demand for the service (due to the national success of the Public Health stop smoking campaign) and introduction of new innovations that have just commenced these include swap to stop (Swapping smoking for a vape) and maternity incentives which rolls out in November incentivising women who choose to stop smoking. Although recommended, it is not a mandatory requirement to have a specialist midwife within the service providing training and support, the requirement is for appropriate clinical leadership. The specialist midwife (and TDA) should cease delivery of additional training/coaching. Improve links between the midwifery service and the community service (connect) to provide additional support and resilience to the training offer (e.g. e-learning package via NCSCT) Reduced referrals, streamlined engagement requirement of incentive scheme and prioritisation of the offer of the minimum standard (max 4+6 face to face sessions) with TDA. (Cease delivery of additional sessions/ acceptance of re-referrals.) Develop a priority pathway to the community service for pregnant women and/ or partners who require support face to face TDA appointments beyond birth, including continued access to Nicotine Replacement Therapy (NRT) beyond birth. Develop a priority relapse prevention pathway (postnatally) with the community service. Permanently reconfigure the Community matron specification to link into pathway development work to improve feedback loop and ensure learning informs improved patient experience. The ICB meets monthly with the trust re contract performance and will monitor activity/impact	Claire Smith SYICB (Place Partnership)	Rotherham Place Board	2	3	6	02.09.24	Claire Smith SYICB (Place Partnership) / Ben Anderson (Director of Public Health, RMBC)	November Update: Partners are working collaboratively to address the gaps and mitigate risk through reconfiguration of provision. Any residual risk will be consider at this point. PLT have has a number of updates on progress and continue to be received. TRFT continue to express concern in the ending of the funding. December Update the same as November.	Monthly	Monthly	Rotherham Place Board	02.09.24	

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

Apologies:	Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council Ian Spicer, Strategic Director, Adult Care, Housing and Public Health, Rotherham Metropolitan Borough Council Richard Jenkins, Chief Executive, The Rotherham NHS Foundation Trust Michael Wright, Managing Director, The Rotherham NHS Foundation Trust Toby Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust Mat Cottle-Shaw, Chief Executive Officer, Rotherham Hospice Anand Barmade, Medical Director, Connect Healthcare Rotherham CIC Cllr Baker Rogers, H&WB Board Chair, RMBC Shahida Siddique, Independent Non-Executive Member, NHS SY ICB
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services.
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

Members:

Chris Edwards (**CE**), Executive Place Director (Rotherham) NHS South Yorkshire Integrated Care Board (NHS SY ICB)
Wendy Allott (**WA**), Director of Financial Transformation (Rotherham), NHS SY ICB
Dr Jason Page (**JP**), Medical Director, (Rotherham), NHS SY ICB
Claire Smith (**CS**), Director of Partnerships (Rotherham) NHS SY ICB

Participants:

Kym Gleeson (**KG**), Service Manager, Healthwatch Rotherham
Lydia George (**LG**), Transformation & Partnership Portfolio Manager (Rotherham), NHS SY ICB
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
Gov Bhogal (**GB**), Programme Director for Medicines Optimisation (Rotherham) NHS SY ICB
Dominic Carrell (**DC**), Deputy Director of Performance Delivery (Rotherham), NHS SY ICB
Julie Warren-Sykes (**JWS**), Deputy Chief Nurse (Rotherham), NHS SY ICB

In attendance

Jayne Watson, (minute taker) Business Support Officer (Rotherham), NHS SY ICB

Item Number	Discussion Items
I81/12/24	Place Performance Report
<p>CS gave highlights from the report including:</p> <ul style="list-style-type: none"> • The IPR for Rotherham Place still has some areas for development including the addition of Rotherham specific metrics and there is work to do to determine how we use the governance structure through performance meetings with partners. • Urgent and community response continue to perform well for people seen in two hours under the community target • Virtual wards have capacity and were moving forward to pull further cohorts in. • UECC was a challenging area and were experiencing increases in handover delays, however Rotherham was in a good position relatively. • Cancer 28-day standard had been achieved but the 62 day referral to treatment standard was not met. <p>Members noted the performance position for this month.</p> <p>With regard to the action log, DC confirmed that the use of statistical process charts is taken into consideration in regards to the development of the IPR.</p>	
I82/12/24	Rotherham Place Prescribing Report
<p>GB gave highlights from the report including:</p> <ul style="list-style-type: none"> • NCSO (no cheaper stock obtainable) continued to contribute to cost growth adding £222,195 to Rotherham's prescribing costs. • Drugs used in diabetes and respiratory corticosteroids remained areas of high cost growth. • Detection Sensor Interstitial Fluid/Gluc had down the greatest increase in item growth (33.9%) which represented a cost difference of £103,170. • The prescribing incentive scheme had been refreshed for 2024/25 and comprised of a total of 13 criteria. <p>JP asked regarding NCSO and was that taken into account in the budget. GB replied that there was a budget uplift that could be predicted. WA added that we would know the areas as there tended to be a pattern to some degree, but we had been caught out in the past. We need a consistent method of how to set a budget across the ICB but it was always in the forecast.</p>	
I83/12/24	Feedback from Rotherham Place Executive Team (RPET)
<p>CS updated Members on the discussions and decisions undertaken as detailed in the paper.</p>	
I84/12/24	Rotherham Place Board Partnership Minutes – 20 November 2024
<p>The minutes from the Partnership session of Place Board held on 20 November 2024 were noted for information.</p>	
I85/12/24	ICB Board Assurance Framework, Risk Register & Issues Log
<p>All members reviewed the board assurance framework, risk register and issues log, noting that one new risk relating to the Hospice financial position had been identified in the public session which would be added to the Risk Register.</p>	
I86/12/24	Minutes and Action Log and Assurance Report from the last Meeting
<p>The minutes from the meeting held on Wednesday 18 November 2024 were accepted as a true and accurate record with the exception that it be recorded that Shafiq Hussain had been present at the meeting. Final record will be amended to correct.</p>	

Action: WC

The action log was reviewed and up to date with no actions outstanding.

Reviewing the assurance highlight report, Members noted there were no issues highlighted for escalation to the Integrated Care Board from the November's Place business.

187/12/24	Communication to Partners/Promoting Consultations & Events
None.	
188/12/24	Risks and Items for Escalation
None.	
189/12/24	Agenda Items
<p>Future Meeting items:</p> <ul style="list-style-type: none"> - Local CHC and Co-design Update (Jan) – A Russell - 2025-26 Operating Guidance <p>Standing Items</p> <ul style="list-style-type: none"> - Rotherham Place Performance Report (monthly) - Risk Register (Monthly for information) - Place Medicines Management Report (Quarterly – next due Feb) - Quality, Patient Safety and Experience Dashboard (Bi- monthly – next due Jan) - Quarterly Medical Director Update (Quarterly) 	
190/12/24	Date of Next Meeting
The next meeting will take place on Wednesday 15 January 2025 in the Conference Suite, Voluntary Action Rotherham.	

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
Sharon Kemp	Chief Executive	Rotherham Metropolitan Borough Council
Toby Lewis	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust
Cllr Joanna Baker-Rogers	H&WB Board Chair	Rotherham Health and Wellbeing Board/ Rotherham Metropolitan Borough Council
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
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

DRAFT

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

Mtg Date	Item No.	Agenda Item Title	Action Description	Timescale for Completion by	Lead Officer	Action Status	Date Completed	Comments
16-Oct-24	i59/10/24	Place Performance Report	Rotherham will have the opportunity to add place specific metrics to the new Rotherham Place IPR . It was agreed to extend an invitation to Dominic Carrell, (Deputy Director of Performance & Delivery) to come to a future Place Board.	30.11.24	LG	Green	07.11.24	Rotherham specific metrics agreed at RPET and shared with BI team. Dominic attending RPET on 7.11.24 and Rotherham Place Board (all 3 sessions) in December.
20-Nov-24	i70/11/24	Place Performance Report	When he attends Rotherham Place Board in December, Dominic Carrell, NHS SY ICB will be asked whether statistical process charts will be used in the IPR as recommended in the revised performance framework.	18.12.24	CS	Green	20.12.24	DC confirmed at the December meeting that the use of statistical process charts is taken into consideration in regards to the development of the IPR.
18-Dec-24	i86/12/24	Minutes of last meeting	Minutes to be amended to reflect that Shafiq Hussain was present at the November meeting.	31.12.24	WC	Green	31.12.24	Final version of minutes amended to reflect SH present at meeting. This version will be provided for ICB Meeting.



Rotherham Place Committee Assurance Highlight Report

1. Introduction

The purpose of this report is to highlight the main points from the Rotherham Place Committee held on Wednesday 18 December 2024.

2. Highlights

The Rotherham Place Committee received the following assurances:

Agenda Item	Assurance Level	Further Actions Agreed
I81/12/24 - Place Performance Report	3	Members noted the performance position for December.
I82/12/24 – Place Prescribing Report	3	Members noted the Quarter 1 position for 2024/25.
I83/12/24 - Feedback from Rotherham Place Executive Team (RPET)	3	Members noted the discussions and decisions undertaken as detailed in the paper.
I85/12/24 - ICB Board Assurance Framework, Risk Register & Issues Log	3	Members reviewed the board assurance framework, risk register and issues log, noting the new risk relating to the Hospice financial position identified in the public session would be added to the Risk Register.

Assurance Levels:

3	Full (ie Excellent level of assurance given high confidence in report and management explanations)
2	Partial (ie Assurance is below the expected level; more work has been requested as appropriate)
1	Not Assured (ie Assurance is significantly below the expected level; more work has been requested urgently)

3. Items/Risks for Escalation

The Rotherham Place Committee did not identify any issues for escalation to the ICB Board for consideration.

Chris Edwards, Committee Chair
8 January 2025