



Agenda

Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45am – 11.30am
Date of Meeting:	Wednesday 16 July 2025
Venue:	John Smith Room, Town Hall, Rotherham
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net / Wendy Commons: wcommons@nhs.net

Apologies:	R. Jenkins, Chief Executive, The Rotherham NHS Foundation Trust T. Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
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	10 mins	Jude Archer	Enc 1
2	Rotherham Place Committee Annual Report and Forward Planner	5 mins	Chris Edwards	Enc 2
3	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – <i>for information</i>	10 mins	Chris Edwards	Enc 3i, 3ii, 3iii
4	Quality, Patient Safety and Experience Dashboard	5 mins	Andrew Russell	Enc 4
5	Feedback from Rotherham Place Executive Team	5 mins	Claire Smith	Enc 5
6	Rotherham Place Executive Team Terms of Reference	5 mins	Chris Edwards	Enc 6
Standard Items				
7	Minutes, Action Log and Assurance Report from 18 June 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 • Quality, Patient Safety and Experience Dashboard • Quarterly Medical Director Update 			
11	Date of Next Meeting: Wednesday 20 August 2025 at 10:45am in Committee Room 2, 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) July 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: Oversight of urgent and emergency care (UEC) pathways across South Yorkshire continues to evolve, with a focus on strengthening alignment between operational delivery and system-level assurance. The UEC Alliance Board and Place-based groups are actively reviewing what they report and how performance is tracked. From June 2025 onwards, this will include a more consistent focus on length of stay (LOS) and patients with a Discharge Ready Date (DRD), ensuring both are routinely monitored alongside existing metrics. In parallel, preparations for winter 2025/26 are already underway. Each place has been asked to sign off its Winter Plan by summer 2025, to allow for emergency preparedness, resilience and response (EPRR) testing and assurance to take place in September.

Category 2 ambulance response times remain ahead of the national target. In May 2025, the system-wide average was 24 minutes and 17 seconds, well below the 30-minute standard. Sheffield and Rotherham continue to report the best performance (22:31 and 22:24 respectively), supported by established Single Point of Access (SPA) models and effective use of Urgent Community Response (UCR) services. Ambulance handover remains more variable. The average across the ICB was 19 minutes and 57 seconds against a target of 15 minutes by March 2026. In response, the 45-minute 'Release to Rescue' protocol was launched in Sheffield on 2 June 2025, providing a clear escalation route for patients waiting in ambulances beyond 45 minutes. This model is being rolled out across all providers.

Discharge remains a key area of system oversight. In May 2025, No Criteria to Reside (NCTR) levels were 14.8%, a reduction from earlier in the year and broadly consistent across providers. Work is ongoing to embed more structured processes around Discharge Ready Dates (DRDs), which are now being adopted as part of place-level flow dashboards. System calls and place-based discharge meetings are now focused on reducing avoidable delays through trusted assessor models, improving weekend discharge processes, and aligning discharge capacity with acute flow demands. The concept of 'Community Ready' continues to be used across all four places, shifting the focus from purely clinical criteria to a more person-centred model of discharge planning. Same Day Emergency Care (SDEC) continues to be mapped against the national specification across all places. Doncaster and Sheffield have demonstrated the strongest progress, with clear front-door alternatives in place. A system-wide mapping exercise is now being finalised, with findings to inform operational planning for winter and standardisation of access criteria. Meanwhile, Urgent Community Response (UCR) performance remains strong at 93%, significantly exceeding the national 70% threshold.

Elective Care: Total elective waiting list size remains relatively flat although there has been a small reduction in each of the last 4 weeks, supported by ongoing validation efforts. SY ICB performance for the proportion of patients treated within 18 weeks of referral has improved one place and is 6th out of 42 ICBs. The national focus has shifted to the % of the waiting list waiting over 52 weeks (rather than the actual volume of long waiters); the system is currently double the March 2026 target of 1%. System assurance and coordination continues via the SYB Elective Oversight Group. The target to increase the proportion of outpatient attendances that are Firsts or attract a procedure tariff was a new metric for 24/25 and is not a national KPI for 25/26, but will continue to be monitored to indicate use of resources and to support delivery of elective waiting list targets. Performance across SY ICB is ahead of the national ambition of 46% but behind the target of 49% set for SYB. 74.7% of SY residents receiving a diagnostic test within 6 weeks in April 2025 (-0.2% v March). The highest volume of patients waiting over 6 weeks are in NOUS (Non-Obstetric Ultrasound), MRI, Audiology and CT. Actions are being undertaken to improve performance and in the last month the volume of patients waiting over 6 weeks has reduced by 24% in NOUS and 9% in Audiology. System assurance and coordination is via the SYB Diagnostic Oversight Group.

Cancer: The latest > 62 Day backlog position (W/E 1st June) shows a rising backlog at system level, with increases noted at BHNFT, STHFT and TRFT. This is linked to known service pressures (both clinical and cancer administrative), plus the impact of recent Bank Holidays resulting in some loss of activity. Clearance of this backlog will continue to impact 62-Day Treatment performance for those pathways ending in cancer. April performance showed a deterioration in both 28-day Faster Diagnosis Standard (FDS) and 62-Day treatment compliance, with neither achieving the minimum target thresholds. However, 31-Day treatment performance increased from the previous month – reflective of good compliance levels across the BHNFT, TRFT and DBTHFT.

System Pathway Oversight Narrative - Continued



Primary and community services: The number of GP appointments is slightly (3.8%) below plan for April 2025, although there is some variation in the rate per 1k of the registered population by place. Places all have plans in place to further increase capacity in general practice. For example, Sheffield commissions an Urgent Same Day Primary Care Service which, although primarily intended to increase capacity significantly during the winter period, continues to offer a core level of capacity all year within hubs in areas of highest need and demand, as well as providing a paramedic home visiting service. Places also continue to develop local Escalation Frameworks that will include a menu of support to practices based on need. These will be used in conjunction with ongoing dialogue with practices, which will continue to be delivered on a three-yearly cycle, through which action plans will be developed for practices identified as needing support. “Improving patient experience of access to General Practice” is an updated metric for 25/25, and reported performance is currently exceeding the 71% target. Work continues to support roll out of Modern General Practice Access across practices and Primary Care Teams are developing an action plan for submission to NHS England setting out plans for improving access and patient experience across South Yorkshire. This includes targeting practices with offers of further support to improve their performance. Practices are initially identified as requiring support based on a data-informed, risk-based assessment using a combination of national datasets, local intelligence, and insights from facilitated reviews.

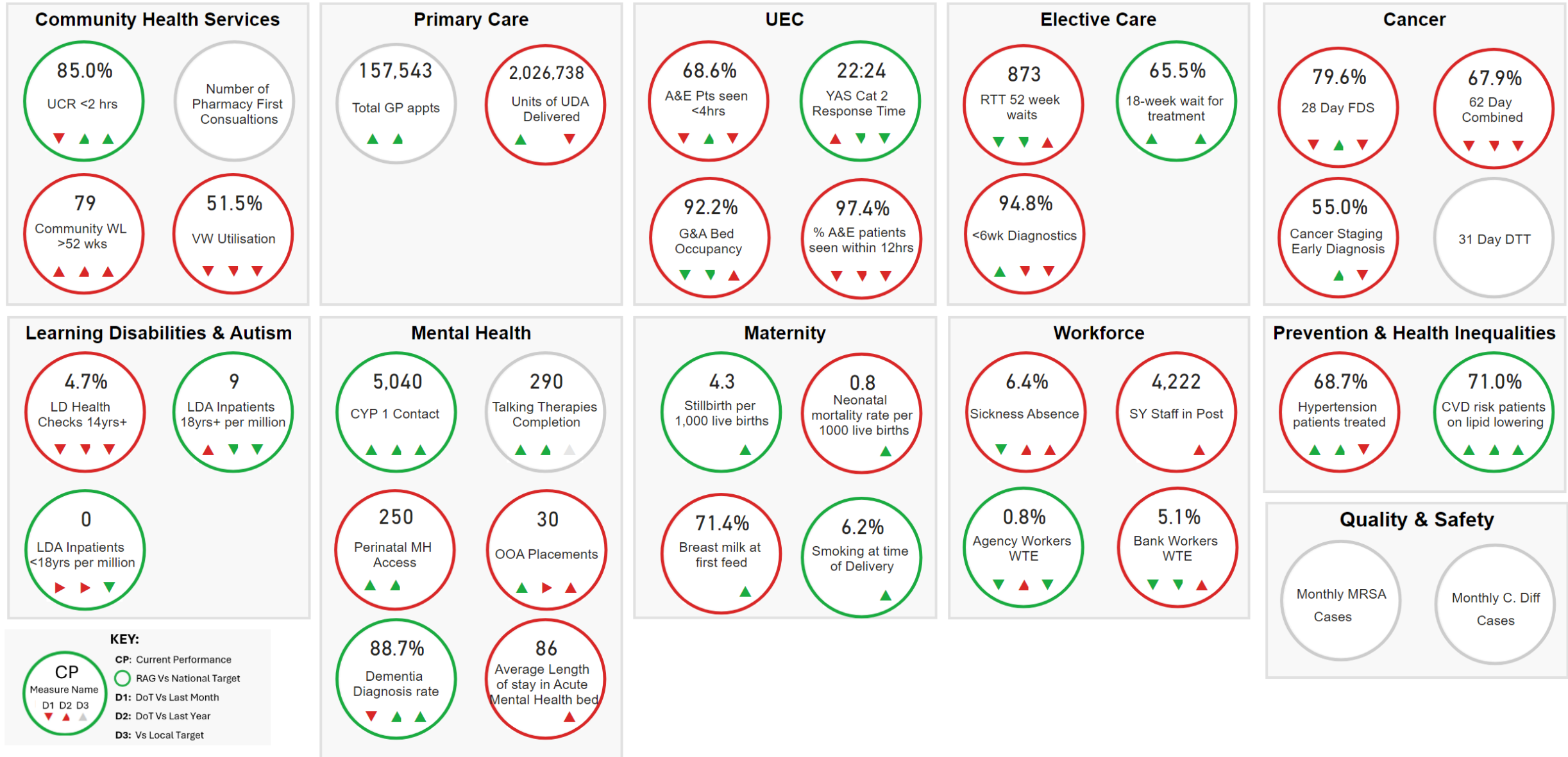
In dentistry, the Units of Dental Activity (UDA) delivered are expected to exceed the annual plan. The delivery has been enhanced by commissioning a number of practices to deliver over and above their core contracted activity in-year. The national Dental Recruitment Incentive Scheme to support practices with workforce challenges has had very little impact in SY. The offer has been extended for a further 6 months to the 21 practices being given prior approval.

Mental health: There has been a further increase in access to CYP services since the previous month. The ICB continues to exceed the planned access rate of 17,243 delivering 19,295 contacts in March 2025. There has also been an increase in the perinatal mental health and maternal mental health access rate in March 2025. The data showing on the national MHSDS dataset indicates an access rate of 1,395, but the manually collected position, which was instigated as a mitigation to the issues with data flow, indicates that the ICB has exceeded the planned access rate of 1,681 with 1,803 patients accessing in March 2025.

For SMI Physical Health Checks the ICB is achieving a 69% completion rate against a target of 60% as at March 25. Individual Placement and Support for people with Severe Mental Illness (IPS for SMI) also exceeded its targeted performance in March 2025, where the service saw 1,240 people against a target of 1,030. It remains the best performing IPS for SMI service in the North East and Yorkshire region. In the 2025/26 planning guidance NHS England introduced a new measure which considers the average length of stay for adults and older adults (18+) in acute mental health inpatient services. There are still some data quality concerns which are being investigated regarding this metric. The latest data from the NHS England monthly inappropriate out-of-area placements (OAPs) stocktake shows that the position in RDASH has reduced from 21 in April 2025 to 15 in May 2025. In SHSC there has been an increase from 19 patients in April 2025 to 30 patients in May 2025. Barnsley’s mental health provider, SWYPFT, continues to not have any OAPs for Barnsley. The drivers behind OAPs are complex and interrelated with wider social care and housing issues. However, both RDASH and SHSC have dedicated programmes of work in place, with executive or director level oversight, to improve their OAPs position. The ICB is achieving a dementia diagnosis rate of 75.2% against the national standard of 66.7%, which is a further 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. For NHS Talking Therapies the ICB continues to exceed the March 2025 planned access rate of 1,296, with 1,370 patients seen in March, and did achieve the reliable improvement target of 67% in March 2025. The ICB did not achieve the reliable recovery rate of 48%, however, but Barnsley achieved the target of 48% and Sheffield overdelivered at 49%.

Learning Disability and Autism: As of March 2025, annual health check (AHC) uptake for people with a learning disability is 78.1%, exceeding the national target of 75% for 2024/25. Learning Disability (LD) registers have grown by 2.7% during the year, with ongoing efforts to increase coverage and improve equitable access. There has been a positive start to 2025/26 regarding reliance on inpatient treatment for people with LD and autism, and South Yorkshire is currently on track to meet the Q1 inpatient forecast. However, significant challenges remain, particularly in relation to autism admissions and delayed discharges from high-cost, out-of-area placements. These delays are primarily due to commissioning and capacity issues

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



KEY:

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

Population Health Outcomes

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



	What We are trying to Achieve	How we are measuring this	Where We Started	Where We Are Now	Where We Are Aiming	Annual Trend Over Time
GOALS	Healthier & Longer Life	1 Life Expectancy (Female)	✕	✕	✕	✕
		1 Life Expectancy (Male)	✕	✕	✕	✕
		1 Healthy Life Expectancy (Female)	✕	✕	✕	✕
		1 Healthy Life Expectancy (Male)	✕	✕	✕	See details
BOLD AMBITIONS	Focus on development in early years, so that every child is school ready	4 School Readiness (%)	✕	✕	✕	✕
		2 Gap in School Readiness between those with FSM & all children (pp)	✕	✕	✕	✕
	Strengthen & accelerate our focus on prevention	1 Adult Smoking Prevalence (%)	✕	✕	✕	✕
		4 Economic Inactivity Rate (%)	✕	✕	✕	See details
	Work together to increase economic participation & support a fair, inclusive & sustainable economy	2 Gap in employment rate between those with LD & overall rate (pp)	✕	✕	✕	✕
		2 Gap in employment rate between those with LTC & overall rate (pp)	✕	✕	✕	✕

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).

SHARED OUTCOMES	In this table we highlight one outcome from each of our four domains and make a comparison to England			
	Best Start in Life	Skills & Resources to Thrive	Safe, Strong & Vibrant Communities	Longer, Healthier Lives & Inequality
	Low Birth Weight Under 2,500g (%)	Percentage of People in Employment (%)	EM Hospital Admissions Due to Falls, 65+ (Std Rate per 100,00)	Premature Mortality in Adults with SMI (Std Rate per 100,000)
	SY ✕ ENG See details	SY ✕ ENG See details	SY ✕ ENG See details	SY ✕ ENG See details

Urgent & Emergency Care

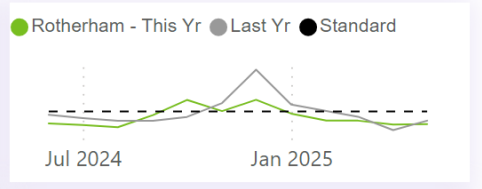
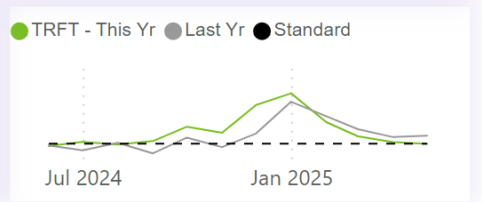
<p>1 3 % A&E patients seen within 4hrs</p> <p>Improve A&E waiting times compared to 2023/24, with a minimum of 78% of patients seen within 4 hours by March 2026</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>May-25</td> <td>68.6%</td> <td>78.0%</td> </tr> </tbody> </table>		Actual	Standard	May-25	68.6%	78.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>71.9%</td> <td>74.0%</td> <td>91.5%</td> <td>74.2%</td> <td>74.4%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	71.9%	74.0%	91.5%	74.2%	74.4%	<p>● TRFT - This Yr ● Last Yr ● Standard</p>
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<p>1 3 % A&E patients seen within 12hrs</p> <p>Increase the proportion of ED patients admitted, discharged or transferred within 12 hours in 25/26 vs 24/25. NOTE: Targets are Trust-specific, based on 24/25 baselines.</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>May-25</td> <td>98.4%</td> </tr> </tbody> </table>		Actual	May-25	98.4%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>98.0%</td> <td>96.8%</td> <td>100.0%</td> <td>95.7%</td> <td>97.4%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	98.0%	96.8%	100.0%	95.7%	97.4%	<p>● TRFT - This Yr</p>		
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<p>1 3 No Criteria to Reside</p> <p>Reduce the Number of patients that have no criteria to reside</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>May-25</td> <td>14.8%</td> </tr> </tbody> </table>		Actual	May-25	14.8%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>18.6%</td> <td>14.8%</td> <td>0.0%</td> <td>14.7%</td> <td>14.8%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	18.6%	14.8%	0.0%	14.7%	14.8%	<p>● TRFT - This Yr</p>		
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<p>1 Total general and acute bed occupancy</p> <p>* 2024/25 target is to reduce adult general and acute bed occupancy to 92% or below. Note, there is no 2025/26 plan figure within the planning guidance.</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard *</th> </tr> </thead> <tbody> <tr> <td>May-25</td> <td>92.2%</td> <td>92.0%</td> </tr> </tbody> </table>		Actual	Standard *	May-25	92.2%	92.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>96.0%</td> <td>93.2%</td> <td>91.2%</td> <td>92.5%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	96.0%	93.2%	91.2%	92.5%	<p>● TRFT - This Yr ● Last Yr ● Standard</p>		
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No Criteria to Reside
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Total general and acute bed occupancy
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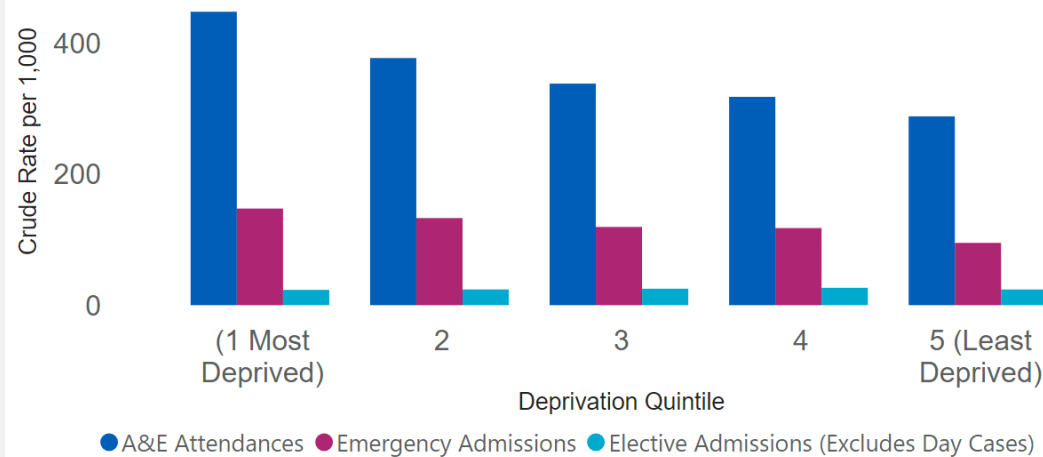
Urgent & Emergency Care Continued

<p>1 Category 2 Ambulance Response Time</p> <p>Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26.</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>May-25</td> <td>22:24</td> <td>30:00</td> </tr> </tbody> </table>		Actual	Standard	May-25	22:24	30:00	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>26:54</td> <td>26:39</td> <td>22:31</td> <td>24:17</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	26:54	26:39	22:31	24:17	 <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 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>May-25</td> <td>17:50</td> <td>15:00</td> </tr> </tbody> </table>		Actual	Standard	May-25	17:50	15:00	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>21:00</td> <td>20:43</td> <td>10:42</td> <td>20:47</td> <td>19:57</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	21:00	20:43	10:42	20:47	19:57	 <p>● TRFT - This Yr ● Last Yr ● Standard</p>
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CORE20 PLUS ²

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

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



Category 2 Ambulance Response Time

In May, Rotherham's performance was 00:22:24, which met the National Target of 00:30:00. It was a decline on the previous periods performance of 00:22:09 and was an improvement on the same period in the previous year of 00:24:28.

Average Handover Time

In May, TRFT's performance was 00:17:50, which failed to meet the National Target of 00:15:00. It was an improvement on the previous periods performance of 00:18:37 and was an improvement on the same period in the previous year of 00:21:27.

Community Health Services

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

* 2024/25 target was to increase the % of Urgent Community Referrals seen within 2 hours to 70% . Note, there is no 25/26 plan figure in the planning guidance.

TRFT	Actual	Standard*	Actual			
			RDASH	STH	SWYPFT	SYICB
Apr-25	85.0%	70.0%	67.0%	0.0%	97.0%	93.0%

— *No data available for STH

3 **Placeholder: Community Beds Occupancy**

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

1
3 **Community Waiting List over 52 weeks**

Number of patients on community waiting lists for over 52 weeks

TRFT	Actual	Standard	Actual						
			BHFT	DBTHFT	RDASH	SCH	SHSC	STH	SYICB
Apr-25	79	0	0	0	0	8,473	2	0	8,554

1
3 **Virtual Ward Utilisation**

Increase Virtual Ward utilisation to consistently be above 80%

***Note: This is a Snapshot as at 22nd May 2025**

TRFT	Actual	Standard	Actual			
			RDASH	STH	SWYPFT	SYICB
May-25	51.5%	79.6%	78.0%	40.0%	86.8%	65.5%

Urgent Community Referrals seen within 2 hours

In April, TRFT's performance was 85%, which met the National Target of 70%.

Community Waiting List over 52 weeks

In April, TRFT's performance was 79, which failed to meet the National Target of 0. It was a decline on the previous periods performance of 74 and was a decline on the same period in the previous year of 33.

Virtual Ward Utilisation

In May, TRFT's performance was 51.5%, which failed to meet the National Target of 79.6%. It was a decline on the previous periods performance of 52.5% and was a decline on the same period in the previous year of 74%.

Primary Care

<p>1 3</p> <p>Number of GP appointments</p> <p>Total Number of Appointments in General Practice (rate per 1,000 practice population).</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Apr-25</td> <td>157,543 (573)</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Apr-25	157,543 (573)		<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>Apr-25</td> <td>127,758 (472)</td> <td>170,350 (502)</td> <td>335,225 (522)</td> <td>790,876 (518)</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Apr-25	127,758 (472)	170,350 (502)	335,225 (522)	790,876 (518)	<p>● Rotherham - This Yr ● Last Yr</p>
	Actual	Plan																	
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	Barnsley	Doncaster	Sheffield	SYICB															
Apr-25	127,758 (472)	170,350 (502)	335,225 (522)	790,876 (518)															
<p>1 3</p> <p>Patient experience of access to general practice</p> <p>Increase the percentage of people saying it was 'Very easy' or 'Easy' to contact their GP practice, as measured by the ONS Health Insights Survey.</p>	<p>SYICB</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>May-25</td> <td>73.2%</td> <td>71.1%</td> </tr> </tbody> </table>		Actual	Target	May-25	73.2%	71.1%												
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May-25	73.2%	71.1%																	
<p>1 3</p> <p>Improve access to NHS dentistry</p> <p>Increase dental activity by improving the units of dental activity (UDAs) delivered.</p>	<p>SYICB</p> <table border="1"> <thead> <tr> <th></th> <th>YTD Actual</th> <th>Mar YTD target</th> </tr> </thead> <tbody> <tr> <td>Mar-25</td> <td>2,026,738</td> <td>2,111,712</td> </tr> </tbody> </table>		YTD Actual	Mar YTD target	Mar-25	2,026,738	2,111,712		<p>● SYICB - This Yr ● Last Yr</p>										
	YTD Actual	Mar YTD target																	
Mar-25	2,026,738	2,111,712																	
<p>Placeholder: Number of urgent dental appointments</p> <p>Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more</p>																			
<p>1 3</p> <p>Number of Pharmacy First interventions</p> <p>Pharmacy First helps pharmacies manage minor illnesses, urgent repeats, and seven conditions via clinical pathways.</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Feb-25</td> <td>2,067</td> </tr> </tbody> </table>		Actual	Feb-25	2,067	<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>2,877</td> <td>1,946</td> <td>3,946</td> <td>10,881</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Feb-25	2,877	1,946	3,946	10,881	<p>● Rotherham - This Yr</p>		
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Feb-25	2,067																		
	Barnsley	Doncaster	Sheffield	SYICB															
Feb-25	2,877	1,946	3,946	10,881															

Number of GP appointments

In April, Rotherham's performance was 157,543, which failed to meet the local ambition of . It was an improvement on the previous periods performance of 171,899 and was an improvement on the same period in the previous year of 161,964.

Improve access to NHS dentistry

In February, SYICB's performance was 2,026,738, which failed to meet the local ambition of 2,111,712. It was an improvement on the previous periods performance of 189,146

Primary Care Continued

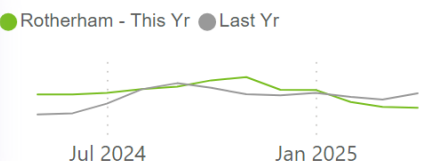
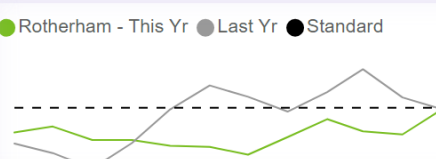
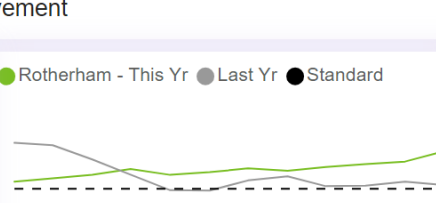
Primary Care Narrative Continued

Perinatal Access - In March, Rotherham's performance was 250, which failed to meet the National Target of 373. It was an improvement on the previous periods performanc...

Community Mental Health Services for Adults and Older Adults with SMI, 2+ contacts - In April, Rotherham's performance was 4,005 and was an improvement on the same period in the previous year of 2,950.

Dementia Diagnosis rate - In May, Rotherham's performance was 88.7%, which met the National Target of 66.7%. It was a decline on the previous periods performance of 89.1% and was an improvement on the same period in the previous year of 88.2%.

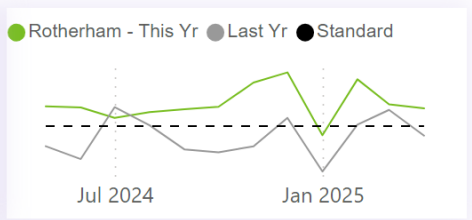
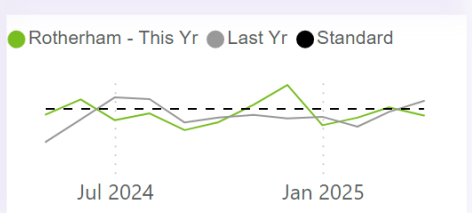
Elective Care

<p>1 3</p> <h3>Total waiting over 52 weeks</h3> <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>Apr-25</td> <td>873</td> </tr> </tbody> </table>		Actual	Apr-25	873	<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>347</td> <td>1,125</td> <td>1,459</td> <td>3,804</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	347	1,125	1,459	3,804	<p>● Rotherham - This Yr ● Last Yr</p> 		
	Actual																
Apr-25	873																
Barnsley	Doncaster	Sheffield	SYICB														
347	1,125	1,459	3,804														
<p>1 3</p> <h3>%patients receiving diagnostic test within 6 weeks</h3> <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>May-25</td> <td>94.8%</td> <td>95.0%</td> </tr> </tbody> </table>		Actual	Standard	May-25	94.8%	95.0%	<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>89.5%</td> <td>79.5%</td> <td>68.9%</td> <td>78.0%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	89.5%	79.5%	68.9%	78.0%	<p>● Rotherham - This Yr ● Last Yr ● Standard</p> 
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<p>Placeholder: 18-week wait for first appointment</p> <p>Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 67% by March 2026, with every trust to deliver a minimum 5% point improvement</p>																	
<p>1 3</p> <h3>18-week wait for treatment</h3> <p>Improve the percentage of patients waiting no longer than 18 weeks for treatment to 60% by March 2026, with every trust to deliver a minimum 5% point improvement</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Apr-25</td> <td>65.5%</td> <td>60.0%</td> </tr> </tbody> </table>		Actual	Standard	Apr-25	65.5%	60.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>70.7%</td> <td>61.4%</td> <td>64.5%</td> <td>65.2%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	70.7%	61.4%	64.5%	65.2%	<p>● Rotherham - This Yr ● Last Yr ● Standard</p> 
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Total waiting over 52 weeks
 In April, Rotherham's performance was 873. It was an improvement on the previous periods performance of 882 and was an improvement on the same period in the previous year of 1,034.

%patients receiving diagnostic test within 6 weeks
 In May, Rotherham's performance was 94.8%, which failed to meet the National Target of 95%. It was an improvement on the previous periods performance of 93.1% and was a decline on the same period in the previous year of 94.9%.

Cancer

<p>1 3 % patients with cancer diagnosis communicated within 28 days</p> <p>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.</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Apr-25</td> <td>79.6%</td> <td>80.0%</td> </tr> </tbody> </table>		Actual	Standard	Apr-25	79.6%	80.0%	<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>77.2%</td> <td>77.4%</td> <td>73.0%</td> <td>76.1%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	77.2%	77.4%	73.0%	76.1%	
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Barnsley	Doncaster	Sheffield	SYICB														
77.2%	77.4%	73.0%	76.1%														
<p>1 3 62-day referral to treatment standard - combined</p> <p>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</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Apr-25</td> <td>67.9%</td> <td>75.0%</td> </tr> </tbody> </table>		Actual	Standard	Apr-25	67.9%	75.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>65.5%</td> <td>73.3%</td> <td>59.9%</td> <td>65.8%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	65.5%	73.3%	59.9%	65.8%	
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65.5%	73.3%	59.9%	65.8%														

% patients with cancer diagnosis communicated within 28 days

In April, Rotherham's performance was 79.6%, which failed to meet the National Target of 80%. It was a decline on the previous periods performance of 80.1% and was an improvement on the same period in the previous year of 75.6%.

62-day referral to treatment standard - combined

In April, Rotherham's performance was 67.9%, which failed to meet the National Target of 75%. It was a decline on the previous periods performance of 70.5% and was a decline on the same period in the previous year of 72.6%.

Cancer

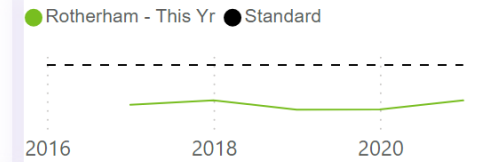
1 Cancer Diagnosis at stage 1 or 2

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%



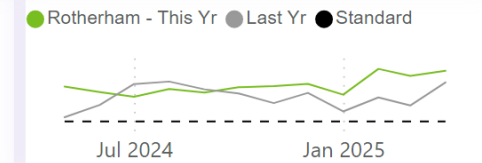
1 31 Day diagnosis to treatment

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
Apr-25	91.3%	96.0%

Actual

Barnsley	Doncaster	Sheffield	SYICB
92.0%	89.2%	85.1%	88.5%



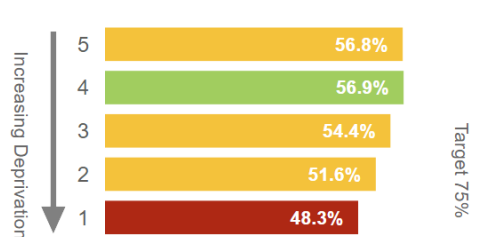
CORE20 PLUS

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

Early Diagnosis

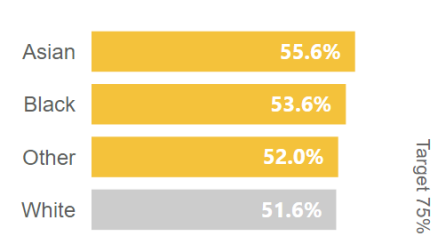
Cancer Diagnosis at stage 1 or 2 (South Yorkshire)

Deprivation Quintile



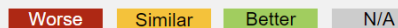
Year: 2021 | Comparator: SY Average

Ethnicity



Year: 2019-2021 | Comparator: White

Statistical significance to comparator:



Cancer Diagnosis at stage 1 or 2


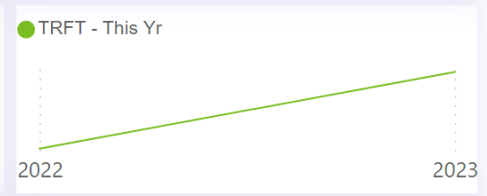

In 2021, Rotherham's performance was 55%, which failed to meet the National Target of 75%. It was a decline on the previous periods performance of 49.9%

31 Day Diagnosis to Treatment

In April, Rotherham's performance was 91.3%, which failed to meet the National Target of 96%. It was an improvement on the previous periods performance of 89.9% and was an improvement on the same period in the previous year of 88%.

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>Feb-25</td> <td>4.3</td> </tr> </tbody> </table>		Actual	Feb-25	4.3	<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>2.1</td> <td>2.7</td> <td>5.4</td> <td>4.3</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	2.1	2.7	5.4	4.3	<p>● TRFT - This Yr</p> 		
	Actual																
Feb-25	4.3																
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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>Feb-25</td> <td>10.7%</td> <td>6.0%</td> </tr> </tbody> </table>		Actual	Standard	Feb-25	10.7%	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>5.5%</td> <td>7.3%</td> <td>6.4%</td> <td>6.6%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	5.5%	7.3%	6.4%	6.6%	<p>● TRFT - This Yr</p> 
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BHFT	DBTHFT	STH	SYICB														
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Stillbirth per 1,000 live births

In 2025/26, TRFT's performance was 4.3.



Neonatal mortality rate per 1000 live births

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

Preterm Birth Rate

In February, TRFT's performance was 10.7%.

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>Feb-25</td> <td>71.4%</td> <td>71.7%</td> </tr> </tbody> </table>		Actual	Standard	Feb-25	71.4%	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>56.1%</td> <td>61.3%</td> <td>72.1%</td> <td>65.9%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	56.1%	61.3%	72.1%	65.9%	<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>Q4 24/25</td> <td>6.2%</td> <td>6.0%</td> </tr> </tbody> </table>		Actual	Standard	Q4 24/25	6.2%	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>8.2%</td> <td>7.1%</td> <td>6.2%</td> <td>0.0%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	8.2%	7.1%	6.2%	0.0%	<p>● Rotherham - This Yr</p> 
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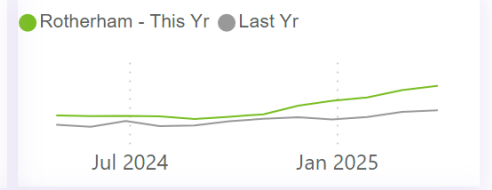
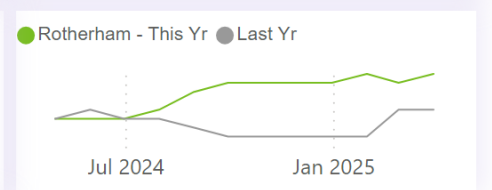

Breast milk at first feed

In February, TRFT's performance was 71.4%, which failed to meet the Local Target of 71.7%

Smoking at time of Delivery

In 2025/26 Sheffield's performance was 6.2%, which met 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> <hr/> <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>Mar-25</td> <td>5,040</td> <td>3,676</td> </tr> </tbody> </table>		Actual	Plan	Mar-25	5,040	3,676	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>4,690</td> <td>4,160</td> <td>5,470</td> <td>19,360</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	4,690	4,160	5,470	19,360	
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<p>1 3</p> <p>Perinatal Access</p> <hr/> <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>Mar-25</td> <td>250</td> <td>373</td> </tr> </tbody> </table>		Actual	Plan	Mar-25	250	373	<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>255</td> <td>450</td> <td>445</td> <td>1,400</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	255	450	445	1,400	
	Actual	Plan															
Mar-25	250	373															
Barnsley	Doncaster	Sheffield	SYICB														
255	450	445	1,400														
<p>1 2</p> <p>SMI Health Checks</p> <hr/> <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>Mar-25</td> <td>74.0%</td> <td>60.0%</td> </tr> </tbody> </table>		Actual	Plan	Mar-25	74.0%	60.0%	<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>71.0%</td> <td>74.0%</td> <td>65.0%</td> <td>69.0%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	71.0%	74.0%	65.0%	69.0%	
	Actual	Plan															
Mar-25	74.0%	60.0%															
Barnsley	Doncaster	Sheffield	SYICB														
71.0%	74.0%	65.0%	69.0%														

Increase Number of CYP (0-17yrs) receiving at least one contact in reporting period - In March, Rotherham's performance was 5,040, which met the local ambition of 3676. It was an improvement on the previous periods performance of 4,960 and was an improvement on the same period in the previous year of 4,585.

Perinatal Access - In March, Rotherham's performance was 250, which failed to meet the National Target of 373. It was an improvement on the previous periods performance ...

SMI Health Checks - In 2025/26 Sheffield's performance was 74%, which met the National Target of 60%

Mental Health

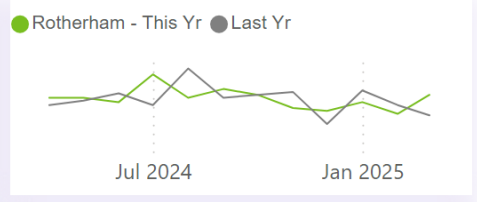
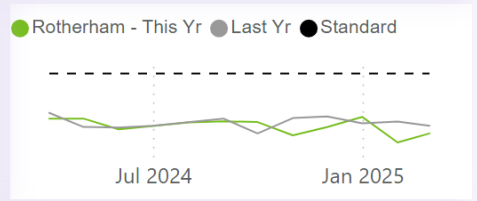
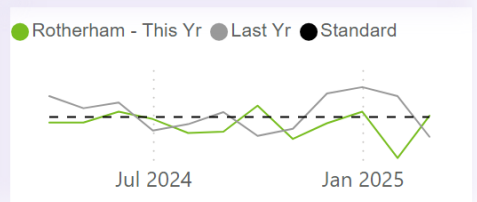
<p>1 3 Individual Placement and Support</p> <p>People with Severe Mental Illness (SMI) supported to find and keep their employment through the IPS scheme (*NOTE: target is for rolling 12-month value)</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Mar-25</td> <td>270</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Mar-25	270		<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>240</td> <td>320</td> <td>410</td> <td>1,240</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Mar-25	240	320	410	1,240	<p>● Standard</p>
	Actual	Plan																	
Mar-25	270																		
	Barnsley	Doncaster	Sheffield	SYICB															
Mar-25	240	320	410	1,240															
<p>1 3 Average Length of stay in Acute Mental Health bed</p> <p>Reduce average length of stay (LoS) in adult acute mental health beds (*note: target still being worked on with NHSE)</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Mar-25</td> <td>86</td> <td>56</td> </tr> </tbody> </table>		Actual	Plan	Mar-25	86	56	<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>70</td> <td>69</td> <td>59</td> <td>68</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Mar-25	70	69	59	68	<p>● Rotherham - This Yr ● Last Yr</p>
	Actual	Plan																	
Mar-25	86	56																	
	Barnsley	Doncaster	Sheffield	SYICB															
Mar-25	70	69	59	68															
<p>3 Out of area placements(inappropriate only)</p> <p>Improve patient flow and work towards eliminating inappropriate out of area mental health placements</p>	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>RDASH</th> <th>SHSC</th> <th>SWYPFT</th> </tr> </thead> <tbody> <tr> <td>May-25</td> <td>15</td> <td>30</td> <td>0</td> </tr> </tbody> </table>		RDASH	SHSC	SWYPFT	May-25	15	30	0	<p>● RDASH ● SHSC ● SWYPFT</p>									
	RDASH	SHSC	SWYPFT																
May-25	15	30	0																
<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. Note, there is no 2025/26 plan figure within the planning guidance, *target is 24/25 plan figure.</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target*</th> </tr> </thead> <tbody> <tr> <td>May-25</td> <td>88.7%</td> <td>66.7%</td> </tr> </tbody> </table>		Actual	Target*	May-25	88.7%	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>May-25</td> <td>73.3%</td> <td>69.4%</td> <td>73.1%</td> <td>75.4%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	May-25	73.3%	69.4%	73.1%	75.4%	<p>● Rotherham - This Yr ● Last Yr</p>
	Actual	Target*																	
May-25	88.7%	66.7%																	
	Barnsley	Doncaster	Sheffield	SYICB															
May-25	73.3%	69.4%	73.1%	75.4%															

Individual Placement and Support - In March, Rotherham's performance was 270, which failed to meet the National Target of . It was a decline on the previous periods performance of 305 and was a decline on the same period in the previous year of 205.

Average Length of stay in Acute Mental Health bed - In March, Rotherham's performance was 86, which failed to meet the National Target of 56.2. It was a decline on the previous period's performance of 55.

Dementia Diagnosis rate - In May, Rotherham's performance was 88.7%, which met the National Target of 66.7%. It was a decline on the previous periods performance of 89.1% and was an improvement on the same period in the previous year of 88.2%.

Mental Health Continued

<p>3 Talking Therapies Completion</p> <p>Number of people completing IAPT Treatment in reporting period</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Mar-25</td> <td>290</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Mar-25	290		<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>275</td> <td>250</td> <td>555</td> <td>1,370</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	275	250	555	1,370	<p>● Rotherham - This Yr ● Last Yr</p> 
	Actual	Plan															
Mar-25	290																
Barnsley	Doncaster	Sheffield	SYICB														
275	250	555	1,370														
<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>Mar-25</td> <td>43.0%</td> <td>48.0%</td> </tr> </tbody> </table>		Actual	Plan	Mar-25	43.0%	48.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>48.0%</td> <td>46.0%</td> <td>49.0%</td> <td>47.0%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	48.0%	46.0%	49.0%	47.0%	<p>● Rotherham - This Yr ● Last Yr ● Standard</p> 
	Actual	Plan															
Mar-25	43.0%	48.0%															
Barnsley	Doncaster	Sheffield	SYICB														
48.0%	46.0%	49.0%	47.0%														
<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>Mar-25</td> <td>66.0%</td> <td>67.9%</td> </tr> </tbody> </table>		Actual	Plan	Mar-25	66.0%	67.9%	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>67.0%</td> <td>63.0%</td> <td>69.0%</td> <td>67.0%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	67.0%	63.0%	69.0%	67.0%	<p>● Rotherham - This Yr ● Last Yr ● Standard</p> 
	Actual	Plan															
Mar-25	66.0%	67.9%															
Barnsley	Doncaster	Sheffield	SYICB														
67.0%	63.0%	69.0%	67.0%														

Talking Therapies Completion - In March, Rotherham's performance was 290. It was an improvement on the previous periods performance of 225 and was an improvement on, the same period in the previous year of 220.

Talking Therapies Reliable Improvement - In March, Rotherham's performance was 66%, which failed to meet the National Target of 67.9%. It was an improvement on the previous periods performance of 60% and was an improvement on the same period in the previous year of 63.6%.

Talking Therapies Reliable Recovery - In March, Rotherham's performance was 43%, which failed to meet the National Target of 48%. It was an improvement on the previous periods performance of 35.6% and was a decline on the same period in the previous year of 43.2%.

Learning Disabilities & Autism

<p>1 2 3 % people aged 14+ with a learning disability in the GP register receiving an annual health check</p> <p>Ensure 81% of people aged over 14 on GP learning disability registers receive an annual health check in the year to 31 March 2026</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Q1 Target</th> </tr> </thead> <tbody> <tr> <td>Apr-25</td> <td>4.7%</td> <td>14.0%</td> </tr> </tbody> </table>		Actual	Q1 Target	Apr-25	4.7%	14.0%	<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>2.0%</td> <td>4.7%</td> <td>3.5%</td> <td>3.7%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	2.0%	4.7%	3.5%	3.7%	<p>Legend: Rotherham - This Yr (green), Last Yr (grey), Standard (black)</p>
	Actual	Q1 Target															
Apr-25	4.7%	14.0%															
Barnsley	Doncaster	Sheffield	SYICB														
2.0%	4.7%	3.5%	3.7%														
<p>1 2 3 Reliance on mental health inpatient care for autistic adults</p> <p>Count of mental health inpatients with a learning autism (rounded to the nearest 5)</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Apr-25</td> <td>30</td> <td>26</td> </tr> </tbody> </table>		Actual	Standard	Apr-25	30	26										
	Actual	Standard															
Apr-25	30	26															
<p>1 2 3 Reliance on mental health inpatient care for adults with a learning disability</p> <p>Count of mental health inpatients with a learning disability (rounded to the nearest 5)</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Apr-25</td> <td>10</td> <td>22</td> </tr> </tbody> </table>		Actual	Standard	Apr-25	10	22										
	Actual	Standard															
Apr-25	10	22															
<p>1 2 3 Inpatients with a learning disability and/or autism (under 18)</p> <p>Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 12-15 Under 18's for every 1 million population</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>May-25</td> <td>0</td> <td>15</td> </tr> </tbody> </table> <p>Rate per million population</p>		Actual	Standard	May-25	0	15	<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>0</td> <td>0</td> <td>8</td> <td>8</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	0	0	8	8	<p>Legend: Rotherham - This Yr (green), Last Yr (grey), Standard (black)</p>
	Actual	Standard															
May-25	0	15															
Barnsley	Doncaster	Sheffield	SYICB														
0	0	8	8														

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

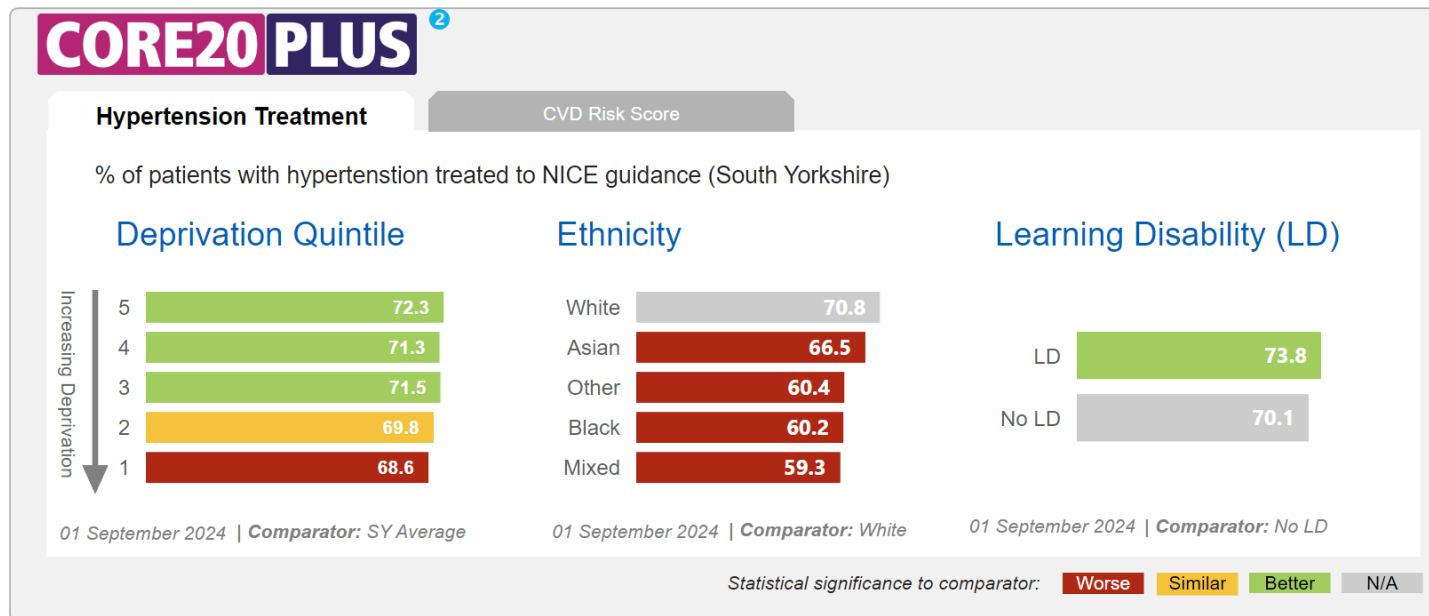
In May, Rotherham's performance was 0, which met the National Target of 15. It was an improvement on the previous periods performance of 0 and was an improvement on the same period in the previous year of 0.

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

In April, Rotherham's performance was 4.7%, which failed to meet the Q3 Target of 14%. It was a decline on the previous periods performance of 81.4% and was a decline on the same period in the previous year of 4.7%.

Prevention & Health Inequalities (HI)

<p>1 % of patients with hypertension treated to NICE guidance</p> <p>2</p> <p>3</p> <p>Increase the proportion of patients with hypertension treated according to NICE guidance to 80% by March 2025</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Dec-24</td> <td>68.7%</td> <td>80.0%</td> </tr> </tbody> </table>		Actual	Standard	Dec-24	68.7%	80.0%	<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>68.2%</td> <td>71.8%</td> <td>69.7%</td> <td>69.7%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	68.2%	71.8%	69.7%	69.7%	
	Actual	Standard															
Dec-24	68.7%	80.0%															
Barnsley	Doncaster	Sheffield	SYICB														
68.2%	71.8%	69.7%	69.7%														
<p>1 % of patients aged 25-84 years with a CVD risk score greater than 20% on lipid lowering therapies</p> <p>2</p> <p>3</p> <p>Increase the proportion of patients aged 25-84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Dec-24</td> <td>71.0%</td> <td>65.0%</td> </tr> </tbody> </table>		Actual	Standard	Dec-24	71.0%	65.0%	<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>69.6%</td> <td>69.3%</td> <td>66.8%</td> <td>68.9%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	69.6%	69.3%	66.8%	68.9%	
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% of patients with hypertension treated to NICE guidance

In December, Rotherham's performance was 68.7%, which failed to meet the National Target of 80%. It was an...

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

In December, Rotherham's performance was 71%, which met the National Target of 65%. It was an improvement on the previous periods performance of 70.7% and was an...

Prevention & Health Inequalities (HI) Continued

1 Increase vaccination uptake in Children

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

	Vaccination	Target	Latest quarter (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)

Performance is taken from national COVER Data, Q4 data was released to the NHSE Public Health Programme Team on 17th June but is still to be published on the gov.uk website.

Coverage remains stable and generally high for most elements. For 12-month coverage, all ICB places are above 90% for all elements, with the exception of Doncaster (89.8% for Rotavirus). all places are above 9-% for MMR1 at 24 months. Pre-school Booster (DTaP/IPV) is below 90% in Doncaster, Rotherham and Sheffield; this is largely impacted on waiting lists and appointments being prioritised for primary vaccinations and parents potentially seeing this as less important than early vaccinations.

Childhood immunisation remains a priority across SY with improvement plans in plans specific to each place. Joint working with ICB primary care Local Authority colleagues to target specific communities and practices with low uptake. Scoping work undertaken to develop pilot neighbourhood vaccination services, to provide an additional offer to underserved and/or hard to vaccinate populations - the intended focus to be PSB. Working with LA commissioners and Health Visiting services to develop proposals for HV vaccination pilots as part of national initiative. Ongoing work with CHIS and practices to identify and address waiting lists. Supporting school aged immunisation services to offer catch up vaccinations to pre-children children. Education and training sessions re: forthcoming changes to childhood schedule, also highlighting that for most practices the number of children needed to vaccinate to reach 95% is between 1 and 5.



Review of Year Rotherham Place Committee 2024/25 Annual Report

Rotherham Place Committee - 16 July 2025

Author(s)	Carol Henderson, Business Coordinator - Governance Michelle Oakes, Business Support Manager - Governance
Sponsor Director	Mark Janvier, Director of Corporate Governance and Board Secretary
This report provides assurance against the following risk(s) on the ICB’s Board Assurance Framework, Risk Register or Issues Log:	SY049 – Compliance with SoRD
Purpose of Paper	
<p>It is good practice for Committees to reflect on their activities and provide assurance to the Accountable Officer and the ICB Board that the Committee has discharged its delegated functions set out in its Terms of Reference. This has also been reflected in recent Internal Audit reviews of the ICB’s Corporate Governance processes.</p> <p>The purpose of this paper is to provide the Committee with an opportunity to review the work and activities it has undertaken during the reporting period 01 April 2024 to 31 March 2025.</p>	
Key Issues / Points to Note	
<p>Appendix A contains the draft 2024/25 Annual Report for the Rotherham Place Committee.</p> <p>Appendix B contains the Committee’s workplan for 2024/25.</p> <p>The data used in the report mirrors the information that has been coordinated for the 2024/25 ICB Annual Report and Annual Governance Statement.</p> <p>At the June meeting, members reviewed the annual report and reflected on activity undertaken in the year. Members were assured that its delegated duties had been discharged in accordance with Rotherham Place Committee’s terms of reference and in line with its workplan.</p> <p>The committee is now receiving the final version which includes the Chairs conclusion at Section 5 prior to it being presented to the ICB Board.</p>	

Is your report for Approval / Consideration / Noting			
For consideration.			
Recommendations / Action Required			
Members are asked to: <ul style="list-style-type: none"> Review and consider the chair's conclusions at section 5. A final version of the report will need to be approved by the Committee before being presented to a future meeting of the ICB Board.			
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)?			
None			
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?			
Not applicable			
Appendices			
The following documents are appended to this cover paper: <ul style="list-style-type: none"> – Appendix A – 2024/25 Rotherham Place Committee Annual Report – Appendix B – 2024/25 Rotherham Place Committee Workplan 			



Rotherham Place Committee

Annual Report 2024/25

1. Introduction

- 1.1 The Integrated Care Board (ICB) was legally established on 1 July 2022. The ICB has an agreed [Constitution and Governance Handbook](#).
- 1.2 Each of the four Places that make up NHS South Yorkshire (Barnsley, Doncaster, Rotherham and Sheffield) have established ICB Place Committees as part of their arrangements to consider ICB Business. Their function is to support the ICB in delivering its statutory and/or corporate functions as delegated in the Scheme of Reservation and Delegation around regulation and control, strategy and planning, partnership working, staffing and human resources and risk management.
- 1.3 The Rotherham Place Committee is a statutory sub-committee of the ICB Board and is accountable to the Board.
- 1.4 The purpose of this report is to provide assurance to the Accountable Officer and the ICB Board that the Committee has discharged its delegated functions set out in its Terms of Reference.
- 1.5 The Committee's main purpose is to support the ICB in delivering its statutory and/or corporate functions as set out in paragraph 5 of the Committee's Terms of Reference and to actively participate in the Barnsley Place Partnership in accordance with the Place Agreement and the Constitution of the ICB.

2. Committee Conduct

- 2.1 The ICB has a published declarations of interest register which is publicly available on the [website](#). Declarations from Committee members are included in the published register.

- 2.2 The Committee met 12 times during 2024/25. All meetings include an agenda item where members and attendees are invited to declare any conflicts of interests in agenda items or have any new conflicts or offers of gifts, hospitality or sponsorship to declare. The meetings held on 21 August 2024 and 8 December 2024 were not quorate. For the meeting held on 8 December 2024 the Chair advised that the meeting would continue as all agenda items were for information or assurance with no formal decisions required.
- 2.3 The Committee reviewed its Terms of Reference on 17 April and 21 August 2024. Proposed changes were approved by the ICB Board on 6 November 2024.

A review of the Committee’s workplan against the responsibilities outlined in its Terms of Reference took place on 21 August and 20 November 2024.

The Committee produced an annual report for 2023/24 which was reviewed and agreed at the 21 August 2024 meeting, presented to the Audit and Risk Committee for assurance and hence to the ICB Board for noting.

- 2.4 The Committee must be chaired by the Place Executive Director. The Membership of the Committee and their attendance for the reporting period is set out in the table below:

Role	Name	Attendance
Deputy Chief Executive and Executive Place Director, Rotherham (Chair)	Chris Edwards	100%
Independent Non-Executive Member, ICB	Shahida Siddique	83%
Deputy Place Director, Rotherham Place	Clare Smith	100%
Chief Nurse, Rotherham Place	Andrew Russell / Julie Warren Sykes	67%
Chief Medical Officer, Rotherham Place	Jason Page	100%
Director of Financial Transformation, Rotherham Place	Wendy Allott	67%

3. Committee Effectiveness Review

- 3.1 The Committee undertook an annual self-assessment on 20 November 2024.

4. Summary of Business Transacted

- 4.1 The Committee has transacted the following business during the reporting period:

Strategy and Planning:

- Reviewed, considered, discussed and noted:
 - Place Performance Reports
 - Place Partnership Update

- Quarterly updates from Rotherham Place Director of Public Health including the Public Health Annual Report
- Quarterly updates from Rotherham Place Medical Director.
- Place Prescribing Reports
- Updated Place Agreement
- Quality, Patient Safety and Experience Dashboard
- Updates from Rotherham Place Medicines Management Team.

Risk Management:

- Reviewed, considered and discussed the ICB's Board Assurance Framework (BAF), Corporate Risk Register (CRR) and Issues Log, supported its ongoing development, and confirmed risks and score ratings for Rotherham Place.
- Received, discussed and noted:
 - Mental Health Workstream Update
 - Early Help Strategy Update
 - Supported the Baby Packs Scheme
 - Place Plan Performance Report
 - Feedback from Integrated Care Partnership (ICP) meetings
 - Palliative and End of Life Care Update
 - The Rotherham Hospice Strategy – Living Life's Wishes
 - An update on progress of the Prevention and Health Inequalities action plan
 - Fostering Presentation
 - Communication to Partners
 - Workforce and Organisational Development Update
 - Progress updates on Rotherham's Digital Inclusion Programme
 - Communication and Promoting Consultations and Events
 - Communications and engagement updates
 - Maternity, Children and Young People's update
 - Learning Disability and Neurodiversity update
 - Lung Health Checks update
 - Darzi Report and National 10 Year Plan
 - Urgent and Emergency Care Workstream update
 - Healthcare that works for young people – Statement of Intent
 - Outcome of the Rotherham Area SEND inspection and noted areas for improvement
 - Healthwatch presentation
 - Proactive Care update
 - COVID Spring Booster Campaign

In executing the responsibilities of its Terms of Reference, the Committee also transacted the following business as a Partner of the Rotherham Place Partnership Board:

- Were assured by the opportunity to receive and review the detail of Rotherham's Winter Plan and formally endorsed the plan.

5. Chair Conclusions

- 5.1 Partners within the Rotherham Place Board have continued to build on its existing strong relationships across health and care.

The ethos of how we work together to deliver the best for Rotherham people remains the guiding principle for all partners, but also the recognition of the significant opportunities to be gained by working together across South Yorkshire.

The success of the Rotherham ICB Place Committee sits firmly on the foundations of the excellent partnership work that exists within Rotherham across our health and care partners, and our success directly links to the to the hard work of our staff.

We have made excellent progress this year, and I'd like to personally thank every team member for their energy, commitment and consistency in driving our priorities forward and their strong commitment to partnership working.

Whilst we will undoubtedly continue to face challenges, in particular the significant organisational changes the ICB must deliver, but we also continue to have exciting developments planned for the forthcoming year and I look forward to working with you all in continuing to make Rotherham a great place to live and work.

Approved By: Rotherham Place Committee

Date: 16.07.25

NHS South Yorkshire ICB

Rotherham Place Committee Work Plan 2024/25

Details	Lead	Frequency	17.04.24	Item deferred Y/N date deferred to and reason for deferment	15.05.24	Item deferred Y/N date deferred to and reason for deferment	19.06.24	Item deferred Y/N date deferred to and reason for deferment	17.07.24	Item deferred Y/N date deferred to and reason for deferment	21.08.24	Item deferred Y/N date deferred to and reason for deferment	18.09.24	Item deferred Y/N date deferred to and reason for deferment	16.10.24	Item deferred Y/N date deferred to and reason for deferment	20.11.24	Item deferred Y/N date deferred to and reason for deferment	18.12.24	Item deferred Y/N date deferred to and reason for deferment	15.01.25	Item deferred Y/N date deferred to and reason for deferment	19.02.25	Item deferred Y/N date deferred to and reason for deferment	19.03.25	Item deferred Y/N date deferred to and reason for deferment
Standing Agenda Items																										
Housekeeping	Chair	each meeting	17.04.24	N	15.05.24	N	19.06.24	N	17.07.24	N	21.08.24	N	18.09.24	N	16.10.24	N	20.11.24	N	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Welcome and Introductions	Chair	each meeting	17.04.24	N	15.05.24	N	19.06.24	N	17.07.24	N	21.08.24	N	18.09.24	N	16.10.24	N	20.11.24	N	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Apologies for Absence	Chair	each meeting	17.04.24	N	15.05.24	N	19.06.24	N	17.07.24	N	21.08.24	N	18.09.24	N	16.10.24	N	20.11.24	N	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Confirmation of Quoracy	Chair	each meeting	17.04.24	N	15.05.24	N	19.06.24	N	17.07.24	N	21.08.24	N	18.09.24	N	16.10.24	N	20.11.24	N	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Declarations of Interests, Sponsorship, Gifts and Hospitality	Chair	each meeting	17.04.24	N	15.05.24	N	19.06.24	N	17.07.24	N	21.08.24	N	18.09.24	N	16.10.24	N	20.11.24	N	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Chair's Opening Remarks	Chair	each meeting	17.04.24	N	15.05.24	N	19.06.24	N	17.07.24	N	21.08.24	N	18.09.24	N	16.10.24	N	20.11.24	N	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Agree Minutes of Previous Meeting	Chair	each meeting	17.04.24	N	15.05.24	N	19.06.24	N	17.07.24	N	21.08.24	N	18.09.24	N	16.10.24	N	20.11.24	N	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Review and Agree Matters Arising / Action Log	Chair	each meeting	17.04.24	N	15.05.24	N	19.06.24	N	17.07.24	N	21.08.24	N	18.09.24	N	16.10.24	N	20.11.24	N	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Review of Assurance / Key Highlights / Escalation Report Summary from the Previous Meeting (rolled out at the end of October / beginning November 2024)	Chair	each meeting	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Items of Any Other Business	Chair	each meeting	17.04.24	N	15.05.24	N	19.06.24	N	17.07.24	N	21.08.24	N	18.09.24	N	16.10.24	N	20.11.24	N	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Review of Meeting	Chair	each meeting	17.04.24	N	15.05.24	N	19.06.24	N	17.07.24	N	21.08.24	N	18.09.24	N	16.10.24	N	20.11.24	N	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Date and Time of Next Meeting	Chair	each meeting	17.04.24	N	15.05.24	N	19.06.24	N	17.07.24	N	21.08.24	N	18.09.24	N	16.10.24	N	20.11.24	N	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Core Business : Governance																										
Establish governance arrangements to support collective accountability between partner organisations for place-based system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations																										
Reports:																										
Review Terms of Reference (and propose changes to the ICB Board)	Chair	Annually	17.04.24	N	15.05.24	n/a	19.06.24	n/a	17.07.24	n/a	21.08.24	N	18.09.24	n/a	16.10.24	n/a	20.11.24	n/a	18.12.24	n/a	15.01.25	n/a	19.02.25	n/a	19.03.25	n/a
Feedback from Place Executive Team	CS	each meeting	n/a	n/a	15.05.24	N	19.06.24	N	17.07.24	N	21.08.24	N	18.09.24	N	16.10.24	N	20.11.24	N	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Terms of Reference for Place Executive Team	Chair	Annually	17.04.24	n/a	15.05.24	n/a	19.06.24	n/a	17.07.24	N	21.08.24	n/a	18.09.24	n/a	16.10.24	n/a	20.11.24	n/a	18.12.24	n/a	15.01.25	n/a	19.02.25	n/a	19.03.25	n/a
Minutes of the Place Partnership Board (always received by e-mail but received at meeting from November)	Chair	each meeting	17.04.24	n/a	15.05.24	n/a	19.06.24	n/a	17.07.24	n/a	21.08.24	n/a	18.09.24	n/a	16.10.24	n/a	20.11.24	N	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Core Business: Risk Management:																										
Reports:																										
Board Assurance Framework and Risk Register	Chair	each meeting	17.04.24	N	15.05.24	N	19.06.24	N	17.07.24	N	21.08.24	N	18.09.24	N	16.10.24	N	20.11.24	N	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Rotherham Place Risk Register	Chair	each meeting	17.04.24	N	15.05.24	N	19.06.24	N	17.07.24	N	21.08.24	N	18.09.24	N	16.10.24	N	20.11.24	N	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Other Items of Business																										
Items for Approval:																										
Reports:																										
Committee Annual Report including attendance levels (timed to support finalisation of the accounts and the Annual Governance Statement), including committee self assessment and review of effectiveness	Chair	Annually (May to July)	17.04.24	n/a	15.05.24	n/a	19.06.24	n/a	17.07.24	n/a	21.08.24	N	18.09.24	n/a	16.10.24	n/a	20.11.24	n/a	18.12.24	n/a	15.01.25	n/a	19.02.25	n/a	19.03.25	n/a
Committee Annual Workplan	Chair	annually	17.04.24	n/a	15.05.24	n/a	19.06.24	n/a	17.07.24	n/a	21.08.24	N	18.09.24	n/a	16.10.24	n/a	20.11.24	N	18.12.24	n/a	15.01.25	n/a	19.02.25	n/a	19.03.25	n/a
Meeting Dates for the next Financial Year	Chair	annually	17.04.24	N	15.05.24	n/a	19.06.24	n/a	17.07.24	n/a	21.08.24	n/a	18.09.24	n/a	16.10.24	n/a	20.11.24	n/a	18.12.24	n/a	15.01.25	n/a	19.02.25	n/a	19.03.25	n/a
Other Assurance																										
Reports:																										
Place Performance report (IPR)	CS	each meeting	17.04.24	N	15.05.24	N	19.06.24	N	17.07.24	N	21.08.24	N	18.09.24	N	16.10.24	N	20.11.24	N	18.12.24	N	15.01.25	N	19.02.25	N	19.03.25	N
Quality, Patient Safety and Experience Dashboard Report	AR	every 2 months	17.04.24	n/a	15.05.24	N	19.06.24	n/a	17.07.24	N	21.08.24	n/a	18.09.24	N	16.10.24	n/a	20.11.24	N	18.12.24	n/a	15.01.25	N	19.02.25	n/a	19.03.25	N
Place Prescribing Report	GB	quarterly	17.04.24	n/a	15.05.24	n/a	19.06.24	N	17.07.24	N	21.08.24	n/a	18.09.24	N	16.10.24	n/a	20.11.24	n/a	18.12.24	N	15.01.25	n/a	19.02.25	N	19.03.25	n/a
Update from Medical Director	JP	quarterly	17.04.24	n/a	15.05.24	n/a	19.06.24	n/a	17.07.24	N	21.08.24	n/a	18.09.24	n/a	16.10.24	N	20.11.24	n/a	18.12.24	n/a	15.01.25	N	19.02.25	n/a	19.03.25	n/a
Review of effectiveness of the Committee (via audit review, committee response and actions set to address, audit attendance at committee and meeting with chair and reports to committee regarding this)	CE/LG	Annually	17.04.24	n/a	15.05.24	n/a	19.06.24	n/a	17.07.24	n/a	21.08.24	n/a	18.09.24	n/a	16.10.24	n/a	20.11.24	N	18.12.24	n/a	15.01.25	N	19.02.25	n/a	19.03.25	n/a
Ad Hoc Reports																										
CHC Codesign Update	AR	ad hoc																		15.01.25	N					
Core Business: Other Items from the Terms of Reference																										
Note - the following are received in the partnership session and reported to the ICB Place Committee via the minutes																										
Strategy, Planning and Partnership Working																										
Agree a plan to meet the health and healthcare needs of the Rotherham population, having regard to the ICS integrated care strategy and Rotherham health and wellbeing strategies:																										
- Ensure consultation, involvement and engagement on place plans is undertaken where appropriate																										
- Develop Annual Plan for Delivery of Place Health and Wellbeing Strategy and ICP Strategy																										
- Ensure provision of Health Care Services for Place Population and agree place based delivery plans																										
- Allocate resources to deliver the plan in Rotherham, determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue and capital) - the Rotherham H&C Plan is directly linked to ICB budgets																										
- Arrange for the provision of health services in line with the allocated resources across the ICS through a range of activities (this includes convening and supporting providers at Place to lead major service transformation programmes / support the development of primary care networks (PCNs) / working with local authority and voluntary, community and social enterprise (VCSE) sector partners)																										
- Agree joint working arrangements at Place that embed collaboration and integration as the basis for delivery of the Place plan																										
Reports:																										
Rotherham Health and Care Place Plan (aligns to priorities of Rotherham H&WBS, SY Joint Forward Plan and SY Integrated Care Strategy) - and is developed and agreed by all partners, it also sets out the Operating structure, governance arrangements and meetings structure **note can be dependant upon NHS changes in NHS Guidance	CS	Refreshed every 2 years	17.04.24	n/a	15.05.24	n/a	19.06.24	n/a	17.07.24	n/a	21.08.24	n/a	18.09.24	n/a	16.10.24	n/a	20.11.24	n/a	18.12.24	n/a	15.01.25	n/a	19.02.25	n/a	19.03.25	n/a
Quarterly Performance Report on Rotherham H&C Strategy	CS	4 times per year	17.04.24	N	15.05.24	n/a	19.06.24	n/a	17.07.24	N	21.08.24	N	18.09.24	n/a	16.10.24	n/a	20.11.24	N	18.12.24	n/a	15.01.25	n/a	19.02.25	N	19.03.25	n/a
Mental Health Workstream Update	KT	2 times per year	17.04.24	N	15.05.24	n/a	19.06.24	n/a	17.07.24	n/a	21.08.24	n/a	18.09.24	N	16.10.24	n/a	20.11.24	n/a	18.12.24	n/a	15.01.25	n/a	19.02.25	n/a	19.03.25	n/a
Learning Disability and Autism Workstream Update	GP	2 times per year	17.04.24	n/a	15.05.24	n/a	19.06.24	n/a	17.07.24	n/a	21.08.24	n/a	18.09.24	n/a	16.10.24	n/a	20.11.24	N	18.12.24	n/a	15.01.25	n/a	19.02.25	N	19.03.25	n/a
Maternity, Childre and Young People Workstream Update	HS	2 times per year	17.04.24	n/a	15.05.24	n/a	19.06.24	n/a	17.07.24	n/a	21.08.24	N	18.09.24	n/a	16.10.24	n/a	20.11.24	n/a	18.12.24	n/a	15.01.25	N	19.02.25	n/a	19.03.25	n/a



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

Rotherham Place Board

16 July 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 SY061 SY066 SY082 – System SY107 – R SY113 SY124 SY136 SY140 (New – for information) <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 issues log can be found here ICB Risk Registers</i></p>

[\(sharepoint.com\)](#) 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 exception reporting on the 3 July 2025 as part of the Rotherham Place Executive Team (PET) agenda.

Key Issues / Points to Note

1. Executive Summary

The current BAF, RR and IL is a standing agenda item on the Rotherham Place Board agenda at each meeting, following presentation at Rotherham PET. A deep dive is conducted on a quarterly basis at PET, 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 \(sharepoint.com\)](#)

System Risk Register

Development is currently paused during the Organisation change process.

Whilst these are live links it is to be acknowledged the cover paper provides the position as of **7 July 2025 at 08:55**.

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 2;
- 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.	<input checked="" type="checkbox"/>	Priority 2 - Tackling inequalities in outcomes, experience, and access.	<input checked="" type="checkbox"/>
Priority 3 - Enhancing productivity and	<input checked="" type="checkbox"/>	Priority 4 - Helping the NHS to	<input checked="" type="checkbox"/>

value for money.		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)			

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

July 2025 (data from May/June 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	ICB Level of Surveillance				CQC Overall Rating	CQC inspection date
	Mar 2025	May2025	July 2025	SO F		
NHS Foundation Trusts						
Rotherham, Doncaster & South Humber NHS Foundation Trust	Routine	Routine	Routine	3	Requires Improvement	November 2019, published February 2020
The Rotherham NHS Foundation Trust	Routine	Routine	Routine	3	Requires Improvement	March 2022, published June 2022
Primary Care						
Crown Street Surgery, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement	August 2023, published November 2023
Shakespeare Road PMS, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement	April/May 2022, published June 2022
Swallownest Heath Centre, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement	June 2023, published September 2023
Independent Providers/Specialised Mental Health Providers						
Bryon Lodge	Routine	Routine	Routine		Good	December 2024, published April 2025 Organisational safeguarding exited. Will be removed from summary table next reporting
Waterside Grange, Rotherham	Routine	Routine	Routine		Requires Improvement	Re-inspection December 2024, published March 2025, remains RI. There have been no further concerns reported to the ICB
Roche Abbey Care Home, Rotherham	Routine	Routine	Routine		Requires Improvement	October 2024 published November 2024. Will remain RI until re-inspected. Expected within the next 3 months. There have been no further concerns reported to the ICB.
The STAR Foundation	Routine	Routine	Routine		Requires Improvement	January 2022, published February 2022

Rotherham Place

Issue	Key Status/ Risks / Concerns / Good Practice
The Rotherham NHS Foundation Trust	
ERCP (Endoscopic retrograde cholangiopancreatography)	<p>TRFT presented to their board of directors in June a briefing paper outlining the findings of Royal College of Physicians (RCP) report into the singly operated ERCP service delivered in the trust between 2016 and 2021 following a pattern of adverse incidents and complications.</p> <p>Several patients/families have been identified and contacted; an apology offered along with an explanation of the review and next steps. Support has been made available. Recommendations from the external review have already been implemented. Media attention has been attracted.</p> <p>Since 2021 the service has been provided without concern via Sheffield Teaching Hospitals NHS FT.</p>
Call4Concern (Martha's Rule)	<p>The 3 components of Martha's Rule are as follows:</p> <ol style="list-style-type: none"> 1. Patients will be asked, at least daily, about how they are feeling, and if they are getting better or worse, and this information will be acted on in a structured way. 2. All staff will be able, at any time, to ask for a review from a different team if they are concerned that a patient is deteriorating, and they are not being responded to. 3. This escalation route will also always be available to patients themselves, their families and carers and advertised across the hospital. <p>Martha's Rule will help improve both the quality and safety of care for patients whose condition is worsening. Better identification and management of deterioration is one of NHS England's key priorities in improving patient safety.</p> <p>The initiative will empower patients, families, carers and staff to ensure that their concerns are listened to and acted upon. It will also empower staff to have the ability to raise concerns outside of official escalation channels, and to ask for additional support if it's required.</p> <p>The trust have successfully gained a place on phase two of the project.</p>

Issue	Key Status/ Risks / Concerns / Good Practice
<p>Paediatric Audiology screening programme – national programme <i>(not a concern at present)</i></p>	<p>Dr Camilla Kingdon has been appointed by the Secretary of State to chair an independent review of children's hearing services.</p> <p>In December 2021, a report was published into service issues in paediatric audiology in NHS Lothian, which focused on whether children's hearing tests were being conducted properly and effectively followed up.</p> <p>Further issues with the diagnosis of hearing issues in newborns and children were identified in other Scottish NHS trusts in 2023. Subsequent assessment of NHS audiology services in paediatric departments across England in 2023 and 2024 identified similar problems. NHS England established the Paediatric Hearing Services Improvement Programme in 2023 to address the issues and oversee remedial action.</p> <p>The review will consider:</p> <ul style="list-style-type: none"> • the NHS England response to the service failures in paediatric audiology • how the relevant governance arrangements between NHS England and the Department of Health and Social Care (DHSC) could be improved and identify lessons learned • how NHS England's handling of any future service failures in similar services could be improved and identify lessons learned <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 trusts are providing mutual aid across the SY footprint.</p> <p>As directed by NHSE a virtual assurance visits took place on the 12th of March with the ICB and an SME (subject matter expert). No concerns noted. Formal feedback given.</p> <p>Work stream continues.</p>
RDaSH	
CQC	May saw CQC visit several adult in-patient wards across Rotherham and Doncaster sites. Formal feedback, rating and publication awaited. Oversight will be managed via the Contract Quality Review Group.
Cedar House	Changes to the Cedar House Crisis Beds has raised some concerns with partners.
Brambles ward merger	Ongoing discussions regarding Brambles and Glade Ward merger and future KPI/quality markers. Contract between RDaSH and ICB not yet signed.

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>		
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.</p> <p>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.</p> <p>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.</p> <p>Capacity tracker of available care home beds and embargos is sent to SYICB twice a week.</p> <p>There are currently 38 general nursing beds and 10 dementia nursing beds unavailable in 2 care homes due to refurbishment as of the end of June 2025. One home closed to admissions due to an embargo</p>	
Provider Care Homes Teams	<p>Includes Speech therapists and Physio's are carrying several vacancies which is having a negative impact on care home residents who have been discharged from hospital into care for assessment. There is currently a proactive model to support those at risk of admission and a high frailty pathway for those living at home. PLACE partners have been asked to contribute to a piece of combined work to address.</p>	
Patient Safety		
Notification to prevent future deaths – Regulation 28	<p>TRFT received a Regulation 28 relating to a patient following a fall whilst under their care. Contract requirements are being followed. External oversight via ICB Contract Quality Group / System Quality Review Group and ICB MD.</p>	

HCAI TRFT	TRFT Threshold for 2025/6	TRFT Actual April 2025/6	Comparison to April 2024/25
MRSA	0	0	0
MSSA	Not Set	1	2
Clostridioides Difficile	44	3	11
E Coli	46	10	4
Klebsiella Spp	13	1	1
Pseudomonas Aeruginosa	9	0	3

HCAI NHS R	NHSR Threshold for 25/26	NHSR Actual April 2025/6	Comparison to April 2024/25
MRSA	0	0	0
MSSA	Not set	7	6
Clostridioides Difficile	97	5	16
E Coli	203	22	17
Klebsiella Spp	45	5	8
Pseudomonas Aeruginosa	28	1	5

*** Data presented differently due to changes in national dashboard. May data not available. Trajectories for 2025/2026 to be included in the next reporting cycle.*

GNBSI's – (Gram negative blood stream infections)

As a Rotherham PLACE we can see reductions in numbers compared to this time last year in Pseudomonas and Klebsiella however E Coli appears to have increased. It is difficult to see if this is a trend or a deviation for April. This will be continually reviewed.
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)

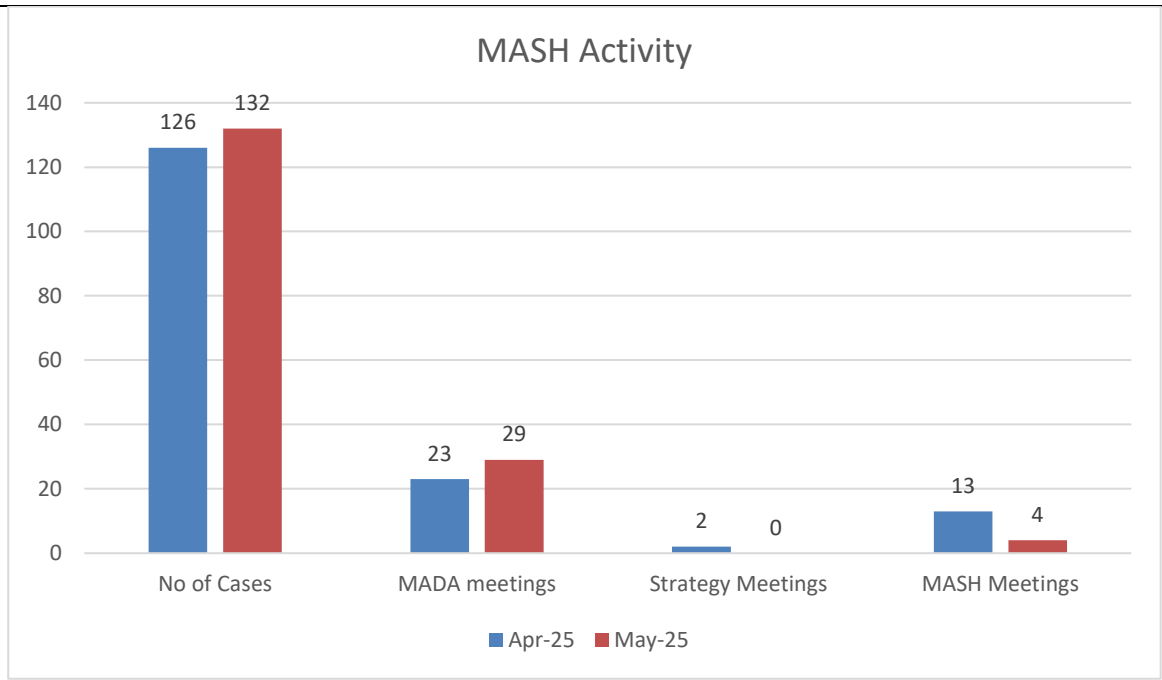
Work continues to address themes and reduction strategies required. Some themes identified and planning improvement and potential reduction projects in collaboration with Medicines management and primary care continues. PSIRF used within TRFT to identify themes with actions in place. Links to share information and understand impacts of themes and actions between ICB (Rotherham) and TRFT in place now via the Antimicrobial Stewardship group.
There has been the formation of the South Yorkshire SIGHTED improvement plan for C Diff which is focusing on embedding and promoting the Sighted mnemonic when managing potentially infected diarrhoea.

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

Expectation is still on preparedness. The South Yorkshire wide outbreak management group are looking at the guidance published around processes and PPE, and the implications for the ICB.

	<p>Avian flu is a current concern with UKHSA focusing on the plans in place within ICB's and at each PLACE. The expectation is on preparedness and planning and commissioning the clinical response to local incidents and outbreaks of infectious diseases as per the NHSE guidance.</p> <p>As an interim and in collaboration with UKHSA and the local authority there has been an escalation document formulated with key contacts for Rotherham.</p>				
CHC					
<p>Delays and backlogs to the CHC outcomes and other associated processes</p>	<p>There has been little change to the previous report for Rotherham Place CHC team which continues to experience significant staffing issues due to ongoing absences and vacancies. At present there are risks due to the capacity of the clinical team</p> <ul style="list-style-type: none"> • The neurotypical team is reduced by 3 WTE nurses which means that caseloads for each nurse are over 50 patients, and we will need to prioritise new assessments, duty and fast track therefore it is likely that the number of reviews that are out of date will increase. • The neurodiverse caseload was transferred back from RDASH April 2025, with a significant backlog of over 40 new cases, case management issues that need to be prioritised, and most eligible cases already requiring a review. 2 WTE agency nurses have been employed to begin to address the new cases and manage the immediate concerns. <p>The Children's/transitions caseload has also seen an increase in referrals and at present there are 52 children eligible for CHC. Rotherham Place employs a 0.7 WTE senior nurse and 1 WTE team leader to manage this case load, however, due to an ongoing long-term absence, case management and new cases have been prioritised resulting in a backlog of cases that require a review.</p>				
<p>LD placements/provisions</p>	<p>There has been no change to the position on this issue -The limited number of LD/MH placements/provisions in the local area continues to be problematic, particularly for young people who are transitioning from Children's services to Adults. CHC continue to work with RMBC, RDASH and SYICB colleagues to address this issue and source appropriate care provisions.</p> <p>RMBC provide an enhanced brokerage service, which provides greater knowledge of local services available and has the resources in place to carry out national searches for specific provisions for individuals with enhanced needs, these include Learning Disabilities, Autism and behaviours that challenge. Rotherham Place CHC team have made enquiries in relation to the possibility of accessing this service. This would provide ongoing support to source provisions for individuals who will often have been known to the service prior to the change in eligibility, updates will be provided.</p>				
<p>Quality Standards</p>	<p>Quality CHC Standards (2025/26)</p>	<p>Quarter 1</p>	<p>Quarter 2</p>	<p>Quarter 3</p>	<p>Quarter 4</p>
<p>Percentage of cases meeting 28 days metric > 80%</p>		<p><i>Not available at time of submission</i></p>			

	No incomplete referral's exceeding 28 days by > 12 weeks +				
Safeguarding					
Adult	Due to current ICB national situation linked to proposed further 50% cuts and potential new model ICB plans, the Designated professional for Safeguarding Adults post has a recruitment embargo 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.				
Children	<p>The harm outside the home pathway was launched on the 2.6.25, conversations continue with the NHSE Safeguarding Lead Kenny Gibson around our concerns with this, particularly considering the Casey report recommendations as an opportunity to influence Harm outside the home as section 47. The Casey report also highlights that nationally the identification of child sexual abuse and exploitation is falling in children's services despite a rise in police recording of child sexual abuse. In addition, nationally, Child Protection Plans on the grounds of sexual abuse, have fallen to their lowest level in 30 years. This highlights a potential national issue around the identification of CSE/CSA and indicates a need to improve information and intelligence we collate to inform our approaches to tackling CSE/CSA.</p> <p>The audit on the intrafamilial sexual abuse was completed and recommendations are being pulled into a report, these included themes around working on the balance of probability, risk assessments whilst police investigations continue, and training for the workforce.</p> <p>The RSCP executive have set out governance arrangements and working groups to look at the suite of social care reforms (such as family first pathfinders/Multi Agency Child Protection Teams) and how it may be applied to Rotherham.</p>				
MASH (Multi Agency Safeguarding Hub – children)	<p>Currently there is sickness in the RDaSH Health Practitioner role, and little contingency planning. The additional 0.5 hours of the post has been recruited to, but RDaSH are waiting on pre-employment checks before they can agree a start date. Discussions are taking place with RDaSH in relation to the Service Specification for MASH cover.</p> <p>The health team in MASH meet regularly and continue to support the decision making around children, having ideas around strengthening their approach within the MASH. The MASH managers, following feedback from health colleagues, are considering additional forums where MASH cases can be discussed, so that the practitioners continue to offer 'equal and joint responsibility' for decision making.</p>				



	April 2025	May 2025
No of Cases	126	132
MADA Meetings	23	29
Strategy Meetings	2	0
MASH Meetings	13	4

LAC/CL updates

Rotherham Place Health Leads are working towards a health priority plan as outlined by corporate parenting board, and a tracker has been designed to track actions and monitor the quality improvement projects outlined in the plan. Actions include - Providing information, including data to support and increase children and their carers understanding of the health assessment and need pathway, increasing access and removing barriers, particularly in relation to emotional health and wellbeing and trauma pathways.

This is also being monitored in the newly established health and wellbeing meeting for children in care, work is underway for the group around, social, emotional and mental wellbeing, particularly those in crisis and complex situations, but might not fit within any one service criteria.

Volume DHRs, SARs, learning reviews, CSPRs etc

There are no new practice reviews in this reporting period. 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 is also one SAR that has been closed and completed, and one is in the final phase of being signed off, we await a response from the Board Manager in relation to this.

Court of Protection (COP)

Rotherham PLACE continue to pursue cases to Court that are considered "high risk", mainly this falls with our Learning Disability Cohort of patients. Due to the nature of the restrictions in place, most cases are considered "high risk" therefore cases are prioritised urgently that require Court approval within time constraints of 1 x CoP Lead undertaking. The case management for the Learning Disability Cohort is now in house at the ICB. Rotherham Place have recruited 2 x Band 6 agency nurses to support around case management, CHC and Court of Protection work. 1 x new case remains at Court, due to significant levels of restrictions, objections and safeguarding concerns.

All other cases are currently paused (unless deemed necessary / urgent to put before the Court) until future scoping work can continue around data and stats around this Cohort of patients. All renewal cases have now been put before the Court, and we currently have 5 cases awaiting Court authorisation.

Rotherham PLACE have led on the SoP for all four places with the operational CoP group; however, this has now been paused given the current restructure. This work will need to recommence considering any changes as part of the consultation phase.

Data for June 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 4 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.

June 2025 data	
CoP Stage	Total
COP - Stage 1	44
COP - Stage 2	4
COP - Stage 4	4
Grand Total	52

LD & Autism –

Capacity

Capacity issues remain within both 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 out of area hospital placements when patients are clinically ready for discharge.
C(E)TRs	Difficulties continue to arise in coordinating C(E)TRs due to case manager, panel members and ward availability. Co-production across all four places have been put on hold due to the ongoing ICB restructure. There are currently nine individuals admitted into hospital with a diagnosis of autism or learning disability. In May and June there were three CTRs and two community LAEPs held. This brings the total for this financial year to five C(E)TRs and two LAEPs, with a further four C(E)TRs currently being coordinated.
Dynamic support register (DSR)	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 has continued to be some gaps in CAMHS attendance at the weekly DSR meeting, however, assurance has been given that this will be resolved in the coming month. The first Quality and Monitoring for Residential School Settings meeting will take place on the 1st July for children and young people in 38/52 week residential school settings. This has been a coordinated response with all relevant partner agencies as part of the National Pathfinder work being overseen by the Deputy Director of Nursing in Doncaster. For the initial pilot, Rotherham place have agreed to include all children and young people who are in these settings as against just the DSR eligible children. The Adult Autism DSR has had difficulties with RDaSH Community Mental Health regular representation. This has been raised with RDaSH and will be monitored going forward. There continues to be a shortfall in community provision to support adults with an 'autism only' diagnosis. The South Yorkshire ICB Keyworker Service is now providing an 'all age' service.
Mental Health and Section 117	
Rotherham place has agreed to support the RDaSH proposal to fund two s117 Practitioners (non-recurrent) to enable the backlog of s117 reviews to be undertaken. The budget for out of area mental health acute/PICU hospital admissions has now been devolved to RDaSH. There are fifteen 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. The Assertive Outreach Team have now opened Burns Court and are in the process of transferring some individuals as a step down to community living. Awaiting a copy of the final service specification. A shortage of standard nursing beds across Rotherham remains an issue with individuals having to be placed out of area, impacting upon clinically ready for discharge rates.	

CLINICALLY READY FOR DISCHARGE (CRFD)

CRFD (but delayed) - Rotherham - AMHS	2024/5 TOTAL	Apr-25	May-25	SUB TOTAL
Delay Days - NHS	1777	89	124	213
Number of patients - NHS		6	4	
Delay Days - Social Care	201	0	0	0
Number of patients - Social Care		0	0	
Delay Days - <u>jointly to NHS & Social Care</u>	64	0	0	0
Num of patients - <u>jointly to NHS & Social Care</u>		0	0	
Delay Days - Housing	2	0	0	0
Number of patients - Housing		0	0	
Total Delay Days	2044	89	124	213
Total Number of Patients		6	4	
CRFD (but delayed) - Rotherham - OPMHS	SUB TOTAL	Apr-25	May-25	SUB TOTAL
Delay Days - NHS	599	29	5	34
Number of patients - NHS		2	1	
Delay Days - Social Care	1477	90	68	158
Number of patients - Social Care		3	3	
Delay Days - <u>jointly to NHS & Social Care</u>	0	0	0	0
Num of patients - <u>jointly to NHS & Social Care</u>		0	0	
Delay Days - Housing	42	0	0	0
Number of patients - Housing		0	0	
Total Delay Days	2118	119	73	192
Total Number of Patients		5	7	

Other Key Updates

Rotherham Hospice

For the first time the hospice has been awarded Outstanding across the board by CQC.

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 place for our providers to attend MARAC and CMARAC. A relaunch of the Adult Vulnerability pathway has taken place with PLACE partners for CMARAC, VARM and VAP with links into safeguarding.

LeDeR - Learning Disability Mortality Reviews	An ICB centralised team commenced on the 1st July 2023. <i>** Quarter 1 data/report due next report</i>
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GLOSSARY

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



Feedback from Rotherham Place Executive Team for noting at Rotherham Place ICB Committee: 16 July 2025

RPET Meeting Date	Item Discussed	Outcome
26.06.25	Talking Therapies MOU Employment Advisors	<p>RPET received the 2025/26 Memorandum of Understanding between NHS South Yorkshire Integrated Care Board , and Rotherham, Doncaster and South Humber NHS Trust Talking Therapies for the Employment Advisors in NHS Talking Therapies Initiative.</p> <p>RPET supported the continuation of the initiative, with additional clarification in the contract that this would continue whilst the income source is available and asked that confirmation that the resource and reimbursement is appropriate.</p>
26.06.25	All-Age Neurodevelopment Service Procurement Outcome Report	<p>RPET received a report of the outcome of the procurement process for all age neurodevelopment service and to seek support to award the contract. The service had been redesigned prior to going out to procurement following a review of the current model.</p> <p>RPET supported the recommendation to award the NHS Standard Contract, as outlined in the report.</p>
26.06.25	Rotherham Prescribing Incentive Scheme 2025-26	<p>RPET received the Rotherham Prescribing Incentive Schemes for 2025/26 this includes FIS (Financial Incentive Scheme linked to practice budgets), a QIS (Quality Incentive Scheme), and a SIS (Safety Incentive Scheme).</p> <p>RPET considered the report and supported the Prescribing Incentive Scheme for 2025/26 as presented and encouraged the move to a South Yorkshire approach.</p>
03.07.25	Minor Surgery Service TRFT	<p>RPET received a report around changes to the minor surgery service at TRFT from 1 August 2025. TRFT had given notice from April 2024. following a review of service need and future delivery options it was identified that since May 2024, patients have been managed in Primary Care and appropriately referred, if they needed surgery, to TRFT surgical/dermatology pathways or another provider or private alternatives.</p> <p>RPET supported the recommendation with the caveat that firstly a letter should be written to Primary Care confirming the service will formally cease on 1 August 2025 and clarify pathways for future delivery. The 2025/26 contract will reflect the change.</p>
03.07.25	Proposal for continuation of a High Complex Frailty Pathway	<p>RPET received a paper proposing the continuation of a High Complex Frailty Pathway in Rotherham, in line with the wider Rotherham Proactive Care Programme, following a successful pilot between December 2024 and March 2025 undertaken by TRFT.</p> <p>Following discussions around the evaluated outcomes and options identified, RPET supported the preferred recommendation in principle but asked that a conversation around the community review takes place around delivery of the demand management requirements.</p>



Terms of Reference

NHS South Yorkshire ICB

Name of Group	Rotherham Place Executive Team (RPET)
Reporting to:	Place Board – ICB Business
Purpose	
<p>The Rotherham Place Executive Team will support the *Rotherham ICB Place Committee in delivering functions delegated by the ICB Board, in accordance with the Constitution of the ICB and in accordance with the Rotherham Place Agreement.</p> <p><i>*Rotherham ICB Place Committee is the Rotherham Place Board when conducting ICB Business as described in part 3 of the Rotherham Place Board terms of reference.</i></p>	
Membership and Attendance	
<p>The meetings will be run by the Chair of RPET, in the event of the Chair being unable to attend all or part of the meeting, another Member of RPET shall chair the meeting chosen by the members present (or by a majority of them).</p> <p>Chair: Executive Place Director</p> <p>The Members of the RPET are:</p> <ul style="list-style-type: none">• Executive Place Director, ICB (Chair) - Chris Edwards• Director of Partnerships, Rotherham Place, ICB - Claire Smith• Director of Nursing for Doncaster and Rotherham Places - Andrew Russell• Medical Director, Rotherham Place, ICB - Jason Page• Director of Financial Transformation (Rotherham), ICB - Wendy Allott <p>The following individuals will be invited to attend each RPET meeting as Participants. Participants attend meetings and may be invited by the Chair to participate in discussions, they do not vote unless they are invited to do so and/or deputising.</p> <ul style="list-style-type: none">• Deputy Director of Partnerships, Rotherham Place, ICB - Jude Archer• Transformation and Partnership Portfolio Manager, Rotherham Place, ICB - Lydia George• Deputy Director of Nursing for Rotherham - Julie Warren-Sykes• Head of Finance (Rotherham Place) - Joanne Sarsby• Digital Transformation Programme Director, ICB - Andrew Clayton• Head of Communications, ICB - Gordon Laidlaw• Programme Director, Medicines Optimisation, SY ICB – Gov Bhogal / Senior Pharmacist (Strategy & Delivery) Rotherham Place - Eloise Summerfield• Deputy Director of People, OD and Culture, SY ICB - Lisa Devanney <p><i>Note - officer names are correct at the time of update but are subject to change.</i></p>	

ICB officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

The Chair may invite such other Participants to attend any meeting of the RPET as the Chair considers appropriate.

Deputising:

With the permission of the Chair, Members of RPET may nominate a deputy to attend a meeting that they are unable to attend. Members should inform the Chair of their intention to nominate a deputy and should ensure that any such deputy is suitably briefed and qualified to act in that capacity. The deputy may speak on their behalf and may vote in agreement by the chair and the person they are deputising for.

The decision of the Chair regarding authorisation of nominated deputies is final.

Meetings Quoracy and Decisions

No business shall be transacted unless at least 60% of the membership (which equates to a minimum of 3 individuals).

Members of RPET may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least 75% of meetings during the year.

Responsibilities of the Group

The Rotherham Place Executive Team (RPET) will:

- **Support operational delivery for Rotherham ICB Business** working through established governance to support collective accountability between partner organisations for place based **system delivery and performance**, in line with the statutory and contractual accountabilities of individual organisations.
- **Support provision of Health Care Services for Place Population in line with the allocated resources across the ICS through a range of activities including:**
 - convening and supporting providers at Place to lead major service transformation programmes.
 - supporting the development of primary care networks (PCNs).
 - working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care.
- Provide **challenge and scrutiny to the Rotherham QIPP** process.
- Ensure **consultation, involvement and engagement** on place based plans are undertaken where appropriate.
- Engage with **Health Overview and Scrutiny Committee**.
- **Approve the operating structure in Rotherham**, including implementation in Rotherham of people priorities.
- Be responsible for **Health and Safety and Fire legislation** as applicable in relation to building and staff working in Rotherham.

- Have **oversight of the Management of Procedural Documents**, with ratification in line with the ICB Policy, and confirmation of appropriate approval route.
- **Develop joint working arrangements** with partners in place that embed collaboration and integration as the basis for delivery within the ICB plan, including:
 - Work with partners across the NHS and with local authorities to agree **action on data and digital and development of population health management**.
 - Work jointly on **estates, procurement, supply chain and commercial strategies** to maximise value for money in place and support wider goals of development and sustainability.
- **Review of assurance and risk and issues log** as appropriate for Rotherham ICB Business.
- Support **Rotherham ICB Committee** – oversight of agendas and papers and escalation of items.
- Identify issues to be escalated to **Rotherham Place Board: Partnership business** (part 2 of Place Board terms of reference: Partnership Business).

Behaviours and Conduct

Members will be expected to conduct business in line with the (ICB) values and objectives.

Members of, and those attending, shall behave in accordance with the (ICB's) Constitution, Standing Orders, Managing Conflicts of Interest Policy and Standards of Business Conduct Policy.

In circumstances where a potential conflict is identified the Chair will determine the appropriate steps to take in accordance with the Managing Conflicts of Interest Policy. This action may include, but is not restricted to, withdrawal from the meeting for the conflicted item or remaining in the meeting but not voting on the conflicted item.

The group will conduct its business in accordance with any national guidance, and relevant codes of conduct/good governance practice including the Seven Principles of Public Life, also known as the Nolan Principles

Equality and Diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

Accountability and reporting

RPET shall submit a log of key decisions made by the Executive Place director under their delegated responsibility and as supported by members of RPET to the ICB Place Committee.

RPET will receive for information the minutes of other meetings which are captured in their work plan e.g. sub-committees.

Secretariat and Administration

Frequency of meetings: RPET will meet weekly.

Support and minutes: Administrative support will be provided to RPET by officers of the ICB. This will include:

- Agreement of the agenda with the Chair, taking brief minutes of the meetings, keeping an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward.
- Maintaining a log of decisions to be reported to the Rotherham ICB Place Committee.
- Sending out agendas and supporting papers to 2 working days before the meeting.
- The records of action points will be stored on the Rotherham Team channel under meetings.

Agenda deadlines: Close of place each Tuesday

Review

October 2022
14 July 2022
15 December 2022
26 January 2023
2 February 2023
27 June 2024
26 June 2025

Date of approval:

Approved by RPET 26 06 25, to be ratified by Rotherham Place Board (ICB Committee)

Approved by:

Date of next review: May 2026

Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.30 – 11.00am
Date of Meeting:	Wednesday 18 June 2025
Venue:	John Smith Room, Rotherham Town Hall
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net

Apologies:	<p>W Allott, 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 G Laidlaw, Head of Communications – Rotherham, NHS SY ICB S Siddique, Independent Non-Executive Member, NHS SY ICB A Hawley, Interim Director of Public Health, Rotherham MBC</p>
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services.
Quoracy: (NOT Quorate)	<p>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.</p> <p>As today's meeting is not quorate it was agreed to go through the business on the agenda with any items that require a decision being shared with absent Member(s) for comment and agreement/approval as required.</p> <p>ICB Place Committee will be advised of the outcome and action taken at July's meeting.</p>

Members:

C Edwards (**CE**), Executive Place Director (Rotherham) NHS South Yorkshire Integrated Care Board
 Claire Smith (**CS**), Director of Partnerships (Rotherham) NHS SY ICB
 Andrew Russell (**AR**), Director of Nursing – Rotherham & Doncaster, NHS SY ICB
 Dr Jason Page (**JP**), Medical Director, (Rotherham), 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
 Bob Kirton (**BK**), Managing Director, The Rotherham NHS Foundation Trust

In attendance

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

Item Number	Discussion Items
I21/06/25	Place Integrated Performance Report
Members reviewed and noted the position outlined in this month's performance report.	
I22/06/25	Rotherham Place Committee Annual Report 2024/25
<p>Members reviewed the annual report and reflected on activity undertaken in the year.</p> <p>Place Board Committee Members were assured that its delegated duties had been discharged in accordance with Rotherham Place Committee's terms of reference and in line with its workplan.</p> <p>Members present confirmed that in their opinion there were no amendments required to the annual report. However, due to the Committee not being quorate, absent member(s) will be asked to comment and agree prior to the Chair adding his conclusions to Section 5 of the annual report to reflect the Committee's assurance prior to it being presented to the ICB Board.</p> <p style="text-align: right;">Action: CE</p>	
I23/06/25	Feedback from Rotherham Place Executive Team (RPET)
<p>CS advised that RPET had considered the following items:</p> <p><i>Proactive Care</i> – an update had been received that included financial proposals for 2025/26 to support the continued delivery and potential expansion of the model. RPET noted progress and supported continuation and agreed that further work is required to establish parameters and discussions with Clinical Directors would take place which RPET would be updated on.</p> <p><i>Chronic Pain Management</i> – A paper proposing a pilot of a chronic pain pathway service for one year through non recurrent funding held by Connect healthcare was considered and supported. The risk that recurrent money would be required to sustain the service was noted and an evaluation requested nine months in to consider the outcomes and whether it would be an invest to save model.</p> <p><i>Awarding Contract Uplifts to Rotherham Place Voluntary & Community Contracts 2025/26</i> – RPET received a report recommending support for the convergence from the Rotherham Health Record (RHR) to the Yorkshire and Humber Care Record (YHCR). Rotherham partners have already undertaken work with YHCR. RPET noted the risk outlined in the paper, supported convergence, noting that the ICB has a long-term contract in place with YHCR running to March 2032. RPET requested that the Local Medical Committee and Place Leadership team also receives the paper.</p> <p>BK enquired about whether the impact of moving from Rotherham Health Record to YHCR will mean a loss of some functionality that is currently available with RHR. It was noted that Andrew Clayton will be attending Place Board to provide a digital update in July and will be asked as to how we can best manage the transition for Rotherham patients.</p> <p style="text-align: right;">Action: LG for agenda</p> <p><i>Proactive Care & Former Case Management Budget</i> – RPET received a further paper outlining the progress with the model and supported additional schemes proposed which will be further discussed with Primary Care/Clinical Directors.</p> <p><i>Rotherham Hospice Contract</i> – RPET received a report regarding the Hospice contract aimed at providing the Hospice with greater assurance for the future. A risk in relation to the Hospice's financial position had been placed on the ICB risk register at the request of the Hospice Chief Executive. The proposed length of the contract, with the option to extend was awarded under</p>	

Direct Award A of the Provider Selection Regime and would be signed off by the ICB Executive Lead for contracting.

Rotherham Equipment and Wheelchair Service (REWS) – Health & Social Care Equipment – RPET had received a report regarding expenditure relating to REWS. The current contract ends 31 March 2026 and discussions are taking place with RMBC and Sheffield colleagues regarding joint procurement for a future service. RPET supported the recommendation to extend the current contract to align with Sheffield’s contract expiration and allow more time to explore joint procurement.

Place Board Members noted the business conducted through Rotherham Place Executive

I24/06/25 Rotherham Place Board Partnership Minutes – 21 May 2025

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

I25/06/25 ICB Board Assurance Framework, Risk Register & Issues Log

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

There were no new risks to be added, but Members were encouraged to advise the Chair at any time with details of any potential additions.

I26/06/25 Minutes and Action Log and Assurance Report from the last Meeting

The minutes from the meeting held on Wednesday 21 May 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 noted that there are no actions to be escalated arising from May minutes.

I27/06/25 Communication to Partners/Promoting Consultations & Events

- An Integrated Neighbourhood Development Workshop facilitated by the National Association of Primary Care is taking place on Thursday 19 June for partners an opportunity to build a collective understanding of neighbourhood working across primary care, community care and partner organisations. An update on the outcomes will be reported at July Place Board.
- It was acknowledged that the NHS 10 year plan is close to being published, once received, Place Board will look to review the detail by way of a workshop or extended Place Leadership Team meeting.

I28/06/25 Risks and Items for Escalation

Absent Member(s) to be asked to comment and agree or advise of any amendments to Item 2 – Rotherham Place Committee Annual Report 2024-25 prior to the Chair adding his conclusions to the Annual Report before it is presented to the ICB Board.

I29/06/25 Forward Agenda Items

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 July)
- Quarterly Medical Director Update (August)

I30/06/25 Date of Next Meeting

The next meeting will take place on **Wednesday 16 July 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

Alex Hawley	Acting 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
18.06.25	122/06/25	Place Committee Annual Report 2024-25	Due to the Committee not being quorate, absent member(s) will be asked to comment and agree prior to the Chair adding his conclusions to Section 5 of the annual report to reflect the Committee's assurance before it goes to the ICB Board	31.07.25	CE/LG	Green		Confirmation received from absent member agreeing contents of the report for the ICB Board.
18.06.25	123/06/25	Feedback from RPET	BK enquired about whether the impact of moving from Rotherham Health Record to YHCR will mean a loss of some functionality that is currently available with RHR. Andrew Clayton will be attending July Place Board and will be asked as to how we can best manage the transition for Rotherham patients.	31.07.25	AC	Amber		Deferred to September



Rotherham Place Committee Assurance Highlight Report

1. Introduction

The purpose of this report is to highlight the main points from the Rotherham Place Committee held on Wednesday 18 June 2025.

2. Highlights

The Rotherham Place Committee received the following assurances:

Agenda Item	Assurance Level	Further Actions Agreed
<i>121/06/25 – Place Integrated Performance Report</i>	3	Members noted the performance position for June 2025.
<i>122/06/25 – Rotherham Place Committee Annual Report</i>	3	Members present confirmed that in their opinion there were no amendments required to the annual report. Comments will be sought from absent member(s) prior to the Chair adding his conclusions to reflect the Committee's assurance prior to it going to ICB Board.
<i>123/06/25 – Feedback from Rotherham Place Executive Team (RPET)</i>	3	Members acknowledged the discussions and decisions taken as detailed in the paper.
<i>124/06/25 – Minutes from Rotherham Place Board Partnership session – 21 May</i>	3	The minutes from the public partnership session held in May were noted for information and openness.
<i>125/06/25 – 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
30.6.25