



Agenda

Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.30am – 11.00am
Date of Meeting:	Wednesday 21 May 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 S. Kemp, Chief Executive, Rotherham Council T. Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
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	Quality, Patient Safety and Experience Dashboard Report	5 mins	Andrew Russell	Enc 2
3	Medical Director Update	5 mins	Dr Jason Page	Verbal
4	Feedback from Rotherham Place Executive Team	5 mins	Claire Smith	Enc 4
5	Rotherham Place Board (Partnership) Minutes – 16 April 2025 <i>- for information</i>	-	Chris Edwards	Enc 5
6	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – <i>for information</i>	5 mins	Chris Edwards	Enc 6i, 6ii, 6iii
Standard Items				
7	Minutes, Action Log and Assurance Report from 16 April 2025 Meeting	5 mins	Chair	Enc 7i, 7ii, 7iii
8	Communication and Promoting Consultations and Events		All	Verbal
9	Risks and Items for Escalation to ICB Board		Chair	Verbal
10	Standing Items <ul style="list-style-type: none"> • Place Integrated Performance Report (monthly) • Risk Register (monthly for information) • Place Prescribing Report (Aug) • Quality, Patient Safety and Experience Dashboard (July) • Quarterly Medical Director Update (July) 			
11	Date of Next Meeting: Wednesday 18 June 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) May 2025

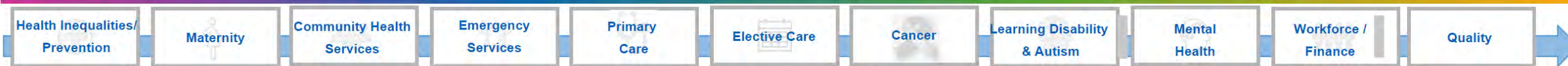
✉ Contact

syicb.datainsyghts@nhs.net





System Pathway Oversight Narrative



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

Urgent and Emergency Care (UEC) recovery

The system remained under sustained pressure across urgent and emergency care in March, with high demand and constrained capacity continuing to impact performance. ECS performance held steady at 75.1%, showing a marginal improvement from January but still falling short of the national standard. Performance varied across trusts, reflecting differences in local flow, discharge processes, and operational grip.

Ambulance handover times remained a challenge. The average time across South Yorkshire ICB was just over 21 minutes, with 24% of handovers completed within 15 minutes and around 10% exceeding the 60-minute mark. Sheffield Teaching Hospitals reported one of the highest average times at nearly 25 minutes, with several handovers stretching beyond four hours. By contrast, Sheffield Children's consistently delivered the shortest waits, averaging under 13 minutes.

Crowding within ED departments also persisted. Sheffield Teaching Hospitals recorded 944 patients waiting between four and five hours before being admitted, discharged, or transferred. Of these, more than 190 breached the four-hour target by less than 10 minutes, highlighting avoidable delays in timely movement.

Streaming from ED continued to provide some relief, particularly at Doncaster and Bassetlaw, where the Integrated Coordination Centre helped divert patients to alternative services. This contributed to one of the highest streaming rates in the region.

No Criteria to Reside (NCTR) levels remained above trajectory at 14.9% (Target 10.8%). Rotherham and Sheffield both reported high proportions of beds occupied by patients who no longer required acute care, with system efforts focused on improving discharge planning and community readiness.

Primary and community services

The total number of GP appointments is close to the annual plan for the year to Feb-25, although there is some variation in the rate per 1,000 of the registered population.

In dentistry, Q1 – Q3 performance shows Units of Dental Activity (UDA) delivery was significantly above the planning trajectory. In addition, in Q4 there has been an increase in the number of practices commissioned to deliver over and above their core contracted activity in year as part of the ICBs dental investment plan. Workforce challenges continue with practices unable to recruit to vacant posts despite 21 practices being given prior approval under the Dental Recruitment Incentive Scheme (DRIS) to supporting them to offer a financial incentive. However, as yet no performer details have been submitted for approval.

Cancer recovery

The ICB continues to meet the 28-Day Faster Diagnosis Standard, with the Feb 2025 performance above the revised 80% threshold.

Performance against the 31-Day target showed improvement in Feb, although remains pressured, but 62-Day performance deteriorated – driven by poor performance across the Screening route (mainly bowel).

Poorest performing pathways continue to be Urology, Gynaecology, Lower GI and Head & Neck. Pathway analysis work is underway.

System Pathway Oversight Narrative - Continued



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

Elective

Waiting lists overall have remained relatively flat and SY ICB is 7th out of 42 ICBs for the proportion of patients treated within 18 weeks of referral. However, performance is more problematic when it comes to eliminating the longest waits. Providers continue their focused management of the longest waiters, with system assurance and coordination via the SYB Elective Oversight Group

74.9% of SY residents received a diagnostic test within 6 weeks in March 2025 (up from 69.6% in Dec 2024). The highest volume of patients waiting over 6 weeks are in NOUS (Non-Obstetric Ultrasound) at STH, Audiology at DBTH, MRI and CT at STH, and Endoscopy at STH. Several actions are being undertaken to improve performance in each of these diagnostic modalities.

The target to increase the proportion of outpatient attendances that are Firsts or attract a procedure tariff is a new metric for 24/25. This target has been removed for 25/26, but it will continue to be a focus for improvement to support meeting elective waiting list targets. Performance across SY ICB continues to exceed the target, and increased by 2 percentage points in Feb-25 compared to Jan-25.

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Mental health

There has been a further increase in access to CYP services since the previous month and it should be noted that the ICB continues to exceed the planned access rate.

For NHS Talking Therapies the ICB also continues to exceed the planned access rate. The ICB did not achieve the reliable improvement trajectory of 67% in Feb-25, with performance varying considerably month-to-month for this metric, and continues to fail to achieve the reliable recovery rate of 48%. NHS Talking Therapy services have continuous improvement programmes in place to recover this position by year end.

The number of inappropriate out-of-area placements (OAPs) remains higher than our planned position, though in Feb there was a net improvement of 5 fewer OAPs relative to Jan. Both RDASH and SHSC have dedicated programmes of work in place, with executive oversight, to improve their OAPs position and SHSC are receiving a support offer from NHS England to reduce their OAPs position. RDASH and SHSC have also received a national recommendation for approval for capital schemes to improve their estates to assist in reducing the number of people placed out of area.

The ICB is achieving a diagnosis rate of 75.6% against the national standard of 66.7%, which is a slight decrease since the previous month, but remains significantly higher than the national standard. The ICB continues to be the best performing in the North East and Yorkshire region on this metric.

The ICB continues to exceed on the long-term plan trajectory for community mental health access and there has been further improvement in the last month, however, the ambitious plan to achieve an access rate of 16,443 by year end continues to be challenging and there is a real possibility that this will not be met by the end of March 2025.

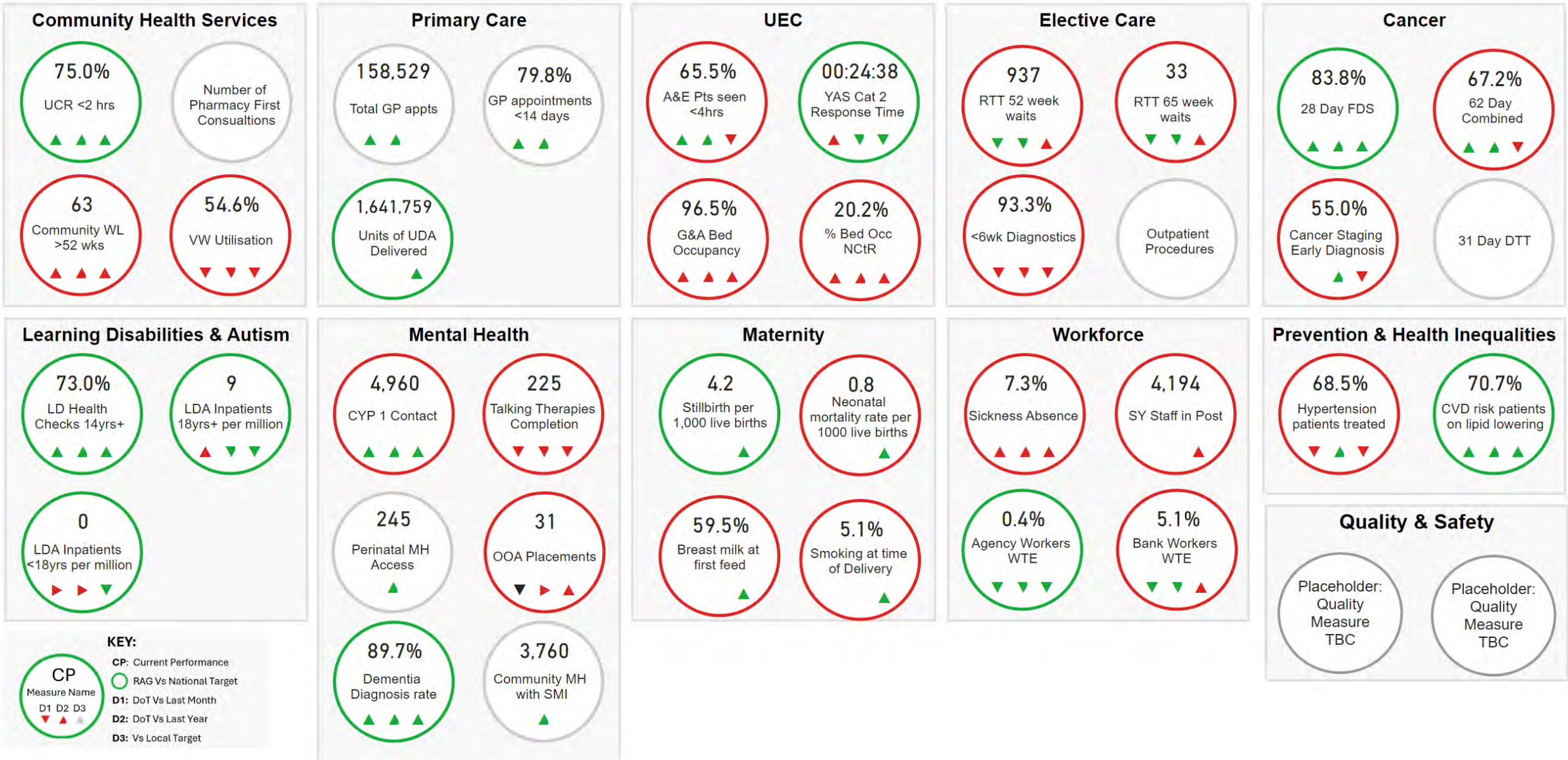
Learning Disability and Autism

Current uptake of annual health checks (AHCs) stands at 69% (Feb-25), which puts us on track to hit the 75% target for 24/25 as a high number of AHCs occur in Q4. Efforts continue to boost uptake and expand the LD registers, which have grown by 2.7% in year. Several initiatives are also underway to enhance service quality, access, and signposting as part of the LDA Programme.

South Yorkshire is still experiencing challenges with reducing reliance on inpatient care for LDA patients. Currently, there are 50 adult inpatients against a Q4 forecast of 30, however following a national ask to reduce the baseline by 10% and some positive discharges, South Yorkshire are on track to meet the new trajectory. Admissions among the autistic population are still the key pressure area coupled with ongoing delays in discharging patients mainly due to lack of accommodation and support options which are contributing to the overall position. The LDA Programme continues to focus on early intervention through Dynamic Support Registers and improving discharge pathways.

The following page, visually summarises the NHS National Priorities at South Yorkshire ICB level. A breakdown of these measures where applicable, into Place/Provider performance and also a Core20PLUS5* strategy can be found within this report.

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	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 Gap in School Readiness between those with FSM & all children (pp)	15.0	14.6	11.2	
	Strengthen & accelerate our focus on prevention	1 Adult Smoking Prevalence (%)	16.1	13.6	5.0	
		2				
	Work together to increase economic participation & support a fair, inclusive & sustainable economy	4 Economic Inactivity Rate (%)	22.1	25.6	20.0	
		2 Gap in employment rate between those with LD & overall rate (pp)	69.1	68.7	51.8	
		2 Gap in employment rate between those with LTC & overall rate (pp)	12.0	10.2	9.0	





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

1 4 % A&E patients seen within 4hrs Improve A&E waiting times compared to 2023/24, with a minimum of 78% of patients seen within 4 hours by March 2025	TRFT		Actual					
	Actual	Standard	BHFT	DBTHFT	SCH	STH	SYICB	
Mar-25	65.5%	78.0%	80.2%	74.7%	90.6%	73.1%	75.1%	
1 3 No Criteria to Reside Reduce the Number of patients that have no criteria to reside	TRFT		Actual					
	Actual		BHFT	DBTHFT	SCH	STH	SYICB	
Mar-25	20.2%		7.9%	11.7%	0.0%	16.9%	14.3%	
1 Total general and acute bed occupancy * 2024/25 target is to reduce adult general and acute bed occupancy to 92% or below	TRFT		Actual					
	Actual	Standard *	BHFT	DBTHFT	STH	SYICB		
Mar-25	96.5%	92.0%	94.2%	95.4%	92.3%	93.9%		

% A&E patients seen within 4hrs

In March, TRFT's performance was 65.5%, which failed to meet the National Target of 78%. It was an improvement on the previous periods performance of 63.7% and was an improvement on the same period in the previous year of 62.9%.

No Criteria to Reside

In March, TRFT's performance was 20.2%, which failed to meet the National Target of 10.8%.

Total general and acute bed occupancy

In March, TRFT's performance was 96.5%, which failed to meet the National Target of 92%. It was a decline on the previous periods performance of 96.2% and was a decline on the same period in the previous year of 95.2%.

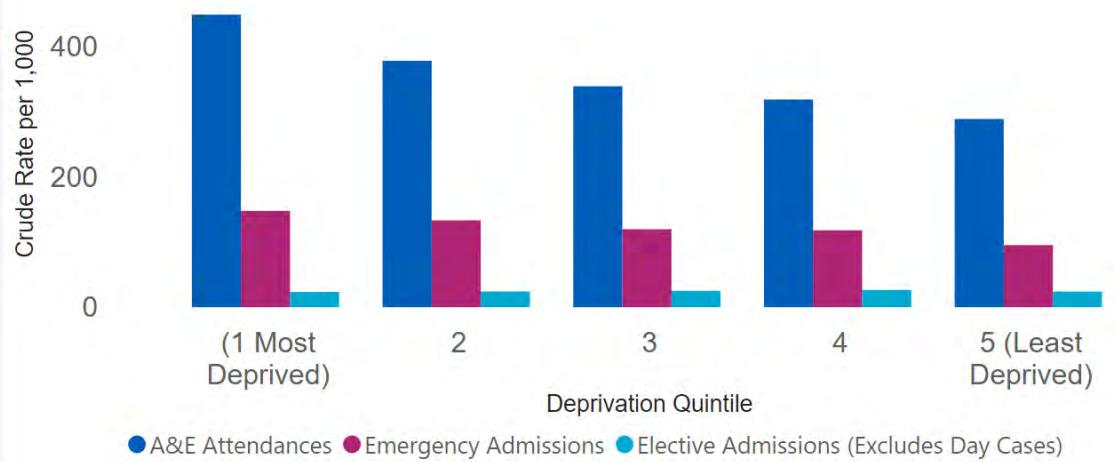
Urgent & Emergency Care Continued

<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>Mar-25</td> <td>00:24:38</td> <td>00:30:00</td> </tr> </tbody> </table>		Actual	Standard	Mar-25	00:24:38	00:30:00	<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>Mar-25</td> <td>00:28:06</td> <td>00:26:13</td> <td>00:22:47</td> <td>00:24:53</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Mar-25	00:28:06	00:26:13	00:22:47	00:24:53	<p>● Rotherham - This Yr ● Last Yr ● Standard</p>		
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<p>1 Average Handover Time</p> <p>Every Trust is aiming to reduce the time it takes for Ambulance Handovers to an average of 18 minutes by March 25 and an average of 15 minutes by March 26 (except SCH who are aiming for <10 minutes)</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Mar-25</td> <td>21:08</td> <td>18:00</td> </tr> </tbody> </table>		Actual	Standard	Mar-25	21:08	18:00	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Mar-25</td> <td>15:32</td> <td>21:48</td> <td>10:31</td> <td>25:12</td> <td>21:30</td> </tr> </tbody> </table>		BHFT	DBTHFT	SCH	STH	SYICB	Mar-25	15:32	21:48	10:31	25:12	21:30	<p>● TRFT - This Yr ● Last Yr ● Standard</p>
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Mar-25	15:32	21:48	10:31	25:12	21:30																

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 March, Rotherham's performance was 00:24:38, which met the National Target of 00:30:00. It was a decline on the previous periods performance of 00:24:35 and was an improvement on the same period in the previous year of 00:26:51.

Average Handover Time

In March, TRFT's performance was 00:21:08, which failed to meet the National Target of 00:18:00. It was an improvement on the previous periods performance of 00:27:14 and was an improvement on the same period in the previous year of 00:24:10.

Community Health Services

1 **Urgent Community Referrals seen within 2 hours**

* 2024/25 target was to increase the proportion of Urgent Community Referrals seen within 2 hours to 70%

TRFT	Actual		Standard*			
	Actual	Standard*	RDASH	STH	SWYPFT	SYICB
Feb-25	75.0%	70.0%	0.0%	0.0%	95.0%	91.0%

*No data available for STH or RDASH

3 **Placeholder: Community Beds Occupancy**

Number of beds occupied as a proportion of total available for ICB

1 **Community Waiting List over 52 weeks**

Number of patients on community waiting lists for over 52 weeks

TRFT	Actual		Standard							
	Actual	Standard	BHFT	DBTHFT	RDASH	SCH	SHSC	STH	SYICB	
Feb-25	63	0	0	0	0	7,984	1	0	8,048	

1 **Virtual Ward Utilisation**

Increase Virtual Ward utilisation to consistently be above 80%

*Note: This is a Snapshot as at 27th March 2025

TRFT	Actual		Standard			
	Actual	Standard	Doncaster	STH	SWYPFT	SYICB
Mar-25	54.6%	79.6%	78.0%	65.0%	124.3%	78.5%

Urgent Community Referrals seen within 2 hours
 In February, TRFT's performance was 75%, which met the National Target of 70%.

Community Waiting List over 52 weeks
 In February, TRFT's performance was 63, which failed to meet the National Target of 0. It was a decline on the previous periods performance of 57 and was a decline on the same period in the previous year of 33.

Virtual Ward Utilisation
 In March, TRFT's performance was 54.6%, which failed to meet the National Target of 79.6%. It was a decline on the previous periods performance of 66.2% and was a decline on the same period in the previous year of 64%.

Primary Care

<p>1 Number of GP appointments</p> <p>3 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>Feb-25</td> <td>158,529 (576)</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Feb-25	158,529 (576)		<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>135,168 (499)</td> <td>172,673 (509)</td> <td>336,147 (524)</td> <td>802,517 (526)</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	135,168 (499)	172,673 (509)	336,147 (524)	802,517 (526)	<p>● Rotherham - This Yr ● Last Yr</p>
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<p>1 Improve access to NHS dentistry</p> <p>1 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>1,641,759</td> <td>1,587,318</td> </tr> </tbody> </table>			YTD Actual	Dec YTD target	Dec-24	1,641,759	1,587,318	<p>● SYICB - This Yr ● Last Yr</p>										
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<p>1 Number of Pharmacy First interventions</p> <p>1 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>Dec-24</td> <td>2,365</td> </tr> </tbody> </table>		Actual	Dec-24	2,365	<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>Dec-24</td> <td>3,187</td> <td>2,031</td> <td>4,465</td> <td>12,048</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Dec-24	3,187	2,031	4,465	12,048	<p>● Rotherham - This Yr</p>		
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Number of GP appointments

In February, Rotherham's performance was 158,529, which failed to meet the local ambition of . It was an improvement on the previous periods performance of 175,782 and was an improvement on the same period in the previous year of 163,291.

Improve access to NHS dentistry

In December, SYICB's performance was 1,641,759, which met the local ambition of 1,587,318. It was a decline on the previous periods performance of

Pharmacy First interventions

Number of Pharmacy First interventions - In December, Rotherham's performance was 2365. It was a decline on the previous periods performance.

Primary Care Continued

Perinatal Access - In February, Rotherham's performance was 245. It was a decline on the previous periods performance of 250 and was an improvement on the same period in the previous year of 230.

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 February, Rotherham's performance was 3,760 and was an improvement on the same period in the previous year of 2,720.

Elective Care

<p>1 3 Total waiting over 52 weeks</p> <p>Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026.</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>346</td> <td>1,288</td> <td>1,535</td> <td>4,106</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	346	1,288	1,535	4,106	<p>● Rotherham - This Yr ● Last Yr</p>		
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Feb-25	346	1,288	1,535	4,106															
<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	<p>● Rotherham - This Yr ● Last Yr</p>
	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</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Mar-25</td> <td>93.3%</td> <td>95.0%</td> </tr> </tbody> </table>		Actual	Standard	Mar-25	93.3%	95.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Mar-25</td> <td>90.5%</td> <td>75.9%</td> <td>65.5%</td> <td>74.9%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Mar-25	90.5%	75.9%	65.5%	74.9%	<p>● Rotherham - This Yr ● Last Yr ● Standard</p>
	Actual	Standard																	
Mar-25	93.3%	95.0%																	
	Barnsley	Doncaster	Sheffield	SYICB															
Mar-25	90.5%	75.9%	65.5%	74.9%															

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 March, Rotherham's performance was 93.3%, which failed to meet the National Target of 95%. It was a decline on the previous periods performance of 94.2% and was a decline on the same period in the previous year of 97.8%.

Elective Care

1 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	
	Feb-25	49.0%	46.0%	44.8%	52.4%	49.2%	48.9%

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	
	Mar-25	101.8%	103.0%	97.7%	94.7%	106.5%	104.1%	105.8%

CORE20 PLUS

Over 52 Weeks
Over 65 Weeks

Total Waiting Over 52 Weeks (South Yorkshire)

Deprivation Quintile

5	3.7%
4	3.3%
3	3.3%
2	3.2%
1	3.4%

Ethnicity

Black	4.0%
Asian	3.8%
Other	3.8%
White	3.0%
Mixed	2.8%

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 49%, which met the National Target of 46%. It was an improvement on the previous periods performance of 47.5%

Value Weighted Activity

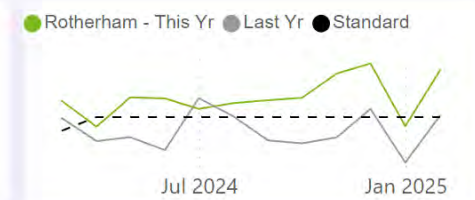
In March, TRFT's performance was 101.8%, which failed to meet the National Target of 103%. It was a decline on the previous periods performance of 102.3%.

Cancer

1 **% patients with cancer diagnosis communicated within 28 days**
3

Meet the faster diagnosis standard of 77% by March 2025—ensuring patients receive a diagnosis or have cancer ruled out within 28 days—and improve this performance to 80% by March 2026.

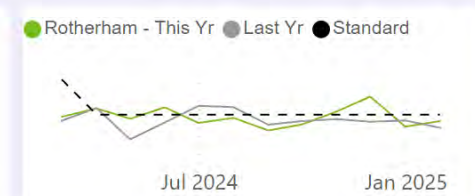
Rotherham	Actual		Standard			
	Actual	Standard	Barnsley	Doncaster	Sheffield	SYICB
Feb-25	83.8%	77.0%	81.5%	81.1%	78.7%	80.8%



1 **62-day referral to treatment standard - combined**
4

Ensure patients diagnosed after an urgent referral or screening start treatment within 62 days, meeting 70% by March 2025 and improving to 75% by March 2026

Rotherham	Actual		Standard			
	Actual	Standard	Barnsley	Doncaster	Sheffield	SYICB
Feb-25	67.2%	70.0%	66.7%	63.8%	54.6%	61.6%



% patients with cancer diagnosis communicated within 28 days
 In February, Rotherham's performance was 83.8%, which met the National Target of 77%. It was an improvement on the previous periods performance of 75.7% and was an improvement on the same period in the previous year of 77.2%.

62-day referral to treatment standard - combined
 In February, Rotherham's performance was 67.2%, which failed to meet the National Target of 70%. It was an improvement on the previous periods performance of 64.8% and was an improvement on the same period in the previous year of 64.3%.

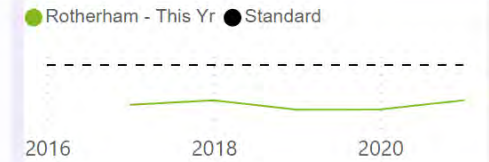
Cancer

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%	

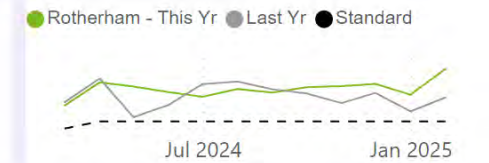


1 31 Day diagnosis to treatment

The NHS constitution's 31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients

Rotherham		
	Actual	Standard
Feb-25	91.8%	96.0%

Actual				
Barnsley	Doncaster	Sheffield	SYICB	
87.1%	89.2%	83.7%	87.2%	



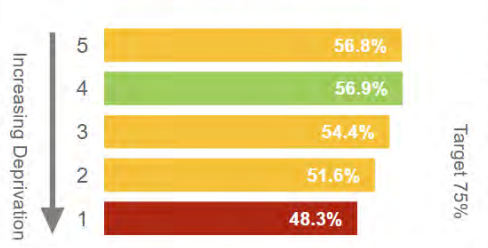
CORE20 PLUS

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

Early Diagnosis

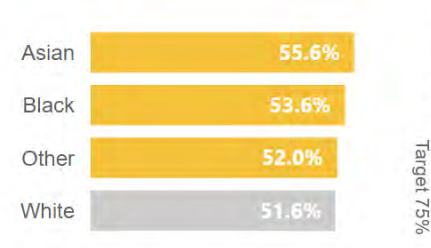
Cancer Diagnosis at stage 1 or 2 (South Yorkshire)

Deprivation Quintile



Year: 2021 | Comparator: SY Average

Ethnicity



Year: 2019-2021 | Comparator: White

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 February, Rotherham's performance was 91.8%, which failed to meet the National Target of 96%. It was an improvement on the previous periods performance of 84.6% and was an improvement on the same period in the previous year of 83.8%.

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>Dec-24</td> <td>4.2</td> </tr> </tbody> </table>		Actual	Dec-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																
Dec-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>Dec-24</td> <td>7.6%</td> <td>6.0%</td> </tr> </tbody> </table>		Actual	Standard	Dec-24	7.6%	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>6.2%</td> <td>7.1%</td> <td>4.8%</td> <td>5.9%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	6.2%	7.1%	4.8%	5.9%	<p>● TRFT - This Yr</p>
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BHFT	DBTHFT	STH	SYICB														
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Stillbirth per 1,000 live births

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

Preterm Birth Rate

In December, TRFT's performance was 7.6%.

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>Dec-24</td> <td>59.5%</td> <td>71.7%</td> </tr> </tbody> </table>		Actual	Standard	Dec-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>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>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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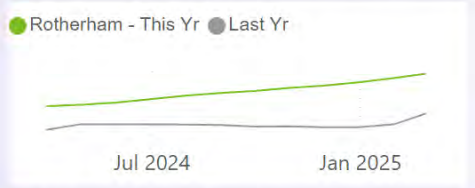


Breast milk at first feed

In December, 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</p> <p>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>Feb-25</td> <td>4,960</td> <td>17,243</td> </tr> </tbody> </table>		Actual	Plan	Feb-25	4,960	17,243	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Feb-25</td> <td>4,610</td> <td>4,010</td> <td>5,485</td> <td>19,065</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	4,610	4,010	5,485	19,065	
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Feb-25	4,960	17,243																	
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<p>1 2 3</p> <p>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>Feb-25</td> <td>3,760</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Feb-25	3,760		<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>3,135</td> <td>3,970</td> <td>3,640</td> <td>14,505</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	3,135	3,970	3,640	14,505	
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<p>1 3</p> <p>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>Feb-25</td> <td>245</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Feb-25	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>Feb-25</td> <td>230</td> <td>440</td> <td>470</td> <td>1,385</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	230	440	470	1,385	
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<p>1 2</p> <p>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>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Dec-24</td> <td>66.0%</td> <td>68.0%</td> <td>57.0%</td> <td>63.0%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Dec-24	66.0%	68.0%	57.0%	63.0%	
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Increase Number of CYP (0-17yrs) receiving at least one contact in reporting period - In February, Rotherham's performance was 4,960, which failed to meet the local ambition of 17243. It was an improvement on the previous periods performance of 4,825 and was an improvement on the same period in the previous year of 4,555.

Community Mental Health Services for Adults and Older Adults with SMI, 2+ contacts - In February, Rotherham's performance was 3,760 and was an improvement on the sa...

Perinatal Access - In February, Rotherham's performance was 245. It was a decline on the previous periods performance of 250 and was an improvement on the same period...

In 2024/25 Sheffield's performance was 68%, which met the National Target of 60%

Mental Health Continued

<p>1 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																
Feb-25	27	31	4																
<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 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>Feb-25</td> <td>225</td> <td>1,150</td> </tr> </tbody> </table>		Actual	Plan	Feb-25	225	1,150	<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>250</td> <td>235</td> <td>555</td> <td>1,265</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	250	235	555	1,265	
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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>Feb-25</td> <td>38.0%</td> <td>48.0%</td> </tr> </tbody> </table>		Actual	Plan	Feb-25	38.0%	48.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Feb-25</td> <td>44.0%</td> <td>51.0%</td> <td>51.0%</td> <td>47.0%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	44.0%	51.0%	51.0%	47.0%	
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<p>1 Talking Therapies Reliable Improvement</p> <p>Improve the number in Talking Therapies that achieve reliable improvement</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Feb-25</td> <td>59.0%</td> <td>67.0%</td> </tr> </tbody> </table>		Actual	Plan	Feb-25	59.0%	67.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Feb-25</td> <td>63.0%</td> <td>71.0%</td> <td>68.0%</td> <td>66.0%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	63.0%	71.0%	68.0%	66.0%	
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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%...

Mental Health Continued

Talking Therapies Completion - In February, Rotherham's performance was 225, which failed to meet the National Target of 1150. It was a decline on the previous periods performance of 265 and was a decline on the same period in the previous year of 255.

Talking Therapies Reliable Recovery - In February, Rotherham's performance was 38%, which failed to meet the National Target of 48%. It was a decline on the previous periods performance of 47.2% and was a decline on the same period in the previous year of 45.1%.

Talking Therapies Reliable Improvement - In February, Rotherham's performance was 59%, which failed to meet the National Target of 67%. It was a decline on the previous periods performance of 67.9% and was a decline on the same period in the previous year of 70.6%.

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>Feb-25</td> <td>73.0%</td> <td>54.8%</td> </tr> </tbody> </table>		Actual	Q3 Target	Feb-25	73.0%	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>Feb-25</td> <td>73.3%</td> <td>64.9%</td> <td>66.8%</td> <td>68.6%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	73.3%	64.9%	66.8%	68.6%	
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Mar-25	19	8	14	50															
<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>Mar-25</td> <td>0</td> <td>15</td> </tr> </tbody> </table> <p>Rate per million population</p>		Actual	Standard	Mar-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>Mar-25</td> <td>1</td> <td>0</td> <td>5</td> <td>6</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Mar-25	1	0	5	6	
	Actual	Standard																	
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Mar-25	1	0	5	6															

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

In February, Rotherham's performance was 73%, which met the Q3 Target of 54.8%. It was an improvement on the previous periods performance of 64.6% and was an improvement on the same period in the previous year of 67.7%.

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

In March, Rotherham's performance was 9, which met the National Target of 30. It was a decline on the previous periods performance of 7 and was an improvement on the same period in the previous year of 13.

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

In March, 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 Placeholder:ADHD Waiting list

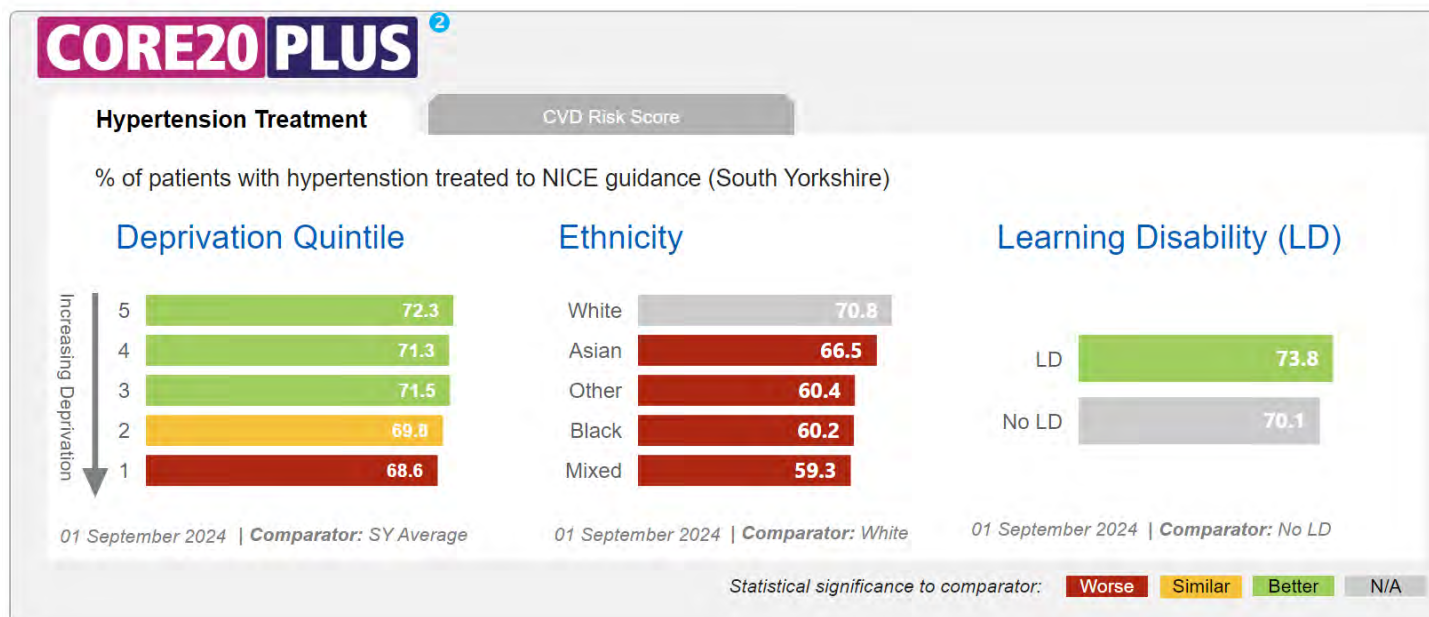
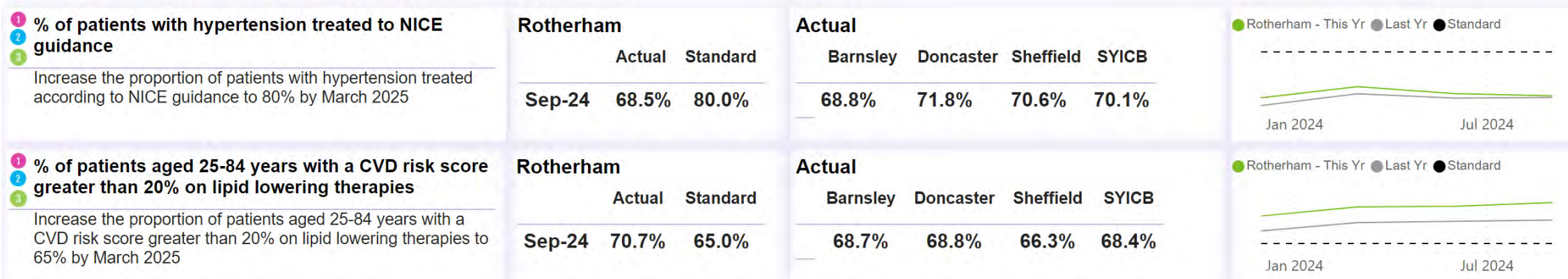
Number of people waiting for an ADHD (Attention Deficit Hyperactivity Disorder) assessments

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)



% 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 (Q3 2024/25)	Previous quarter (Q2 2024/25)	Previous year's quarter (Q3 23/24)
Coverage measured at 12 months	6 in 1 Vaccine (Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Whooping Cough) (12m)	95%	94.4%	93.5%	93.3%
	Meningitis B (12m)	95%	94.3%	93.1%	92.9%
	Pneumococcal (Meningitis / Sepsis / Pneumonia) (12m)	95%	95.9%	95.6%	95.2%
	Rotavirus	95%	91.8%	90.9%	91.1%
Coverage measured at 24 months	6 in 1 Vaccine (Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Whooping Cough) (24m)	95%	94.7%	94.4%	94.7%
	Measles / Mumps / Rubella	95%	91.5%	92.0%	91.9%
	Hib / Meningitis C (12m)	95%	91.2%	92.0%	91.8%
	Pneumococcal (Meningitis / Sepsis / Pneumonia) (24m)	95%	90.6%	91.3%	91.2%
	Meningitis B (24m)	95%	90.1%	90.7%	90.6%
Coverage measured at 5 years	6 in 1 Vaccine (Diphtheria / Polio / Tetanus / Whooping cough/ Hepatitis B / Hib) (5y)	95%	94.4%	94.7%	94.5%
	Hib / Meningitis C (5y)	95%	89.2%	88.5%	89.7%
	4 in 1 Vaccine (Diphtheria / Polio / Tetanus / Whooping cough)	95%	86.0%	85.6%	84.6%
	Measles / Mumps / Rubella 1	95%	94.2%	94.1%	94.6%
	Measles / Mumps / Rubella 2	95%	88.0%	87.3%	87.0%

Source: UK Health Security Agency (UKHSA)

- Data is taken from the national Quarterly vaccination coverage statistics for children aged up to 5 years in the UK (COVER programme); October to December 2024 produced by the Health Security Agency,
- 9/14 elements have shown a slight increase, while elements have remained relatively stable, which is inline with national trend. Pneumococcal at 12 months has maintained coverage of >95%, whilst 5 other elements are just below the 95% target. The primary vaccinations (0-12 months) are generally well perceived and accepted by parents, with minimal challenges re: safety or efficacy, often seen as a priority. Challenges remain around Pre-school booster (4in1) <90%, with many practices continuing to show large waiting lists, and clinic appointments being automatically prioritised for primary vaccinations. MMR 2 remains <90%, due to access, vaccine hesitancy and MMR 1 still being below 95%. Coverage continues to be affected by children registered but not in the area/county.
- Analysis of actual numbers unvaccinated is undertaken to facilitate targeted work, for many practices the number of child to be vaccinated to achieve the required levels is small numbers (i.e. <5), the public health programme team continue to work with practices with low update, with support from ICB primary care and local Authority colleagues. School immunisation providers continue to offer opportunistic catchup (dependent on the capacity). Work is to commence to explore neighbourhood initiatives to enhance existing offers. Practices are being encouraged to work more collaboratively under the PCN DES, to increase flexibility and access. Work is continuing to develop within Trusts.

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

May 2025 (data from March/April 2025)

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

The following RAG ratings and descriptor have been applied.

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

Summary Table

Provider	Level of Surveillance			SOF	CQC Overall Rating	CQC inspection date
	Jan 2025	Mar 2025	May 2025			
NHS Foundation Trusts						
Rotherham, Doncaster & South Humber NHS Foundation Trust	Routine	Routine	Routine	3	Requires Improvement	
The Rotherham NHS Foundation Trust	Routine	Routine	Routine	3	Requires Improvement	
Primary Care						
Crown Street Surgery, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement	
Shakespeare Road PMS, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement	
Swallownest Heath Centre, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement	
Independent Providers/Specialised Mental Health Providers						
Byron Lodge Rotherham		Enhanced	Routine		Good	
Waterside Grange, Rotherham	Routine	Routine	Routine		Requires Improvement	
Roche Abbey Care Home, Rotherham	Routine	Routine	Routine		Requires Improvement	
The STAR Foundation	Routine	Routine	Routine		Requires Improvement	January 2022

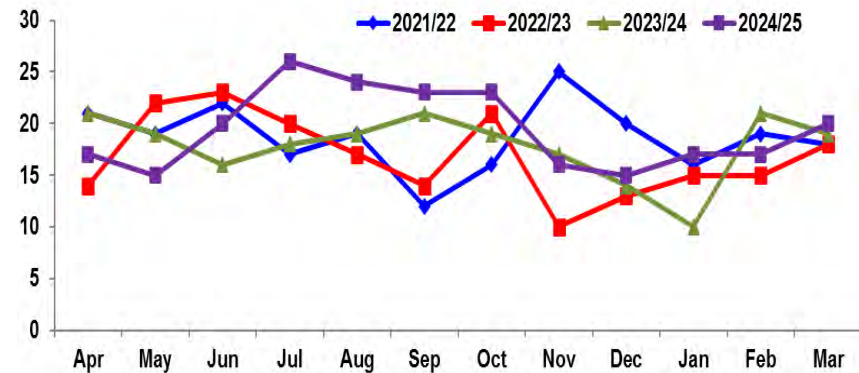
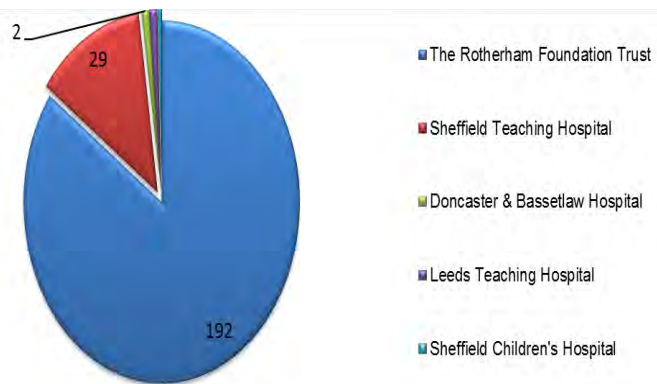
Rotherham Place

Issue	Key Status/ Risks / Concerns / Good Practice
The Rotherham NHS Foundation Trust	
Investing in services	<p>The Trust has received £7million of government funding to increase the capacity of the Urgent and Emergency Care Services and to provide a dedicated medical Same Day Emergency Care (SDEC) unit. This will help to make sure those attending the Urgent and Emergency Care Centre (UECC) will have access to timely treatment, supporting the overall improvement journey towards achieving the national four-hour emergency care standard.</p> <p>UECC will expand into the space previously occupied by fracture clinic and will house minor injuries and urgent primary care services alongside a brand new purpose-built medical Same Day Emergency Care (SDEC) unit. It is expected to open June 2025.</p> <p>To make room for this expansion, several other services are moving into newly renovated areas to help improve the environment and experience for patients, staff and visitors.</p> <p>The pre-operative assessment unit has moved to a new facility located close to Day Surgery.</p> <p>The sexual health service will move from its existing home on C level, to a newly refurbished facilities beside the main entrance to the hospital in the space previously occupied by the pre-assessment centre and is expected to open summer 2025.</p> <p>A brand-new fracture clinic will be built on C level and will feature its own dedicated X-ray facility.</p> <p>The Orthotics and Therapies department will also be refurbished with updated facilities.</p>
Paediatric Audiology screening programme – national programme <i>(not a concern at present)</i>	<p>The Newborn Hearing Screening Programme reviewed the data of every newborn baby born in England (2018-2023) and identified four Trusts who had diagnosed significantly fewer babies with a permanent childhood hearing impairment (PCHI) than expected, following initial hearing screening assessment. Recognising the system wide nature of the issues identified, a National Paediatric Hearing Improvement Programme has been established by NHS England to support providers and ICBs to improve the quality of these services. The programme is undertaking work to understand the scale of the problem and the number of children who have been affected, and to develop the strategic tools and interventions to support sustainable improvements. A set of system recommendations for immediate action were developed. These have been informed by stakeholders including regional and ICB clinical and quality leads as well as the outcomes of the reviews of root cause analyses of the incidents and other pilot service assessments by UKAS. The review outcome did not identify significant concerns however did identify gaps with accreditation to which TRFT are progressing via a programme of work.</p> <p>Monthly ICB PLACE leads continue to meet with the ICB Medical Director to ensure a system wide approach, escalation, and support. It has been noted that services are under increased pressure with staff wellbeing noted. Regional lead informed. TRFT along with other trust are providing mutual aid across the SY footprint.</p>

Issue	Key Status/ Risks / Concerns / Good Practice
	As directed by NHSE virtual assurance visits were to conclude to all sites by the 31 st of March 2025. TRFT's visit with the ICB, and an SME (subject matter expert) took place on the 12 th of March. This was a successful visit without concern. Next steps awaited from the national team.
Antimicrobial pharmacies/ Microbiologists	Benefits of the antimicrobial pharmacies and microbiologists are noted to be working well. The Consultant Microbiologist has started proactive antibiotic ward rounds so support review of current clinical management plans and antibiotic prescribing.
RDaSH	
NHS England Suicide and self-harm guidance	<p>“Every day, 17 people die by suicide in the UK. Of those, five are in contact with mental health services, and four of those five (80%) are assessed as “low” or “no” risk at their last contact. Suicide prediction tools, scales, and stratification (for example, into low, medium, or high risk) are flawed because suicidal impulses are highly changeable and can shift in minutes. The use of static risk stratification, often based on simplistic questions, is still widespread, but it is unacceptable.</p> <p>The guidance sets out a replacement approach that puts safety assessment, formulation, management and planning in the context of relational, therapeutic engagement, which is known to improve outcomes. It supersedes the ‘Assessing and managing risk in mental health services’ guidance issued by the National Mental Health Risk Management Programme in March 2009.”</p> <p>RDaSH will embed this guidance into practice via an implementation plan, led by the Medical Director. This will be a significant undertaking and cultural change across practice. RDaSH will share progress at three months with the ICB via Contract Quality Review Group.</p> <p><u>suicide and self-harm guidance for safety assessment, formulation and management</u></p>
CQC	The trust continues to work towards CQC readiness and being prepared. At the time of writing, Tuesday 6 th May saw CQC visit several adult in-patient wards across Rotherham and Doncaster sites. Coordinated management support and communication via RDaSH executive team.
SY ICB	
Quality and Patient Safety co-design	Work streams have been paused following the organisational change announcement (March 2025) via the Government.
PSIRF (Patient Safety Incident Response Framework)	PSIRF and LFPSE (Learning from Patient Safety Events) have been added to the primary care contract for implementation over 2025/26. National discussion is suggesting this pathway will take several years to embedded.
NHS Standard Contract Schedule 4 & 6 (Quality)	Place Quality leads continue to move forward with the review of schedule's 4 & 6 to ensure alignment, consistency, and appropriate requirements for all contracts.
GP Issues/Clinical risk log	Discussions within each PLACE area and at a system level to better manage and streamline the process for both contractual and clinical issues to ensure correct recording, managed appropriately and improved outcomes/changes to practices/services.

Issue	Key Status/ Risks / Concerns / Good Practice	
Primary Care		
Rotherham's 28 General Practices CQC ratings:		
Outstanding	1	The Gate
Good	24	
Requires Improvement	3	Crown Street, Shakespeare Road, Swallownest
Inadequate	0	
<p>The Senior Manager for Primary Care has requested CQC times frames for re inspection visits for all three practices with ratings of RI (Requires Improvement). Shakespeare Road inspection was cancelled in July 2023 and is planned to be undertaken May 2025. The practices will remain RI, until re inspected and will continue to have PLACE performance and quality oversight. Considerable improvement has been noted at Swallownest.</p>		
Independent		
MSI Reproductive Choices	<p>MSI Regional Treatment Centre (Rotherham location) for termination of pregnancy services is now fully operational across SY. The service successfully received their Controlled Drug licence (CDL) which enabled a full-service offer, to commence from the 8th April 2025.</p>	
Care Homes/Domiciliary Care		
Care Home Equality	<p>Work continues across the ICB in all 4 places into Continuous Professional Development, Qualified Nurse Competencies and training for Nurses who work in the social care sector. The work is following on from a study completed by The Kings Fund into retention of staff in Nursing Homes. The work is looking into what training is provided by The Care Homes and Local Authorities and how training is accessed by Qualified Nurses to ensure their CPD and Revalidation. An SYICB Quality Assurance Framework (QAF) is being designed to provide guidance and quality assurance in relation to Care Home provision as per contract specifications. Standard Operating Procedures are being completed to support how the QAF is delivered in each of the four places.</p>	
Care Home Contract Concerns/Defaults	<p>Multiagency 6 weekly Risk meeting to discuss, share and address concerns for care settings remains with escalation as appropriate. RMBC are no longer providing the number of contracting concerns that they have received for care homes. Capacity tracker of available care home beds and embargos is sent to SYICB twice a week. w/c 05/05/25 - There are currently 18 general nursing beds and 10 dementia nursing beds unavailable in 2 care homes due to refurbishment as of the end of April 2025. One home closed to admissions due to an embargo and two closed due to Norovirus outbreak.</p>	
Bryon Lodge	22.04.25 CQC rating Good	
Waterside Grange	<p>CQC rating RI (Requires Improvement). Re-inspection expected within the next 6 months. Will remain RI until re-inspected. PAMMS action plan has now been completed and signed off. Oversight and escalation as required. ICB supporting as appropriate.</p>	
Roche Abbey	<p>CQC rating RI (Requires Improvement). Re-inspection expected within the next 3 months. Will remain RI until re-inspected. There have been no further concerns reported to the ICB.</p>	

Patient Safety							
Notification to prevent future deaths – Regulation 28	No new cases to report.						
PSIRF - Patient Safety Incident Response Framework	<p>PSIRF including LFPSE (Learning from Patient Safety Events) has been included in the 2025/2026 Primary Care Contract with a breakdown of requirements for each quarter to ensure all practices are aware and embedding the framework. A round of communications and support will shortly be available and delivered to practices with ongoing support.</p> <p>TRFT and RDaSH have reviewed and made changes to their Patient Safety Plans against progress of the past year to ensure the correct direction of travel for patient safety and quality outcomes is achieved.</p> <p>The updated version of LFPSE is now live to which RDaSH's system can link directly allowing PSII's to be recoded here. The need to record on StEIS for them is discontinued.</p> <p>Once the updated version of LFPSE goes live in each trust, StEIS will be discontinued and reporting via the below table will be presented differently.</p>						
PSII / Serious incidents and Never Events	SERIOUS INCIDENTS (SI) PSII AND NEVER EVENTS (NE)						
	Position 26.02.2025 - 07.05.2025	TRFT	RDASH	ICB	*Out of Area	YAS	GP / Hospice
	Open at start of period	32	16	0	7	2	0
	Closed during period	11	3	0	0	0	0
	De-logged during period		0	0	0	0	0
	New during period	2	1	0	0	0	0
	Of the above number that are Never Events	1	0	0	0	0	0
	Of the above number investigations 'On Hold'	0	0	0	0	1	0
Total Open at end of period	23	14	0	7	2	0	
IPC							
HCAI's – (Health care associated infections)	<p>Work continues to be ongoing around HCAI's, reviewing the processes and the themes and trends to enable improvement and reduction strategies. Linking in with TRFT and plans to look at SY wide strategies.</p> <p>RDaSH: There have been no cases of Health Care Associated Infection so far this year (2024/25).</p> <p>Hospice: There have been no cases of Health Care Associated Infection so far this year (2024/25).</p>						



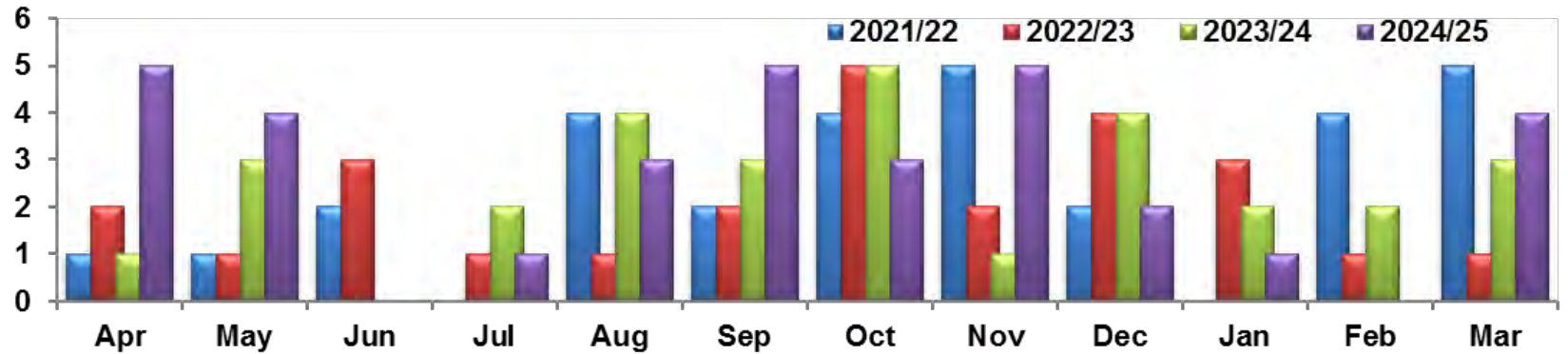
Pseudomonas Aeruginosa

Based on the trajectory monthly plans are formulated

TRFT for <i>Pseudomonas Aeruginosa</i>												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	3	2	0	1	1	4	2	2	1	1	0	2
Monthly Plan*	1	1	0	0	1	1	1	0	1	1	1	1
Year to Date	3	5	5	6	7	11	13	15	16	17	17	19
Year to Date Plan*	1	2	2	2	3	4	5	5	6	7	8	9

RCCG for <i>Pseudomonas Aeruginosa</i>												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	5	4	0	1	3	5	2	5	1	1	0	4
Monthly Plan*	2	2	1	1	3	2	3	2	2	1	1	2
Year to Date	5	9	9	10	13	18	20	25	26	27	27	31
Year to Date Plan*	2	4	5	6	9	11	14	16	18	19	20	22

***Pseudomonas Aeruginosa* – figure comparison by year**



Klebsiella SPP

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

TRFT for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	1	1	2	4	3	0	1	2	1	1	5	3
Monthly Plan*	1	2	2	1	1	1	2	2	2	1	1	1
Year to Date	1	2	4	8	11	11	12	14	15	16	21	24
Year to Date Plan*	1	3	5	6	7	8	10	12	14	15	16	17

RCCG for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	8	4	3	4	6	1	5	6	4	5	10	6
Monthly Plan*	6	6	6	6	5	6	6	5	6	6	5	6
Year to Date	8	12	15	19	25	26	31	37	41	46	56	62
Year to Date Plan*	6	12	18	24	29	35	41	46	52	58	63	69

Klebsiella SPP



GNBSI's – (*Gram negative blood stream infections*)

As a Rotherham place we are below the set targets for E Coli and Klebsiella. Community cases have been reducing. There has been and continues to be improvement projects in process/ development based on the surveillance data and urine sampling. Links into the hydration project - UTI assessment and sampling and prescribing as reducing UTI's will reduce GNBSI's.

C-difficile - (*Clostridioides Difficile Infection*)

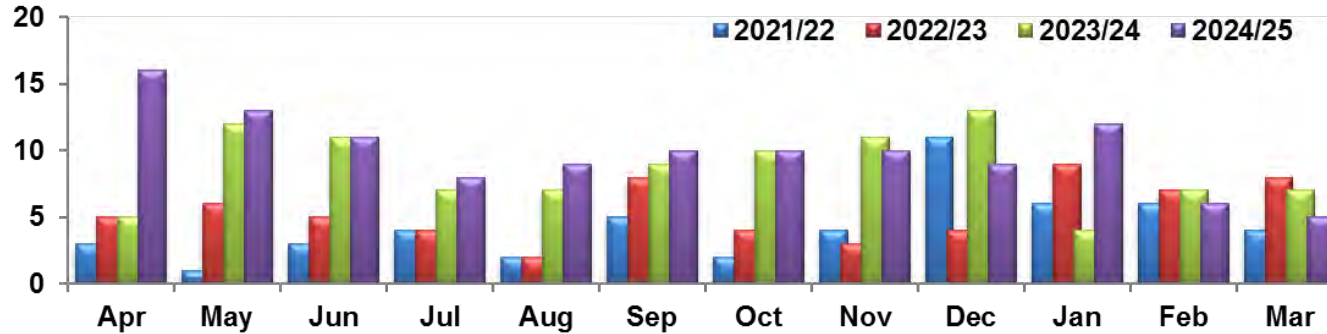
Work on going to look at themes and reduction strategies required. Some themes identified and planning improvement and potential reduction projects in collaboration with Medicines management and primary care continues. PSIRF used within TRFT to identify themes with actions in place. Links to share information and understand impacts of themes and actions between ICB (Rotherham) and TRFT in place now via the Antimicrobial Stewardship group.

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

TRFT 2024/25 Target = TBC for CDI												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	11	10	6	5	5	4	6	2	10	7	3	2
Monthly Plan*	5	4	5	3	2	2	4	4	4	4	3	4
Year to Date	11	21	27	32	37	41	47	49	59	66	69	71
Year to Date Plan*	5	9	14	17	19	21	25	29	33	37	40	44

NHS Rotherham CCG 2024/25 Target = TBC for CDI												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	16	13	11	8	9	10	10	10	9	12	6	5
Monthly Plan*	6	9	9	8	7	7	7	7	7	8	7	7
Year to Date	16	29	40	48	57	67	77	87	96	108	114	119
Year to Date Plan*	6	15	24	32	39	46	53	60	67	75	82	89

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



High Consequence Infectious Diseases (HCID) (would include mpox and Avian flu)

Expectation is still on preparedness. The South Yorkshire wide outbreak management group continues. Briefing paper received from UKHSA in March highlighting the derogation on MPOX clade, stating that in February 2025 it had been recommended that clade I MPXV should no longer be classified as a HCID. Following that recommendation, the Chief Medical Officers (CMOs) of the 4 nations have agreed that mpox will no longer be managed as an HCID within healthcare settings.

CHC

RDASH functions of assessment and care management function for Learning Disability.

April 1st saw LD provision for CHC transfer back into the ICB with significant concern and challenge including a backlog of yearly cases waiting review, 87 new cases waiting for intimal assessment, 12 out of area placements, daily cases management and Court of Protection applications. Executive directors have been updated on the associated risks and the issue has been escalated to the appropriate ICB risk register. Recruitment agreed for two posts.

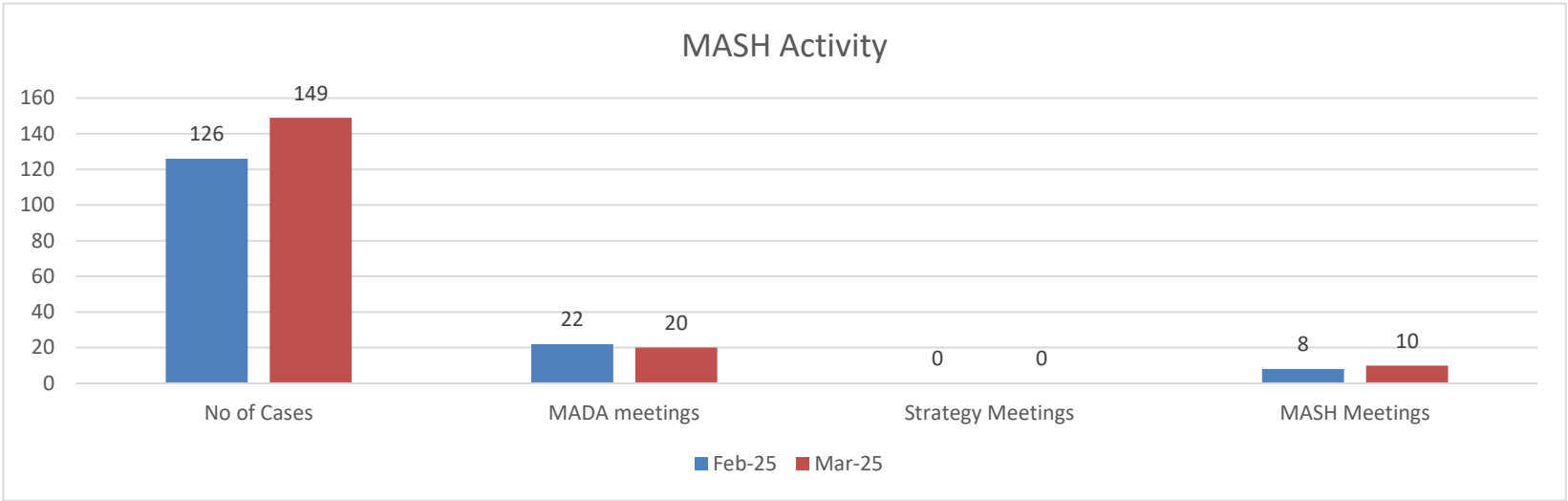
Delays and backlogs to the CHC outcomes and other associated processes

Rotherham Place CHC team continues to experience significant staffing issues due to ongoing absences and vacancies, Rotherham Place have reduced some of the backlog of patient outcomes e.g., letters advising both patients and our partners of an eligibility outcome, and package updates e.g., new provisions that require inputting onto the database to ensure that we are forecasting spend appropriately. However, these backlogs will have a negative effect on patient experience potentially increasing complaints, it will also obscure Rotherham financial position potentially increasing the financial risk as outcomes are not communicated in a timely manner and potentially reduce Rotherham Places potential to deliver the current and ongoing QIPPE targets.

Rotherham Place has also become responsible for the cohort of 88 CHC eligible LD patients, following negotiations with RDASH. Although there is agreement to recruit into posts associated with this cohort, at present there is no additional nursing capacity to address the case management issues that are been identified for this vulnerable cohort. Vacancies are in the process of recruitment, however, due to the recent announcements from the government regarding ICB's these posts are likely to be difficult to recruit and the process can be lengthy therefore agency staffing may need to be considered, and the issues will also need to be identified on the ICB risk register.

LD placements/provisions	<p>The limited number of LD/MH placements/provisions in the local area continues to be an issue, particularly for young people who are transitioning from Children's services to Adults.</p> <p>CHC continue to work with RMBC, RDASH and SYICB colleagues to address this issue and source appropriate care provisions. RMBC provide an enhanced brokerage service, this service has a greater knowledge of the local services available and has the resources to place national searches for specific provisions for individuals with enhanced needs such as Learning Disabilities, Autism and behaviours that challenge, Rotherham Place CHC team have requested access to this service, to provide ongoing support to source provisions for individuals who will often have been known to the service prior to the change in eligibility, Negotiations have commenced and updates will be provided.</p>																			
Quality Standards	<table border="1" data-bbox="443 435 2134 659"> <thead> <tr> <th data-bbox="443 435 1384 507">Quality CHC Standards (2024/25)</th> <th data-bbox="1384 435 1570 507">Quarter 1</th> <th data-bbox="1570 435 1778 507">Quarter 2</th> <th data-bbox="1778 435 1946 507">Quarter 3</th> <th data-bbox="1946 435 2134 507">Quarter 4</th> </tr> </thead> <tbody> <tr> <td data-bbox="443 507 1384 579">Percentage of cases meeting 28 days metric > 80%</td> <td data-bbox="1384 507 1570 579">62%</td> <td data-bbox="1570 507 1778 579">67%</td> <td data-bbox="1778 507 1946 579">76%</td> <td data-bbox="1946 507 2134 579">50%</td> </tr> <tr> <td data-bbox="443 579 1384 659">No incomplete referral's exceeding 28 days by > 12 weeks +</td> <td data-bbox="1384 579 1570 659">12</td> <td data-bbox="1570 579 1778 659">21</td> <td data-bbox="1778 579 1946 659">33</td> <td data-bbox="1946 579 2134 659">40</td> </tr> </tbody> </table>					Quality CHC Standards (2024/25)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Percentage of cases meeting 28 days metric > 80%	62%	67%	76%	50%	No incomplete referral's exceeding 28 days by > 12 weeks +	12	21	33	40
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Safeguarding																				
Adult	<p>Current Deputy Designated Professional for Safeguarding Adults is due to leave Rotherham Place on the 11.05.2025 and due to current ICB national situation linked to proposed further 50% cuts and potential new model ICB plans, this post has a recruitment embargo currently pending future plans. Statutory functions are being covered locally within the team to minimise risk with a potential plan for system wide support within the ICB if required for Safeguarding Adults in Rotherham Place.</p>																			
Children	<p>The Rotherham Children's Safeguarding Partnership Executive have agreed to proceed with the harm outside the home pathway, with an agreement to propose to NHS Safeguarding Lead Kenny Gibson that consideration of CP-IS harms outside the home protection plans are flagged on the national system, capturing the young people that may be subject to harm outside the home but not on a child protection plan.</p> <p>There is significant activity in each of the RSCP delivery groups. This includes plans to progress an audit on intrafamilial sexual abuse given the recommendations from the national panel paper I wanted them all to notice '.</p> <p>There is a suite of social care reform that is being mandated nationally, that could have significant implications for health within safeguarding. This includes the children's wellbeing and schools bill that proposes that local statutory partners will codesign and collaboratively deliver regional care cooperatives (RCC) and Multi-Agency Child Protection Teams. These are likely to begin being implemented from June 2025 and be fully operational by April 2027. In Parallel, the Department of Education are launching the families first pathfinders from April 2025. These national social care reforms intend to be funded by over £500 million via local authorities in Financial Year 2025/26 through the local government finance settlement. The children's social care prevention grant determination letter (seen in draft) indicates that Rotherham will receive £2,082,620 of this national funding. The RSCP indicate that work will start to begin to understand how these social care reforms will be implemented in Rotherham.</p>																			

MASH (Multi Agency Safeguarding Hub – children)	February 2025	March 2025	
	No of Cases	126	149
	MADA Meetings	22	20
	Strategy Meetings	0	0
	MASH Meetings	8	10



LAC/CL updates
 Codesign work to meet the aims and objectives of the SY ICB 5-year strategic plan has been paused given the impending cost reduction scheme.
 Rotherham PLACE have re-established a multi-agency partnership meeting, with the aim of collaborative working to improve the health and wellbeing of children in care and report into corporate parenting board. The intended priorities of the group include dental and health assessments, data, unaccompanied Asylum-seeking young people, suspensions and exclusions because of mental health, neurodiversity pathway, adolescent trauma pathway and FASD.
 TRFT and ICB LAC Leads have been working with the local authority, in preparation for inspection, ensuring that we have briefing notes and evidence in place for any ILACS.

Volume DHRs, SARs, learning reviews, CSPRs etc
 There is currently one LSCPR that is awaiting publishing that spans two partnerships (Rotherham and Doncaster) and one local lesson learnt review that is underway and report pending.
 There are currently three DHR’s commissioned in Rotherham Place that are ongoing. There are also two SAR’s (one in Rotherham and one in Sheffield that Rotherham Place have been involved in) that are in the final phase of being signed off.

Court of Protection (COP)
 Cases are currently on hold for the Learning Disability (LD) cohort of patients who at present are our high-risk group. Also, to note these cases are not being reviewed (in terms of urgency) due to LD service coming back in-house to the ICB. At present, Rotherham Place are in the process of recruiting 2 x Band 6 agency nurses to support around case management, and Court of Protection work. 1 x new case was required to go to Court recently due to significant levels of restrictions, objections and safeguarding concerns. Due to level of objection, and restrictions in place this has not met the Re: X Streamlined procedure and has required to go down the

	<p>Section 16 welfare route. A barrister is required to represent the ICB to avoid reputational and organisational risk and reduce risk of potential court penalties.</p> <p>All other cases are currently paused until future scoping work can continue around data and stats around this Cohort of patients. There is 1 case that requires a renewal to be processed by June 2025 to which the ICB MCA lead is actioning to avoid any financial penalties and P being at risk of being deprived without a legal order in place.</p> <p>Senior leaders are working through the implications to ensure legal requirements are met with current cases being brought back under the care of CHC.</p> <p>Work has commenced with CHC nurses around people living in their own homes/supported living settings not diagnosed with a learning disability to ensure data around this cohort of patients remains correct. Rotherham PLACE is leading on the SoP for all four places with the operational CoP group, this has been shared at the MCA Subgroup which will inform the insights work.</p> <p>Data for March 2025 below for people who have been screened in as requiring a formal Deprivation of Liberty Safeguard to legally deprive them of their liberty in the community (Stage 1). There are currently 2 awaiting court approval (Stage 2). All will move to a review (Stage 4) once orders are approved. From the stats, there continues to be high numbers of people. Coupled with Section 21A challenges which we currently are working on this includes 8 x “potential S21A” and 4 x “S21A”. Alongside this, Rotherham Place have 2 x S16 Welfare cases.</p> <table border="1" data-bbox="439 639 1413 938"> <thead> <tr> <th colspan="2">Court of Protection Community DoL Cases – March 2025</th> </tr> <tr> <th>Number of cases</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>COP - Stage 1</td> <td>45</td> </tr> <tr> <td>COP - Stage 2</td> <td>2</td> </tr> <tr> <td>COP - Stage 4</td> <td>5</td> </tr> <tr> <td>COP - Stage 5</td> <td>4</td> </tr> <tr> <td>Grand Total</td> <td>56</td> </tr> </tbody> </table>	Court of Protection Community DoL Cases – March 2025		Number of cases	Total	COP - Stage 1	45	COP - Stage 2	2	COP - Stage 4	5	COP - Stage 5	4	Grand Total	56
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Provider safeguarding concerns	The MASH practitioner commissioned from RDaSH, has reduced their hours to half time, leaving a vacancy of 0.5 hours at a time when demand for health enquiries is being increased. The Service Specification has been updated, and the practitioner post is now managed by the corporate safeguarding team. Recruitment has started with an advert out to post.														
LD & Autism –															
Capacity	Capacity issues remain within both the community teams (RDaSH and RMBC) for identifying appropriate community placements within area, especially supported living settings. This continues to impact on both inpatient and community and has resulted in delayed discharges, resulting in the ICB funding high-cost hospital placements.														
C(E)TRs	Lack of capacity within the team and with independent panel members has meant that meeting statutory timescales has been problematic and impacts upon the workload of the team. Co-production to better understand and manage this across the four PLACES continues. Extra panel members have now been identified which has alleviated some of the issues organising C(E)TRs. However, there is still a shortage of trained Experts by Experience.														

	<p>There are currently seven individuals admitted into hospital with a diagnosis of Autism or learning disabilities. There is also one currently undergoing an Autism assessment. March – One hospital and one community CTR. April - One CTR completed and one failed hospital CTR (this still took most of the day due to travel – cancelled due to communication failure of the ward).</p> <p>In the financial year 2023 – 2024, we completed 18 CTRs and C(E)TRs. In the financial year 2024 – 2025, we completed 28 CTRs and C(E)TRs.</p>
<p>Dynamic support register (DSR)</p>	<p>The children and young people’s DSR is held on a weekly basis. The adult autism and learning disability DSRs are both held fortnightly. There is now a self-referral pathway with standardised form for all four PLACES which are available on the ICB’s website to enable self-referrals in line with NHSE guidance and policy. There had been difficulties with CAMHS attendance at the children and young people’s DSR, however this was escalated and has now been resolved. CAMHS are now attending on a regular basis. Work is underway to ensure children and young people in 38/52 week residential school settings are discussed within the DSR meeting and a working group of core members from partner agencies is meeting to formulate how Rotherham will implement this. Due to capacity issues the Autism DSR has been under attended by RDaSH but this has been highlighted and will be monitored going forward. There continues to be a lack of community provision to support adults with an ‘autism only’ diagnosis. The expansion plan for the Senior Navigator/Keyworker service is now underway and will provide all-age provision (currently commissioned to work with people up to the age of 25) from later this year. Pilot work has already started and has already shown increased need.</p>
<p>Mental Health and Section 117</p>	
<p>Section 117 reviews are still not being completed for all eligible patients. RDaSH are placing individuals on a risk register as they cannot keep those who have gone out of area on their list.</p> <p>Work had commenced to streamline s117 funding splits between RMBC and the ICB.</p> <p>Mental health out of area acute and PICU bed requests have slowly decreased. As of 28.04.2025 there are six patients placed out of area, at a weekly cost of over £30,000. From these two are identified as appropriate (for example, needing a same gender setting) and four inappropriate due to lack of local beds. Plans are in place for four of these people to be discharged within the next four weeks.</p> <p>From the start of the new financial year, the budget for mental health out of area acute and PICU beds has been devolved to RDaSH for both Rotherham and Doncaster. RDaSH have queried this only covers ‘inappropriate’ admissions. However, the ICB have confirmed this also covers ‘appropriate’ admissions. This has been escalated within the ICB, and a meeting has been planned to formulate contractual additional funding principles.</p> <p>There are 15 individuals in out of area locked rehab placements. There are eight expected discharges over the next year. MoJ (Ministry of Justice) restrictions are causing delays for some patients. AOT have now opened Burns Court and will be transferring some individuals there as a step down to community living. Awaiting a copy of the final service specification.</p>	

Lack of standard nursing beds across Rotherham remains an issue with individual having to be placed out of area, impacting upon clinically ready for discharge rates.

CLINICALLY READY FOR DISCHARGE (CRFD)

<u>CRFD (but delayed) - Rotherham - AMHS</u>	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	SUB TOTAL
Delay Days - NHS	58	107	154	165	226	234	205	161	126	187	79	75	1777
Number of patients - NHS	4	6	9	11	9	10	9	7	5	8	4	3	
Delay Days - Social Care	0	13	0	0	25	30	31	4	15	31	28	24	201
Number of patients - Social Care	0	2	0	0	1	1	1	1	1	1	1	1	
Delay Days - jointly	64	0	0	0	0	0	0	0	0	0	0	0	64
Number of patients - jointly	3	0	0	0	0	0	0	0	0	0	0	0	
Delay Days - Housing	0	2	0	0	0	0	0	0	0	0	0	0	2
Number of patients - Housing	0	1	0	0	0	0	0	0	0	0	0	0	
Total Delay Days	122	122	154	165	251	264	236	165	141	218	107	99	2044
Total Number of Patients	7	9	9	11	10	11	10	8	6	9	5	4	
<u>CRFD (but delayed) - Rotherham - OPMHS</u>	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	SUB TOTAL
Delay Days - NHS	30	61	71	94	63	60	81	22	0	7	60	50	599
Number of patients - NHS	1	2	5	5	3	2	4	2	0	1	5	3	
Delay Days - Social Care	74	95	165	56	93	162	261	188	108	140	61	74	1477
Number of patients - Social Care	3	5	9	7	3	7	10	9	5	6	6	4	
Delay Days - jointly	0	0	0	0	0	0	0	0	0	0	0	0	0

Num of patients - jointly	0	0	0	0	0	0	0	0	0	0	0	0	0
Delay Days - Housing	30	12	0	0	0	0	0	0	0	0	0	0	42
Number of patients - Housing	1	1	0	0	0	0	0	0	0	0	0	0	
Total Delay Days	134	168	236	150	156	222	342	210	108	147	121	124	2118
Total Number of Patients	5	7	14	12	6	9	14	11	5	7	11	7	

Other Key Updates

Rotherham Hospice Quarterly Contract Performance Meetings between Hospice / ICB take place. KPI suite in place and the ICB has received the Hospice Compliance & Assurance Report for consideration/assurance.

Public Protection NHS SY ICB Rotherham remain committed members to Channel and MAPPA. All Operation Stovewood perpetrators are managed by MAPPA on release. Local arrangements are in pace for our providers to attend MARAC and CMARAC.

**LeDeR -
Learning Disability
Mortality Reviews**

An ICB centralised team commenced on the 1st July 2023.

[See Appendix 1 – Quarter 4 Rotherham LeDer Programme – Jan to Mar 2025](#)

GLOSSARY

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



(LeDeR) Learning from the Lives and Deaths of people with a learning disability and autistic people

Rotherham Place: Q4 January - March 2025

1. Overview

This Q4 report outlines the progress and outcomes related to the completion of LeDeR reviews, performance against key performance indicators (KPIs), lessons learned during the quarter and identifies key areas for further action and improvement.

2. LeDeR Programme

2.1 NHSE LeDeR Annual Report

The NHSE England LeDeR Annual Report was intended for publication in November 2024, unfortunately, this has been delayed and is now expected to be made available during May 2025

2.2 SY ICB LeDeR Annual Report

The SY ICB LeDeR Annual Report is scheduled for discussion at the June QIPPE.

3. LeDeR Performance

3.1 The completion of LeDeR reviews is measured by NHSE on two KPI measures:

- Measure (i) proportion of reviews completed within 6 months of notification (6 month rolling period)
- Measure (ii) proportion of completed reviews that were focused (6 month rolling period)

The following provides an overview of reviews completed within 6 months of notification by England, NEY region, SY ICB, and Rotherham place:

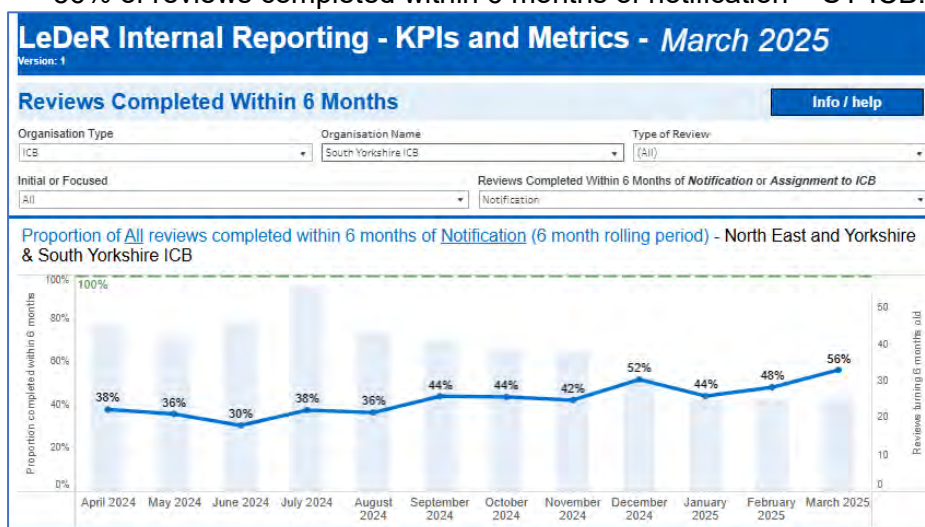
- 35% of reviews completed within 6 months of notification – England:



- 62% of reviews completed within 6 months of notification - NEY region:

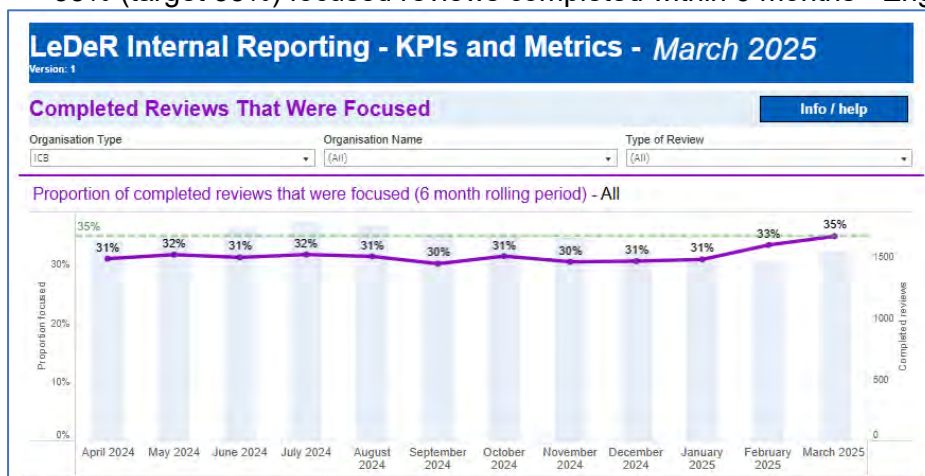


- 56% of reviews completed within 6 months of notification – SY ICB:

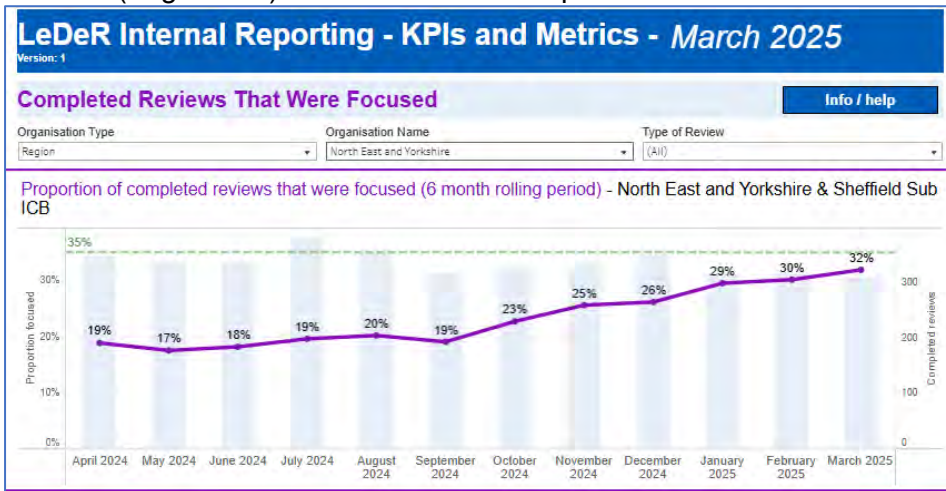


The following provides an overview of proportion of completed reviews that were focused (6 month rolling period) by England, NEY region, SY ICB, and place:

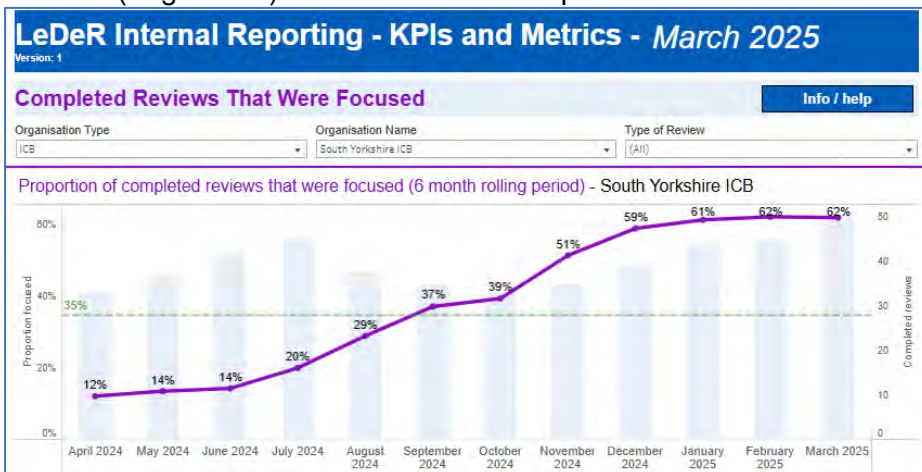
- 35% (target 35%) focused reviews completed within 6 months - England:



- 32% (target 35%) focused reviews completed within 6 months - NEY:



- 62% (target 35%) focused reviews completed within 6 months – SY ICB:



- SY ICB broken down by place Rotherham 55% (target 35%) focused reviews completed:



- Rotherham LeDeR caseload data at 31 March 2025

Notifications Received	Out of scope notifications	Autism only notifications	Initial Reviews Completed	Focused Reviews Completed	Current Caseload
(1 April 2024 to 31 March 2025)	1 April 2024 to 31 March 2025	1 April 2024 to 31 March 2025)	1 April 2024 to 31 March 2025	1 April 2024 to 31 March 2025	As at 31/03/2025
23	0	3	9	9	49

3.2 SY ICB LeDeR Performance

SY ICB received a total of 128 LeDeR Notifications during 2024/25. These have been broken down as follows:

Notifications for 2024-25:

Barnsley	Doncaster	Rotherham	Sheffield
23	29	20	56
Total			128

In 2024/25 SY ICB completed a total of 85 reviews. These have been broken down further into initial and focused reviews.

LeDeR Reviews	Completed 2024/25:
Initial	41
Focused	44
Overall	85

3. Lessons Learned

3.1 Learning from focused reviews

During Q4, four focused reviews were approved by the SY ICS LeDeR Quality Assurance Panel and two initial reviews were completed and approved by the LAC. The quality of care the person received and availability and responsiveness of ICS services for the person is graded below along with identified areas of positive practice and areas for improvement. **(Please refer to Appendix A for Grading definitions).**

LeDeR ID (Focused)

Age	30
Sex	Male
Diagnosis	Global development delay (1997), dyspraxia and epilepsy (2001), idiopathic intercranial hypertension (2002), and cervical spinal stenosis (2015), severe learning disability (2022).
Cause of Death	1a. Epileptic Seizure 1b. Epilepsy 1c. Nil II. Nil

Positive practice identified:

- Mencap - Evidence that provider staff were confident to challenge GP practice to ensure the required changes to medication were actioned and challenge OT when they felt x's liberty was being deprived regarding assessment outcome of not safe for him to have a bath.
- Woodstock Bower GP Practice - Letter of condolences sent to family/provider on the death of x by GP Practice.

Issues, concerns, or potential problems identified:

- Delays in Woodstock Bower Group Practice actioning changes requested by Epilepsy service resulting in medication doses being incorrect.
- Epilepsy Service - many clinic appointments were over the telephone appointments and there was often difficulty getting to speak to someone if concerned about James. Staff had to call numerous times before a call back was received which was worrying when seizures increased.
- There was inconsistent information relating to prescribed epilepsy medication written in letters dated 31 August 2023, 8 December 2023, 27 March 2024 by LD Psychiatrist.
- There are no mental capacity assessments or best interests decisions recorded by the Consultant Neurologist relating to the decision not to have a Vagal Nerve Stimulator inserted.
- X's death certification detailed cause of death as 1a Epileptic seizure and 1b Epilepsy.

Quality of care – 5: This was good care (it met expected good practice).

In terms of x's experience, his quality of care particularly from the provider was excellent. He went abroad, went paragliding and did lots of things he had not previously been able to do. He was happy in his home and the care staff and manager challenged other professionals in his best interests where they felt this was appropriate. They also followed up repeatedly to ensure he got the service he required.

Availability and responsiveness of ICB services – 4: Responsiveness of ICS services to the person's needs fell short of the expected standard in some areas but this did not significantly impact on the person's wellbeing.

There is no evidence that delays in actioning changes to antiepileptic medication had an effect on x's seizures but improved responsiveness for medication changes being actioned, and timely advice being obtained from epilepsy liaison service would provide reassurance to patients, their families and providers. There was good communication from professionals involved in x's care to GP to ensure GP remained up to date.

LeDeR ID (Focused)

Age	Male
Sex	66
Diagnosis	Moderate learning disability: gouty arthritis (2001), Hypertension, Type II diabetes mellitus (2006), basal cell carcinoma (2009), normocytic anaemia (2010), thrombocytopenia (2013), essential tremor (2014), high grade dysplasia of colon (2022) and atrial fibrillation (2023) and sensorineural hearing loss (caused by a problem in the inner ear).
Cause of Death	1a. Urosepsis 1b. Nil 1c. Nil II. Nil

Positive practice identified:

- Mental Health team visited x in the care home to perform ECG and bloods.
- Mental Health Team Psychiatrist - Recently started x on Aripiprazole 10mg. Psychiatrist advised to reduce to 5mg if its the contributing factor (Atypical antipsychotics can cause atrial fibrillation). GP then arranged an ECHO and wrote to cardiologist to see they agree for anticoagulants to start.

Issues, concerns, or potential problems identified:

- Use of incorrect terminology relating to the use of learning difficulties rather than learning disability.
- The DNACPR had the contact details of sister missing from the form.
- There was a lack of information in the form completed to evidence of capacity to consent for completion on the NHS Continuing Health Care Checklist (screening tool), the completion of a full assessment for NHS Continuing Healthcare, and the sharing of personal health and social care information in order to : a) determine eligibility for NHS Continuing Healthcare (CHC) b) assist in care and support planning.
- The Alexandra Care Home waterlow assessment contained inaccurate information relating to x's weight.
- Lack of accurate information included in oral assessment. x was prescribed medication with side effects which could impact on his oral health.
- The Alexandra Care Home care plan contains inaccurate information relating to x's hearing impairment.
- Mental Capacity Act not followed in Rotherham General Hospital Trust by endoscopy or general surgery.
- Missed opportunity for Advanced Care Plan being put in place when DNACPR agreed by GP.

Quality of care – 3: Care fell short of expected good practice and this did impact on the person's wellbeing but did not contribute to the cause of death.

It is difficult to place a score of x's quality of care as his care needs changed dramatically over time. He lived a happy life with his wife Marjorie but their choice of lifestyle had a lasting impact on x's health. Once x moved to live in Alexandra Care Home, he still made unwise choices in terms of the amount of sweets and other confectionary he chose to eat and the potential impact of hid diabetes, however, this is what made him happy. He was well cared for and in the main was happy where he lived and chose to continue living there. He had ongoing support from his sister and other family members who visited him often and were involved in some decisions therefore from a quality of experience point of view x was involved in or led many of the general decisions in his life.

Availability and responsiveness of ICB services – 3: Responsiveness of ICS services to the person's needs fell short of the expected standard and this did impact on the person's wellbeing but did not contribute to the cause of death.

As x needs changed quite rapidly as his health deteriorated it may have been helpful look at his needs holistically and consider moving him into a nursing service at an earlier point. This may have provided opportunity for earlier intervention and closer monitoring of his physical and mental health needs as the care home staff could only do so much and nurses may have been able to act quicker and provide clinical care at the times it was needed with proactive use of as required medication. There was little evidence of services/departments working together to consider the overall impact of x's complex conditions and how they impacted on each other.

LeDeR ID (Focused)

Age	72
Sex	Female
Diagnosis	Learning difficulties (GP records) in 1995, but diagnosis of mild to moderate learning disability evidenced on 1st July 2015 by memory clinic. Hypertension (2014) and poor mobility (2019). In social care records noted she was diagnosed with Chronic Obstructive Pulmonary Disease (COPD) but no evidence of this located in GP or hospital records
Cause of Death	1a. Pulmonary Embolism 1b. Left sided deep vein thrombosis 1c. Nil II. Nil

Positive practice identified:

- None identified

Issues, concerns, or potential problems identified:

- GP recorded learning difficulties not learning disability even though this was confirmed July 2015 (Mild to Moderate) following diagnosis made by older person consultant psychiatrist.
- Support provider Rotherwood Care Home provided information to CQC regarding time of death which is different to that noted in the Ambulance report.
- Ambulance report noted ineffective CPR being administered by care staff.
- Carer stress was noted and having an impact on x both emotionally and physically.
- Lack of attendance at breast screening over many years and lack of evidence of reasonable adjustments to support x's understanding of the need to attend.
- X was admitted to hospital from 28 April 9 May 2021 due to a possible overdose.
- There was lack of attendance to scheduled review appointments at Rotherham General Hospital NHS FT in 2021 following hospital admissions.
- X had a number of urine infections in 2023. Her feet were noted to have been swollen for two days on 24 July 2023, also had abdominal pain for about three weeks. Home visit requested and seen by paramedic. X denied abdominal pain, abdomen soft and not tender, chronic calf swelling, thorough examination done and nothing acute found, observations stable.
- X often cancelled lunchtime calls from Comfort Call support provider. The social worker was aware of this when she became involved (October 2023) but urgent work took priority and this issue was not addressed.
- Inaccurate information regarding diagnosis of Chronic Obstructive Pulmonary Disease (COPD) recorded by the social care Integrated Discharge Team.
- Untimely request to remove x's personal belongings from the property by Rotherwood Care Home staff.
- Lymphoedema clinic discharged x without any evidence of consideration of the application of the Mental Capacity Act or use of reasonable adjustments after being under their care for approximately two years.

Quality of care – 2: Care fell short of expected good practice and this significantly impacted on the person's wellbeing and/or had the potential to contribute to the cause of death.

Reviewer scored quality of care 3 but after discussion at panel on 16/01/2025 agreed to change to 2. X was a prisoner in her own home due to deterioration in her mobility which resulted in her being unable to navigate the steps safely. Work with x was ongoing but was challenging due to her wanting to stay and live with x and x wanting to remain in the property

as he had invested time and effort into the garden. Equipment was put in place to make the home as safe as it could be but x was still unable to leave the house. The situation was very complex.

Emergency respite was provided following an incident when x became intoxicated and described being at the end of his tether but after a short period of being settled, x stopped eating, engaging and became extremely upset. As x had agreed to go into respite there was no authority for her to remain there so she went home where she had continuity of the care package as this would have also stopped if she had not gone home within 28 days. Her mobility continued to decline and she was spending a lot of time in bed. The stairlift broke and was condemned so x was placed again in emergency respite where she sadly passed away. X was happiest at home with x and although this may not have been in her best interests, home is where x would have wanted to be.

The Responsiveness of Integrated care services – 2 Responsiveness of ICS services to the person's needs fell short of the expected standard and this significantly impacted on the person's wellbeing and/or had the potential to contribute to the cause of death.

This was a very challenging situation in many respects due to the difficulties the professionals were trying to address. There were professional meetings held but not all professionals were involved (GP and provider were not in attendance or invited) which meant there was potential for missed opportunities for collaborative working to meet not only Rita's needs but also those of John who had his own health problems and was finding the stress of caring for Rita increasingly difficult.

LeDeR ID (Initial)

Age	75
Sex	Female
Diagnosis	Diagnosed with chronic constipation (1971), sigmoid colectomy (removal of part or all of sigmoid colon)(1989), intestinal obstruction (2010), moderate frailty (2019), renal abscess (2020), transitional cell carcinoma (2021), vitamin D deficiency, Type II diabetes mellitus and renal vein thrombosis (2022).
Cause of Death	Metastatic renal cancer

Positive practice identified:

- Liaison with acute SaLT who reviewed and provided interim recommendations due to lack of dysphagia trained staff in LD service (sickness).
- During assessment for moving property a ceiling track hoist was fitted in x's bedroom as a longer term back up plan for when her health condition deteriorated.

Issues, concerns, or potential problems identified:

- Cervical screening attended in 1994 but specimen inadequate. Records in 2005 noted x ceased from target list and disclaimer received in 2007 but no further information.
- Family's concern regarding delays in providing pain relief at the end of x's life whilst in Rotherham Hospice.

Quality of Care - 4: This was satisfactory care (it fell short of expected good practice in some areas but this did not significantly impact on the person's wellbeing).

The quality of care would have been scored a 5 except for the family concern regarding the palliative and end of life care x received raised through safeguarding. Although there was no harm indicated, it is not clear if x's pain could have been managed better in the moment. X

had a lovely life and had continuous support of a loving family around her. She enjoyed living with her friends and being in her own home.

Responsiveness of ICS services - 5: Responsiveness of ICS services to the person's needs was good and met the expected standard.

There was detailed planning and consideration regarding the move for x to the place she lived. She had a very happy life there and although there were safeguarding concerns these were addressed and investigated. There was a lot of work done in x's best interests with the involvement of her family and she passed away in her preferred place of death.

LeDeR ID (Focused)

Age	59
Sex	Male
Diagnosis	Autism (2013), depression (2001), dependant personality disorder (2004) and social phobia / generalised anxiety disorder (2013), Asthma, moderate to severe heart failure (clot in right Atrium 04/20 and dilated ascending aorta), bi-lateral cataracts and iron deficiency anaemia.
Cause of Death	1a. Pneumonia 1b. Stroke 1c. Nil Ischaemic Heart Disease

Positive practice identified:

- Use of a memory book on the stroke rehabilitation ward.
- Detailed care plans in records from therapy teams and evidence of liaison between all health care professionals involved in his care, including evidence of understanding how x's mental health and Asperger's impacted on his compliance with treatment.
- X had an identified GP who would review and maintain regular contact with x even when on the stroke ward, the GP made reasonable adjustments to support x during his appointments.

Issues, concerns, or potential problems identified:

- Reported lack of support for Bakersfield Court from services - they reported being bounced around between services when x's behaviour challenged the service due to uncertainty if mental health or behaviours linked to Asperger's.
- No evidence in records as to whether the safeguarding referral into potential financial abuse by his support worker was investigated fully and concluded following x's death.

Quality of care – 3: Care fell short of expected good practice and this did impact on the person's wellbeing but did not contribute to the cause of death.

from panel discussion

It seemed that there is a theme of lack of specialist and consistent autism support throughout this person's life which could be contributing to his difficulties with engaging with his health and social care. It is noted that the support worker reports poor sleep (something that is very common in autistic people), but no indication that anything is done. The poor sleep could have also contributed to a lot of this mental health struggles. It may be that the reviewer was restricted with the word count, but I get the impression that there was not much consistent mental health support either. A health passport could have really helped this person's experience in the hospital prior to his death, but also when accessing other services during his life to enable reasonable adjustments.

Responsiveness of ICS services – 3: Responsiveness of ICS services to the person's needs fell short of the expected standard and this did impact on the person's wellbeing but did not contribute to the cause of death.

Concerns raised by Bakersfield Court in May 2022 around lack of support when x's mental health deteriorated and he presented with behaviours that were seen as challenging. X was admitted informally to Sandpiper ward on the 09/06/2022 and detailed care plans around the impact of his Asperger's diagnosis on his communication and presentation. X was admitted to Rotherham General hospital following a stroke to the rehab ward. Referrals made on admission for occupational therapy (OT), physiotherapy, dietetics and speak and language Therapy (SALT) and then reviewed daily by the therapy teams with detailed notes in his records. Therapy notes recognised that x was easily overwhelmed due to his Asperger's and could become easily upset if he felt staff misunderstood him, advise sought from his mental health worker and GP for communication with x.

30/08/2022 - Memory book set up with x so that staff could write in so they could demonstrate when they visited and what was said to help x remember. Detailed care plans in records from therapy teams and evidence of liaison between all health care professionals involved in his care, including evidence of understanding how x's mental health and Asperger's impacted on his compliance with treatment. A Structured Judgement Review was undertaken which identified good care with good documentation of a complex admission noting that he developed a hospital acquired infection after admission.

No evidence of the safeguarding case into potential financial abuse being concluded after x died.

LeDeR ID (Initial)

Age	53
Sex	Female
Diagnosis	Congenital cerebral palsy, diabetes, severe learning disability, cortical blindness, epilepsy, type 2 diabetes, irritable bowel syndrome, scoliosis (curvature of the right side) and contractures on tendons behind her knee meaning she was unable to weight bear
Cause of Death	Ia. Sepsis Ib. Pneumonia 1c. Nil II Congenital cerebral palsy, type 2 diabetes mellitus

Positive practice identified:

- GP examined breasts as part of annual health check and reason provided for this.
- Turning Point provider made request for additional funding in the last days of x's life to ensure she was not on her own when she passed away.

Issues, concerns, or potential problems identified:

- Lack of evidence of the use of the Mental Capacity Act and best interests decision making process for dental care under general anaesthetic in hospital.
- X liked to retire to bed around 7pm. Sometimes she would lay listening to music and although there was waking night staff, there was no indication on how often x should be checked through the night.

Quality of care Quality of care - 5: This was good care (it met expected good practice).

X was supported by people who knew her well and acted where required to ensure her needs were met. The only learning point identified was related to evidencing the use of the

Mental Capacity Act and best interests decisions relating to dental care and the monitoring and recording of observations during the night.

Responsiveness of ICS Services - 5: Responsiveness of ICS services to the person's needs was good and met the expected standard

All agencies involved worked to meet x's needs. There was evidence of joint working where required and decisions made in Joanne's best interests. From evidence available the care x received by all involved was good and met the expected standard.

3.2 Key Themes

Based on the LeDeR reviews completed in Q4 the following key themes have emerged:

Application of the Mental Capacity Act (MCA) and Best Interests Decisions

- Several cases lacked evidence of proper MCA assessments or best interests decision-making, especially around significant clinical interventions (e.g., dental treatment under GA, vagal nerve stimulation, Continuing Healthcare).
- **Impact:** This raises concerns about legal compliance, autonomy, and the safeguarding of individuals' rights.

Terminology and Recording Issues

- Incorrect terminology such as "learning difficulties" rather than "learning disability" was noted, along with inaccurate or inconsistent medical records (e.g., COPD diagnosis, medication listings).
- **Impact:** Poor documentation undermines person-centred care, continuity, and decision-making accuracy.

Delays or Gaps in Communication and Care Coordination

- Delays in actioning treatment changes (e.g., epilepsy medication), difficulty accessing epilepsy/mental health professionals, and lack of inter-agency collaboration.
- **Impact:** These gaps increased risks to individuals' health and contributed to family/provider stress.

Inconsistent Attendance and Follow-up for Health appointments

- Missed screenings (breast/cervical), follow-up appointments, and insufficient evidence of reasonable adjustments to facilitate attendance.
- **Impact:** Potentially preventable deterioration in health, loss of early intervention opportunities.

Positive Advocacy and Provider Action

- Several providers and care home staff demonstrated strong advocacy for individuals (e.g., challenging GPs, requesting funding, detailed care plans).
- **Impact:** Where present, this had a clear positive effect on care quality and life satisfaction.

End of Life and Palliative care Concerns

- Delays in pain management, unclear DNACPR processes, and poor communication around final stages of life.
- **Impact:** Distress for families, potential suffering for the individual, and safeguarding alerts.

Variable Responsiveness of ICS Services

- Scores ranged from 2 (significant impact on wellbeing) to 5 (met standards). In some cases, ICS services were slow to respond to changing needs, particularly where care settings were not clinically equipped.
- **Impact:** Preventable deterioration, emotional and physical stress, and missed care planning opportunities.

Complex Social and Environmental Factors

- Emotional strain on carers, individual preference to remain in unsafe living conditions, and resistance to institutional change.
- **Impact:** These factors complicated care delivery and sometimes resulted in suboptimal but person-preferred outcomes.

4. Rotherham Referrals for Consideration of SAR

No referrals for consideration of SAR have been made in Q4.

5. Deaths of people with Autism only

Deaths of people with autism only across SY ICS are now actively being reviewed. In the main, deaths fall into the category of suspected suicide. There are eight deaths of autistic people for Rotherham place:

No	Year of Death	Suspected Cause of Death
1	2022	Not known
3	2024	Hanging
1	2023	Cardiac Arrest
1	2024	Suspected Suicide Tramadol Toxicity
1	2024	Coroner
1	2023	Coroner

Anita Winter
ICS Health Inequalities/LeDeR Strategic Lead
Email: anita.winter@nhs.net
23/04/2025

Grading of Care Definitions

LeDeR reviews are graded on the level of care provided both throughout the patient's life and end of life care provision, on a scale of one to six. Care effectiveness and availability throughout all services are also reviewed on a scale of one to six. The scale terms are identified below. This is an overall grade, with outcomes assessed from all services, and does not specify any single service.

	Grade for Availability and Effectiveness of Care	Grade for Availability and Effectiveness of Care
1	Availability and effectiveness of services fell far short of the expected standard and this contributed to the cause of death.	Availability and effectiveness of services fell far short of the expected standard and this contributed to the cause of death.
2	Availability and effectiveness of services fell short of the expected standard and this significantly impacted on the person's well-being and/or had the potential to contribute to the cause of death.	Availability and effectiveness of services fell short of the expected standard and this significantly impacted on the person's well-being and/or had the potential to contribute to the cause of death.
3	Availability and effectiveness of services fell short of the expected standard and this did impact on the person's wellbeing but did not contribute to the cause of death.	Availability and effectiveness of services fell short of the expected standard and this did impact on the person's wellbeing but did not contribute to the cause of death.
4	Availability and effectiveness of services fell short of the expected standard in some areas but this did not significantly impact on the person's wellbeing.	Availability and effectiveness of services fell short of the expected standard in some areas but this did not significantly impact on the person's wellbeing.
5	Availability and effectiveness of services was good and met the expected standard.	Availability and effectiveness of services was good and met the expected standard.
6	Availability and effectiveness of services was excellent and exceeded the expected standard.	Availability and effectiveness of services was excellent and exceeded the expected standard.



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

21 May 2025

RPET Meeting Date	Item Discussed	Outcome	Date reported to Rotherham ICB Committee
10/04/25	Rotherham Suicide Prevention & Self Harm Action Plan	RPET received the Rotherham Suicide Prevention and Self Harm Action Plan for 2025-28, Be the one to Talk, Listen and Care Refresh and committed Rotherham Place to support the delivery of the plan going forward.	21 May 2025
24/04/25	Heart Disease in Rotherham	RPET reviewed a report outlining the current status of the Cardiovascular Disease Programme. RPET supported further work being undertaken to identify all elements of heart disease work taking place across Rotherham.	21 May 2025
01/05/2025	Proactive Care	RPET received a report updating on the proactive care workstream in Rotherham including proposals for 2025/26 to support the continued delivery and potential expansion of the model. RPET discussed, noted the progress of the Proactive Care model and supported its continuation noting that further work is to be undertaken to establish parameters on options. A further update will be received following discussion with the Clinical Directors.	21 May 2025

Minutes	
Title of Meeting:	PUBLIC Rotherham Place Board: Partnership Business
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 16 April 2025
Venue:	John Smith Room, Rotherham Town Hall
Chair:	Ian Spicer
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Wendy Allott, Director of Financial Transformation - Roth, NHS SY ICB Anand Barmade, Clinical Director, Connect Healthcare Rotherham Mat Cottle-Shaw, Chief Executive Officer, Rotherham Hospice Chris Edwards, Rotherham Place Director, NHS South Yorkshire ICB Richard Jenkins, Chief Executive, The Rotherham NHS Foundation Trust Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council Bob Kirton, Managing Director, Rotherham NHS Foundation Trust Toby Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust Gordon Laidlaw, Head of Comms - Rotherham NHS SY ICB Dr Jason Page, Medical Director, Rotherham Place, NHS SY ICB
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:

Ian Spicer (**IS**), Rotherham Metropolitan Borough Council
 Alex Hawley (**BA**), Acting Director of Public Health, Rotherham Metropolitan Borough Council
 Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
 Andrew Russell (**AR**), Director of Nursing – Rotherham & Doncaster, NHS SY ICB
 Jodie Roberts (**JR**), Rotherham NHS Foundation Trust (deputising)
 Claire Smith (**CS**), Director of Partnerships Rotherham Place, NHS SY ICB (deputising)
 Victoria Takel (**VT**), Deputy Chief Operating Officer, Rotherham, Doncaster and South Humber
 NHS Foundation Trust (deputising)

Participants:

Cllr Joanna Baker-Rogers (**JBR**), Health & Wellbeing Board Chair, RMBC
 Kym Gleeson (**KG**), Service Manager, Healthwatch Rotherham
 Shahida Siddique (**SS**), Non-Executive Member, NHS SY ICB
 Lydia George (**LG**), Transformation & partnership Portfolio Manager, NHS SY ICB

In attendance:

Jude Archer (**JA**), Assistant Director of Transformation, NHS SY ICB
 Sue Panesar (**SP**), Public Health Specialist, RMBC
 Debbie Stovin (**DS**), Dental Programme Lead, NHS SY ICB
 Kate Tufnell (**KT**), Mental Health & Dementia Transformation & Delivery Lead, NHS SY ICB
 Sue Turner (**ST**), Public Health Specialist, RMBC
 Sam Watt (**SW**), Registrar in Dental Public Health, Y&H Deanery

Minute Taker:

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

Item Number	Discussion Items
01/04/25	Public & Patient Questions
There were no questions from members of the public.	
02/04/25	Oral Health Needs Assessment
<p>Samantha Watt, Specialty Registrar in dental public health advised members that the oral health needs assessment was being updated as the previous version dated back to 2018. In response to a request by the Rotherham Oral Health Improvement Group to take account of new national and local data, changes to organisational roles and responsibilities for improving oral health and reducing health inequalities whilst also building in a system approach in Rotherham Place.</p> <p>SW outlined what the new OHNA will cover and advised Place Board that:</p> <ul style="list-style-type: none"> - The 2023-4 national dental epidemiology survey found 23.5% of 5 year olds in Rotherham had visually obvious dentinal decay which was 22.4% higher than the national average. - In 2022-3 23.4% of year 6 children surveyed in Rotherham had experience of tooth decay in a least one permanent tooth – similar to SY ICB and Y&H regional average, but higher than England value of 16.2%. - Rotherham consistently has one of the highest levels of hospital tooth extractions nationally with tooth decay still the most common reason for hospital admission in children aged between 5 and 9 years. - Data on the oral health of adults at Rotherham place level is limited. - Head and neck cancer incidence and mortality are increasing nationally with South Yorkshire higher than the national average with the incidence and late/emergency presentation of head and neck cancer. <p>SW outlined the dental services including primary, community and secondary care dental service commissioned in Rotherham by South Yorkshire Integrated Care Board. In March 2024, access to primary dental care in Rotherham for adults and children was higher than nationally with 51.9% of Rotherham adults having seen an NHS dentist in the past two years compared with 40.3% nationally and 57.35 of children had seen an NHS dentist in the past 12 months compared with 55.4% nationally.</p> <p>Currently NHS dental practices in Rotherham support access to dental services through high delivery of commissioned units of dental activity (UDAs). To improve access and prevention for children and adults most in need of care it will involve changing how the dental contract is delivered to a flexible commissioning approach and swapping UDAs for sessions of care and prevention. There are currently 8 flexible commissioning practices in Rotherham.</p> <p>Going forward it is intended to look at improving oral health with more collaborative working with VCSE, partnership working with SY ICB, the development of links with other services, looking for further opportunities to work with schools etc, the expansion of water fluoridation and supporting the implementation of and utilising oral health needs assessment.</p> <p>In terms of next steps, SW asked Place Board to support the Rotherham Oral Needs Health Assessment for 2025 including its recommendations to have a system approach and a common risk factor approach.</p> <p>Place Board were also asked to consider the governance of the Rotherham Oral Health Improvement Group (OHIG) and review membership to ensure it has the right representation to deliver the recommendations.</p> <p>IS thanked SW and asked members for comments.</p>	

JBR asked what can be done at family hubs to get bigger impact with families rather than just with the children. It was acknowledged that more work could be done with training and resources. ST will look at how to roll out a family approach.

In terms of representation on the group, SS felt that strengthening representation from the voluntary sector and including faith representation would help. She also suggested looking at how hospitals connect with people whilst they are inpatients and where medical conditions impact on their oral health as well as looking at how prescribed medications can impact and how pharmacies can assist with oral health messaging in these cases.

Debbie Stovin interjected that the flexible commissioning programme will be about working with patients that don't have a regular dentist to develop pathways and link with Trusts and Dentists to give wider holistic approach. This is expected to grow the list of dental practices.

JR will provide the name of a trust representative to involve from an operational perspective.

SS suggested that getting economic leaders involved in supporting campaigns would be another approach to be taken forward via the local Chambers of Commerce. She also recommended contacting Doncaster to enquire about the work they have done with the drug and alcohol addiction services and had a profound impact.

SH advised that as a member of the Children and Young People's Forum Consortium, he would be happy work with and to link in the work from the OHNA.

Place Board is supportive of work and approach being undertaken recognising that the resource for Children and Young People and supporting vulnerable adults falls within the remit of Rotherham Council and acknowledging that for adults commissioning is the responsibility of SYB ICB which may prove challenging to achieve financially for partners.

Place Board supported the governance provided via the Rotherham Oral Health Improvement Group (OHIG) to deliver on the recommendations of the OHNA.

03/04/25 Prevention and Health Inequalities Update

Sue Panesar updated members on progress made with prevention and health inequalities:

Partner engagement is working well with all partners involved. Recent work has included:

- Engagement on the refresh of the prevention and health inequalities action plan for 2025-6
- Stronger links established with housing and neighbourhoods
- Approval of spend for Sport England Place expansion programme
- Rural health toolkit work undertaken
- Humanitarian Group Action Plan developed.

SP outlined a number of challenges and risks, ie the impact of poverty and the cost of living, the system financial position, organisational leadership across the system, maintaining momentum and data sharing and health inequalities single narrative.

Going forward:

- A health inequalities development session is being arranged for Monday 28th April – all partners will be invited.
- A new Action Plan will be developed which includes accountability
- Work around chronic pain and partnership working will be built on

CS mentioned that some of the work on the health accelerator programme, which is supported with some funding from the ICB would link in with local work and should be co-ordinated accordingly. CS to discuss with SP.

Action: CS/SP

Members thanked SP for the update.

04/04/25 Mental Health Update

KT gave update on work being undertaken:

- Primary/Secondary care Integrated Community Care Pathway and enhanced workforce established.
- stronger working partnerships are being built across Rotherham and South Yorkshire ICB.
- Community capacity, patient voice and personalisation is being developed.
- a wide range of suicide prevention and self-harm training is being delivered across the borough.
- There is strong partnership working across SYICB and the 4 Local Authorities.
- the Mental Health Crisis offer (YAS MH Vehicle, Crisis Grants, Text Lines, Expansion of Crisis Team) is being improved
- A review/transformation of social care pathway is underway.
- Rotherham Dementia Network has been established
- Adult ADHD Physical Health Checks/Medication pathways take place
- Mental Health communication is strong via Rotherhive, Carers Directory, Dementia Prevention posters.

The challenges and risks were outlined:

- Demand and Complexity of individual continues to increase.
- Embed the primary / secondary care community pathway (Cultural, Recruitment and Retention).
- Improve the support available for those individuals who have attempted suicide due to a life event.
- Improve Dementia pathway (prevention, post-diagnostic and end of life).
- Improve Eating Disorder pathway across SYICB.
- Alignment of the various Mental Health Strategies and Action Plans to be refreshed over the next 9 months.
- Adult ADHD Physical Health Check / Medicine Monitoring Pathway Delayed to drug shortages.
- Lots of activity planned for 2025-26 versus capacity to deliver

Going forward the intention is to continue to embed the Primary/Secondary care Integrated Community Care Pathway and workforce in primary care (25/26), consult and mobilise the SYICB Community Eating Disorder Pathway, complete the All Age Neuro engagement plan, launch the Rotherham Vista Project, refresh of the suicide prevention and self-harm Action Plan, Better Mental Health for All and Loneliness Plan, refresh the RMBC Mental Health Strategy and undertake the Rotherham Dementia Pathway Review.

SH commented that from a voluntary sector perspective Rotherham mental health services offer worked well.

AR said that although challenging, the increase in complexity and demand also highlighted successes and showed that focussing on supporting people from the start rather than when they are in crisis is beneficial.

JBR thanked for all work being done and offered to support advising that she had a personal and professional interest in mental health.

Noting the amount of consultation taking place in Rotherham across a variety of services and the importance of co-ordinating an approach to address consultation fatigue as well as partners sharing resources already in place to avoid duplication, it was agreed to share with the Communication and Engagement Team for discussion and to consider how this can be achieved

Action: IS/LG

IS thanked KT for the update and she left the room.

05/04/25	Communications to Partners/Promoting Events & Consultations
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- UEC Alliance event tomorrow.
- Prevention and Health Inequalities Development Session- 28 April 2025

06/04/25	Draft Minutes and Action Log from Public Place Board
<p>The minutes from the meeting held on 19 March 2025 were agreed as a true and accurate record.</p> <p>The action log was reviewed. There were no outstanding actions.</p>	
07/04/25	Risks and Items for Escalation to Appropriate Board
<p>There were no new risks to note and nothing for escalation at this time.</p> <p>However, Members noted the risk from the recent announcements made around cost reductions for NHS SY ICB and will review and determine what needs to be placed on register at a later stage when more detailed guidance allows the local impact to be assessed.</p> <p>KG advised that Healthwatch had received feedback from the public about impact on NHS services. Discussion turned to acknowledge the difficulty of discussing mitigation in the absence of further clarity and guidance. It was agreed that a standing item will be added to future PLT going forward to allow for partners to be updated on any information received and decide how it can be communicated and risk assessed.</p> <p style="text-align: right;">Action: CS/LG</p>	
08/04/25	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) 	
09/04/25	Date of Next Meeting
<p>The next meeting will take place on Wednesday 21 May 2025 in the John Smith Room, Town Hall, Rotherham.</p>	

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

DRAFT



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

Rotherham Place Board

21 May 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 1 May 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) 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.

System Risk Management

The Corporate Risk Team met with a member of the Good Governance Institute, initiating discussion as to what a model System Risk Register embodies. The Corporate Risk team have commenced meetings with Partner Agency Risk Leads and Teams, inclusive of Ambulance Services and Local Authority. Furthermore, the Corporate Risk team are attending established Risk Management Groups across partners. Internally, the Corporate Risk Team continues to meet with Executive Leads, or an identified delegate to create a draft System Risk Register.

Whilst these are live links it is to be acknowledged the cover paper provides the position as of **2 May 2025 at 13:15**.

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 16 April 2025
Venue:	John Smith Room, Rotherham Town Hall
Chair:	Claire Smith
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net

Apologies:	<p>W Allott (WA), Director of Financial Transformation Rotherham, NHS SYICB 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 C Edwards, Executive Place Director (Rotherham) NHS South Yorkshire Integrated Care Board B Kirton, Managing Director, The Rotherham NHS Foundation Trust G Laidlaw, Head of Communications – Rotherham, NHS SY ICB Dr J Page, Medical Director, (Rotherham), NHS SY ICB V Takel, Deputy Chief Operating Officer, Rotherham, Doncaster & South Humber NHS Trust</p>
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services.
Quoracy: (Confirmed)	No business shall be transacted unless at least 60% of the membership (which equates to 4 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

Members:

Claire Smith (**CS**), Director of Partnerships (Rotherham) NHS SY ICB
 Andrew Russell (**AR**), Director of Nursing – Rotherham & Doncaster, NHS SY ICB
 Shahida Siddique (**SS**), Independent Non-Executive Member, NHS SY ICB

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

In attendance

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

Item Number	Discussion Items
101/04/26	Place Integrated Performance Report
	<p>JA gave an overview from the April report highlighting:</p> <ul style="list-style-type: none"> – 63.7% of patients had been seen within 4 hours against the 78% standard. This is a slight increase on last month but challenges in UEC were noted. – Category 2 Ambulance response times standard had been met and although the standard not met, better performance had also been seen in average handover times. – Performance against the 92% standard for bed occupancy had improved but at 96.2% the target was not being met. – There had been a big improvement in number of patients with no criteria to reside which is 7.1% against the 10.8% standard. – In community health services 74% of all urgent community referrals are being seen within 2 hours as the standard of 70% continues to be exceeded. – There are challenges meeting virtual ward utilisation with performance at 47.3% against the 79.6% standard. Members noted that some mitigations are in place. – In primary care a significant number of appointments continues to be offered with additional investment made into offering more. However, appointments are being filled so work is being undertaken to better understand behavioural aspects. – In elective care performance has improved in the number of patients waiting over 52 weeks to 94.2% against the national target of 95%. – The number of patients receiving diagnostic tests within 6 weeks had improved from the previous month to 94.2% but was not meeting the national target of 95%. – In relation to cancer faster diagnosis, the percentage of patients with a cancer diagnosis communicated within 28 days had declined to 75.7%, not meeting the 70% national target and a decline from 84.8% last period. – Similarly the 62 day referral to treatment standard for those with a cancer diagnosis was not being met with performance at 64.8% against the national target of 70%. – Cancer Diagnosis at Stage 1 & 2 and 31 day diagnosis to treatment target were not being met. All of the above cancer targets will be looked into with the Trust. <p>JA summarised that there are some challenges but reflects good performance overall with mitigating actions in place.</p> <p>In relation to the 31-day diagnosis to treatment standard, AR asked on what day is the 96% target achieved measured, to demonstrate the ‘real’ achievement and how far away from 31 days were the majority of people receiving treatment following diagnosis. JA will ask to see if it can be included the report next month.</p> <p>Members noted the position outlined in this month’s performance report.</p>
102/04/26	Feedback from Rotherham Place Executive Team (RPET)
	<p>RPET had considered the following three items:</p> <ol style="list-style-type: none"> 1. Following the recent publication of Neighbourhood Health Guidelines for 2025-26, an integrated neighbourhood working event had taken place to help build a collective understanding across primary care, community care and partner organisations, and to look at working differently. RPET received a paper outlining the progress made in relation to the guidelines and the challenges to be addressed.

2. RPET received a presentation on the proposal to commission a new all age model of support for neurodiverse people. 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. RPET noted and support the approach, recommending the slides to the Rotherham Confidential Place Board which were received in March.
3. 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. RPET discussed and supported the uplift, noting the evidence to support the request and that the uplift would be from the existing budget allocation.

Place Board Members noted the business conducted through Rotherham Place Executive Team.

I03/04/26	Rotherham Place Board Partnership Minutes – 19 March 2025
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The minutes from March’s Place Board Partnership session were noted for information.

I04/04/26	ICB Board Assurance Framework, Risk Register & Issues Log
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All members had received and reviewed the board assurance framework, risk register and issues log.

Following announcements around cost reductions in the NHS Rotherham Place will set aside time to consider how to reflect the impact and implications locally for partner organisations once further clarity is available.

There were no new risks to be added at this time.

I05/04/26	Minutes and Action Log and Assurance Report from the last Meeting
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The minutes from the meeting held on Wednesday 19 March 2025 were accepted as a true and accurate record.

The action log was reviewed. There were no outstanding actions

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

I06/04/26	Communication to Partners/Promoting Consultations & Events
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- UEC Alliance Workshop – 17 April 2025
- Prevention & Health Inequalities Event - 28 April 2025

I07/04/26	Risks and Items for Escalation
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As detailed in risk register section – not for escalation pending further clarity.

I08/04/26	Forward Agenda Items
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Standing Items

- Rotherham Place Performance Report (monthly)
- Risk Register (Monthly for information)
- Place Medicines Management Report (Quarterly)
- Quality, Patient Safety and Experience Dashboard (Bi- monthly – next due May)

– Quarterly Medical Director Update (Quarterly)

109/04/26 **Date of Next Meeting**

The next meeting will take place on **Wednesday 21 May 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 2025 - 31 March 2026

Mtg Date	Item No.	Agenda Item Title	Action Description	Timescale for Completion by	Lead Officer	Action Status	Date Completed	Comments
16.04.25			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 16 April 2025.

2. Highlights

The Rotherham Place Committee received the following assurances:

Agenda Item	Assurance Level	Further Actions Agreed
<i>101/04/26 – Place Integrated Performance Report</i>	3	Members noted the performance position for April 2025.
<i>102/04/26 – Feedback from Rotherham Place Executive Team (RPET)</i>	3	Members acknowledged the discussions and decisions taken as detailed in the paper.
<i>103/04/26 – Minutes from Rotherham Place Board Partnership session</i>	3	The minutes from the public partnership session held in March were noted for information and openness.
<i>104/04/26 – ICB Board Assurance Framework, Risk Register & Issues Log</i>	3	There were no risks to be added at this time but noted that the ICB is awaiting further information on proposed organisational changes.

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
30/04/26