



Agenda

Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45am – 11.30am
Date of Meeting:	Wednesday 16 April 2025
Venue:	John Smith Room, Town Hall, Rotherham
Chair:	Claire Smith
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	Feedback from Rotherham Place Executive Team	5 mins	Claire Smith	Enc 2
3	Rotherham Place Board (Partnership) Minutes – 19 March 2025 - for information	5 mins	Claire Smith	Enc 3
4	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – for information	5 mins	Claire Smith	Enc 4i, 4ii, 4iii
Standard Items				
5	Minutes, Action Log and Assurance Report from 19 March 2025 Meeting	5 mins	Chair	Enc 5i, 5ii, 5iii
6	Communication and Promoting Consultations and Events		All	Verbal
7	Risks and Items for Escalation to ICB Board		Chair	Verbal
8	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 (May) 			
9	Date of Next Meeting: Wednesday 21 May 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



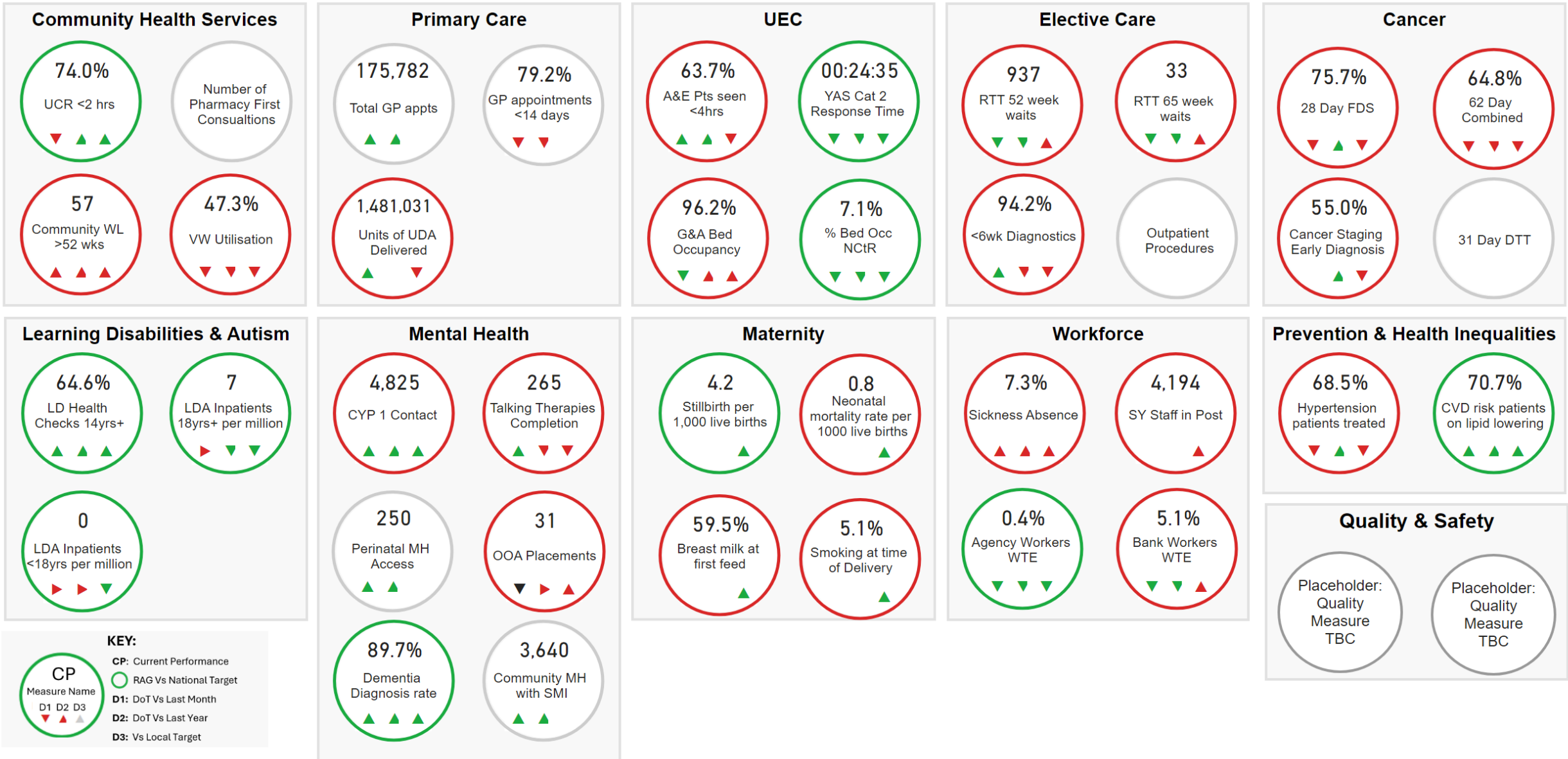
NHS Rotherham Place Integrated Performance Report (IPR) April 2025

✉ 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 Core20PLUS5* 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	81.2	84.5	
		1 Life Expectancy (Male)	77.8	77.6	80.8	
		1 Healthy Life Expectancy (Female)	60.2	56.5	61.9	
		1 Healthy Life Expectancy (Male)	59.7	56.6	61.5	
 BOLD AMBITIONS	Focus on development in early years, so that every child is school ready	4 School Readiness (%)	64.8	66.2	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	





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 mental illness (SMI).

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 (%) SY  8.3 ENG 7.2 2022	Percentage of People in Employment (%) SY  71.8 ENG 75.7 2023/24	EM Hospital Admissions Due to Falls, 65+ (Std Rate per 100,00) SY  2.3K ENG 2.0K 2023/24	Premature Mortality in Adults with SMI (Std Rate per 100,000) SY  133.3 ENG 110.8 2021 - 23


SHARED OUTCOMES

Urgent & Emergency Care

Priority	TRFT	Actual					Chart										
		Actual	Standard	BHFT	DBTHFT	SCH		STH	SYICB								
<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>	<table border="1"> <thead> <tr> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Feb-25</td> <td>63.7% / 78.0%</td> </tr> </tbody> </table>	Actual	Standard	Feb-25	63.7% / 78.0%	<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>54.7%</td> <td>72.4%</td> <td>91.9%</td> <td>72.7%</td> <td>70.3%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	54.7%	72.4%	91.9%	72.7%	70.3%	
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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>	<table border="1"> <thead> <tr> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Feb-25</td> <td>7.1% / 10.8%</td> </tr> </tbody> </table>	Actual	Standard	Feb-25	7.1% / 10.8%	<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>10.1%</td> <td>15.4%</td> <td>0.0%</td> <td>16.5%</td> <td>13.4%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	10.1%	15.4%	0.0%	16.5%	13.4%	
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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>	<table border="1"> <thead> <tr> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Feb-25</td> <td>96.2% / 92.0%</td> </tr> </tbody> </table>	Actual	Standard	Feb-25	96.2% / 92.0%	<table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>95.9%</td> <td>96.3%</td> <td>92.9%</td> <td>94.6%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	95.9%	96.3%	92.9%	94.6%			
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% A&E patients seen within 4hrs

In February, TRFT's performance was 63.7%, which failed to meet the National Target of 78%. It was an improvement on the previous periods performance of 58.7% and was an improvement on the same period in the previous year of 57.2%.

No Criteria to Reside

In February, TRFT's performance was 7.1%, which met the National Target of 10.8%.

Total general and acute bed occupancy

In February, TRFT's performance was 96.2%, which failed to meet the National Target of 92%. It was an improvement on the previous periods performance of 97.3% and was a decline on the same period in the previous year of 94.7%.

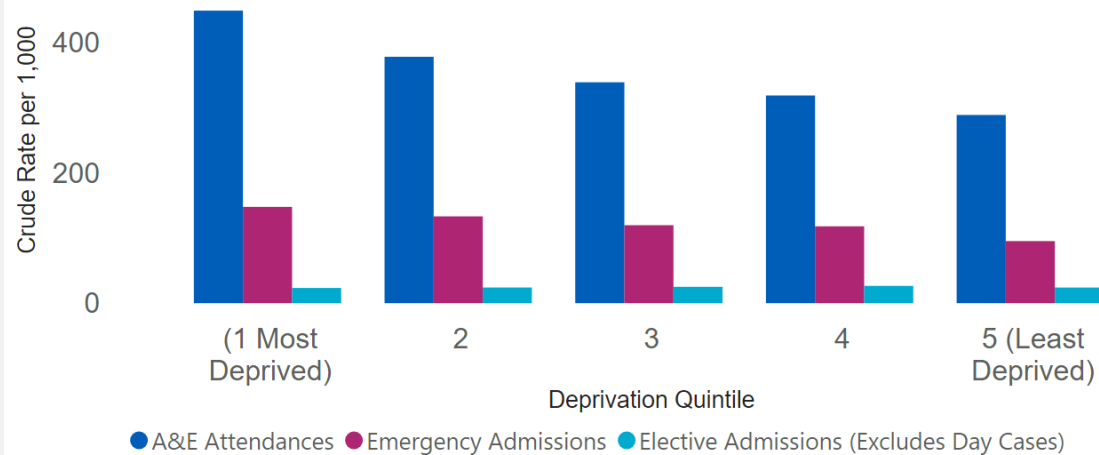
Urgent & Emergency Care Continued

<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>	Rotherham		Actual																		
	<table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Feb-25</td> <td>00:24:35</td> <td>00:30:00</td> </tr> </tbody> </table>		Actual	Standard	Feb-25	00:24:35		00:30:00	<table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Feb-25</td> <td>00:32:30</td> <td>00:28:37</td> <td>00:24:12</td> <td>00:26:46</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	00:32:30	00:28:37	00:24:12	00:26:46		
	Actual	Standard																			
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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>	TRFT		Actual																		
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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



Category 2 Ambulance Response Time

In February, Rotherham's performance was 00:24:35, which met the National Target of 00:30:00. It was an improvement on the previous periods performance of 00:28:44 and was an improvement on the same period in the previous year of 00:30:19.

Average Handover Time

In February, TRFT's performance was 00:27:14, which failed to meet the National Target of 00:18:00. It was an improvement on the previous periods performance of 00:39:36 and was an improvement on the same period in the previous year of 00:29:45.

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>Jan-25</td> <td>74.0%</td> <td>70.0%</td> </tr> </tbody> </table>		Actual	Standard	Jan-25	74.0%	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>82.0%</td> <td>0.0%</td> <td>95.0%</td> <td>91.0%</td> </tr> </tbody> </table> <p><small>*No data available for STH</small></p>	RDASH	STH	SWYPFT	SYICB	82.0%	0.0%	95.0%	91.0%							
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RDASH	STH	SWYPFT	SYICB																				
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<p>3 Placeholder: Community Beds Occupancy</p> <p>Number of beds occupied as a proportion of total available for ICB</p>																							
<p>1 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>Jan-25</td> <td>57</td> <td>0</td> </tr> </tbody> </table>		Actual	Standard	Jan-25	57	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>7,656</td> <td>4</td> <td>0</td> <td>7,717</td> </tr> </tbody> </table>	BHFT	DBTHFT	RDASH	SCH	SHSC	STH	SYICB	0	0	0	7,656	4	0	7,717	
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<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 27th February 2025</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Feb-25</td> <td>47.3%</td> <td>79.6%</td> </tr> </tbody> </table>		Actual	Standard	Feb-25	47.3%	79.6%	<p>Actual</p> <table border="1"> <thead> <tr> <th>Doncaster</th> <th>STH</th> <th>SWYPFT</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>73.0%</td> <td>20.0%</td> <td>129.6%</td> <td>73.4%</td> </tr> </tbody> </table>	Doncaster	STH	SWYPFT	SYICB	73.0%	20.0%	129.6%	73.4%							
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Urgent Community Referrals seen within 2 hours

In January, TRFT's performance was 74%, which met the National Target of 70%.

Community Waiting List over 52 weeks

In January, TRFT's performance was 57, which failed to meet the National Target of 0. It was a decline on the previous periods performance of 51 and was a decline on the same period in the previous year of 20.

Virtual Ward Utilisation

In February, TRFT's performance was 47.3%, which failed to meet the National Target of 79.6%. It was a decline on the previous periods performance of 55% and was a decline on the same period in the previous year of 64%.

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>Jan-25</td> <td>175,782 (639)</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Jan-25	175,782 (639)		<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>Jan-25</td> <td>145,131 (536)</td> <td>187,921 (553)</td> <td>364,781 (569)</td> <td>873,615 (572)</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jan-25	145,131 (536)	187,921 (553)	364,781 (569)	873,615 (572)	<p>● Rotherham - This Yr ● Last Yr</p>
	Actual	Plan																	
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Jan-25	145,131 (536)	187,921 (553)	364,781 (569)	873,615 (572)															
<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>Jan-25</td> <td>79.2%</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Jan-25	79.2%		<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>Jan-25</td> <td>78.7%</td> <td>82.9%</td> <td>77.7%</td> <td>79.3%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jan-25	78.7%	82.9%	77.7%	79.3%	<p>● Rotherham - This Yr ● Last Yr</p>
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Jan-25	78.7%	82.9%	77.7%	79.3%															
<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>Dec YTD target</th> </tr> </thead> <tbody> <tr> <td>Dec-24</td> <td>1,458,810</td> <td>1,587,318</td> </tr> </tbody> </table>			YTD Actual	Dec YTD target	Dec-24	1,458,810	1,587,318	<p>● SYICB - This Yr ● Last Yr</p>										
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Dec-24	1,458,810	1,587,318																	
<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>Nov-24</td> <td>2,246</td> </tr> </tbody> </table>		Actual	Nov-24	2,246	<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>2,594</td> <td>1,838</td> <td>3,893</td> <td>10,635</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Nov-24	2,594	1,838	3,893	10,635	<p>● Rotherham - This Yr</p>		
	Actual																		
Nov-24	2,246																		
	Barnsley	Doncaster	Sheffield	SYICB															
Nov-24	2,594	1,838	3,893	10,635															

Number of GP appointments

In January, Rotherham's performance was 175,782, which failed to meet the local ambition of . It was an improvement on the previous periods performance of 149,236 and was an improvement on the same period in the previous year of 174,941.

% appointments booked within 14 days

In January, Rotherham's performance was 79.2%. It was a decline on the previous periods performance of 80.3% and was a decline on the same period in the previous year of 79.7%.

Improve access to NHS dentistry

In November, SYICB's performance was 1,481,031, which failed to meet the local ambition of 1,587,318. It was an improvement on the previous periods performance of 212,980

Pharmacy First interventions

Number of Pharmacy First interventions - In November, Rotherham's performance was 2246. 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>Feb-25</td> <td>937</td> </tr> </tbody> </table>		Actual	Feb-25	937	<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>Feb-25</td> <td>345</td> <td>1,288</td> <td>1,535</td> <td>4,105</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	345	1,288	1,535	4,105			
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	Barnsley	Doncaster	Sheffield	SYICB															
Feb-25	345	1,288	1,535	4,105															
<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>Feb-25</td> <td>33</td> <td>0</td> </tr> </tbody> </table>		Actual	Standard	Feb-25	33	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>Feb-25</td> <td>36</td> <td>147</td> <td>68</td> <td>284</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	36	147	68	284	
	Actual	Standard																	
Feb-25	33	0																	
	Barnsley	Doncaster	Sheffield	SYICB															
Feb-25	36	147	68	284															
<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>Feb-25</td> <td>94.2%</td> <td>95.0%</td> </tr> </tbody> </table>		Actual	Standard	Feb-25	94.2%	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>Feb-25</td> <td>92.3%</td> <td>71.4%</td> <td>67.8%</td> <td>75.4%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	92.3%	71.4%	67.8%	75.4%	
	Actual	Standard																	
Feb-25	94.2%	95.0%																	
	Barnsley	Doncaster	Sheffield	SYICB															
Feb-25	92.3%	71.4%	67.8%	75.4%															

Total waiting over 52 weeks

In February, Rotherham's performance was 937. It was an improvement on the previous periods performance of 1,071 and was an improvement on the same period in the previous year of 994.

Total waiting over 65 weeks

In February, Rotherham's performance was 33. It was an improvement on the previous periods performance of 49 and was an improvement on the same period in the previous year of 151.

%patients receiving diagnostic test within 6 weeks

In February, Rotherham's performance was 94.2%, which failed to meet the National Target of 95%. It was an improvement on the previous periods performance of 92.9% and was a decline on the same period in the previous year of 96.1%.

Elective Care

3 Outpatient Procedures Increase the proportion of all outpatient attendances that attract a procedure code to 46% across 2024/25	Rotherham		Actual				
		Actual	Standard	Barnsley	Doncaster	Sheffield	
	Feb-25	48.7%	46.0%	44.7%	51.0%	48.6%	48.3%

3 Value Weighted Activity Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%	TRFT		Actual					
		Actual	Standard	BHFT	DBTHFT	SCH	STH	
	Feb-25	102.3%	103.0%	98.3%	97.4%	107.2%	103.7%	106.2%

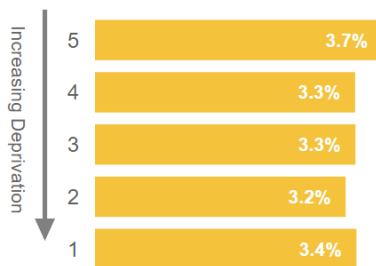
CORE20 PLUS

Over 52 Weeks

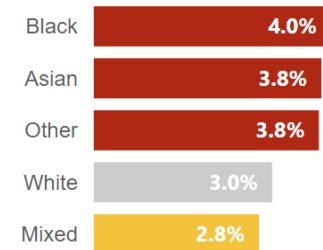
Over 65 Weeks

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

Outpatient Procedures

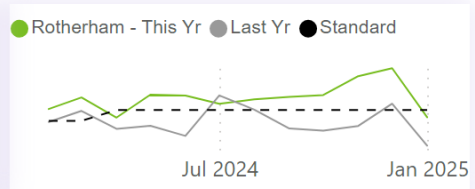
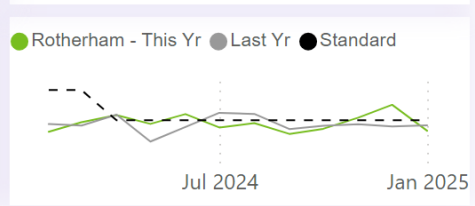
In February, Rotherham's performance was 48.7%, which met the National Target of 46%. It was an improvement on the previous periods performance of 47.5%

Value Weighted Activity

In February, TRFT's performance was 102.3%, which failed to meet the National Target of 103%. It was a decline on the previous periods performance of 102%.

data available from NHSE is not as up-to-date.

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>Jan-25</td> <td>75.7%</td> <td>77.0%</td> </tr> </tbody> </table>		Actual	Standard	Jan-25	75.7%	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>79.9%</td> <td>79.4%</td> <td>70.8%</td> <td>75.3%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	79.9%	79.4%	70.8%	75.3%	
	Actual	Standard															
Jan-25	75.7%	77.0%															
Barnsley	Doncaster	Sheffield	SYICB														
79.9%	79.4%	70.8%	75.3%														
<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>Jan-25</td> <td>64.8%</td> <td>70.0%</td> </tr> </tbody> </table>		Actual	Standard	Jan-25	64.8%	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>67.2%</td> <td>72.5%</td> <td>50.9%</td> <td>62.5%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	67.2%	72.5%	50.9%	62.5%	
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% patients with cancer diagnosis communicated within 28 days

In January, Rotherham's performance was 75.7%, which failed to meet the National Target of 77%. It was a decline on the previous periods performance of 84.8% and was an improvement on the same period in the previous year of 70.4%.

62-day referral to treatment standard - combined

In January, Rotherham's performance was 64.8%, which failed to meet the National Target of 70%. It was a decline on the previous periods performance of 77.7% and was a decline on the same period in the previous year of 67.5%.

Cancer

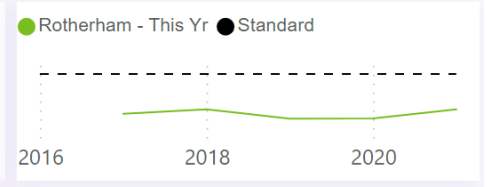
1 Cancer Diagnosis at stage 1 or 2

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%



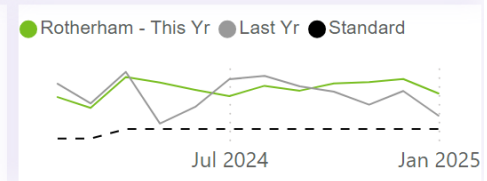
3 31 Day diagnosis to treatment

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

Rotherham		
	Actual	Standard
Jan-25	84.6%	96.0%

Actual

Barnsley	Doncaster	Sheffield	SYICB
80.6%	87.8%	75.2%	80.9%



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

Target 75%

Statistical significance to comparator: Worse Similar Better N/A

Cancer Diagnosis at stage 1 or 2


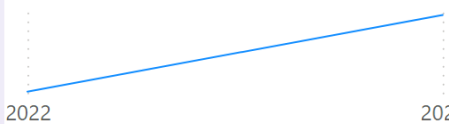

In 2021, Rotherham's performance was 55%, which failed to meet the National Target of 75%. It was a decline on the previous periods performance of 49.9%

31 Day Diagnosis to Treatment

In January, Rotherham's performance was 84.6%, which failed to meet the National Target of 96%. It was a decline on the previous periods performance of 87.6% and was an improvement on the same period in the previous year of 79.8%.

Maternity

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

<p>1 Stillbirth per 1,000 live births</p> <p>2 Make progress towards the national safety ambition to reduce stillbirths (by 50%)</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Nov-24</td> <td>4.2</td> </tr> </tbody> </table>		Actual	Nov-24	4.2	<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>2.2</td> <td>2.6</td> <td>6.2</td> <td>4.2</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	2.2	2.6	6.2	4.2	<p>● TRFT - This Yr</p> 		
	Actual																
Nov-24	4.2																
BHFT	DBTHFT	STH	SYICB														
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<p>1 Neonatal mortality rate per 1000 live births</p> <p>2 Make progress towards the national safety ambition to reduce stillbirths (by 50%)</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>0.8</td> <td>1.5</td> </tr> </tbody> </table>		Actual	Standard	2023/24	0.8	1.5	<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>2.4</td> <td>1.2</td> <td>2.7</td> <td>1.8</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	2.4	1.2	2.7	1.8	<p>● TRFT - This Yr</p> 
	Actual	Standard															
2023/24	0.8	1.5															
BHFT	DBTHFT	STH	SYICB														
2.4	1.2	2.7	1.8														
<p>1 Preterm Birth Rate</p> <p>2 Preterm is defined as babies born alive before 37 weeks of pregnancy are completed.</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>5.1%</td> <td>6.0%</td> </tr> </tbody> </table>		Actual	Standard	Nov-24	5.1%	6.0%	<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>6.1%</td> <td>6.3%</td> <td>8.1%</td> <td>7.1%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	6.1%	6.3%	8.1%	7.1%	<p>● TRFT - This Yr</p> 
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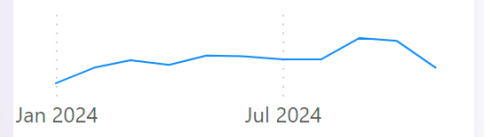
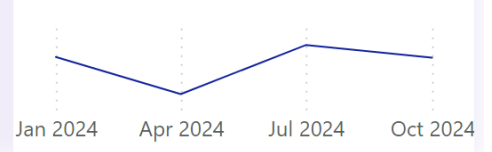
Stillbirth per 1,000 live births

In 2024/25, TRFT's performance was 4.2.

Preterm Birth Rate

In November, TRFT's performance was 5.1%.

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>Nov-24</td> <td>59.5%</td> <td>71.7%</td> </tr> </tbody> </table>		Actual	Standard	Nov-24	59.5%	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>61.7%</td> <td>65.6%</td> <td>71.7%</td> <td>66.4%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	61.7%	65.6%	71.7%	66.4%	<p>● TRFT - This Yr</p> 
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<p>1 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>Sheffield</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Q3 2024</td> <td>5.1%</td> <td>6.0%</td> </tr> </tbody> </table>		Actual	Standard	Q3 2024	5.1%	6.0%	<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>6.9%</td> <td>7.5%</td> <td>5.1%</td> <td>0.0%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	6.9%	7.5%	5.1%	0.0%	<p>● Rotherham - This Yr</p> 
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Breastfeeding Rates

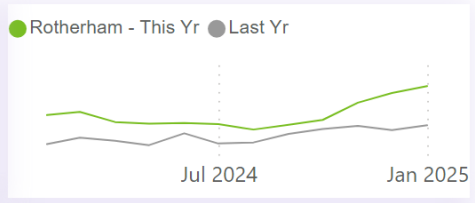
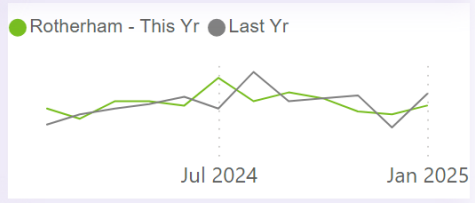
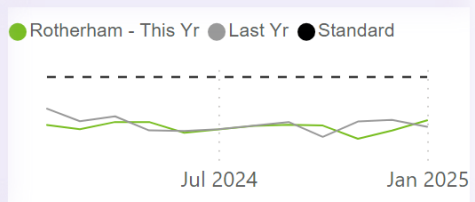
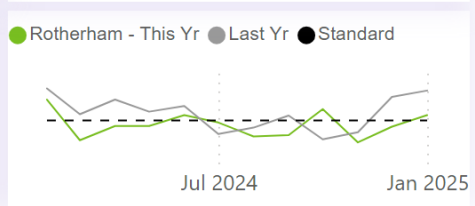
Breast milk at first feed

In November, TRFT's performance was 59.5%, which failed to meet the Local Target of 71.7%

Smoking at time of Delivery

In 2024/25 Sheffield's performance was 5.1%, which failed to meet the National Target of 6%

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>Jan-25</td> <td>4,825</td> <td>17,243</td> </tr> </tbody> </table>		Actual	Plan	Jan-25	4,825	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>4,625</td> <td>3,925</td> <td>5,480</td> <td>18,855</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	4,625	3,925	5,480	18,855	
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<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>Jan-25</td> <td>265</td> <td>1,150</td> </tr> </tbody> </table>		Actual	Plan	Jan-25	265	1,150	<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>315</td> <td>260</td> <td>560</td> <td>1,400</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	315	260	560	1,400	
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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>Jan-25</td> <td>47.2%</td> <td>48.0%</td> </tr> </tbody> </table>		Actual	Plan	Jan-25	47.2%	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>46.0%</td> <td>46.2%</td> <td>42.9%</td> <td>45.0%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	46.0%	46.2%	42.9%	45.0%	
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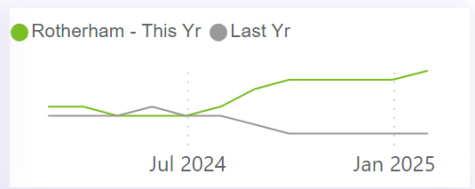
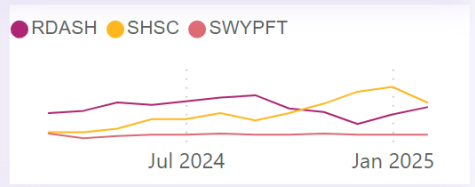
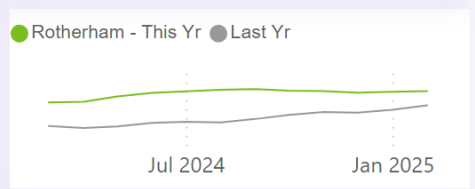
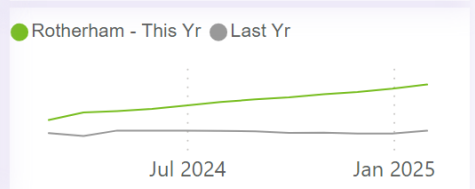
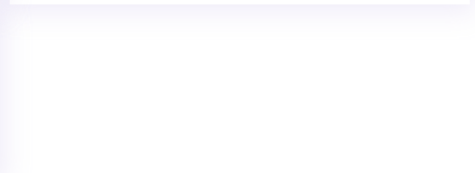
Increase Number of CYP (0-17yrs) receiving at least one contact in reporting period - In January, Rotherham's performance was 4,825, which failed to meet the local ambition of 17243. It was an improvement on the previous periods performance of 4,760 and was an improvement on the same period in the previous year of 4,460.

Talking Therapies Completion - In January, Rotherham's performance was 265, which failed to meet the National Target of 1150. It was an improvement on the previous periods performance of 235 and was a decline on the same period in the previous year of 305.

Talking Therapies Reliable Recovery - In January, Rotherham's performance was 47.2%, which failed to meet the National Target of 48%. It was an improvement on the previous periods performance of 42.6% and was an improvement on the same period in the previous year of 44.3%.

Talking Therapies Reliable Improvement - In January, Rotherham's performance was 67.9%, which met the National Target of 67%. It was an improvement on the previous periods performance of 66% and was a decline on the same period in the previous year of 72.1%.

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>Jan-25</td> <td>250</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Jan-25	250		<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>Jan-25</td> <td>240</td> <td>440</td> <td>465</td> <td>1,395</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jan-25	240	440	465	1,395	
	Actual	Plan																	
Jan-25	250																		
	Barnsley	Doncaster	Sheffield	SYICB															
Jan-25	240	440	465	1,395															
<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>Feb-25</td> <td>27</td> <td>31</td> <td>4</td> </tr> </tbody> </table>		RDASH	SHSC	SWYPFT	Feb-25	27	31	4										
	RDASH	SHSC	SWYPFT																
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<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>Feb-25</td> <td>89.7%</td> <td>66.7%</td> </tr> </tbody> </table>		Actual	Plan	Feb-25	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>Feb-25</td> <td>73.1%</td> <td>70.3%</td> <td>72.6%</td> <td>75.6%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	73.1%	70.3%	72.6%	75.6%	
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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>Jan-25</td> <td>3,640</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Jan-25	3,640		<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>Jan-25</td> <td>3,160</td> <td>3,935</td> <td>3,630</td> <td>14,365</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jan-25	3,160	3,935	3,630	14,365	
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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>Dec-24</td> <td>68.0%</td> <td>60.0%</td> </tr> </tbody> </table>		Actual	Plan	Dec-24	68.0%	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>Dec-24</td> <td>66.0%</td> <td>68.0%</td> <td>68.0%</td> <td>57.0%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Rotherham	Sheffield	Dec-24	66.0%	68.0%	68.0%	57.0%	
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Perinatal Mental Health Access

Perinatal Access - In January, Rotherham's performance was 250. It was an improvement on the previous periods performance of 245 and was an improvement on the same period in the previous year of 215.

Dementia Diagnosis rate - In February, Rotherham's performance was 89.7%, which met the National Target of 66.7%. It was an improvement on the previous periods performance of 89.5% and was an improvement on the same period in the previous year of 85.7%.

Community Mental Health Services for Adults and Older Adults with SMI, 2+ contacts - In January, Rotherham's performance was 3,640 and was an improvement on the same period in the previous year of 2,440.

Mental Health Continued

SMI Health Checks - In December, Rotherham's performance was 68%, which met the National Target of 60%

Learning Disabilities & Autism

<p>1 2 3</p> <p>% people aged 14+ with a learning disability in the GP register receiving an annual health check</p> <p>Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check in the year to 31 March 2025</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Q3 Target</th> </tr> </thead> <tbody> <tr> <td>Jan-25</td> <td>64.6%</td> <td>54.8%</td> </tr> </tbody> </table>		Actual	Q3 Target	Jan-25	64.6%	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>Jan-25</td> <td>64.3%</td> <td>53.4%</td> <td>56.1%</td> <td>58.5%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jan-25	64.3%	53.4%	56.1%	58.5%	
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<p>1 2 3</p> <p>Inpatients with a learning disability and/or autism (adults)</p> <p>Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults for every 1 million population</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Feb-25</td> <td>7</td> <td>30</td> </tr> </tbody> </table> <p>Rate per million population</p>		Actual	Standard	Feb-25	7	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>Feb-25</td> <td>19</td> <td>8</td> <td>16</td> <td>50</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	19	8	16	50	
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<p>1 2 3</p> <p>Inpatients with a learning disability and/or autism (under 18)</p> <p>Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 12-15 Under 18's for every 1 million population</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Feb-25</td> <td>0</td> <td>15</td> </tr> </tbody> </table> <p>Rate per million population</p>		Actual	Standard	Feb-25	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>Feb-25</td> <td>0</td> <td>0</td> <td>2</td> <td>2</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	0	0	2	2	
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% people aged 14+ with a learning disability in the GP register receiving an annual health check

In January, Rotherham's performance was 64.6%, which met the Q3 Target of 54.8%. It was an improvement on the previous periods performance of 56.4% and was an improvement on the same period in the previous year of 57.4%.

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

In February, Rotherham's performance was 7, which met the National Target of 30. It was an improvement on the previous periods performance of 7 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 February, Rotherham's performance was 0, which met the National Target of 15. It was an improvement on the previous periods performance of 0 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

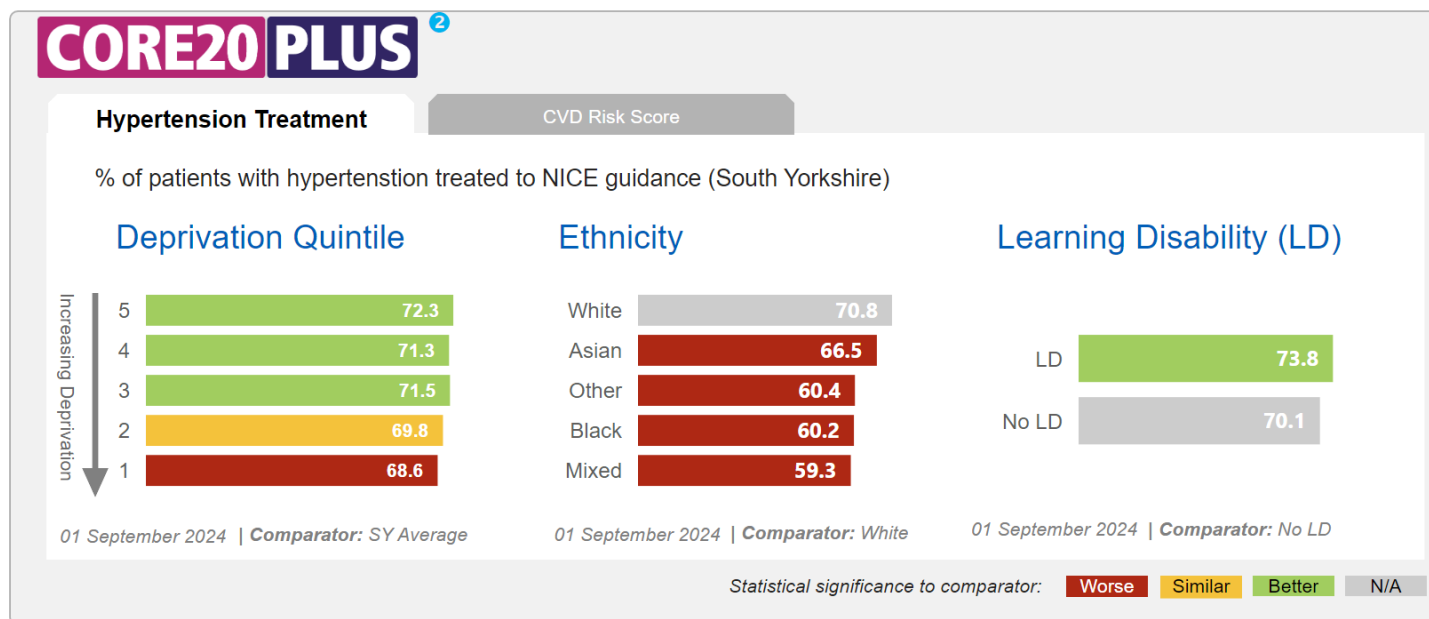
1 **Placeholder: ASD Waiting list**

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

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>Sep-24</td> <td>68.5%</td> <td>80.0%</td> </tr> </tbody> </table>		Actual	Standard	Sep-24	68.5%	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>Sep-24</td> <td>68.8%</td> <td>71.8%</td> <td>70.6%</td> <td>70.1%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Sep-24	68.8%	71.8%	70.6%	70.1%	
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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>Sep-24</td> <td>70.7%</td> <td>65.0%</td> </tr> </tbody> </table>		Actual	Standard	Sep-24	70.7%	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>Sep-24</td> <td>68.7%</td> <td>68.8%</td> <td>66.3%</td> <td>68.4%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Sep-24	68.7%	68.8%	66.3%	68.4%	
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% of patients with hypertension treated to NICE guidance

In September, Rotherham's performance was 68.5%, which failed to meet the National Target of 80%. It was a decline on the previous periods performance of 69.1% and was an improvement on the same period in the previous year of...

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

In September, Rotherham's performance was 70.7%, which met the National Target of 65%. It was an improvement on the previous periods performance of 70.2% and was an improvement on the same period in the previous year of 68.3%.

Prevention & Health Inequalities (HI) Continued

1 Increase vaccination uptake in Children

2 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)

All elements of routine childhood programme have remained stable in Q2, compared to previous quarter and same period 23/24; this is positive as nationally there has been a slight decline across all elements. Most elements meet the 90% minimum threshold, except dTap/IPV (pre-school booster) and MMR2 by 5 years of age. The pre-school booster is often impacted by capacity in vaccination clinics, as appointments are automatically prioritised for primary vaccinations and MMR2 is determined by coverage of MMR1 at 2 years. Coverage can be impacted by movement in/out of the area/practice and children leaving the country but remaining in the denominator.

QFor pre-school booster 46% of practices are achieving above 90% and MMR2 at 5 years 24% of practices are meeting the 90% minimum standard. For both of these programmes, the majority of practices (90%) only need an additional 1-5 children vaccinated to meet the 95% target. The public health programme team continue to work with practices with low uptake.

Practice waiting lists for childhood are monitored with support from the local child health information service, to identify areas for improved access and delivery. Vaccination training (learning lunches) is provided and work is ongoing with SY LMNS and early years/family hubs. School immunisation providers continue to offer opportunistic catchup (dependent on their capacity). One Sheffield PCN has developed a community clinic, this model is being encouraged across all PCNs. Work is ongoing to support delivery of opportunistic vaccination in secondary care.



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

16 April 2025

RPET Meeting Date	Item Discussed	Outcome	Date reported to Rotherham ICB Committee
27.02.25	Guidance on Neighborhood Working	<p>RPET received a paper on the recently published Neighbourhood Health Guidelines for 2025-26.</p> <p>An Integrated Neighbourhood Working event took place in February to help build a collective understanding across primary care, community care and partner organisations, and to look at working differently.</p> <p>RPET noted the current progress in relation to the guidelines and noted the challenges to be addressed.</p>	16.04.25
13.03.25	Engagement Plan – All Age Neuro-development Support Services	<p>RPET received a presentation on the proposal to commission a new all age model of support for neurodiverse people.</p> <p>The engagement process will seek the views of people including key stakeholders before making a final decision and the slides presented can be tailored for different audiences.</p> <p>RPET noted and supported the approach and recommended the slides go to the Rotherham Confidential Place Board.</p>	16.04.25
20.03.25	Contracting Approval Care Fertility Sheffield	<p>RPET were informed that Care Fertility Sheffield have reviewed the local prices within the SY ICB (Doncaster and Rotherham place) contract and requested an uplift for interpretation services and blood screening due to increased costs for these services.</p> <p>RPET discussed and supported the uplift, noting the evidence to support the request and that the uplift would be from the existing budget allocation.</p>	16.04.25

Minutes	
Title of Meeting:	PUBLIC Rotherham Place Board: Partnership Business
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 19 March 2025
Venue:	John Smith Room, Rotherham Town Hall
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Wendy Allott, NHS SY ICB Anand Barmade, Connect Healthcare Rotherham Richard Jenkins, The Rotherham NHS Foundation Trust Toby Lewis, Rotherham, Doncaster and South Humber NHS Foundation Andrew Russell, NHS SY ICB Ian Spicer, RMBC Gordon Laidlaw, NHS SY Integrated Care Board
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**), Executive Place Director, Rotherham Place, NHS South Yorkshire Integrated Care Board (NHS SY ICB)
Sharon Kemp (**SK**), Rotherham Metropolitan Borough Council
Claire Smith (**CS**), Director of Partnerships Rotherham Place, NHS SY ICB
Wendy Allott (**WA**), Director of Financial Transformation - Rotherham, NHS SY ICB
Alex Hawley (**BA**), Acting Director of Public Health, Rotherham Metropolitan Borough Council
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
Bob Kirton (**BK**), Managing Director, Rotherham NHS Foundation Trust (deputising)
Julie Warren Sykes (**JWS**), Deputy Chief Nurse, Rotherham, NHS SY ICB
Julie Thornton (**JT**), Care Group Director, Rotherham, Doncaster and South Humber NHS Foundation Trust (deputising)

Participants:

Cllr Joanna Baker-Rogers (**JBR**), Health & Wellbeing Board Chair, RMBC
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
Lydia George (**LG**), Transformation & partnership Portfolio Manager, NHS SY ICB

In attendance:

Jude Archer (**JA**), Asst Director of Transformation, NHS SY ICB
Michael Draffan (**MD**), Place Workforce Development Lead, RMBC
Tim Hartley (**TH**), Head of Property, RMBC (for Item 2 only)
Jo Martin (**JM**), Programme Lead – Transformation & Delivery, NHS SY ICB (Items 4 & 5 only)
Karen Smith, Director of Partnership, NHS SY ICB - Observing

Minute Taker:

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

Item Number	Discussion Items
124/03/25	Public & Patient Questions
There were no questions from members of the public.	
125/03/25	Estates Update
<p>Tim Hartley advised that the group meets six times a year and is continuing discussions around Town centre regeneration initiatives, Asset Management Planning and estates strategies, accommodation requirements across the public sector and asset mapping and data.</p> <p>RDaSH representation is still being sought and JT will follow up.</p> <p>TH updated on the work being undertaken on the six workstreams namely, collaboration, Olive Lane Medical Centre, Data, Land and Assets, Voluntary Sector, Badsley Moor Lane and Climate Change. Members were informed that the new medical centre at Olive Lane will begin delivering services from Spring 2025 and is surrounded by new retail properties that are in the process of being fitted out.</p> <p>Progress is being made toward the Rotherham wide Health Estates Strategy with agreement for a high level vision to allow the alignment of service and estates planning, whilst developing a primary care network estates strategy will also enable the procurement of the best solution bringing Rotherham in line with partner organisations and being more proactive.</p> <p>TH gave a brief update of progress with the development of Forge Island and the businesses that are due to occupy vacant units in the coming months.</p> <p>MCS advised that the Hospice aspires to become a 30-bed facility in the future. However, it is not an option to remain in the current premises. It was agreed that the Hospice will be invited to join the Strategic Estates Group.</p> <p style="text-align: right;">Action: TH</p> <p>CE thanked TH for the update and he left the meeting at this point.</p>	
126/03/25	Workforce Update
<p>Michael Draffan commenced by thanking partners for assisting with partnership working and the employment opportunities they have provided to support the programmes in place across Rotherham.</p> <p>He went on to say that partnership working in Rotherham is excellent and the group is well connected with all key employers and partners. Participation programmes are being widened and work with schools and colleagues has included the ambassador programme and the Rotherham College market place event. It was noted that Skill Street is due to open on 1st April raising a good profile for the sector and the SYREC Website now contain a dedicated Rotherham page.</p> <p>A number of opportunities and risk were highlighted including:</p> <ul style="list-style-type: none"> - Pathways to Work – Trailblazer/Growth accelerator - Learning disability and autism development - Supported internship placements - Developing work with primary care - NEET inclusion/reduction - Developing apprenticeships - Experience in the workplace <p>Work is now taking place to roll out the SWAP programmes with TRFT and RMBC for 18-24 NEET clients and with the rollout of the Pathways to Work Programmes to ensure connectivity between the trailblazer and growth accelerator. Further work will also take place to develop</p>	

NEET inclusion work and develop the partnership with Rotherham Hospice where there are a number of volunteer opportunities available.

Following discussion about pathways to work trailblazer and how it is high this issue is high on the government agenda. It was agreed that MD and CS will discuss what having the project will mean for Rotherham and how best it can be taken forward using the resources already available including the award winning employment solutions team. Having seen the benefits of the project in Barnsley, BK will also be included.

JWS will also link up with MD on care leavers.

JBR thanked MD for the work done on NEET inclusion which she said was working well and has had a big impact.

Discussion followed around the possibility of holding a future Health and Wellbeing Board at Skill Street to give Members an insight.

Members thanked Michael for the positive update and his enthusiastic approach.

127/03/25 Proactive Care Update

JM reminded members that proactive care is personalised and co-ordinated multi-professional support and intervention for people living with complex needs, usually focussed upon frail patients who have long term conditions. Jo advised that since attending Place Board last October, the model has been tested with changes made. It has been challenging to bring together but monthly meetings with partners attending are taking place. Lessons have been learnt along the way with adjustments made as we went.

Designated leads are in place with named leads for PCNs and a lead social worker and social prescriber with good effective collaboration and relationships growing across teams and services. This approach has led to good care plans being developed for individuals with cross professional learning, enhancing education and shared knowledge.

The focus is now moving from a medical approach to more holistic to include the needs of the patient and their family with patients taking more ownership and able to manage their conditions better, as well as them know who to contact when necessary and thereby preventing admission to hospital.

There have been 363 patients referred into social prescribing with exceptional care reported from Voluntary Action Rotherham. Care for 216 patients has been better optimised on a non MDT route and 25 patients were found to be really complex and taken through the pilot on the highly complex pathway. Previously, care for these would have been reactive and more likely resulted in hospital admission.

JM outlined some of the challenges, particularly around shared ownership and commitment to ensure active participation from all partners and making sure of the right level of expertise is available for effective MDTs.

Following discussion, it was agreed that BK would link Sara Atkinson in community nursing at TRFT with JM. JM will contact IS/SK regarding social care representation and MCS will share Jo's details with Jane Lowe, Director of Clinical Services at the Hospice to discuss Hospice involvement.

JM advised that going forward it is important to ensure momentum is sustained and adaptability is key. Work will continue to ensure engagement is boosted to improve attendance and participation in MDTs whilst also strengthening connections to align with neighbourhood working, prevention strategies and the community service review.

The Chair thanked JM for the presentation and the good progress.

127/03/25 Covid Spring Booster Campaign

JM advised that covid vaccinations will commence from 1 April 2025 for those eligible. The cohort for the 2025 programme is:

- Adults aged 75 and over
- Residents in a care home for older adults
- Individuals aged 6 months and over who are immunosuppressed.

In Rotherham, priority will be given to older adult care homes and eligible housebound patients.

All primary care networks (PCNs) have signed up to deliver the scheme. The district nurse team will support housebound vaccinations and work in taking place with community pharmacy to address any potential gaps.

The campaign will run until 17 June 2025.

The Chair thanked JM for outlining the plan after which JM left the meeting.

128/03/25 Rotherham Place Partnership Update

The Place Partnership newsletter for January/February 2025 was shared with partners for information and distribution within their own organisations.

129/03/25 Place Achievements

Members were informed about two achievements around dementia. One was a collaboration between TRFT and RDaSH to provide support in prescribing decisions for people with dementia. The second, again highlighted collaborative working with RDaSH hospital liaison team and TRFT holding its first dementia focus week on Ward B5 at Rotherham hospital with the aim of making the ward more dementia friendly.

The achievements were noted.

130/03/25 Communications to Partners/Promoting Events & Consultations

- KG had shared communication cards that had been produced to improve communication with health professionals for the deaf community and people with learning disabilities.
- RMBC has launched a new carers directory which provides comprehensive information and support for carers. It will be shared with partners.

131/03/25 Draft Minutes and Action Log from Public Place Board

The minutes from the meeting held on 19 February 2025 were agreed as a true and accurate record.

The action log was reviewed. There were no outstanding actions.

132/03/25 Risks and Items for Escalation to Appropriate Board

There were no new risks to note and nothing for escalation.

133/03/25 Future Agenda Items:

April Agenda Items:

- Oral Health Needs Assessment – A Hawley

Standing Items

- Updates from all groups (as scheduled)
- Bi-Monthly Place Partnership Briefing
- Feedback from SY ICP Meetings – Bi Monthly
- Place Achievements (as and when)

134/03/25 Date of Next Meeting

The next meeting will take place on **Wednesday 16 April 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 (Joint Chair) Quarterly attendance)	Chief Executive	Rotherham Metropolitan Borough Council
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health/Deputy CE	Rotherham Metropolitan Borough Council
Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust
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

16 April 2025

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

issues log can be found here [ICB Risk Registers \(sharepoint.com\)](#) or contact syicb-sheffield.riskmanagement@nhs.net – please refer to these each time you draft a report as the wording of risks could change in-year.

Purpose of Paper

For members to have oversight of the current Risk Management Framework including Board Assurance Framework, Risk Register and Issues Log, following presentation on the 10 April 2025 through 'exception reporting' as part of the Rotherham PET agenda.

Key Issues / Points to Note

1. Executive Summary

The current BAF, RR and IL is a standing agenda item on the Rotherham PET agenda at each meeting as set out in the ICB Risk Management Framework the Sub-Committee 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.

Reporting Development

The Risk report has been reviewed for each of the ICB subcommittees, bringing them to an aligned format presenting the specific risks relevant to each Subcommittee. An overview of Rotherham Place risks that score 12 and above are available in Appendix A. The full Risk profile for Rotherham is available as follows:

BAF - [ICB Risk Registers - BAF - Rotherham - BAF \(sharepoint.com\)](#)

RISK REGISTER [ICB Risk Registers - Risk Register - Rotherham - CRR \(sharepoint.com\)](#)

ISSUES LOG [ICB Risk Registers - Issues Log - Rotherham - IL \(sharepoint.com\)](#)

Further development

The team are actively looking at the number of risks included in the Board Assurance Framework (BAF) for Q1 2025/6 in line with the Risk Management Framework reporting requirements. This should reduce the number of risks shown on the BAF but conversely affect the risks attributed to the Corporate Risk Register. Work is also ongoing in confirm and challenge sessions with Lead Risk Owners to ensure the final version of the BAF for 2024/5 is as robust as possible.

System Risk Management

Work has commenced on the development of the system risk management system. Staff are meeting with Joanna Watson from the Good Governance Institute on the 29 January 2025. Staff are also attending Trust risk management groups to take this work forward.

Whilst these are live links it is to be acknowledged the cover paper provides the position as of **4 April 2025 at 09:00**.

Is your report for Approval / Consideration / Noting

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

Recommendations / Action Required by the Committee

Members are asked to:

- Review the collated SY ICB Risk Register and Issues Log for Quarter 1;
- Support the ongoing development of the BAF, Risk Register and Issues log.

Board Assurance Framework

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

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

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

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

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

There are no financial implications for this paper but notwithstanding some of the risk areas will have financial implications for the ICB.

Have you carried out an Equality Impact Assessment and is it attached?

Not applicable

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

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

Appendices

Appendix A – Rotherham BAF Risks, Risks and Issues above 12.
Appendix B – Rotherham BAF Risks, Risks and Issues (spreadsheet)

Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45 – 11.30am
Date of Meeting:	Wednesday 19 March 2025
Venue:	John Smith Room, Rotherham Town Hall
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net

Apologies:	S Kemp, Chief Executive, Rotherham Metropolitan Borough Council I Spicer, Deputy Chief Executive, Rotherham Metropolitan Borough Council R Jenkins, Chief Executive, The Rotherham NHS Foundation Trust T Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust M Cottle-Shaw, Chief Executive Officer, Rotherham Hospice Dr A Barmade, Medical Director, Connect Healthcare Rotherham Cllr J Baker Rogers, H&WB Board Chair, RMBC Bob Kirton, Managing Director, The Rotherham NHS Foundation Trust A Russell, Director of Nursing – Rotherham & Doncaster, NHS SY ICB G Laidlaw, Head of Communications – Rotherham, NHS SY ICB W Allott, Director of Financial Transformation Rotherham, NHS SY ICB
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services.
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

Members:

Chris Edwards (**CE**), Executive Place Director (Rotherham) NHS South Yorkshire Integrated Care Board (NHS SY ICB)
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
Julie Warren Sykes (**JWS**), Deputy Chief Nurse, NHS SY ICB - Deputising

Participants:

Jude Archer (**JA**), Assistant Director of Transformation, NHS SY ICB
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
Alex Hawley (**AH**), Interim Director of Public Health, Rotherham MBC
Julie Thornton (**JT**), Care Group Director, Rotherham, Doncaster & South Humber NHS Trust

In attendance

Karen Smith, Programme Director (VCSE), NHS SY ICB – observing
Wendy Commons, (minute taker) Business Support Officer (Rotherham), NHS SY ICB

Item Number	Discussion Items
I103/03/25	<p>Place Integrated Performance Report</p>
<p>JA gave an overview from the March report highlighting:</p> <ul style="list-style-type: none"> – Urgent and Emergency Care – slight improvement had been seen at 68.8% against the target of 78% with patients seen within four hours. However, the hospital remains under significant press with high demand around capacity and patient flow. – Bed Occupancy remains high at 97.3% a decline on last month with challenges being seen on the number of patients who no longer meet the criteria to reside at 18.6% against the standard of 10.8%. – Category 2 Ambulance Response Time – there had been a significant improvement with YAS meeting the 30 minute response in 28.44 minutes. However, meeting the average handover time had proved a challenge at 39 minutes against a target of 18 minutes. – Urgent Community Health referrals seen within 2 hours was at 74% against the standard of 70%. – Utilisation of the virtual ward (above 80%) is currently not being met at 62%. – In Primary Care there had been a reduction in the numbers of GP appointments, although a significant number of appointments were available. – The number of appointments available within 14 days had improved on the previous period to 80.3%. – On elective care the total waiting over 52 weeks stood at 1069 with 49 waiting over 65 weeks reflecting an increase in performance. – The standard for the percentage of patients awaiting an outpatient procedure within 6 weeks was not being met. – The cancer 28 day standard was at 77% against the target of 84.4%. The 62 day referral to treatment standard was being met and had improved month on month and year on year. 31 day cancer diagnosis to treatment was at 87.6% against the 96% standard but was an improvement on the previous period. <p>Members noted the position outlined in this month’s performance report.</p>	
I104/03/25	<p>Rotherham Quality, Patient Safety and Experience Report</p>
<p>Julie Warren-Sykes highlighted areas of the report for members:</p> <ul style="list-style-type: none"> – South Yorkshire ICB has established a SEND Board which will be chaired by the Executive Chief Nurse. – The Regional Treatment Centre for pregnancy termination services has opened at a Rotherham location. Unfortunately, surgical termination is unable to be offered at this time as the service is yet to obtain its controlled drugs licence. In the meantime, women are having to travel out of area or access alternative provision. The licence is expected to be issued by the end of March 2025. – RDASH has advised of their decision to decline any new tasks related to the CHC caseload for learning disability. They are completing 12 weekly safe and well check until a long term solution can be found. Executive Directors have been updated and the risk noted on the ICB risk register. Negotiations are ongoing with funding agreed for one WTE Band 6 professional so that the work can be carried out in house. Discussions continue to address the issue. 	

- Discussions are underway with Children’s social care regarding children subject to safeguarding plans for harm outside the home to ensure there are no unintended risks. Work is ongoing to discuss potential ways forward.

Members noted the contents of the March report and action being taken.

I105/03/25 Feedback from Rotherham Place Executive Team (RPET)

CS updated Members on the discussions and decisions undertaken by the Place Executive Team. There were two items.

- RPET had received a paper regarding the outcome of the procurement process for the Dementia Carers Resilience Service and to seek support to award a one-year NHS Standard contract with an option to extend it for one year. The report recommendation to award the contract had been approved.
- RPET received a paper regarding a process relating to the OPEL (Operational Pressure Escalation Levels) NHS England Framework, created in conjunction with the Local Medical Committee (LMC), to make amendments to the local Directory of Services and to consider the LMC’s request to allow practices to make their own amendment to the DoS. Following discussion RPET agreed that Rotherham Place ICB would not support the request for GPs to individually decide to ‘turn off’ the Directory of Services when at high escalation. LMC has received feedback on the decision.

Place Board noted the decisions taken by RPET.

I106/03/25 Rotherham Place Board Partnership Minutes – 19 February 2025

The minutes from February’s Place Board Partnership session were noted for information.

I107/03/25 ICB Board Assurance Framework, Risk Register & Issues Log

All members had received and reviewed the board assurance framework, risk register and issues log.

Following the Government’s announcement last week about the 50% reduction in costs which has now been confirmed will also apply to Integrated Care Boards. Further detail is awaited from the Department which will be assessed. Members will be kept updated and advised of the risks for Rotherham Place

There were no new risks to be added.

I108/03/25 Minutes and Action Log and Assurance Report from the last Meeting

The minutes from the meeting held on Wednesday 19 February 2025 were accepted as a true and accurate record.

The action log was reviewed. There were two outstanding actions:

- 1109/02/25 – The slides used to showcase Rotherham at the Integrated Neighbourhood Working event will be shared with Partners. JA will share the slides.*
- 1110/02/25 – Fostering to be raised with ICP to help raise awareness across Rotherham. JBR will take forward.*

It was agreed that both the above actions can be rated green.

The assurance report for the Integrated Care Board noted that there are no actions to be escalated arising from February minutes.

I109/03/25	Communication to Partners/Promoting Consultations & Events
As part of Autism Acceptance Month, it was noted that a tour bus will be touring going around Barnsley. This was highlighted with RDaSH (from a South Yorkshire perspective) to determine if they wish to be involved.	
I110/03/25	Risks and Items for Escalation
None.	
I111/03/25	Forward Agenda Items
<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 May) - Quality, Patient Safety and Experience Dashboard (Bi- monthly – next due May) - Quarterly Medical Director Update (Quarterly) 	
I112/03/25	Date of Next Meeting
The next meeting will take place on Wednesday 16 April 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
19-Mar-25			No actions to note.					



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 19 March 2025.

2. Highlights

The Rotherham Place Committee received the following assurances:

Agenda Item	Assurance Level	Further Actions Agreed
<i>I103/03/25 – Place Integrated Performance Report</i>	3	Members noted the performance position for March 2025.
<i>I104/03/25 – Quality Patient Safety & Experience Report</i>	3	Members noted the contents of the report and the action being taken.
<i>I105/03/25 – Feedback from Rotherham Place Executive Team (RPET)</i>	3	Members acknowledged the discussions and decisions taken as detailed in the paper.
<i>I106/03/25 – Minutes from Rotherham Place Board Partnership session</i>	3	The minutes from the public partnership session held in February were noted for information and openness.
<i>I107/02/25 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
9 April 2025