



Agenda

Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45am – 11.30am
Date of Meeting:	Wednesday 19 February 2025
Venue:	John Smith Room, Town Hall, Rotherham
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 Archer	Enc 1
2	Rotherham Place Prescribing Report	10 mins	Gov Bhogal	Enc 2
3	Feedback from Rotherham Place Executive Team	5 mins	Claire Smith	Enc 3
4	Rotherham Place Board (Partnership) Minutes – 15 January 2025 - <i>for information</i>	5 mins	Chris Edwards	Enc 4
5	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – <i>for information</i>	5 mins	Chris Edwards	Enc 5i, 5ii, 5iii
Standard Items				
6	Minutes, Action Log and Assurance Report from 15 January 2025 Meeting	5 mins	Chair	Enc 6i, 6ii, 6iii
7	Communication and Promoting Consultations and Events		All	Verbal
8	Risks and Items for Escalation to ICB Board		Chair	Verbal
9	Standing Items <ul style="list-style-type: none"> • Rotherham Place Integrated Performance Report • Risk Register (monthly for information) • Place Prescribing Report (May) • Quality, Patient Safety and Experience Dashboard (May) • Quarterly Medical Director Update (Apr) 			
10	Date of Next Meeting: Wednesday 19 March 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



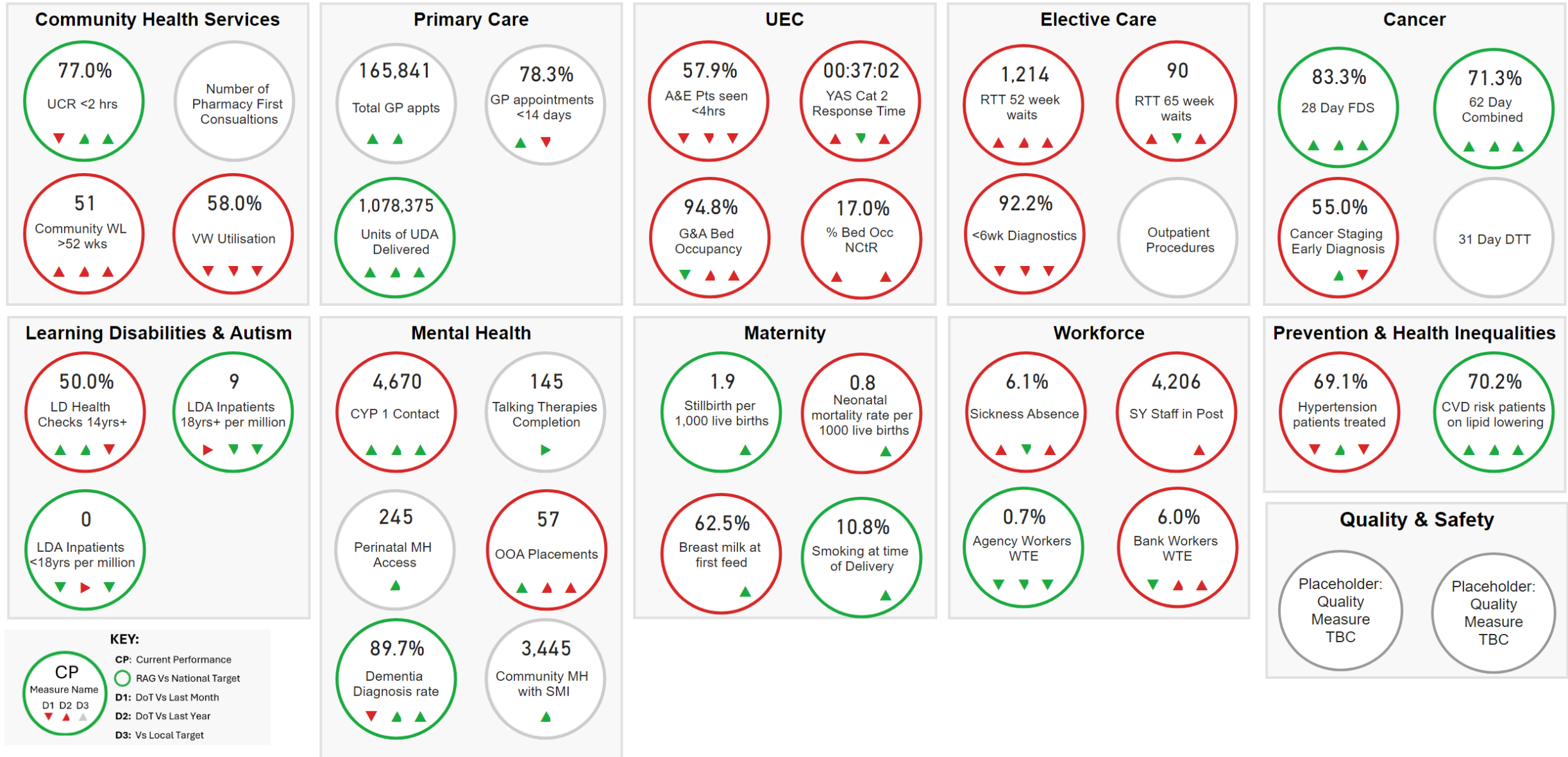
NHS Rotherham Place Integrated Performance Report (IPR) February 2025

✉ Contact

syicb.datainsyghts@nhs.net



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 Core20PLUS* strategy applied) can be found within the following report.





KEY:

- CP: Current Performance
- RAG Vs National Target
- D1: DoT Vs Last Month
- D2: DoT Vs Last Year
- D3: Vs Local Target

Population Health Outcomes

- 1 ✓ Improve outcomes in population health and healthcare.
- 2 ✓ Tackle inequalities in outcome, experience and access.
- 3 ✓ Enhance productivity and value for money.
- 4 ✓ 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
 GOALS	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	
 BOLD AMBITIONS	Focus on development in early years, so that every child is school ready	4 School Readiness (%)	64.8	66.6	67.5	
		2 4 Gap in School Readiness between those with FSM & all children (pp)	15.0	14.6	11.2	
	Strengthen & accelerate our focus on prevention	1 2 Adult Smoking Prevalence (%)	16.1	13.6	5.0	
		Work together to increase economic participation & support a fair, inclusive & sustainable economy	4 Economic Inactivity Rate (%)	22.1	25.6	20.0
	2 4 Gap in employment rate between those with LD & overall rate (pp)		69.1	68.7	51.8	
	2 4 Gap in employment rate between those with LTC & overall rate (pp)		12.0	10.2	9.0	

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 continue to see a higher percentage of babies born with a low birth weight compared to England. Low birth weight is a known risk factor for childhood morbidity, infant mortality, and can have long-term consequences later in life.

We also have a significantly higher rate of premature mortality in adults with severe

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
Low Birth Weight Under 2,500g (%)	Percentage of People in Employment (%)	EM Hospital Admissions Due to Falls, 65+ (Std Rate per 100,00)	Premature Mortality in Adults with SMI (Std Rate per 100,000)
SY  8.3 ENG 7.2 <small>2022</small>	SY  71.8 ENG 75.7 <small>2023/24</small>	SY  2.1K ENG 1.9K <small>2022/23</small>	SY  133.3 ENG 110.8 <small>2021 - 23</small>



SHARED OUTCOMES

Urgent & Emergency Care

<p>1 3 % 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>Dec-24</td> <td>57.9%</td> <td>78.0%</td> </tr> </tbody> </table>		Actual	Standard	Dec-24	57.9%	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>62.1%</td> <td>70.0%</td> <td>89.3%</td> <td>68.8%</td> <td>68.5%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	62.1%	70.0%	89.3%	68.8%	68.5%	<p>● TRFT - This Yr ● Last Yr ● Standard</p>
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<p>1 3 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>Dec-24</td> <td>17.0%</td> <td>10.8%</td> </tr> </tbody> </table>		Actual	Standard	Dec-24	17.0%	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>7.4%</td> <td>14.4%</td> <td>0.0%</td> <td>15.8%</td> <td>14.0%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	7.4%	14.4%	0.0%	15.8%	14.0%	<p>● TRFT - This Yr</p>
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<p>1 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>Dec-24</td> <td>94.8%</td> <td>92.0%</td> </tr> </tbody> </table>		Actual	Standard	Dec-24	94.8%	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>96.6%</td> <td>95.7%</td> <td>91.5%</td> <td>93.7%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	96.6%	95.7%	91.5%	93.7%	<p>● TRFT - This Yr ● Last Yr ● Standard</p>		
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Overview

% A&E patients seen within 4hrs

In December, TRFT's performance was 57.9%, which failed to meet the National Target of 78%. It was a decline on the previous periods performance of 62.1% and was a decline on the same period in the previous year of 58.7%.

No Criteria to Reside

In December, TRFT's performance was 17%, which failed to meet the National Target of 10.8%.

Total general and acute bed occupancy

In December, TRFT's performance was 94.8%, which failed to meet the National Target of 92%. It was an improvement on the previous periods performance of 96.2% and was a decline on the same period in the previous year of 91.5%.

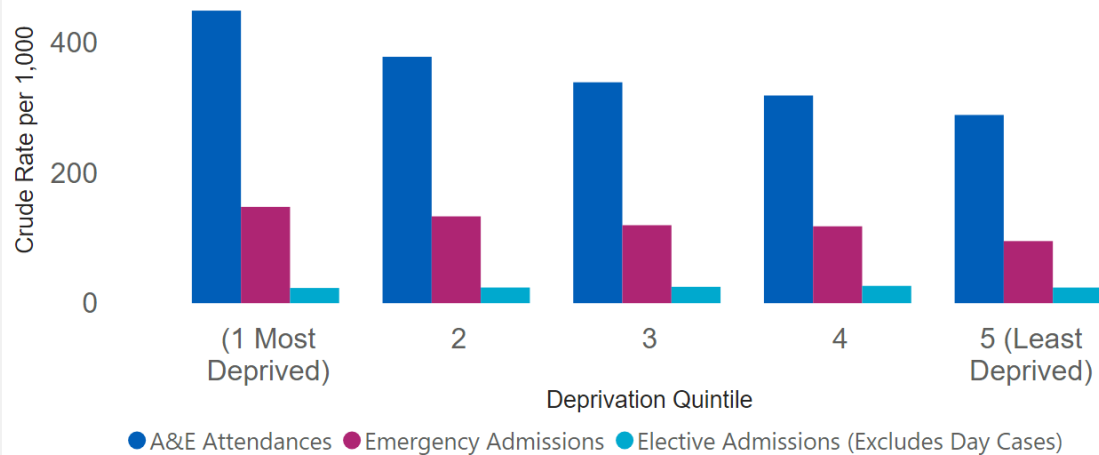
Urgent & Emergency Care Continued

<p>1 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>Dec-24</td> <td>00:37:02</td> <td>00:30:00</td> </tr> </tbody> </table>		Actual	Standard	Dec-24	00:37:02	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>00:38:55</td> <td>00:45:58</td> <td>00:29:19</td> <td>00:36:35</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	00:38:55	00:45:58	00:29:19	00:36:35			
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<p>1 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>Dec-24</td> <td>34:34</td> <td>18:00</td> </tr> </tbody> </table>		Actual	Standard	Dec-24	34:34	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>26:05</td> <td>37:39</td> <td>10:10</td> <td>37:06</td> <td>33:54</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	26:05	37:39	10:10	37:06	33:54	
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CORE20 PLUS ²

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

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



Overview

Category 2 Ambulance Response Time

In December, Rotherham's performance was 00:37:02, which failed to meet the National Target of 00:30:00. It was a decline on the previous periods performance of 00:30:14 and was an improvement on the same period in the previous year of 00:55:10.

Average Handover Time

In December, TRFT's performance was 00:34:34, which failed to meet the National Target of 00:18:00. It was a decline on the previous periods performance of 00:22:37 and was a decline on the same period in the previous year of 00:22:20.

Community Health Services

<p>1 3 Urgent Community Referrals seen within 2 hours</p> <p>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>Nov-24</td> <td>77.0%</td> <td>70.0%</td> </tr> </tbody> </table>		Actual	Standard	Nov-24	77.0%	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>67.0%</td> <td>0.0%</td> <td>96.0%</td> <td>91.0%</td> </tr> </tbody> </table> <p><small>*No data available for STH</small></p>	RDASH	STH	SWYPFT	SYICB	67.0%	0.0%	96.0%	91.0%	<p>● TRFT - This Yr ● Last Yr ● Standard</p>						
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67.0%	0.0%	96.0%	91.0%																				
<p>3 Placeholder: Community Beds Occupancy</p> <p>Number of beds occupied as a proportion of total available for ICB</p>																							
<p>1 3 Community Waiting List over 52 weeks</p> <p>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>Nov-24</td> <td>51</td> <td>0</td> </tr> </tbody> </table>		Actual	Standard	Nov-24	51	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>7,050</td> <td>1</td> <td>2</td> <td>7,104</td> </tr> </tbody> </table>	BHFT	DBTHFT	RDASH	SCH	SHSC	STH	SYICB	0	0	0	7,050	1	2	7,104	<p>● TRFT - This Yr ● Last Yr ● Standard</p>
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0	0	0	7,050	1	2	7,104																	
<p>1 3 Virtual Ward Utilisation</p> <p>Increase Virtual Ward utilisation to consistently be above 80%</p> <p>*Note: This is a Snapshot as at 2nd January 2025</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Jan-25</td> <td>58.0%</td> <td>79.6%</td> </tr> </tbody> </table>		Actual	Standard	Jan-25	58.0%	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>88.0%</td> <td>40.0%</td> <td>108.2%</td> <td>76.0%</td> </tr> </tbody> </table>	RDASH	STH	SWYPFT	SYICB	88.0%	40.0%	108.2%	76.0%	<p>● TRFT - This Yr ● Last Yr ● Standard</p>						
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Overview

Urgent Community Referrals seen within 2 hours

In November, TRFT's performance was 77%, which met the National Target of 70%.

Community Waiting List over 52 weeks

In November, TRFT's performance was 51, which failed to meet the National Target of 0. It was a decline on the previous periods performance of 50 and was a decline on the same period in the previous year of 16.

Virtual Ward Utilisation

In January, TRFT's performance was 58%, which failed to meet the National Target of 79.6%. It was a decline on the previous periods performance of 67% and was a decline on the same period in the previous year of 62%.

Primary Care

<p>1 3</p> <p>Number of GP appointments</p> <p>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>Nov-24</td> <td>165,841 (603)</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Nov-24	165,841 (603)		<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>134,684 (498)</td> <td>176,589 (520)</td> <td>341,976 (533)</td> <td>819,090 (536)</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Nov-24	134,684 (498)	176,589 (520)	341,976 (533)	819,090 (536)	<p>● Rotherham - This Yr ● Last Yr</p>
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Nov-24	165,841 (603)																		
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Nov-24	134,684 (498)	176,589 (520)	341,976 (533)	819,090 (536)															
<p>1</p> <p>% 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>Nov-24</td> <td>78.3%</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Nov-24	78.3%		<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>77.9%</td> <td>80.2%</td> <td>77.2%</td> <td>78.2%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Nov-24	77.9%	80.2%	77.2%	78.2%	<p>● Rotherham - This Yr ● Last Yr</p>
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<p>1 3</p> <p>Improve access to NHS dentistry</p> <p>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>Sep-24</td> <td>1,078,375</td> <td>1,034,955</td> </tr> </tbody> </table>			YTD Actual	Sept YTD target	Sep-24	1,078,375	1,034,955	<p>● SYICB - This Yr ● Last Yr</p>										
	YTD Actual	Sept YTD target																	
Sep-24	1,078,375	1,034,955																	
<p>1 3</p> <p>Number of Pharmacy First interventions</p> <p>Pharmacy First helps pharmacies manage minor illnesses, urgent repeats, and seven conditions via clinical pathways.</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Sep-24</td> <td>1,514</td> </tr> </tbody> </table>		Actual	Sep-24	1,514	<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>Sep-24</td> <td>2,126</td> <td>1,610</td> <td>3,213</td> <td>8,463</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Sep-24	2,126	1,610	3,213	8,463	<p>● Rotherham - This Yr</p>		
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Sep-24	1,514																		
	Barnsley	Doncaster	Sheffield	SYICB															
Sep-24	2,126	1,610	3,213	8,463															

Overview

Number of GP appointments

In November, Rotherham's performance was 165,841, which failed to meet the local ambition of . It was an improvement on the previous periods performance of 214,434 and was an improvement on the same period in the previous year of 171,135.

% appointments booked within 14 days

In November, Rotherham's performance was 78.3%. It was an improvement on the previous periods performance of 70% and was a decline on the same period in the previous year of 78.6%.

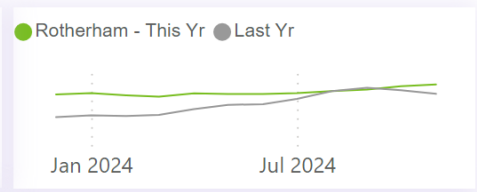
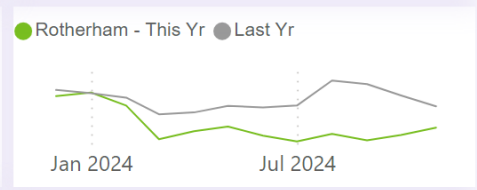
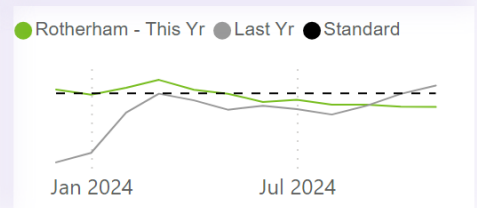
Improve access to NHS dentistry

In September, SYICB's performance was 1,078,375, which met the local ambition of 1,034,955. It was an improvement on the previous periods performance of 169,216 and was an improvement on the same period in the previous year of 176,787.

Pharmacy First interventions

Number of Pharmacy First interventions - In September, Rotherham's performance was 1514. It was a decline on the previous periods performance.

Elective Care

<p>1 3 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>Nov-24</td> <td>1,214</td> </tr> </tbody> </table>		Actual	Nov-24	1,214	<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>570</td> <td>1,597</td> <td>2,048</td> <td>5,429</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Nov-24	570	1,597	2,048	5,429			
	Actual																		
Nov-24	1,214																		
	Barnsley	Doncaster	Sheffield	SYICB															
Nov-24	570	1,597	2,048	5,429															
<p>1 3 Total waiting over 65 weeks</p> <p>Eliminate the number of patients waiting over 65 weeks for elective care by December 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>Nov-24</td> <td>90</td> <td>0</td> </tr> </tbody> </table>		Actual	Standard	Nov-24	90	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>Nov-24</td> <td>104</td> <td>233</td> <td>158</td> <td>585</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Nov-24	104	233	158	585	
	Actual	Standard																	
Nov-24	90	0																	
	Barnsley	Doncaster	Sheffield	SYICB															
Nov-24	104	233	158	585															
<p>1 3 %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>Nov-24</td> <td>92.2%</td> <td>95.0%</td> </tr> </tbody> </table>		Actual	Standard	Nov-24	92.2%	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>Nov-24</td> <td>89.7%</td> <td>76.3%</td> <td>61.6%</td> <td>72.2%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Nov-24	89.7%	76.3%	61.6%	72.2%	
	Actual	Standard																	
Nov-24	92.2%	95.0%																	
	Barnsley	Doncaster	Sheffield	SYICB															
Nov-24	89.7%	76.3%	61.6%	72.2%															

Overview

Total waiting over 52 weeks

In November, Rotherham's performance was 1,214. It was a decline on the previous periods performance of 1,178 and was a decline on the same period in the previous year of 1,023.

Total waiting over 65 weeks

In November, Rotherham's performance was 90. It was a decline on the previous periods performance of 70 and was an improvement on the same period in the previous year of 149.

%patients receiving diagnostic test within 6 weeks

In November, Rotherham's performance was 92.2%, which failed to meet the National Target of 95%. It was a decline on the previous periods performance of 92.3% and was a decline on the same period in the previous year of 96.6%.

Elective Care

3 Outpatient Procedures Increase the proportion of all outpatient attendances that attract a procedure code to 46% across 2024/25	Rotherham		Actual				● Rotherham - This Yr ● Standard
		Actual	Standard	Barnsley	Doncaster	Sheffield	
	Dec-24	47.3%	46.0%	43.6%	51.6%	48.2%	47.8%

3 Value Weighted Activity Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%	TRFT		Actual					● TRFT - This Yr
		Actual	Standard	BHFT	DBTHFT	SCH	STH	
	Dec-24	100.3%	103.0%	98.1%	96.2%	105.1%	102.7%	105.1%

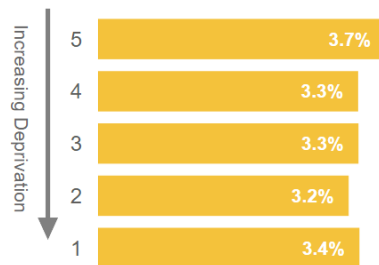
CORE20 PLUS

Over 52 Weeks

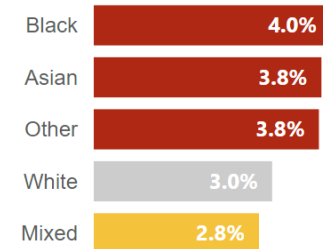
Over 65 Weeks

Total Waiting Over 52 Weeks (South Yorkshire)

Deprivation Quintile



Ethnicity



November 2024 | Comparator: SY Average

November 2024 | Comparator: White

Data Source: WLMDS

Statistical significance to comparator: Worse Similar Better N/A

Overview

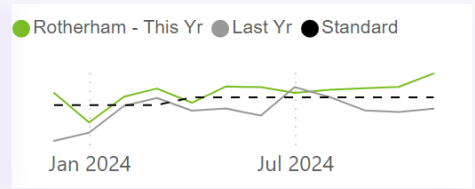
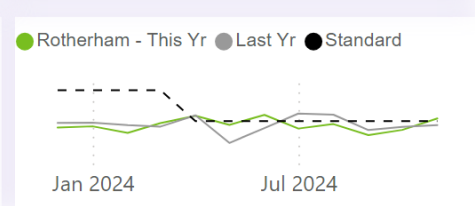
Outpatient Procedures

In December, Rotherham's performance was 47.3%, which met the National Target of 46%. It was a decline on the previous periods performance of 48.4%

Value Weighted Activity

In December, TRFT's performance was 100.3%, which failed to meet the National Target of 103%. It was a decline on the previous periods performance of 100.8%.

Cancer

<p>1 3 % 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>Nov-24</td> <td>83.3%</td> <td>77.0%</td> </tr> </tbody> </table>		Actual	Standard	Nov-24	83.3%	77.0%	<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>82.0%</td> <td>81.5%</td> <td>78.5%</td> <td>80.7%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	82.0%	81.5%	78.5%	80.7%	 <p>● Rotherham - This Yr ● Last Yr ● Standard</p>
	Actual	Standard															
Nov-24	83.3%	77.0%															
Barnsley	Doncaster	Sheffield	SYICB														
82.0%	81.5%	78.5%	80.7%														
<p>1 3 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>Nov-24</td> <td>71.3%</td> <td>70.0%</td> </tr> </tbody> </table>		Actual	Standard	Nov-24	71.3%	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>66.9%</td> <td>64.6%</td> <td>54.9%</td> <td>62.8%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	66.9%	64.6%	54.9%	62.8%	 <p>● Rotherham - This Yr ● Last Yr ● Standard</p>
	Actual	Standard															
Nov-24	71.3%	70.0%															
Barnsley	Doncaster	Sheffield	SYICB														
66.9%	64.6%	54.9%	62.8%														

Overview

28 Day Faster Diagnosis:

% patients with cancer diagnosis communicated within 28 days

In November, Rotherham's performance was 83.3%, which met the National Target of 77%. It was an improvement on the previous periods performance of 79.8% and was an improvement on the same period in the previous year of 74.1%.

62-day referral to treatment standard - combined

In November, Rotherham's performance was 71.3%, which met the National Target of 70%. It was an improvement on the previous periods performance of 65.8% and was an improvement on the same period in the previous year of 68.1%.

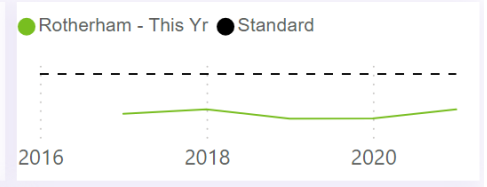
Cancer

1 Cancer Diagnosis at stage 1 or 2

Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028

Rotherham		
	Actual	Standard
2021	55.0%	75.0%

Actual				
Barnsley	Doncaster	Sheffield	SYICB	
50.5%	53.2%	51.7%	52.5%	

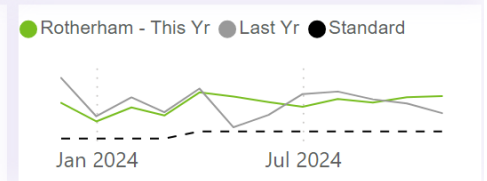


3 31 Day diagnosis to treatment

31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients

Rotherham		
	Actual	Standard
Nov-24	87.0%	96.0%

Actual				
Barnsley	Doncaster	Sheffield	SYICB	
86.9%	90.7%	83.2%	86.3%	



CORE20 PLUS ²

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	51.6%
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 2021, 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 November, Rotherham's performance was 87%, which failed to meet the National Target of 96%. It was an improvement on the previous periods performance of 86.6% and was an improvement on the same period in the previous year of 82.2%.

Maternity

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

1 **Stillbirth per 1,000 live births**
2 Make progress towards the national safety ambition to reduce stillbirths (by 50%)

TRFT	
	Actual
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**
2 Make progress towards the national safety ambition to reduce stillbirths (by 50%)

TRFT		
	Actual	Standard
2023/24	0.8	1.5

Actual			
BHFT	DBTHFT	STH	SYICB
2.4	1.2	2.7	1.8



1 **Preterm Birth Rate**
2 Preterm is defined as babies born alive before 37 weeks of pregnancy are completed.

TRFT		
	Actual	Standard
Apr-23	10.0%	6.2%

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



Overview

Stillbirth per 1,000 live births

In 2023/24, TRFT's performance was 1.9.


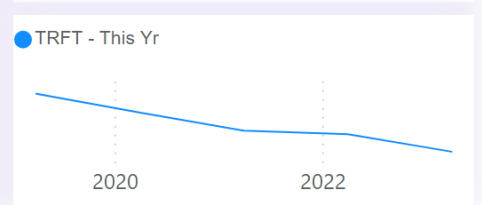
Neonatal mortality rate per 1000 live births

In 2023/24, TRFT's performance was 0.8.

Preterm Birth Rate

In April, TRFT's performance was 10%.

Maternity

<p>1 Breast milk at first feed</p> <p>This measure shows the number of new mothers known to have initiated breastfeeding</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Aug-24</td> <td>62.5%</td> <td>71.7%</td> </tr> </tbody> </table>		Actual	Standard	Aug-24	62.5%	71.7%	<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>58.1%</td> <td>63.5%</td> <td>73.4%</td> <td>62.5%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	58.1%	63.5%	73.4%	62.5%	<p>● TRFT - This Yr</p> 
	Actual	Standard															
Aug-24	62.5%	71.7%															
BHFT	DBTHFT	STH	SYICB														
58.1%	63.5%	73.4%	62.5%														
<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>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></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>		Actual	Standard	2023/24	10.8%	7.9%	<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>9.7%</td> <td>9.9%</td> <td>7.9%</td> <td>9.4%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	9.7%	9.9%	7.9%	9.4%	<p>● TRFT - This Yr</p> 
	Actual	Standard															
2023/24	10.8%	7.9%															
BHFT	DBTHFT	STH	SYICB														
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Overview

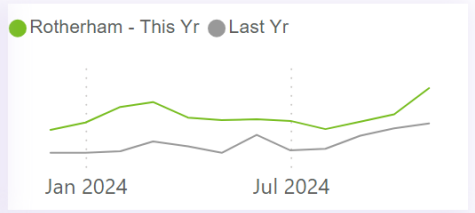
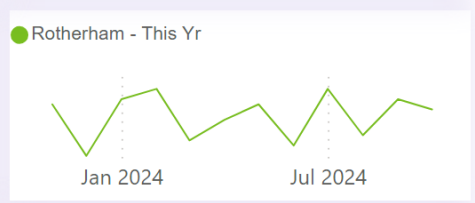
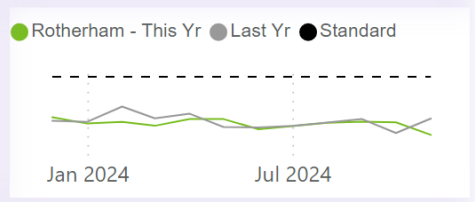
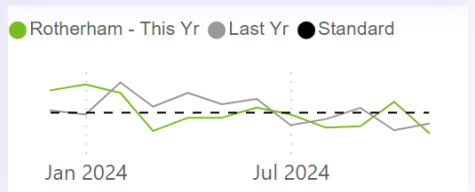
Breast milk at first feed

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

Smoking at time of Delivery

In 2023/24 TRFT's performance was 10.8%, which met the National Target of 7.9%

Mental Health

<p>1 3 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>Nov-24</td> <td>4,670</td> <td>17,243</td> </tr> </tbody> </table>		Actual	Plan	Nov-24	4,670	17,243	<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>4,600</td> <td>3,740</td> <td>5,375</td> <td>18,385</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	4,600	3,740	5,375	18,385	<p>● Rotherham - This Yr ● Last Yr</p> 
	Actual	Plan															
Nov-24	4,670	17,243															
Barnsley	Doncaster	Sheffield	SYICB														
4,600	3,740	5,375	18,385														
<p>3 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>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>365</td> <td>160</td> <td>395</td> <td>1,065</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	365	160	395	1,065	<p>● Rotherham - This Yr</p> 
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<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>Nov-24</td> <td>38.8%</td> <td>48.0%</td> </tr> </tbody> </table>		Actual	Plan	Nov-24	38.8%	48.0%	<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>46.9%</td> <td>42.1%</td> <td>44.7%</td> <td>43.6%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	46.9%	42.1%	44.7%	43.6%	<p>● Rotherham - This Yr ● Last Yr ● Standard</p> 
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Overview

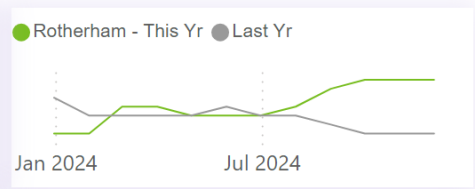
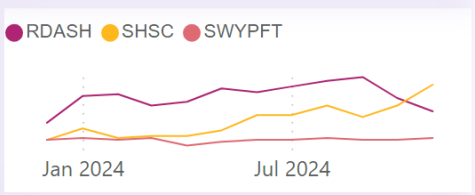
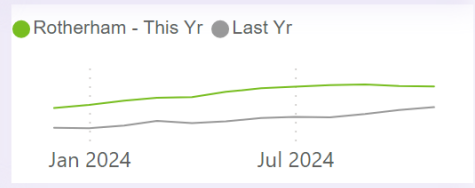
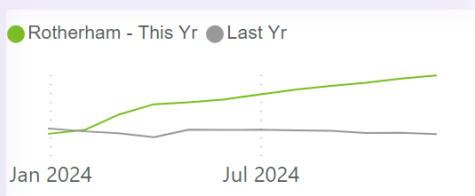
Increase Number of CYP (0-17yrs) receiving at least one contact in reporting period - In November, Rotherham's performance was 4,670, which failed to meet the local ambition of 17243. It was an improvement on the previous periods performance of 4,510 and was an improvement on the same period in the previous year of 4,455.

Talking Therapies Completion - In October, Rotherham's performance was 145. It was a decline on the previous periods performance of 155 and was an improvement on the same period in the previous year of 145.

Talking Therapies Reliable Recovery - In November, Rotherham's performance was 38.8%, which failed to meet the National Target of 48%. It was a decline on the previous periods performance of 44.8% and was a decline on the same period in the previous year of 46.7%.

Talking Therapies Reliable Improvement - In November, Rotherham's performance was 63.3%, which failed to meet the National Target of 67%. It was a decline on the previous periods performance of 69% and was a decline on the same period in the previous year of 65%.

Mental Health Continued

<p>1 3 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>Nov-24</td> <td>245</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Nov-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>Nov-24</td> <td>230</td> <td>430</td> <td>380</td> <td>1,285</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Nov-24	230	430	380	1,285	<p>● Rotherham - This Yr ● Last Yr</p> 
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Nov-24	230	430	380	1,285															
<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>Nov-24</td> <td>89.7%</td> <td>66.7%</td> </tr> </tbody> </table>		Actual	Plan	Nov-24	89.7%	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>Nov-24</td> <td>74.7%</td> <td>72.6%</td> <td>72.9%</td> <td>76.5%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Nov-24	74.7%	72.6%	72.9%	76.5%	<p>● Rotherham - This Yr ● Last Yr</p> 
	Actual	Plan																	
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<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>Nov-24</td> <td>3,445</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Nov-24	3,445		<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>3,160</td> <td>3,910</td> <td>3,275</td> <td>13,790</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Nov-24	3,160	3,910	3,275	13,790	<p>● Rotherham - This Yr ● Last Yr</p> 
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<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%	
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Overview

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

Dementia Diagnosis rate - In November, Rotherham's performance was 89.7%, which met the National Target of 66.7%. It was a decline on the previous periods performance of 89.8% and was an improvement on the same period in the previous year of 83.8%.

Community Mental Health Services for Adults and Older Adults with SMI, 2+ contacts - In November, Rotherham's performance was 3,445 and was an improvement on the same period in the previous year of 2,365.

SMI Health Checks - In September, Rotherham's performance was 66%, which met the National Target of 60%

Learning Disabilities & Autism

<p>1 2 3 % 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>Nov-24</td> <td>50.0%</td> <td>54.8%</td> </tr> </tbody> </table>		Actual	Q3 Target	Nov-24	50.0%	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></td> <td>45.2%</td> <td>39.5%</td> <td>40.4%</td> <td>42.7%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB		45.2%	39.5%	40.4%	42.7%	
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<p>1 2 3 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>Dec-24</td> <td>9</td> <td>30</td> </tr> </tbody> </table> <p>Rate per million population</p>		Actual	Standard	Dec-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></td> <td>21</td> <td>8</td> <td>16</td> <td>54</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB		21	8	16	54	
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<p>1 2 3 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>Dec-24</td> <td>0</td> <td>15</td> </tr> </tbody> </table> <p>Rate per million population</p>		Actual	Standard	Dec-24	0	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></td> <td>0</td> <td>0</td> <td>1</td> <td>1</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB		0	0	1	1	
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	0	0	1	1															

Overview

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

In November, Rotherham's performance was 50%, which failed to meet the Q3 Target of 54.8%. It was an improvement on the previous periods performance of 42.4% and was an improvement on the same period in the previous year of 41.5%.

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

In December, 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 11.

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

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

Learning Disabilities & Autism

1
3 **Placeholder:ADHD Waiting list**

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

1
3 **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)

<p>1 2 3 % of patients with hypertension treated to NICE guidance</p> <p>Increase the proportion of patients with hypertension treated according to NICE guidance to 80% by March 2025</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Jun-24</td> <td>69.1%</td> <td>80.0%</td> </tr> </tbody> </table>		Actual	Standard	Jun-24	69.1%	80.0%	<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>Jun-24</td> <td>69.0%</td> <td>71.1%</td> <td>70.4%</td> <td>70.0%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jun-24	69.0%	71.1%	70.4%	70.0%	
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<p>1 2 3 % of patients aged 25-84 years with a CVD risk score greater than 20% on lipid lowering therapies</p> <p>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</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Jun-24</td> <td>70.2%</td> <td>65.0%</td> </tr> </tbody> </table>		Actual	Standard	Jun-24	70.2%	65.0%	<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>Jun-24</td> <td>68.9%</td> <td>68.6%</td> <td>66.1%</td> <td>68.2%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jun-24	68.9%	68.6%	66.1%	68.2%	
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CORE20 PLUS ²

Hypertension Treatment

CVD Risk Score

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

Deprivation Quintile

Ethnicity

Learning Disability (LD)

01 June 2024 | Comparator: SY Average 01 June 2024 | Comparator: White 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

2
3 Increase vaccination uptake for children and young people year on year towards WHO recommended levels

	Vaccination	Target	Latest quarter (Q2 2024/25)	Previous quarter (Q1 2024/25)	Previous year's quarter (Q2 23/24)
Coverage measured at 12 months	6 in 1 Vaccine (Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Whooping Cough) (12m)	95%	93.5%	93.9%	93.3%
	Meningitis B (12m)	95%	93.1%	93.5%	93.1%
	Pneumococcal (Meningitis / Sepsis / Pneumonia) (12m)	95%	95.6%	95.3%	95.5%
	Rotavirus	95%	90.9%	91.3%	90.5%
Coverage measured at 24 months	6 in 1 Vaccine (Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Whooping Cough) (24m)	95%	94.4%	94.7%	94.7%
	Measles / Mumps / Rubella	95%	92.0%	91.9%	92.9%
	Hib / Meningitis C (12m)	95%	92.0%	91.9%	92.6%
	Pneumococcal (Meningitis / Sepsis / Pneumonia) (24m)	95%	91.3%	91.6%	92.0%
	Meningitis B (24m)	95%	90.7%	90.6%	91.0%
Coverage measured at 5 years	6 in 1 Vaccine (Diphtheria / Polio / Tetanus / Whooping cough/ Hepatitis B / Hib) (5y)	95%	94.7%	95.1%	94.8%
	Hib / Meningitis C (5y)	95%	88.5%	88.5%	90.3%
	4 in 1 Vaccine (Diphtheria / Polio / Tetanus / Whooping cough)	95%	85.6%	85.7%	85.6%
	Measles / Mumps / Rubella 1	95%	94.1%	94.1%	94.7%
	Measles / Mumps / Rubella 2	95%	87.3%	87.3%	87.0%

Source: UK Health Security Agency (UKHSA)

Overview

Quarter 2 data has just been released in time for this report, which is similar to previously report unvalidated data. The 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.

Place Prescribing Report

Q2 April – Sept 24/25

Lead Executive	Wendy Allott, Chief Finance Officer – Rotherham, NHS SY ICB
Lead Officer	Govinder Bhogal - Programme Director for Medicines Optimisation

Purpose
To update Place Board on medicines management activity in the first 6 months of 2024/25.
Background
<p>The Medicines Optimisation Team (MOT) monitors and advises on all aspects of prescribing that is attributed to Rotherham Place.</p> <p>The attached report details</p> <ul style="list-style-type: none"> • The financial performance. • The quality initiatives that are being implemented.
Analysis of key issues and of risks
See attached report.
Patient, Public and Stakeholder Involvement
Not applicable.
Financial Implications
<p>Prescribing is the second largest area of expenditure for Place and the South Yorkshire Integrated Care Board (ICB). Whilst the financial risk of this area of expenditure resides with the ICB, we have little influence over the “prescribers” whose actions impact on prescribing expenditure.</p> <p>Prescribing costs are influenced by a wide range of factors that are often outside of the individual clinician’s control such as:</p> <ul style="list-style-type: none"> • National guidance (NICE etc) • New clinical evidence • Drug shortages – resulting in patients having to prescribing less cost-effective alternatives • Drugs not available at drug tariff price (NHS contract price) NCSO – No cheaper stock obtainable. <p>Drugs are global commodities and supply chains into the UK are international. The ever-increasing number of drug shortages/supply problems and the inability to obtain drugs at drug tariff prices, will all impact on prescribing costs.</p> <p>The MOT engages with prescribers to get them to accept ownership of the financial impact of their prescribing, even though increased prescribing costs will have little direct impact on the clinician.</p>
Approval history
Not applicable.
Recommendations
Rotherham Place Board is asked to note the 2024/25 Q2 position and outcomes in the attached report.

2024-25 Rotherham Place MO Quarter 2 Report April-Sept 2024

NHS South Yorkshire SICBL Rotherham

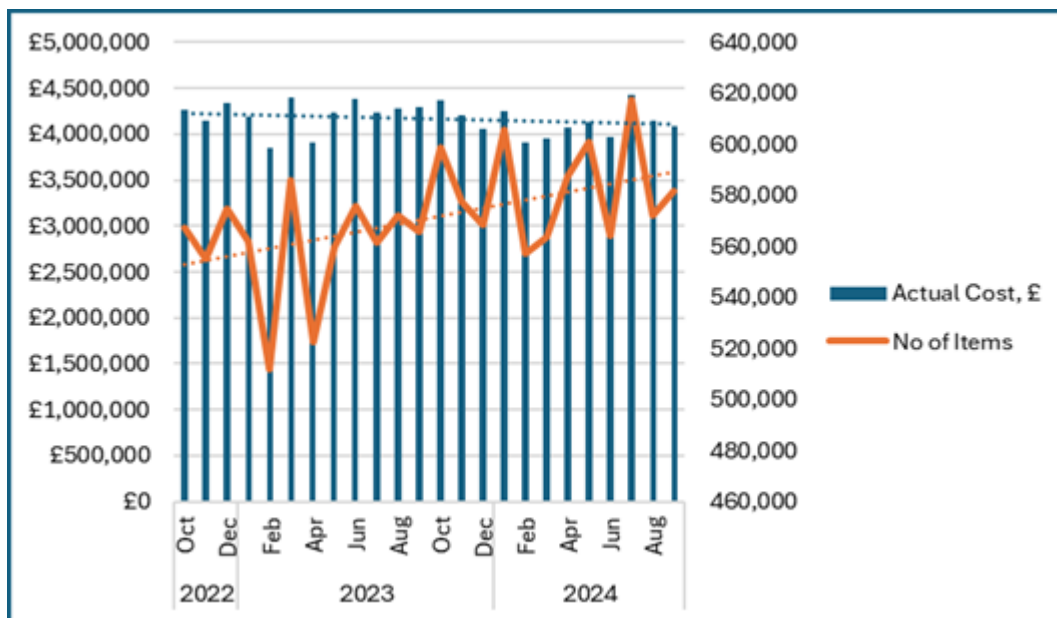
SICBL Rotherham has experienced a negative cost growth of -2.91% compared to the same period in 2023/24. This is below the cost growth for England (1.46%).

SICBL Name	Current spend	Cost growth %	Cost difference
Sheffield	£50,731,510	-0.95	-£488,091
Doncaster	£31,014,268	-0.80	-£249,475
Barnsley	£26,263,645	-1.44	-£382,433
Rotherham	£23,095,334	-2.91	-£692,369
<i>South Yorkshire</i>	<i>£131,104,758</i>	<i>-1.36</i>	<i>-£1,812,367</i>
<i>England</i>	<i>£5,201,040,921</i>	<i>1.46</i>	<i>£74,773,363</i>

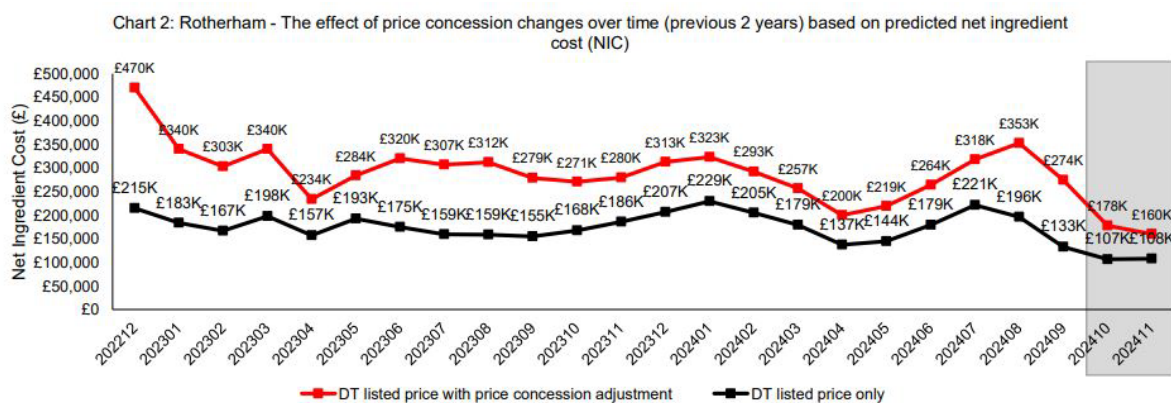
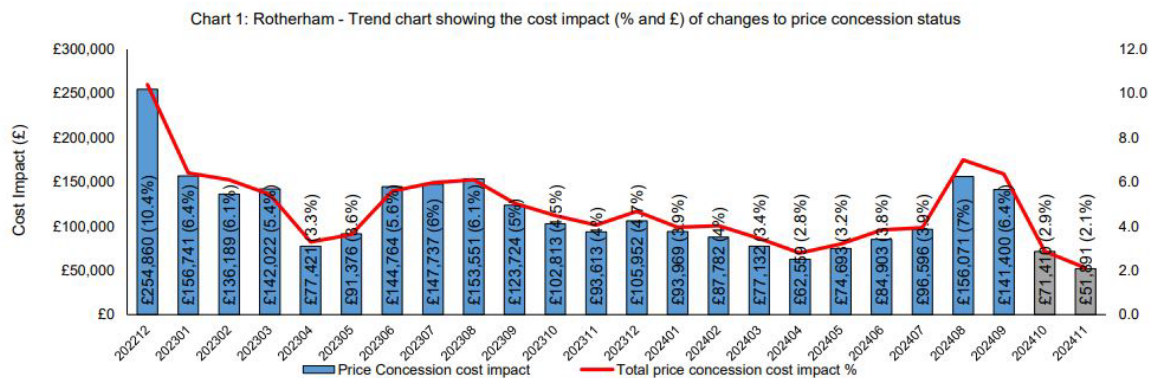
Rotherham still has strong item growth of 4.72%. This is a reduction from the previous quarter, but still above the England average of 4.3%.

SICBL Name	Current items	Item growth %	Item difference
Sheffield	7,292,376	4.82	335,122
Barnsley	4,099,840	4.74	185,462
Doncaster	4,093,100	3.87	152,323
Rotherham	3,471,230	4.72	156,571
<i>South Yorkshire</i>	<i>18,956,546</i>	<i>4.58</i>	<i>829,478</i>
<i>England</i>	<i>622,006,256</i>	<i>4.30</i>	<i>25,659,171</i>

Rotherham prescribing by month to Sept 2024



NCSO (no cheaper stock obtainable) continues to contribute to cost growth adding £616,262 to Rotherham's prescribing costs (Apr-Sept 2024)



Three months cost growth to Sept 2024 (top 10)

Cost Growth

Drugs used in diabetes	£466,646
Corticosteroids (respiratory)	£207,267
Bronchodilators	£152,292
Detection Sensor Interstitial Fluid/Gluc	£139,509
Sex Hormones	£79,542
Drugs acting on the nose	£65,943
Antiepileptic drugs	£65,487
Hypertension and heart failure	£40,055
Topical corticosteroids	£26,677
Colostomy Bags	£25,781

Drugs used in diabetes and respiratory corticosteroids remain areas of high cost growth. This reflects increase in patients using continuous blood glucose monitoring systems and the newer NICE approved antidiabetic agents. In respiratory corticosteroids and bronchodilators is in line with national guidance. The largest cost reduction comes from the anticoagulants and protamine group.

Six months percentage item growth to Sept 2024 (top 5)

	BNF Section Name	Item growth %
1	Detection Sensor Interstitial Fluid/Gluc	27.97
2	Acne and rosacea	13.50

3	Sex Hormones	11.21
4	Lipid-regulating drugs	10.40
5	Drugs for dementia	9.39

Detection Sensor Interstitial Fluid/Gluc has shown the greatest increase in item growth (27.97%) which represented a cost difference of £139,509. Increase in HRT, and lipid regulating drugs in line with national prescribing trends. Although Acne and rosacea shows a high item growth, it represents a £12,544 cost difference.

2024-25 Prescribing Incentive scheme

The scheme comprises of a total of 13 criteria (9 quality indicators and 4 financial indicators). Indicators include reducing opiate use, ensuring appropriate checks when prescribing sodium valproate, and appropriate use of antibiotics amongst others. Overall achievement in 2023/24 was 82%.

	Title	Description	Target	Data resource	Date work must be completed
1	DOACs with creatinine clearance calculated	Creatinine clearance measured in the last 12 months.	90%	System reporting unit	28 th Mar 2025
2	Inhaled Corticosteroid (ICS) reviews	Review patients with uncontrolled asthma (overuse of SABA) and ensure ICS use & compliance	To below 2% of asthma register	System reporting unit	28 th Mar 2025
3	PPI deprescribing	Reduce the prescribing of PPIs for those patients without a medication or condition that requires long term PPI prophylaxis.	To below place average of 31% (of all PPI patients >18y)	System reporting unit	28 th Mar 2025
4	Strong Opioid reviews (not codeine / dihydrocodeine/ tramadol)	Review strong opioids for chronic non-cancer pain (excluding High dose)	50% patients with an Opioid review read code (Y3c76)	System reporting unit	28 th Mar 2025
5	Valproate and pregnancy prevent	All patients of child-bearing potential to have VARAF requested, completed & coded in last 12m as per MHRA	100% (No patients left on review search)	System reporting unit	28 th Mar 2025
6	Non-issuing of medication for diabetes. (≥3m treatment gap)	Review patients not collecting oral or injectable diabetes medication (and on the diabetes register).	80% reduction	System reporting unit	28 th Mar 2025
7	Non-issuing of medication for long term mental health conditions. (≥3m treatment gap)	Oral Anti-psychotics & on SMI register Dementia medication & on Dementia register ADHD medication	100% reduction	System reporting unit	28 th Mar 2025
8	Antibiotic duration of treatment (Doxycycline)	Increase the percentage of prescriptions for quantities in line with NICE guidance.	Proportion of Doxycycline 100mg capsules 5-day course length (6 caps) to >40%	National Data (PHE Fingertips)	ePACT data collection is Jan- Mar 2025
9	Antibiotic duration of treatment (Amoxicillin)	Increase the percentage of prescriptions for quantities in line with NICE guidance	Proportion of Amoxicillin 500mg capsules 5-day course length (15 caps) to >60%	National Data (PHE Fingertips)	ePACT data collection is Jan- Mar 2025

1	Emollients to formulary	Review non-formulary emollients and switch to formulary or self-care	90% to formulary	ePACT data of all issues in a Quarter	ePACT data collection is Jan-Mar 2025
2	Blood Glucose Testing strips to formulary	Review non-formulary strips and lancets and switch to formulary	80% to formulary	ePACT data of all issues in a Quarter	ePACT data collection is Jan-Mar 2025
3	Vitamin D	Review non-formulary vitamin D products and switch to formulary or self-care.	80% to formulary (cost)	ePACT data of all issues in a Quarter	ePACT data collection is Jan-Mar 2025
4	ICB preferred brands/products	Ensure on-going compliance with ICB current preferred brands/products as per OptimiseRx	95% with preferred brands	System reporting unit	28 th Mar 2025

Place Team

Title	Total WTE	Filled	Vacant	% Vacancy
Senior Pharmacist	0.9	0.73	0.17	19%
Lead Pharmacist	3.9	2.31	1.59	41%
Pharmacist	1.6	0	1.6	100%
Senior Pharmacy Tech	0.8	0.6	0.2	25%
Lead Pharmacy Tech	1.3	1	0.3	23%
Pharmacy Technician	4.1	2	2.1	51%

QIPP Savings 24/25

	September	
Place QIPP		£590,351
BGTS		£36,386
Opiates		£11,341
Respiratory		
		£638,078
Place QIPP (Full Year Forecast)	£1,100,000.00	£1,192,164.23
BGTS		£74,577.39
Opiates		£58,920.66
Respiratory		
		£1,325,662.28

Rotherham has few opportunities to make efficiencies from brand switching and adherence to guidelines is high, indicating that the most cost effective or drug with the strongest evidence base is usually the drug of choice. However, like many similar areas prescribing volume is high and this contributes to overall cost. There are however opportunities for cost saving to occur and to September Rotherham medicines optimisation team as achieved £638,078 worth of QIPP saving.

Practice Budgets

As of Sept, practices are averaging an overall -6.7% underspend.

Antidepressant prescribing

- Antidepressant reviews are offered to Rotherham patients where there appears to be no reason for an antidepressants continued use.
- Patients are contacted and opt in to the service
- All reviews are done virtually.
- Work completed in 28/28 practices.
- Positive feedback from both pts and GP practices
- 7000 pts contacted and around 800 pts reviewed, with two-thirds stopping antidepressant and one-third reducing.

Project is now reviewing hypnotic and anxiolytic drugs which are the biggest cause of falls and fractures resulting in hospital admissions. As of March 2024, patients have been reviewed in 14 GP Practices with 55 pts either stopping their sleep tablets or reducing dose by at least 50%.

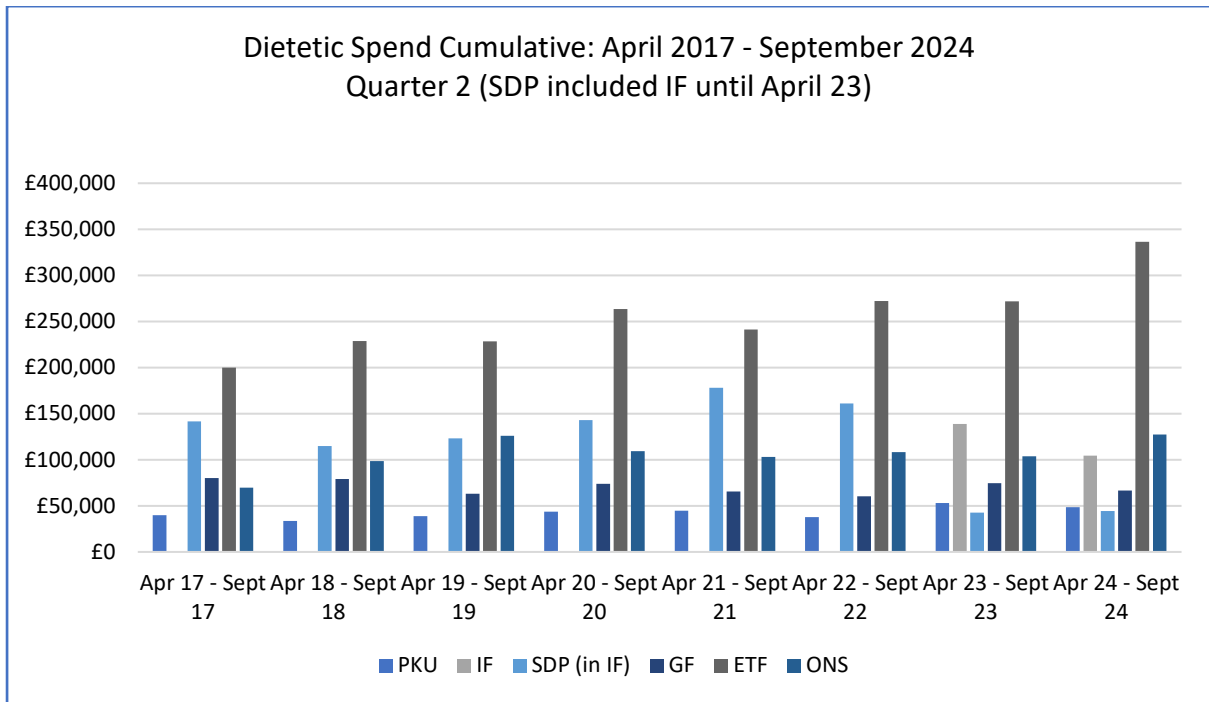
Diabetes Swap shops.

16 out of 28 practices have participated in swop shops so far. 1066 patients invited, with 527 patients swapped to up to date meters and strips along with other additional quality outcomes.

Nutritional Prescribing

In 2004, Rotherham made the decision to transfer the responsibility of prescribing and managing nutritional products from GPs to the dietitians. Now, after 20 years this service is responsible for managing all nutritional products, including gluten-free prescriptions, specialised dietetic products (SDP) including infant feeds (IF), thickeners and inputs into the diabetes pathway redesign and Medicines Management Care Home Team.

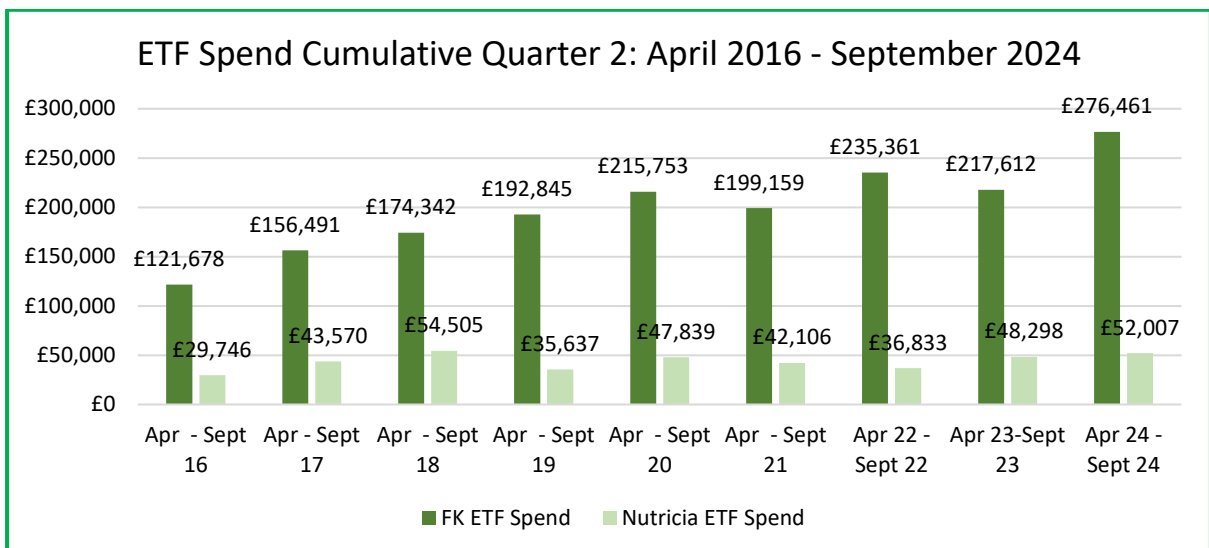
The service model is supported by a nutrition contract that covers both Primary and Secondary care and has produced considerable cost savings due to the decreased use of nutritional products.

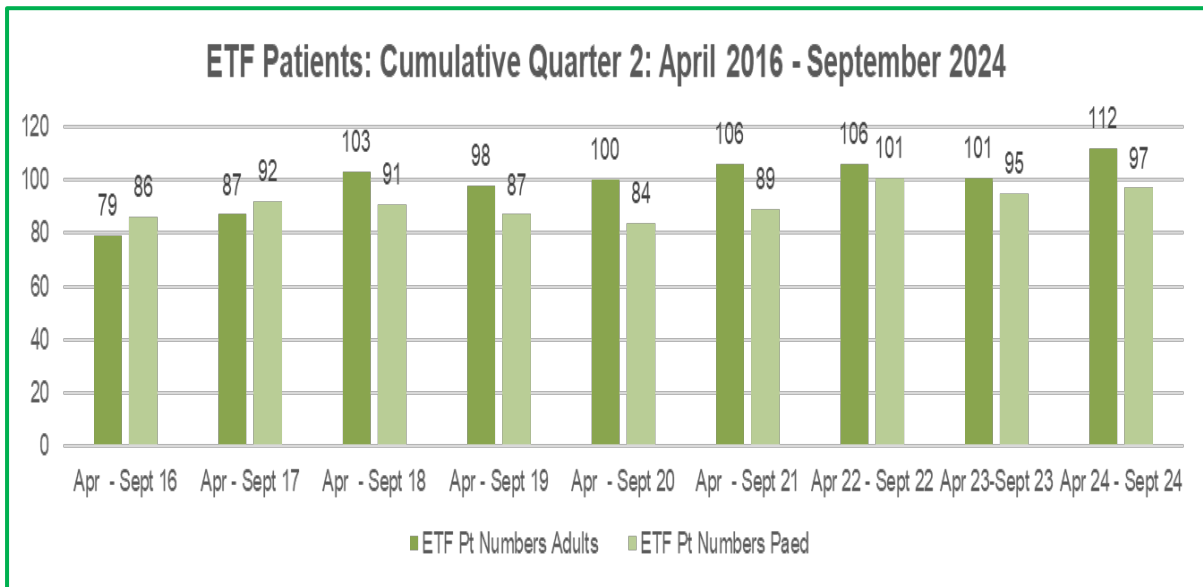


Enteral Feeding (ETF)

Currently, the service supports 209 patients on tube feeds (112 adults 97 children), this is more than double the number from 2004. The service model has also enabled most tube feed patients to have their PEG tubes changed/managed in their own home. The service has collaborated with patients and carers to enable them to be more self-caring e.g. Changing Y connectors (previously they would have to attend hospital), managing own balloon water changes (reducing work for community nursing). They have also supported carers/patients to be self-caring with tube changes where they have requested this.

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

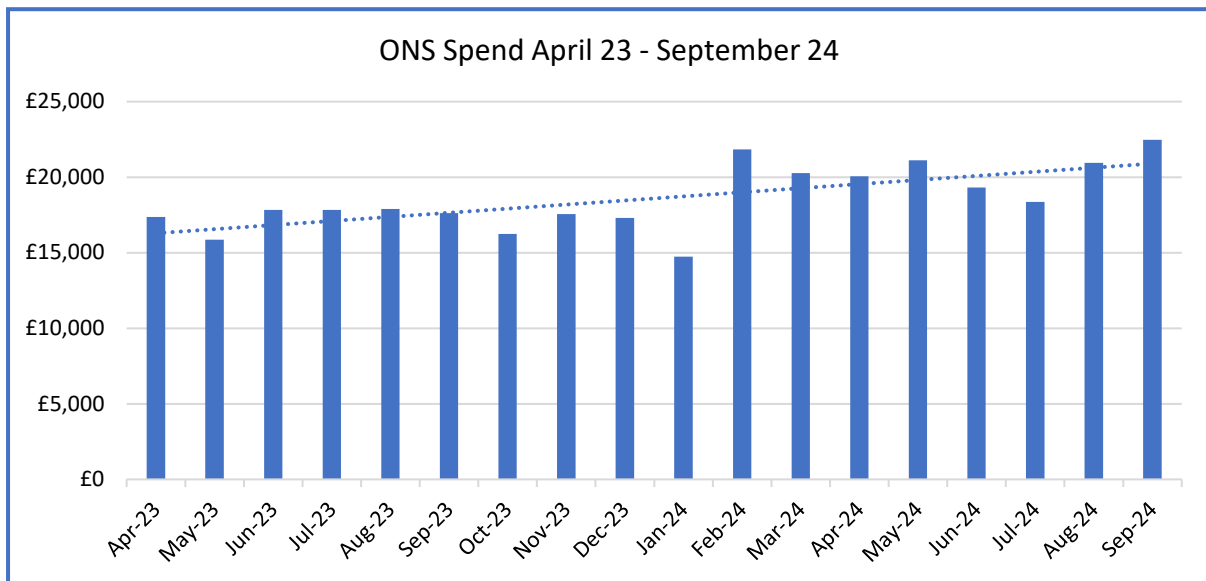




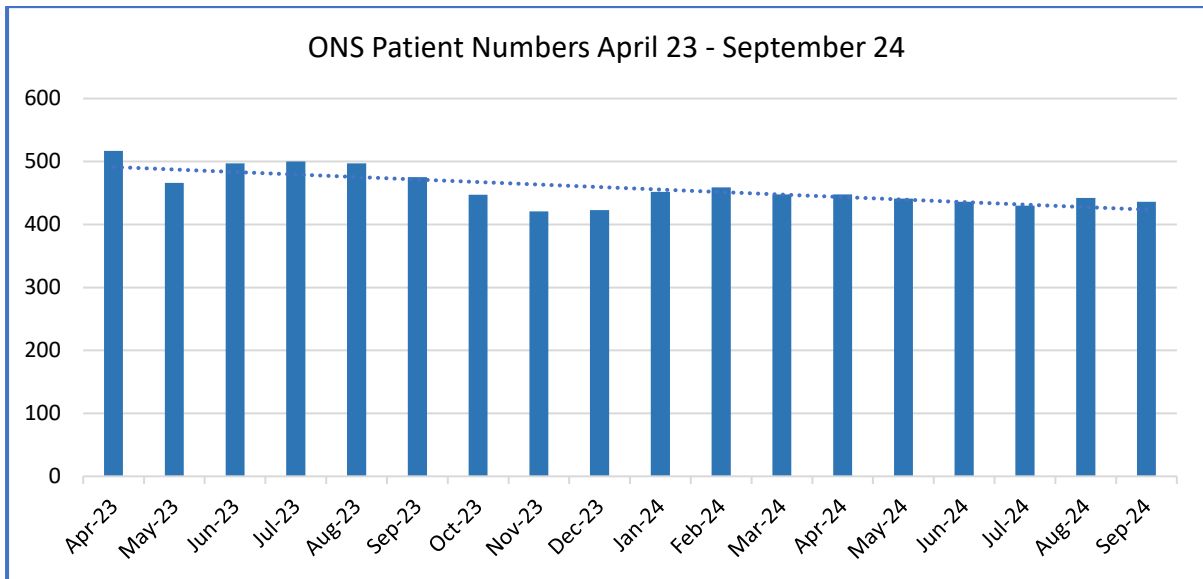
Oral Nutritional Supplements (ONS)

Nationally ONS expenditure is showing very strong cost growth whereas Rotherham has seen a steady cost growth over the last few years.

The nutrition contract is currently being re-tendered, the current contract has been reviewed prior to re-tendering and this work is on schedule.



As of September 2024 there are currently 436 patients receiving oral nutritional support (sip feeds).

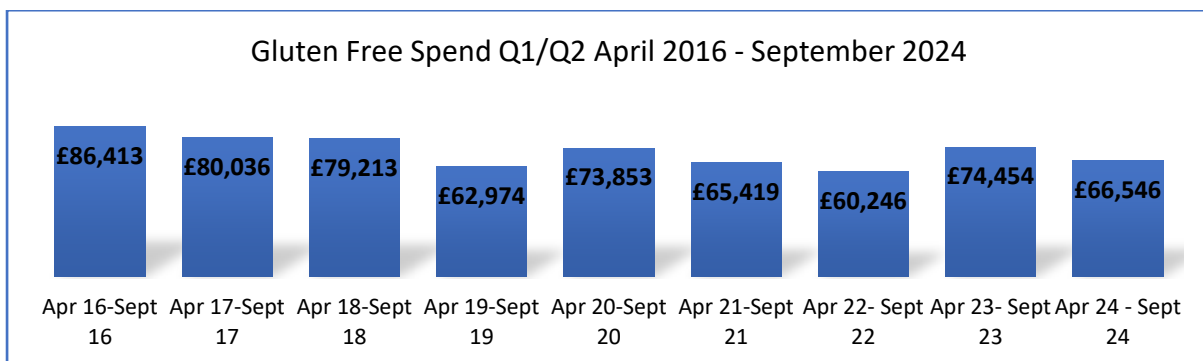


Nationally ONS expenditure is showing very strong cost growth whereas Rotherham has seen virtually no cost growth over the last 6 years.

The nutrition contract is currently being re-tendered, the current contract has been reviewed prior to re-tendering and this work is on schedule.

Gluten Free

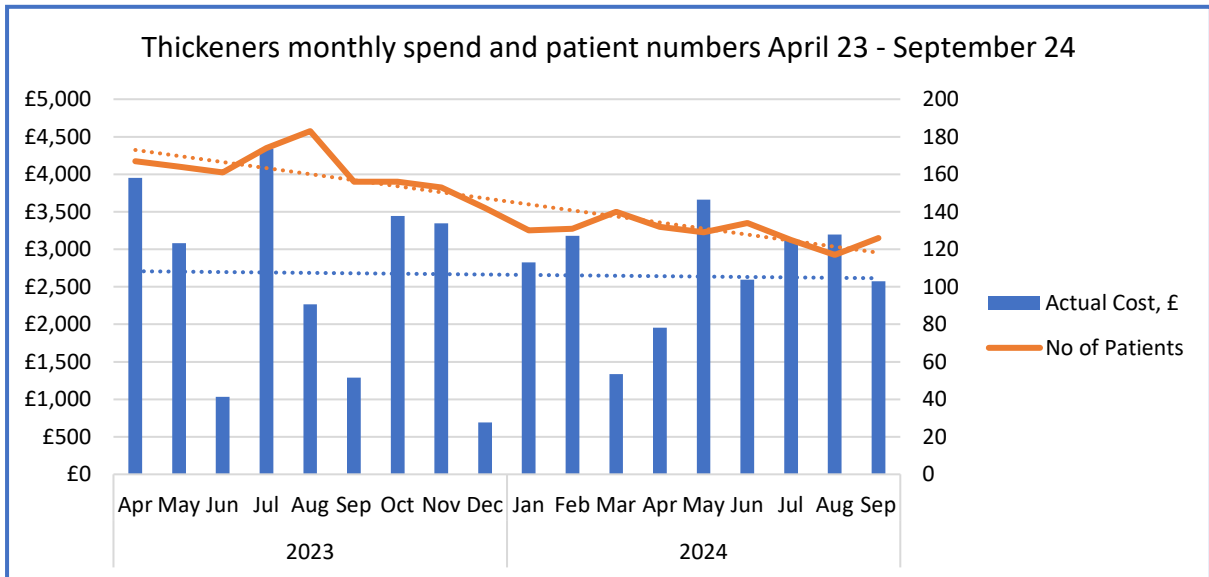
Gluten free spend is stable compared to last year, the majority of prescriptions are via pharmoutcomes with the number of prescriptions also remaining steady.



Thickeners

Spend on thickeners has remained stable since April 2023 with a general reduction in patient numbers over this period - as of September 2024 there are 126 patients receiving thickeners.

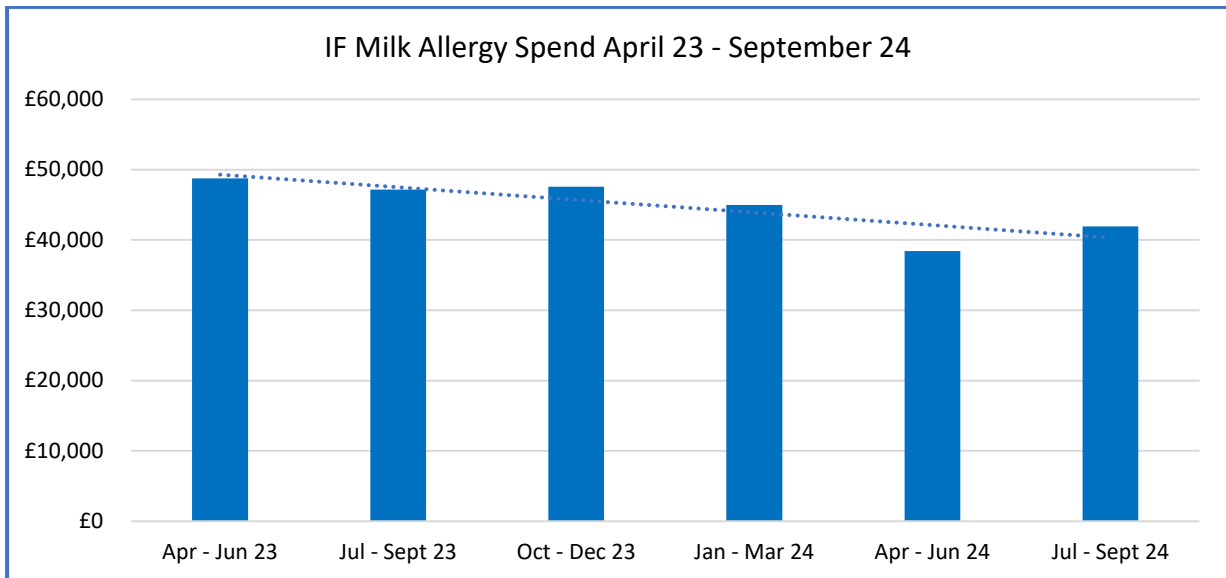
We recently investigated GP prescribing of thickeners as there is still a small number of patients with these products on repeats – we were reassured to see that the majority of these had been added as ‘hospital only’ medications for information only.

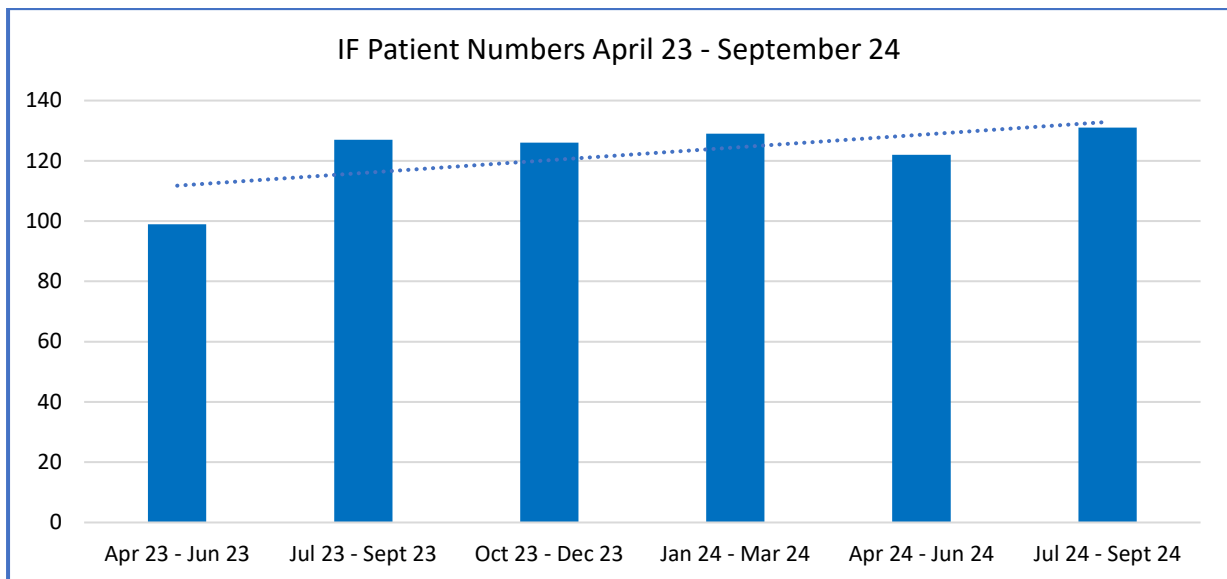


Infant Feeds (IF)

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

In Q2 of 24/25 19.7% of all Rotherham newborns were referred into this service (8.2% of exclusively breast-fed infants, 26.1% of fully formula fed infants).





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

Referral numbers have increased with record numbers this quarter of 131. However, spend within the service continues to reduce along with patient numbers which suggests appropriate prescribing.

We are now recording patient numbers with both suspected milk allergy and CMPA on the database to give a better idea of actual patient numbers with a diagnosis of CMPA.

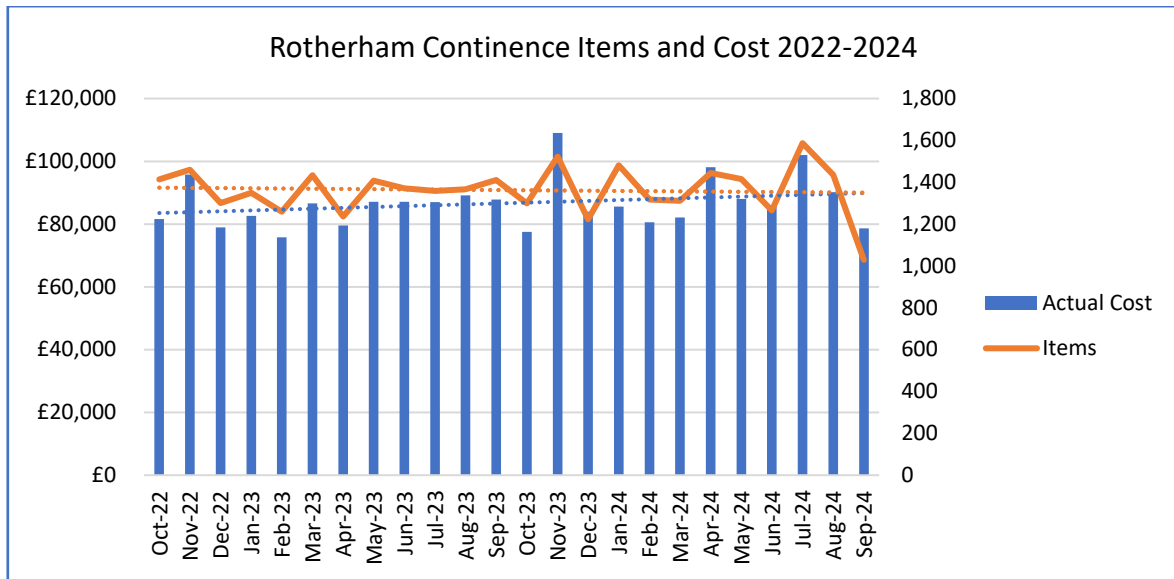
Rotherham benchmarks well on its infant feeding formula costs and analysis of products prescribed by the dietitians demonstrates appropriate cost-effective prescribing.

Continence and Stoma

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

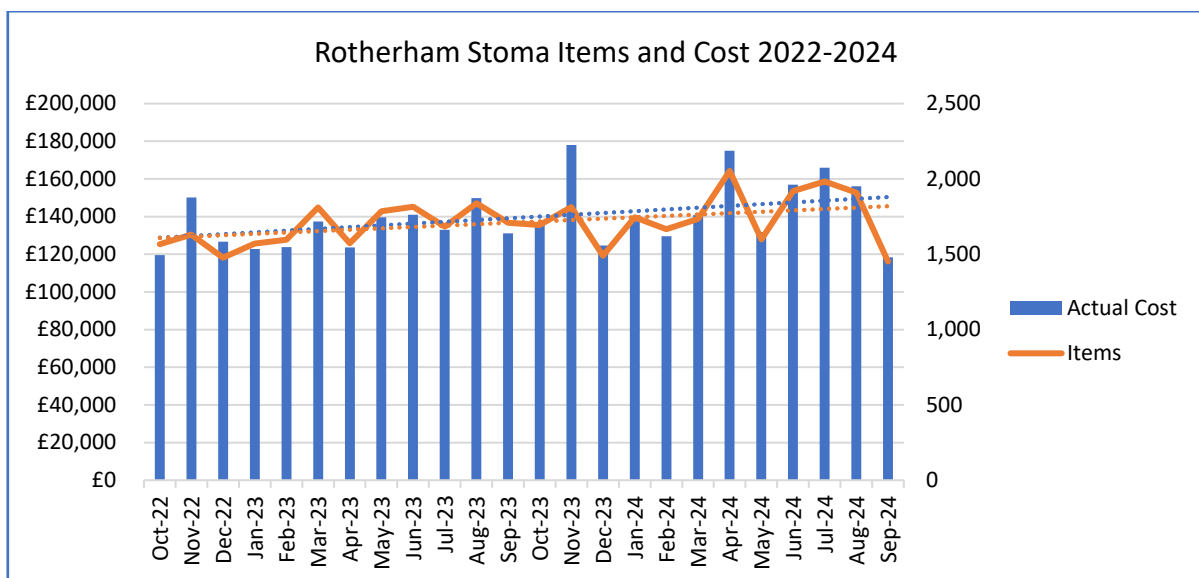
The service benchmarks well for costs and has successfully reinvented some of the initial savings into increasing community provision.

Continence



Rotherham still has the lowest prescribing costs for continence products in South Yorkshire and continues to benchmark well nationally. The service model also prevents admissions and hospital attendances and can demonstrate patient focused personalised care. The service has reported the avoidance of 64 hospital admissions between April 2023-March 2024. The continence prescribing costs are however, inflated by some of the highest costs nationally for anal irrigation products which requires further investigation, to either reduce or justify these costs.

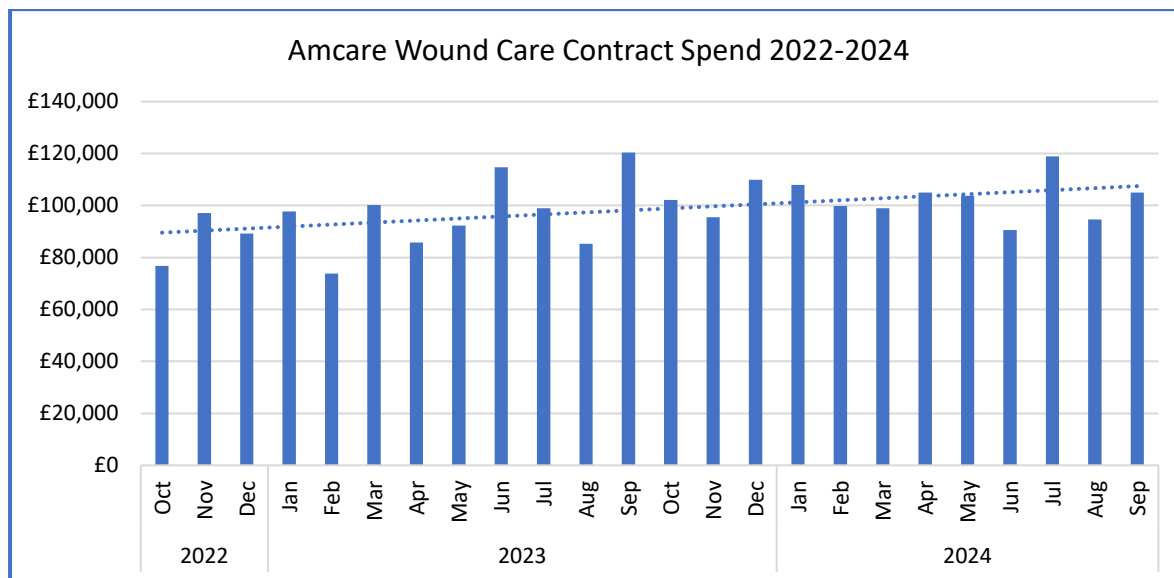
Stoma



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

Wound Care

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



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

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

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

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



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

19 February 2025

RPET Meeting Date	Item Discussed	Outcome	Date reported to Rotherham ICB Committee
09.01.25	Non-surgical Oncology (NSO) – Fourth Lung Clinic for Barnsley & Rotherham Populations	RPET received a paper from the Cancer Alliance regarding a proposal for a temporary arrangement for a fourth NSO lung clinic for Rotherham and Barnsley. RPET supported the proposal, recognising the benefits, and asked that a briefing note be sent to Health Select Committee and MPs.	19.02.25
16.01.25	Social Value Action Plan	RPET noted the Social Value Action Plan which was signed off by the Rotherham Together Partnership Chief Executive group. The action plan is to be shared at a staff meeting.	19.02.25
30.01.25	REWS Procurement Options	RPET considered the paper and recommendations and supported the extension of the current contract to 31 March 2026 in line with the financial year and Sheffield's contract.	19.02.25
06.02.25	2025/26 Priorities & Operational Planning Guidance	RPET discussed the recently published guidance and reflected individually on the impact in relation to their respective areas.	19.02.25

Minutes	
Title of Meeting:	PUBLIC Rotherham Place Board: Partnership Business
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 15 January 2025
Venue:	Conference Suite, Voluntary Action Rotherham
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	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) Ian Spicer, Strategic Director, Adult Care, Housing and Public Health, RMBC Anand Barmade, Connect Healthcare Rotherham
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 (deputising)

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

Andrew Russell (**AR**), Director of Nursing, Doncaster & Rotherham Places, NHS SY ICB

Bob Kirton (**BK**), Managing Director, Rotherham NHS Foundation Trust (deputising)

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

Shahida Siddique (**SS**), Non-Executive Member, NHS SY ICB

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

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

In attendance:

Emily Ball, Graduate Management Trainee, NHS SY ICB

Andrew Clayton (**AC**), Head of Digital, NHS SY ICB

Helen Sweaton (**HS**), Assistant Director – Children's, RMBC/NHS SY ICB

Usman Niazi, Client Manager, 360 Assurance

Minute Taker:

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

Item Number	Discussion Items
101/01/25	Public & Patient Questions
<p>There were no questions from members of the public.</p>	
102/01/25	Public Health Director's Annual Report
<p>BA presented his annual report which this year focuses specifically on the role of general practice, looking at the importance of high quality management of long term conditions within the community.</p> <p>Ben explained that health inequalities in Rotherham means that our population experience more ill health earlier in life and too many suffer multi-morbidity or the impact of more than one health condition at once which is bad for Rotherham people and families and bad for Rotherham's economy. General practices are uniquely place to impact on inequalities in health with their mix of health professionals and position in the heart of the community, giving them the opportunity to support people to stay health, identify risk factors and conditions early and support the good management of ill health to reduce the impacts they can have on people's quality of life and the contribution they can make to our communities.</p> <p>The population change expected over next 10 years will mean we see an increase in the oldest age groups, mainly those aged 75+. The key will be to look at current levels of disease to try to reduce rising demand.</p> <p>All diseases are expected to rise but data showed that by focussing on an area of opportunity we can made real difference. Since 2015/16 with additional and enhanced service payments, additional roles reimbursements schemes and Quality Outcome frameworks funding, the overall rise in spend in general practice was 58.9%, an additional 25.1% above general inflation levels</p> <p>BA outlined a number of recommendations for Place Board to consider that highlighted that if we don't change, demand will continue to rise and be unsustainable. It is therefore important that we use the opportunities we have and Rotherham Place decides what its needs are for primary care networks (PCN) to focus on where it will make the most difference for primary care and PCNs.</p> <p>JP advised that although an inflationary lift is good, general practices have seen an increase in the number of patients on their lists coupled with an increase in the complexity of conditions patients present with which creates a difficult choice between providing access vs quality.</p> <p>Place Board thanked the Director of Public Health for his annual report. The report will inform the development of the revised version of our place plan.</p>	
103/01/25	Maternity, Children and Young People's Update
<p>HS commenced by reminding members of the groups key priorities for giving all children the best start in life so they go on to achieve their potential. Generally good progress is being made and there are no actions/concerns to raise with Place Board.</p> <p>HS gave a few highlights from the presentation including:</p> <ul style="list-style-type: none"> - Rotherham has achieved the highest possible rating in the local area SEND inspection and is being cited as an example of good practice for schools. - The Smoking at Time of Delivery risk has been mitigated and continues to be monitored to make sure there is no significant impact, however it was noted that it remains on the risk register for the time being. - The work on waiting time trajectories in CAMHs is moving forward and in line with the trajectory in December but increased demand is still being seen. - Health passports continue to be a challenge to 'go live' and the timeframe has been revised to allow a solution to be implemented. 	

In relation to the 0-19 service commencing new 3-4 month visits to all families, JBR was reassured by this proactive approach and the added benefit of developing better relationships with parents. HS advised that NIHR will be undertaking an independent evaluation, the results from which will be shared with JBR.

HS gave assurance to SS that despite the changes made, delivery will be as previously provided in terms of checks and to address any cultural inequalities. The vulnerability pathway refers into the service and therefore so monitoring will take place to identify any unintended consequences and if so, these will be reported to Place Board.

Members thanked HS and noted the update.

104/01/25 Digital Update

AC updated on progress with work being undertaken across including:

- ICS Digital Transformation Strategy discovery workshops commenced (January 25)
- ICS Digital Workforce and Skills Strategy discovery sessions completed (November 24)
- Continued growth in usage of shared care records in RMBC and care homes
- Migration planning from local Rotherham Health Record platform to strategic Yorkshire and Humber Care Record Platform commenced
- Rotherham Digital Programme: in 2024 1500+ free mobile data contracts were distributed and 2751 people actively supported in the community
- Successful SY wide digital inclusion event held on 9th October in Rotherham at New York Stadium
- Citizens Advice led SY Digital Inclusion Programme offering comprehensive support via 7 workstreams commenced operation in Rotherham in August 2024. Activity is meeting and exceeding targets in Rotherham.
- Eclipse Tool successfully adopted to support the Proactive Care workstream
- GP Online Registration - 100% rollout across South Yorkshire completed
- NHS App usage = 58% GP patients registered (highest in SY, up 3% since June 2024)
- Digitising Social Care Records = 86% of eligible Adult Social Care Providers digitised (highest in SY)
- Four care home sites participating in the Nobi remote monitoring programme

Members heard that at Rotherham hospital over 1000 patients a day use NHS App to access online surveys, correspondence and health forms, there has been very positive feedback from RMBC/Care Home and GP staff in relation to RHR.CARE and hospital electronic patient records are directly interfaced with GP records.

Work with Rotherham, Doncaster and South Humber NHS Trust has resulted in the implementation of capturing mental health patient feedback through Care Opinion, exploration with CAB opportunities to upcycle devices to prevent digital exclusion and the rollout of IT smart lockers for RDASH staff following successful evaluation of Swallownest Court pilot.

Working with RMBC has improved efficiency for social workers through AI summaries of care act assessments, engagement with Microsoft has seen the production of AI for education and health care plan and a digital front door chatbot pilot for social care has been created.

There were three challenges and risks facing the group which were noted around digital workforce resourcing, digital programme funding and the digital pathway framework.

In the coming months, work will continue on developing the SY ICS Digital Transformation Strategy and digital workforce and skill strategy, developing plans for full migrations to the Yorkshire & Humber Care Record system by March 2026, driving up shared care record usage, particularly in primary care and RDASH and the finalise the implementation of digital social care record systems and Nobi remote monitoring solution and assess the benefits.

Following an enquiry from SS around public perceptions of information sharing with digital solutions and AI, AC gave reassurance that governance is in place and partners use for patient care only, not for research purposes.

It was agreed that MCS will contact AC to discuss Hospice representation on digital groups.

Action: MCS

CE thanked AC for the update on digital developments and AC left the meeting.

105/01/25 Primary Care Update

JP advised that there had been as many general practice appointments in 2024/5 as there were in 2016. 38% of these had been provided by a GP with the rest carried out by other professionals at the practice.

There are also 266 hours of enhanced access appointments offered each week across Rotherham. There are available 7 days a week and delivered across several sites and are available to book on the NHS App, patients' online services and through GP practices. This service is managed by PCNs and works well with good appointments utilisation. Any unused appointments are offered to the Trust to be used for UECC patients.

In relation to Capacity and Access Improvement (CAIP), six specific targets had been agreed locally. In order for PCNs to be guaranteed payment for achievement, each member practice had to deliver on a specific selection of care navigation, friends and family test, telephony, GP Patient Survey, Online consultation, and appointment numbers. Across 28 criteria achievement was agreed for 18 indicators, with 10 agreed following submission of further evidence.

A number of issues were highlighted including:

- GP collective action,
- Increased demand across all areas
- Recruitment of key areas of clinical staffing
- Retention of non-clinical staffing
- Complex patients being moved back to primary care sooner
- Digital inclusion for all groups
- Continuing challenges to morale and mental wellbeing of all staff groups
- Uncertainty of funding

JP advised that despite the financial uncertainties and challenging discussions, GPs are working with the ICB on moving to delivery of proactive care, supporting winter pressures and building resilience. A review of all enhanced services is taking place across South Yorkshire and principles are being agreed but it is more difficult with the impact from GP collective action.

CE thanked JP for the update.

KG asked about the withdrawal of the admiral nursing service and whether there would be reassurance for the public around what it will be replaced with.

CE advised that the decision not fund admiral nurses had been made by the Primary Care Networks (PCNs). However as part of contract discussions, the ICB will be working with RDaSH to identify other similar provision is available and will also discuss the decision with PCNs.

106/01/25 Place Partnership Update and Place Achievements

The update informed Members that the NHS SY ICB Medicines Management Team and the Rotherham NHS Foundation Trust Nutrition and Dietetics Team had been given top honours at the HSJ Awards for the Care homes Hydration Project in the Place-based Partnership and Integrated Care Award Category.

The update also contained data showing a breakdown of the hits on the RotherHive mental health page and signposted to a new report by the National Academy for Social Prescribing which highlighted the benefits of social prescribing as well as profiling the Rotherham service.

An achievement has also been received from members of the Trauma Resilience Service who had received individual awards from the National Crime Agency to recognise their outstanding contributions to Operation Stovewood in Rotherham.

Place Board noted the Place Update and achievement and congratulated teams on their awards.	
107/01/25	Health Watch Presentation and Quarter 3 Report
<p>KG had provided two presentations for Place Board, one that was an introduction to Healthwatch, its statutory duties, role and functions as well as some of the priority topics for 2024-25. The other was a report produced on a quarterly basis by Healthwatch that gave a summary of the work they have undertaken and issues addressed.</p> <p>KG raised a couple of areas that Healthwatch has been working on during quarter 3 including issues people were experiencing with audiology services around waiting times and access to hearing aid batteries, as well as a wait of 12 months for a full hearing test.</p> <p>KG also mentioned that there have been some reports that accessing contraception is not easy. Following discussion, it was agreed that KG will provide further details to BA so that he/HS can review and work with Healthwatch to address.</p> <p style="text-align: right;">Action: KG</p> <p>BK will also ask the hospital older people's lead to link with KG on the audiology issues.</p> <p style="text-align: right;">Action: BK</p> <p>Members agreed that the Healthwatch Quarterly report was useful and it will be added to future Place Board agendas as a standing item.</p> <p style="text-align: right;">Action: LG</p>	
108/01/25	Communications to Partners/Promoting Events & Consultations
None.	
109/01/25	Draft Minutes and Action Log from Public Place Board
<p>The minutes from the meeting held on 18 December 2024 were agreed as a true and accurate record.</p> <p>The action log was reviewed and noted as all completed.</p>	
110/01/25	Risks and Items for Escalation to Appropriate Board
There were no new risks to note.	
111/01/25	Future Agenda Items:
<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) 	
112/01/25	Date of Next Meeting
The next meeting will take place on Wednesday 19 February 2025 in the John Smith Room, Town Hall, Rotherham.	

Members

Chris Edwards (Joint Chair)	Executive Place Director/ICB Deputy Chief Executive	NHS South Yorkshire Integrated Care Board
Sharon Kemp	Chief Executive	Rotherham Metropolitan Borough Council

(Joint Chair) Quarterly attendance)		
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
Bob Kirton	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

19 February 2024

Author(s)	Ruth Nutbrown – Head of Governance and Risk ICB Alison Hague – Corporate Services Manager Abby Sharp – Corporate Support Officer
Sponsor Director	Mark Janvier – Director of Corporate Governance & Board Secretary Will Cleary-Gray, Executive Director of Strategy & Partnerships
Purpose of Paper	
For members to have oversight of the current Risk Management Framework including Board Assurance Framework, Risk Register and Issues Log, which had been presented on the 4 January 2024 as part of the Rotherham PET agenda. Updates following this meeting have been included within this report.	
Key Issues / Points to Note	
<p>The current BAF, RR and IL (attached as appendix 1) is a standing agenda item on the Rotherham Place Board agenda at each meeting as set out in the ICB Risk Management Framework the Place Board will consider Risk and the BAF at each meeting. A deep dive is conducted on 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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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 <p>Executive Summary</p> <p>Heat maps are available in tab 3a of the attached document. The risks, issues and objectives on the Heat Map 3a are relative to those that are applicable to Rotherham Place, inclusive of ICB-wide and all place risks.</p> <p>The BAF is attached at tab 5 on the excel spreadsheet. The Rotherham Place Board has joint oversight of the following BAF objectives and is asked to review these, please note these are arranged by Score.</p>	

Table 1; BAF Objectives, by score

Ref	Descriptor	Score	Actions
4.3	<p>The number of transformations workstreams within Places are being delivered. Inherent Risks are mitigated:</p> <p>a. potential funding gap. b. System operational pressures preventing transformation to reduce health inequalities and health outcomes.</p>	5x4=20	<ul style="list-style-type: none"> • Reviewing approach to savings and transformation between organisations, places and collaboratives as part of 23/24 planning. • Finalise July 2023 ICB QSIR Quality Improvement Methodology Training Programme commenced January 2023. • ICB Transformation PMO review completed and methodology and approach being implemented.
2.1	<p>Through effective Place Partnership Plans, the ICB is tackling inequalities and moving towards greater self-care prevention and patient empowerment.</p> <p>The ICB is able to:</p> <p>a. risk stratify its population; b. engage effectively with all parts of its population to understand quality and patient experience, especially with those seldomly heard; and c. has effective plans to manage unwarranted variation in care and outcomes.</p>	4x4=16	<ul style="list-style-type: none"> • sufficient Health Inequalities investment in the 2023/24 Operating and Financial Plan and in the 24.25 Financial planning process and careful consideration of the implications of stopping proposal funding for Prevention and HI / Pop h plans/ interventions in managing the financial position for 2023.24 • Robust ICB 5-year Joint Forward plan • Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report including reporting health outcomes and HIs measurement and regularly collecting patient experience and insights through the dashboard and InSYghts data tool
1.2	<p>The local healthcare system is sustainable, accessible, and reactive to change, through the development and implementation of effective Local Place Partnerships and Plans.</p>	3x3=9	<ul style="list-style-type: none"> • 2023/24 Operational Plan, including NHSE Assurance Oversight and sign-off - ICB Executive Director Portfolio Objectives. • Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. • Change Programme implementation Q2 & Q3; Transition

			to new Operating Model Q4.
2.3	The ICB works collaboratively with partners to improve health, care and reduce inequalities in well governed and accountable partnerships.	2x3=6	<ul style="list-style-type: none"> • Complete review of all ICB Functions as part of Phase 1 (to June 2023). • Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. • Change Programme implementation Q2 & Q3; Transition to new Operating Model Q4. • 360 HI audit undertaken and action plan in place.
4.4	The ICB is working as part of an integrated care partnership collaborating with the South Yorkshire Mayoral Combined Authority, and partners in the development of priorities and delivery plans.	2x3=6	<ul style="list-style-type: none"> • Robust ICB 5-year Joint Forward plan - Draft June 2023. • Robust ICB 5 year joint forward plan with clear membership and governance. • Next step now to move to delivery and identifying delivery.
3.1	<p>The ICB is working in the best way to make sure the best use of resources:</p> <p>a. there is an effective Operating Model to fulfil the organisations objectives</p> <p>b. Partnership arrangements are fully exploited to secure effective arrangements in Place</p> <p>c. Strong and effective collaborative arrangements are operating at a system level.</p>	1x3=3	<ul style="list-style-type: none"> - BAF Deep-Dive with Operational Executive and revision, emending in 2023/24. - Review in conjunction with Running Cost Allowance work programme in Q1 23/24.

There are currently a total of **42** open risks on the Corporate Risk Register. The risks applicable to Rotherham (all places, ICB and Rotherham listings) are shown in tab 10 of the attached excel Spreadsheet.

There are risks with a residual score of 15 or above (threshold for reporting to Board), shown in table 2 below.

Table 2: Risks with a residual score of 15 or above:

Ref	Descriptor	Score	Mitigation / Treatment
SY042	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.	20	<ul style="list-style-type: none"> • Place Committee. • Partnership Agreements.
SY113	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 March 2024	16	<ul style="list-style-type: none"> • Implement SYBAF Diagnostics & Elective Recovery Plan. • GIRFT improvement programme. • NHSE Quality Improvement support Patient initiated digital mutual aid system (PIDMAS) in development by NHSE to allow for better access and choices for patients.
SY114	Winter Planning - There is a risk that the SY health and care providers will not have the capacity to provide a safe service over the winter period, due to increased public demand linked to the winter surge resulting in potential patient harm and reputational damage.	16	<ul style="list-style-type: none"> • Daily system co-ordination centre calls. Weekly winter check in calls. • Ongoing implementation of UEC recovery plan and 10 high impact measures. • Flu and Covid vaccination groups in place to oversee seasonal immunisation. • Support by communications campaign to staff and public. • Letter issued to Place Delivery Board from SRO and Exec lead to request recovery plan to recover current operational attainment.
SY115	Operational Recovery - There is a risk that operational recovery for cancer services will be	16	Continue to support local derogations in relation to cancer services if possible.

	significantly hindered by further Industrial Action.		
SY116	Operational Recovery - There is a risk that OMFS Consultant pressures for cancer services will lead to an increase and inequity in waiting time leading to potential harm for patients with head and neck cancer.	16	Discussions ongoing with DBHFT / STHFT to establish solution and ensure equity of waiting times. Agreement to broaden discussions across all providers and incorporate into the wider Acute Federation review of OMFS services.
SY117	Paediatric Radiotherapy - There is a requirement to extend the mutual aid arrangements for Paediatric Radiotherapy with Leeds Teaching Hospitals NHS Foundation Trust beyond September 2023 with a lack of confirmed date for repatriation to Sheffield Teaching Hospitals. There is a risk that the paediatric radiotherapy service will not be able to be returned.	16	NHSE Specialised commissioning leading discussions with LTHFT, SCH and STHFT. Current commitment to March '24 based on increased training commitment of the STHFT clinical oncologist.
SY119	If the CDEL (Capital Departmental Expenditure Limit) is not sufficient the Trust may not be able to proceed with all planned asset acquisitions (including fleet, estates, medical equipment and ICT) THEN the Trust will need to reprioritise the capital plan and make decisions about which schemes to pursue or abandon, RESULTING in inefficiency leading to increased revenue costs, patient harm if equipment fails or contributes to delayed response, inability to meet performance objectives (e.g. improving Cat 2 performance), and reputational damage.	16	Actively requesting details from YAS
SY120	If the CDEL (Capital Departmental Expenditure Limit) is not notified in a timely way THEN the Trust may have already committed to lease agreements and so risk	16	Actively requesting details from YAS

	breaching the CDEL, RESULTING in failure to meet the statutory duty to remain within financial limits, increased scrutiny and oversight from NHSE, loss of management controls, requirement to manage CDEL at ICB level (other Trusts may need to scale back their capital plans to offset our overspends), reduction to funding in future years, and reputational damage.		
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 23/24 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>	16	<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 an Autism Only 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.
SY028	Oncology Workforce Challenges – in recent months	16	National mitigation for recruitment on oncology workforce required. Mutual aid requested through regional team

	<p>we have become aware of a growing pressure on the oncology workforce, which is replicated nationally, related to the number of Oncologists across services locally. A temporary breast oncology service, head and neck service and lower GI service have been implemented locally to mitigate patient safety risks. Given the temporary nature of this solution further work will be required to identify the longer-term solution which is being led by the Cancer Alliance.</p>		<p>with IMT established. STH are establishing an Non-Surgical Oncology (NSO) insourcing model for breast services with Remedy to secure additional capacity.</p>
SY082	<p>Adult Mental Health - Across the ICB there are increasing presentations for eating disorders in adults. 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. Lastly, there is also 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 (MEED pathway) and increased demand on crisis provision and inpatient beds.</p>	16	<p>Partnership eating disorders T&F group established, Alternative to Crisis reduction/ prevention provision commissioned, Development of MH ARRS model in primary care.</p>
SY123	<p>Complaints - Due to the volume of complaints lack of capacity, lack of data analysis or other learning from complaints may lead to a reputational, quality and safety risk, possibility of not meeting our oversight requirements and not listening to</p>	15	<ul style="list-style-type: none"> • More hours being focused in from other workstreams to support the complaints' function. <p>Acknowledgement letters changed to acknowledge delays in the process and asking not to contact.</p>

our public.

Tab 8 shows the Corporate Organogram which allows Sub-Committees to understand which risks they are responsible for assurance.

The current risks for this committee above the risk appetite of 12 are shown in table 3 below, in addition to those reported in table 2:

Table 3: Risks above risk appetite

Ref	Descriptor	Score	Mitigation / Treatment
SY091	Corporate ICB Capacity - There is a risk of insufficient capacity in the ICB in shared functions and place teams to be able to fulfil the obligations of the ICB.	12	Shared functions and Place teams will work to build resilience within their functions during and post the running costs allowances programme.
SY021	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	12	<ul style="list-style-type: none">• South Yorkshire approach to manage LeDeR

SY001	<p>Cancer Waiting Times across the ICB- If BHNFT/DBHFT do not improve its performance in respect of people waiting longer than 62 days to be treated following an urgent cancer referral, there is a risk to the reputation of the ICB and the quality of care provided to the people of Barnsley in respect of this service.</p>	12	<ul style="list-style-type: none"> • The ICB place team and the providers are working as part of a South Yorkshire Cancer Alliance and continuing to improve and develop services to ensure delivery of cancer standards • BHNFT are actively working with the CCG through the Barnsley Cancer Steering Board to improve pathways and ensure delivery of waiting times standards. • Programmes in place to develop rapid diagnostic approaches and community diagnostic hubs • Additional capacity via CDC being used and BHNFT are meeting 28 days faster diagnosis standard. • Using additional non-recurrent funding from NHSE /cancer alliance to improve triage of referrals, increase capacity in diagnostics and to meet 31-day treatment targets • Clinical prioritisation of waiting lists in place to minimise risk to patients. • Targeted lung health check programme providing alternative route for referrals and skin pathway introduced nurse led clinics to reduce waiting list and increase treatment slots.
SY040	<p>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.</p>	12	<ul style="list-style-type: none"> • Weekly meeting between RICB and RDaSH, CAMHS and TRFT • Monthly CAMHS contract performance meeting.

SY107	<p>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 CYP population (Including ASD Assessments, Sleep Pathways, Enuresis/Continance Support 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 EHCP/SEND and means that children and young people are not having their needs met appropriately</p>	12	<ul style="list-style-type: none"> • ICB Place Committees/Leadership - oversight of risk and actions required to mitigate. – QPPIE and ICB operational executive • Place Governance in place for SEND, jointly with LA.
SY108	<p>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 CYP population (Including ASD Assessments, Sleep Pathways, Enuresis/Continance Support 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</p>	12	<ul style="list-style-type: none"> • Each Place within the ICB has differing processes of reviewing, monitoring and undertaking actions around C Diffs, and this is unlikely to change. • The PSIRF process is also being implemented currently. • Each area has their own improvement/ reduction plan and are looking at themes and trends and actions required. • These can be the same or also differ due to variations in trusts and Places. There is a plan to bring all the plans together and develop an ICB wide improvement position that incorporates shared work.

also increases the risk that the ICB and Local Authority are unable to meet their statutory duties in relation to EHCP/SEND and means that children and young people are not having their needs met appropriately.

Changes from the previous presentation of Rotherham Place Partnership risk portfolio.

SY102 – Risk closed, merged with SY115

SY119 / SY120 – Risk from Yorkshire Ambulance Service, residual risk score applied

Issues Log

There are currently **12** issues on the Issues log, with 10 related to Rotherham (inclusive of All Places and ICB issues). These can be seen in tab 14 of the attached Spreadsheet.

The current red issues (8) are shown in the table below:

Table 5: Red Issues

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

IL03	Strike Action across health and social care workforce - industrial action following union ballots across health and care impacting on all programmes of work in particular the ability to safely deliver urgent and emergency care pathways.	20	Effective incident planning of services local discussion about derogations services that should continue during strike.
IL12	Cancer – Due to a shortfall in the consultant oncology workforce, there is an extension to the wait time for patients requiring non-surgical oncology resulting in possible harm to patients.	20	<ul style="list-style-type: none"> • Breast waiting times are being monitored through the Regional Incident management team meetings. • Mutual aid has been fully explored through regional team. • However, capacity issues are reflected regionally and nationally. • Some capacity has been established through insourcing.
IL13	78/104 Week Waits - The system has not eliminated patient waits 78 and 104 weeks. Risk to patients and risk to ICB reputational damage not meeting national targets.	20	<ul style="list-style-type: none"> • Elective recovery plan overseen at system level with individual trusts efforts to recover their elective lists.
IL15	Workforce - The impact of the organisational change is causing higher levels of absence and turnover, lower levels of morale which is impacting on the resources the ICB has available to carry out its obligations.	20	<ul style="list-style-type: none"> • Complete the organisational change as quickly and effectively as possible. • Ensure there is a comprehensive support and OD in place to manage the transition to the new operating model and to positively engage those in the organisation. • Provide as much support as possible to those leaving the organisation.
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.	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	Urgent and Emergency Care (including 111/999)- there continues to be significant pressure faced by Urgent and Emergency Care Services	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

	<p>including the Yorkshire Ambulance Service. Which could result in patient harm, reputational damage for the ICB.</p>		<p>Understanding in place between 3 ICBs (WY, HNY and SY) and YAS</p> <ul style="list-style-type: none"> • Good engagement and representation from YAS at place and SY UEC Alliance Board. • System Co-Ordination Centre (SCC), manages the live risk and responds to pressure across the system. New National Draft SCC and OPEL reporting guidance being consulted on and expected to be final in Autumn. • The governance arrangements are via the South Yorkshire UEC Alliance Board with delivery through each of our 4 Place UEC delivery groups
<p>IL08</p>	<p>SALT Provision - There is a risk of Speech and Language Therapy provision specified within Education Health and Care Plans (EHCPs) not being delivered. This is as a result of lack of capacity within the Speech and Language Therapy Team. This is leading to the ICB and Local Authority being unable to meet their statutory duties in relation to SEND and means that children and young people are not having their needs met appropriately.</p>	<p>15</p>	<ul style="list-style-type: none"> • 6 month contract put in place with Private Provider to provide SALT services in the community to carry out the assessment, diagnosis, therapy and management of individuals with communication, speech, language and swallowing disorders, which may be related to various medical conditions. • Referral pathway for direct referral/access to services removed from SWYPFT website as they have ceased providing the services. • Pathway in place for referral of patients with stroke, Parkinson's disease, dementia, head Injury or brain tumour, Motor Neuron Disease, Multiple Sclerosis and COPD.
<p>IL09</p>	<p>Medication Supply - There is a risk that shortages of medicines due to increases in demand and/or supply issues will prevent appropriate treatment/ condition management and potentially increase medicine costs.</p>	<p>15</p>	<ul style="list-style-type: none"> • To communicate deployment of serious shortage protocols • An additional mitigation/ response is a co-ordinated sharing of out of stock information across MO lead by Barnsley Place 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.

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.

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

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

The RR and IL is a live document and may have been updated since the papers deadline. The paper is as of 04 January 2024 at 15:30

Is your report for Approval / Consideration / Noting

- For Consideration and discussion.

Recommendations / Action Required

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.
- Note the progress regarding the development of the Rotherham Place Partnership Risk Register

Board Assurance Framework

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

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

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

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

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

There are no risk implications.

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

There are no financial implications for this paper but notwithstanding some of the 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

The following documents are appended to this cover paper:

- BAF, RR and IL

Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45 – 11.30am
Date of Meeting:	Wednesday 15 January 2025
Venue:	The Conference Suite, Voluntary Action Rotherham
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 Toby Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust Mat Cottle-Shaw, Chief Executive Officer, Rotherham Hospice Dr Anand Barmade, Medical Director, Connect Healthcare Rotherham Cllr Baker Rogers, H&WB Board Chair, RMBC
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
Shahida Siddique (**SS**), Independent Non-Executive Member, NHS SY ICB
Claire Smith (**CS**), Director of Partnerships (Rotherham) NHS SY ICB
Andrew Russell (**AR**), Chief Nurse – Rotherham and Barnsley, NHS ICB

Participants:

Ben Anderson (**BA**), Director of Public Health, Rotherham Metropolitan Borough Council (deputising)
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
Bob Kirton (**BK**), Managing Director, The Rotherham NHS Foundation Trust

In attendance

Emily Ball, Graduate Trainee, NHS SY Integrated Care Board
Usman Niazi, Client Manager, 360 Assurance
Wendy Commons, (minute taker) Business Support Officer (Rotherham), NHS SY ICB

Item Number	Discussion Items
I91/01/25	Place Integrated Performance Report
	<p>CS advised that work continues to revise the South Yorkshire ICB report to add narrative that will make it more Rotherham focussed.</p> <p>CS gave the highlighted this month's performance:</p> <ul style="list-style-type: none"> - UECC performance had declined from last month at 62.1% against the 78% target, however this is in line with the rest of South Yorkshire in what is proving to be a challenging winter - Category 2 response times for ambulances is improving at 30.14 minutes against the 30 minute target. - No criteria to reside – 15.2% against the 10.8% target. TRFT is reviewing who should be include in the figures as some patients are not required to be, but Trust chooses to. <p><i>In Community Health Services</i></p> <ul style="list-style-type: none"> - 79% against target of 70% for urgent community referrals – an improving picture - Community waits over 52 weeks are over 39% - work being carried out to support - Virtual ward occupancy remains static at 64% against the 79.6% <p><i>Electives</i></p> <p>The Trust did not meet the value weighted activity target of 103%. Performance was 100.5% due to the challenge around managing capacity in UECC.</p> <p><i>Cancer</i></p> <ul style="list-style-type: none"> - 28 faster diagnosis is at 79.8% against the 77% target - continued improvement - 62 day referral to treatment is 65.8% against the 70% target – improvement on month but trends being analysed to understand better. <p>Members noted the performance position for this month.</p> <p>SS acknowledged the on-going refinement of the report and requested that the place based elements are retained. LG reassured that the Rotherham Executive Team had undertaken a comparison against the previous Rotherham Performance Report and agreed.</p> <p>CE thanked SS for the feedback which will be relayed to the ICB teams who are working on the report's development.</p>
I92/01/25	Continuing Health Care Co-design Update
	<p>AR gave an update on the codesign work underway within South Yorkshire Integrated Care Board Continuing Health Care Teams.</p> <p>He said that supporting those with challenging and difficult to support complex need and vulnerabilities has always been demanding, but particularly now with the current financial position. This codesign process was instigated with a view to reducing variation and providing consistency across all four South Yorkshire Places whilst recognising the need for ongoing specific partnership working within Place.</p> <p>The process involves key team members working collectively on service improvements with several themes including:</p> <ul style="list-style-type: none"> - Systems, processes and workforce capacity - Contracting and commissioning - IT, Data and Digital solutions - Documentation - Governance and escalation - Finance

The intention is to develop a single operating model, more in line with Rotherham’s way of working.

Although initially work was inward looking, to identify how the system works across four place and looking for improvements in quality and performance, there will be full engagement with partners where there is likely to be impact.

A complete project plan scope is still to be finalised. Internal facing priorities in relation to workforce, internal operating model, finance and governance are all progressing at pace with milestones to be completed before the end of the financial year. However, parts of the plan are expected to extend over a number of years with challenging work around aligning financial frameworks. These will be socialised and discussed with all relevant stakeholders moving forwards.

Rotherham Place continues to see challenges around the capacity to assess and review people with Learning Disabilities and RDaSH provision in relation to continuing health care. Steps are being undertaken to understand the current issues and adjust the team skill and capacity. Work is ongoing and Members noted that these are not creating any clinical risks at this time.

SS suggested linking with partners early on co-design. AR gave reassurance that communication pathways with partners are strong and there is regular engagement. Work is starting now with Partners and with colleagues in Patient Engagement and Experience on workshops around CHC and care provision.

Members noted the update and look forward to receiving future progress reports.

193/01/25	Quality Patient Safety and Experience Report
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AR presented the report for information.

AR advised that work is being carried out to improve the report and review how it is reported into the ICB.

Members noted the report.

194/01/25	Medical Directors Update
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Dr Jason Page, Medical Director, updated Members on his current work comprising:

- Regularly attending a variety of meetings representing the ICB and Rotherham Place
- Work on developing the new locally enhanced services
- Developing proactive care and the winter plan
- Work with Kinvara Independent Hospital and how it fits with ICB needs
- Dealing with GP practice issues
- Inputting and advising on patient complaints
- Attending an ICB Place Development Session
- RDaSH liaison meeting with primary care
- Recruiting and welcoming the new Chair of the Clinical Referrals Management Committee into post.

195/01/25	Feedback from Rotherham Place Executive Team (RPET)
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CS updated Members on the discussions and decisions undertaken:

- Supporting the decision made by the SEND Executive to support the child development centre to reduce waiting times

	<ul style="list-style-type: none"> Supporting a 12 month contract extension for 2025-6 for IESO Talking Therapies and requesting a further equality impact assessment be carried out to consider risks for 2026-7 Supported the request to extend the contract for the mental health peer support service by one year once funding has been confirmed and that further analysis is required to support the outcomes/performance of the provision.
I96/01/25	Rotherham Place Board Partnership Minutes – 18 December 2024
The December minutes from the Place Board Partnership session were noted for information.	
I97/01/25	ICB Board Assurance Framework, Risk Register & Issues Log
All members reviewed the board assurance framework, risk register and issues log. There were no new risks to be added, although some being considered – see I100/01/25.	
I98/01/25	Minutes and Action Log and Assurance Report from the last Meeting
<p>The minutes from the meeting held on Wednesday 18 December 2024 were accepted as a true and accurate record.</p> <p>The action log was reviewed and up to date with no actions outstanding.</p> <p>Reviewing the assurance highlight report, Members noted there were no issues highlighted for escalation to the Integrated Care Board from Place business.</p>	
I99/01/25	Communication to Partners/Promoting Consultations & Events
None.	
I100/01/25	Risks and Items for Escalation
<p>RDaSH is considering an entry to add to the risk register relating to the withdrawal of admiral nurses. However, it was noted that this decision had been taken by PCNs who have delegated responsibility for this service.</p> <p>A risk identified previously around funding of the national insurance rise for hospice staff is being considered by the Hospice Chief Executive for the risk register. It was acknowledged that this risk will also need to be considered for the risk register for other voluntary sector charities.</p>	
I101/01/25	Agenda Items
<p>Future Meeting items:</p> <ul style="list-style-type: none"> 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 Mar) Quarterly Medical Director Update (Quarterly) 	
I102/01/25	Date of Next Meeting
The next meeting will take place on Wednesday 19 February 2025 in the John Smith Room, Rotherham Town Hall.	

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
Bob Kirton	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

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
15.01.25			No actions					



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 15 January 2025.

2. Highlights

The Rotherham Place Committee received the following assurances:

Agenda Item	Assurance Level	Further Actions Agreed
<i>I91/01/25 – Place Integrated Performance Report</i>	3	Members noted the performance position for January 2025.
<i>I93/01/25 – Continuing Healthcare Co-design Update</i>	3	Members were informed about the work undertaken to date and will receive future reports as work progresses.
<i>I93/01/25 – Quality Patient Safety and Experience Report</i>	3	Members noted the contents and the work being done to improve the report.
<i>I94/01/25 – Medical Directors Update</i>	3	Members received a verbal update on the Medical Directors current work.
<i>I95/01/25 – Feedback from Rotherham Place Executive Team (RPET)</i>	3	Members acknowledged the discussions and decisions taken as detailed in the paper.
<i>I96/01/25 – Minutes from Rotherham Place Board Partnership session</i>	3	The minutes from the public partnership session held in December were noted for information and openness.
<i>I100/01/25 Risks and Items for Escalation</i>	3	Members reviewed the board assurance framework, risk register and issues log, noting that no new risks were to be added at this time and that it will continue to be updated monthly.

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
10 February 2025