



Agenda

Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	11.00am – 11.30am
Date of Meeting:	Wednesday 17 September 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 Prescribing Report – Quarter 4	5 mins	Eloise Summerfield	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
Standard Items				
6	Minutes, Action Log and Assurance Report from 16 July 2025 Meeting	5 mins	Chair	Enc 6i, 6ii, 6iii
7	Communication and Promoting Consultations and Events		All	Verbal
8	Risks and Items for Escalation to ICB Board		Chair	Verbal
9	Standing Items <ul style="list-style-type: none"> • Place Integrated Performance Report (monthly) • Risk Register (monthly for information) • Place Prescribing Report • Quality, Patient Safety and Experience Dashboard • Quarterly Medical Director Update 			
10	Date of Next Meeting: There will be no meeting held in October. The next meeting will be: Wednesday 19 November 2025 at 10:45am in John Smith Room, Rotherham Town Hall			

GLOSSARY

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



NHS Rotherham Place Integrated Performance Report (IPR) September 2025



Contact
syicb.datainsyghts@nhs.net



System Pathway Oversight Narrative

Health Inequalities/
Prevention

Maternity

Community Health
Services

Emergency
Services

Primary
Care

Elective Care

Cancer

Learning Disability
& Autism

Mental
Health

Workforce /
Finance

Quality

(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 UEC pathways across South Yorkshire continues to mature, with tighter alignment between day-to-day delivery and system assurance. From June 2025, Places have moved to a more consistent focus on length of stay and Discharge Ready Date (DRD) alongside existing metrics, with all Places now submitting acceptable DRD data and top delay reasons visible for action. Winter 2025/26 plans have been signed off through August and will be stress-tested by NHSE in September. Category 2 response remains ahead of the national standard. In July 2025, the system average was 23:03 (vs 30:00). Handover times have improved but remain above the year-end ambition; the July ICB average was 17:47 against a 15-minute March-26 aim. South Yorkshire ranked 1st of 4 ICBs for average handover time in June. Urgent Community Response (UCR) performance remains a system strength (c.93% in April and 91% Nov–Jan, all above the 70% standard), underpinned by SPA models and the 999 push for appropriate Category 3/4 calls. In July 2025 the system delivered performance of 74.2% for the 4-hour A&E target, against the 78.0% target for March-26. SY ICB performs well on the 12-hour standard: in July 2025, 97.9% of patients were admitted, transferred or discharged within 12 hours. Winter readiness: Plans are drafted and in test during September. The Alliance has tested Discharge through the ODIG and Mental Health scenario testing at a workshop in August. Places are also doing their own testing in readiness for the NHSE Regional testing in York on 3rd September. This sits alongside vaccination oversight and local surge plans to protect flow across the system.

Elective Care: Total SY elective waiting list size reduced slightly between May and June, although this is not consistent across every organisation. SY ICB performance for the proportion of patients treated within 18 weeks of referral has improved again to 65.6%, despite the validation sprints funded by NHSE putting pressure on the 18-week performance (as validation removed a higher proportion of pathways under 18 weeks). The national focus is on the % of the waiting list waiting over 52 weeks (rather than the actual volume of long waiters); the system position of 2.1% remains double the March 2026 target of 1%. Trusts are robustly tracking these, and have successfully reduced the very long waits, but the shape of the waiting list makes reduction of the % waiting over 52 weeks very challenging. The need to prioritise urgent cases coupled with anaesthetist shortfalls is a specific issue impacting this. System assurance and coordination continues via the SYB Elective Oversight Group.

Diagnostic tests within 6 weeks – the SY position has improved again to 80.3% which is the best position since April 2024; SY ICB is now in 18th position nationally (out of 42) for this performance measure compared to other ICBs.

Cancer: Faster Diagnosis Standard (FDS) performance in June showed a notable increase from the previous month, although remained below the revised performance threshold of 80%. All Trusts demonstrated an improvement, with both Barnsley and Doncaster above their planning trajectories. 62-Day combined performance demonstrated a significant drop in June to 59%, with particularly low performance demonstrated across 62-Day Screening pathways (45.3% compliant system level) and with Barnsley, Doncaster and Sheffield Teaching all with 0% compliance. This is associated with patient choice factors that impact seasonal points, resulting in delays to the front end of screening pathways that render 62-day delivery impossible. All Trusts were below their 62-Day planning trajectories, with only Sheffield Teaching showing some improvement compared to the previous month.

Primary and community services: In June 2025 the number of GP appointments was 10.5% above plan for South Yorkshire, although there is some variation in the rate per 1,000 of the registered population by place. Place teams have been meeting with PCN directors to discuss access and Extended access and how we can adjust provision based on the population they serve. This includes working with patient participation groups to gather feedback and work with PCNs to develop an improvement plan if needed.

Improving patient experience of access to GP is an updated metric for 25/26, and reported performance is currently exceeding the 71% target, which is to improve versus the November-24 baseline. It should be noted that data for this indicator are taken from a survey with a very small sample size and that the survey is longitudinal (i.e. the same patients are asked each month), which may impact the comparability of results between ICBs.

System Pathway Oversight Narrative - Continued



Primary and community services continued: Place Teams are developing implementation plans following successful submission of the South Yorkshire Primary Care Action Plan in June and will complete a self-assessment tool in early September. Place Primary Care teams are now 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.

In dentistry, performance against the plan to meet the baseline for 2025/26 is showing a position of having delivered 40,214 urgent courses of treatment, Jun & July data has been adjusted by NHSE as those months are not yet complete. This leaves a position of 1,759 behind plan, however plans are in development utilising the investment plan for dental now the figures have been reviewed and updated.

Mental health: There has been a further increase in access to Children and Young People (CYP) services since the previous month. The ICB continues to exceed the planned access rate of 19,335 delivering 19,725 contacts in June 2025. There have been improvements in access via Kooth, the South Yorkshire wide digital mental health for CYP, particularly in the Doncaster area. The ICB has also committed to the manifesto commitment of 100% coverage of Mental Health Support Teams in Schools (MHST) and an additional 4 teams across Doncaster, Rotherham and Sheffield will begin rollout from January 2026.

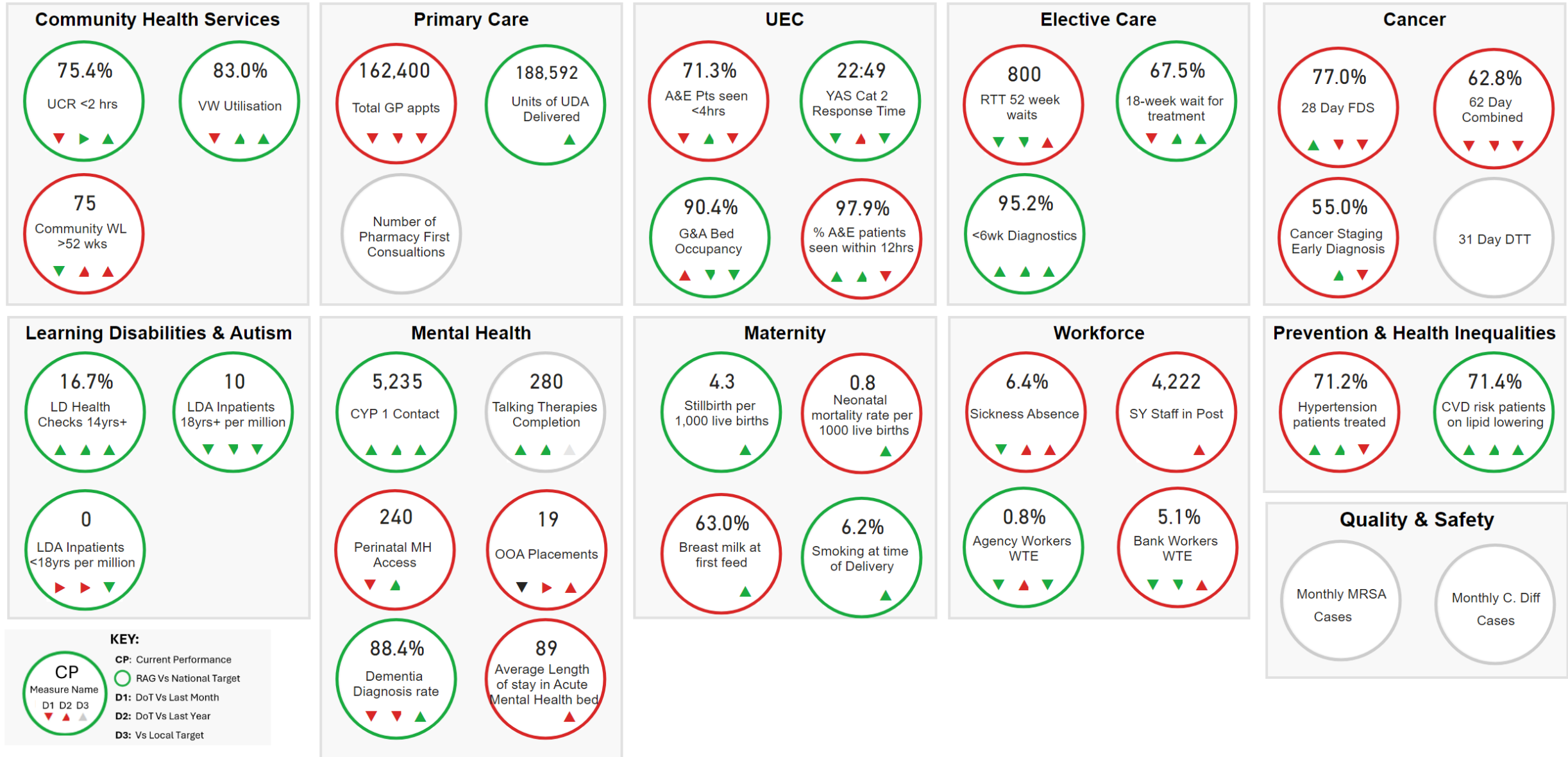
The access into perinatal mental health and maternal mental health services has remained stable in June 2025 with 1,622 people accessing the service against a planned position of 1,569. The latest available Severe Mental Illness (SMI) Physical Health Checks data for June 2025 shows the ICB achieving a 64% completion rate against a target of 60%. Individual Placement and Support for people with Severe Mental Illness (IPS for SMI) is a model of employment support integrated within community mental health teams (CMHT) which helps people with SMI conditions into employment. In June 2025 the service saw decreased activity with only 1,135 people being seen against a planned position of 1,288. This decrease has been associated with temporary staffing shortages. Despite this, when reviewing the data against national trajectories the SY service remains the best performing in the region.

In June 2025 the ICB planned an average length of stay for adults and older adults (18+) of 74 days, but the actual was 60. This is a positive position across the system, however, it should be noted that SY has the highest length of stay in the North East and Yorkshire region and focussed work is required to reduce our position further. The latest snapshot data from the NHS England monthly inappropriate Out-of-area patients (OAPs) stocktake shows that the position in RDASH is 12 OAPs in July 2025. In SHSC there have been significant improvements with the position reducing from 32 in June 2025 to 19 in July 2025 – a reduction of 13 patients. Barnsley's mental health provider, SWYPFT, continues to not have any OAPs for Barnsley.

The ICB is achieving a dementia diagnosis rate of 75.5% against the national standard of 66.7%, which is a slight increase since the previous month and 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 and Rotherham continue to be the top performing area in South Yorkshire with a diagnosis rate of 88.4%. For NHS Talking Therapies the ICB continues to exceed the June 2025 planned access rate of 1,260, with 1,500 patients being seen in June 2025. However, despite the increased access, the ICB did not achieve the required trajectories on reliable improvement or reliable recovery.



Learning Disability and Autism: As of June 2025, South Yorkshire has met the Q1 target for completion of Annual Health Checks (AHCs) for people with a learning disability. There are no issues or concerns to highlight, and the positive trend is expected to continue. Ongoing training and support sessions are helping to promote uptake and improve the quality of AHCs. South Yorkshire achieved the Q1 inpatient forecast; however, this figure was adjusted to reflect the challenging baseline position at the start of the year. We continue to experience a net increase in admissions (predominantly for people with autism) compared with discharges, alongside several delayed discharges linked to commissioning and market capacity constraints. There remains a material risk that 2025/26 inpatient trajectory targets will not be met, particularly given the ongoing ICB restructure, which may divert focus away from discharge planning and assurance.

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



Population Health Outcomes

- 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 <small>— S. Yorkshire — Target</small>
 GOALS	Healthier & Longer Life	1 Life Expectancy (Female)	81.5	81.2	84.5	
		1 Life Expectancy (Male)	77.8	77.6	80.8	
		1 Healthy Life Expectancy (Female)	60.2	56.5	61.9	
		1 Healthy Life Expectancy (Male)	59.7	56.6	61.5	
 BOLD AMBITIONS	Focus on development in early years, so that every child is school ready	4 School Readiness (%)	64.8	66.2	67.5	
		2 4 Gap in School Readiness between those with FSM & all children (pp)	15.0	14.6	11.2	
	Strengthen & accelerate our focus on prevention	1 2 Adult Smoking Prevalence (%)	16.1	13.6	5.0	
		Work together to increase economic participation & support a fair, inclusive & sustainable economy	4 Economic Inactivity Rate (%)	22.1	25.6	20.0
	2 4 Gap in employment rate between those with LD & overall rate (pp)		69.1	68.7	51.8	
	2 4 Gap in employment rate between those with LTC & overall rate (pp)		12.0	10.2	9.0	





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

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

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

We also have a significantly higher rate of premature mortality in adults with severe mental illness (SMI).

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

Best Start in Life	Skills & Resources to Thrive	Safe, Strong & Vibrant Communities	Longer, Healthier Lives & Inequality
Low Birth Weight Under 2,500g (%) SY  8.3 ENG 7.2 <small>2022</small>	Percentage of People in Employment (%) SY  71.8 ENG 75.7 <small>2023/24</small>	EM Hospital Admissions Due to Falls, 65+ (Std Rate per 100,00) SY  2.3K ENG 2.0K <small>2023/24</small>	Premature Mortality in Adults with SMI (Std Rate per 100,000) SY  133.3 ENG 110.8 <small>2021 - 23</small>


SHARED OUTCOMES

Urgent & Emergency Care

<p>1 3</p> <p>% A&E patients seen within 4hrs</p> <p>Improve A&E waiting times compared to 2023/24, with a minimum of 78% of patients seen within 4 hours by March 2026</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Jul-25</td> <td>71.3%</td> <td>78.0%</td> </tr> </tbody> </table>		Actual	Standard	Jul-25	71.3%	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>72.3%</td> <td>73.9%</td> <td>94.2%</td> <td>71.5%</td> <td>74.2%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	72.3%	73.9%	94.2%	71.5%	74.2%	
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72.3%	73.9%	94.2%	71.5%	74.2%															
<p>1 3</p> <p>% 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>Jul-25</td> <td>98.7%</td> </tr> </tbody> </table>		Actual	Jul-25	98.7%	<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>99.0%</td> <td>97.5%</td> <td>100.0%</td> <td>93.2%</td> <td>100.0%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	99.0%	97.5%	100.0%	93.2%	100.0%			
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<p>1 3</p> <p>% Discharged on Discharge Ready Date</p> <p>Percentage of patients discharged on discharge ready date</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Jul-25</td> <td>80.2%</td> </tr> </tbody> </table>		Actual	Jul-25	80.2%	<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>52.7%</td> <td>88.9%</td> <td>100.0%</td> <td>83.3%</td> <td>78.7%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	52.7%	88.9%	100.0%	83.3%	78.7%			
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<p>1</p> <p>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>Jul-25</td> <td>90.4%</td> <td>92.0%</td> </tr> </tbody> </table>		Actual	Standard *	Jul-25	90.4%	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>93.1%</td> <td>91.5%</td> <td>92.4%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	96.0%	93.1%	91.5%	92.4%			
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% A&E patients seen within 4hrs

In July, TRFT's performance was 71.3%, which failed to meet the National Target of 78%. It was a decline on the previous periods performance of 73.5% and was an improvement on the same period in the previous year of 67.9%.

% A&E patients seen within 12hrs

In July, TRFT's performance was 98.7%. It was an improvement on the previous period's performance of 98.9% and was an improvement on the same period in the previous year of 100%.

% Discharged on Discharge Ready Date

In July, TRFT's performance was 80.2%. It was a decline on the previous periods performance of .

Total general and acute bed occupancy

In July, TRFT's performance was 90.4%, which met the National Target of 92%. It was a decline on the previous periods performance of 89.5% and was an improvement on the same period in the previous year of 94.2%.

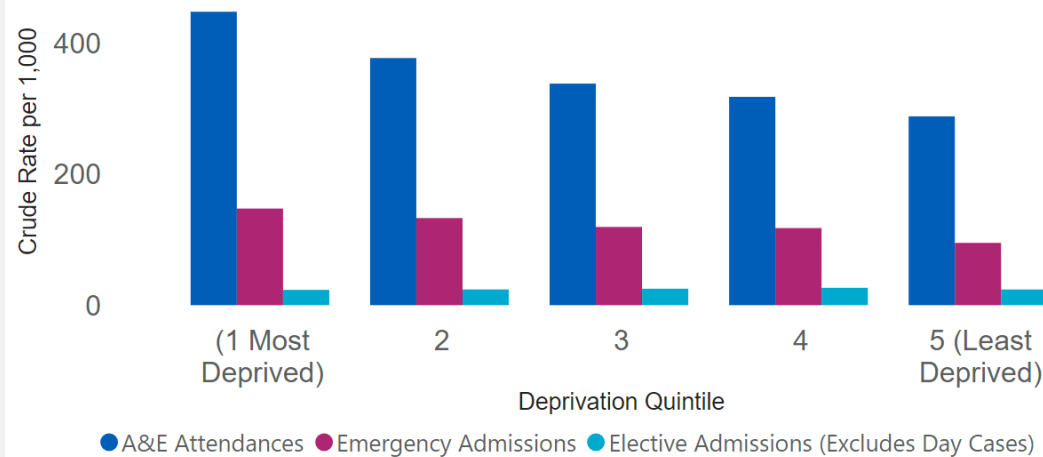
Urgent & Emergency Care Continued

<p>1 Category 2 Ambulance Response Time</p> <p>Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26.</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Jul-25</td> <td>22:49</td> <td>30:00</td> </tr> </tbody> </table>		Actual	Standard	Jul-25	22:49	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>26:21</td> <td>23:40</td> <td>21:16</td> <td>23:03</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	26:21	23:40	21:16	23:03			
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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>Jul-25</td> <td>17:31</td> <td>15:00</td> </tr> </tbody> </table>		Actual	Standard	Jul-25	17:31	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>20:46</td> <td>17:10</td> <td>10:16</td> <td>17:25</td> <td>17:47</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	20:46	17:10	10:16	17:25	17:47	
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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 July, Rotherham's performance was 00:22:49, which met the National Target of 00:30:00. It was an improvement on the previous periods performance of 00:24:10 and was a decline on the same period in the previous year of 00:21:51.

Average Handover Time

In July, TRFT's performance was 00:17:31, which failed to meet the National Target of 00:15:00. It was a decline on the previous periods performance of 00:16:51 and was an improvement on the same period in the previous year of 00:18:46.

Community Health Services

<p>1 3 Urgent Community Referrals seen within 2 hours</p> <p>* 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.</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard*</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>75.4%</td> <td>70.0%</td> </tr> </tbody> </table>		Actual	Standard*	Jun-25	75.4%	70.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>RDASH</th> <th>STH</th> <th>SWYPFT</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>80.0%</td> <td>0.0%</td> <td>98.6%</td> <td>93.1%</td> </tr> </tbody> </table> <p>— *No data available for STH</p>	RDASH	STH	SWYPFT	SYICB	80.0%	0.0%	98.6%	93.1%							
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<p>3 Placeholder: Community Beds Occupancy</p> <p>Number of beds occupied as a proportion of total available for ICB</p>																							
<p>1 3 Community Waiting List over 52 weeks</p> <p>Number of patients on community waiting lists for over 52 weeks</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>May-25</td> <td>75</td> <td>0</td> </tr> </tbody> </table>		Actual	Standard	May-25	75	0	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>RDASH</th> <th>SCH</th> <th>SHSC</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>0</td> <td>8,729</td> <td>1</td> <td>1</td> <td>8,806</td> </tr> </tbody> </table>	BHFT	DBTHFT	RDASH	SCH	SHSC	STH	SYICB	0	0	0	8,729	1	1	8,806	
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BHFT	DBTHFT	RDASH	SCH	SHSC	STH	SYICB																	
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<p>1 3 Virtual Ward Utilisation</p> <p>Increase Virtual Ward utilisation to consistently be above 80%</p> <p>*Note: This is a Snapshot as at 17th July 2025</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Jul-25</td> <td>83.0%</td> <td>79.6%</td> </tr> </tbody> </table>		Actual	Standard	Jul-25	83.0%	79.6%	<p>Actual</p> <table border="1"> <thead> <tr> <th>RDASH</th> <th>Sheffield</th> <th>SWYPFT</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>68.0%</td> <td>29.2%</td> <td>97.0%</td> <td>79.0%</td> </tr> </tbody> </table>	RDASH	Sheffield	SWYPFT	SYICB	68.0%	29.2%	97.0%	79.0%							
	Actual	Standard																					
Jul-25	83.0%	79.6%																					
RDASH	Sheffield	SWYPFT	SYICB																				
68.0%	29.2%	97.0%	79.0%																				

Urgent Community Referrals seen within 2 hours

In June, TRFT's performance was 75.4%, which met the National Target of 70%.

Community Waiting List over 52 weeks

In May, TRFT's performance was 75, which failed to meet the National Target of 0. It was an improvement on the previous periods performance of 79 and was a decline on the same period in the previous year of 29.

Virtual Ward Utilisation

In July, TRFT's performance was 83%, which met the National Target of 79.6%. It was a decline on the previous periods performance of 84% and was an improvement on the same period in the previous year of 62%.

Primary Care

<p>1 3</p> <p>Number of GP appointments</p> <p>Total Number of Appointments in General Practice (rate per 1,000 practice population).</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>162,400 (588)</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Jun-25	162,400 (588)		<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>131,893 (487)</td> <td>178,350 (524)</td> <td>339,638 (533)</td> <td>812,281 (533)</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jun-25	131,893 (487)	178,350 (524)	339,638 (533)	812,281 (533)	<p>Rotherham - This Yr (green line), Last Yr (grey line)</p>
	Actual	Plan																	
Jun-25	162,400 (588)																		
	Barnsley	Doncaster	Sheffield	SYICB															
Jun-25	131,893 (487)	178,350 (524)	339,638 (533)	812,281 (533)															
<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>Aug-25</td> <td>73.2%</td> <td>71.1%</td> </tr> </tbody> </table>		Actual	Target	Aug-25	73.2%	71.1%												
	Actual	Target																	
Aug-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>June YTD target</th> </tr> </thead> <tbody> <tr> <td>Apr-25</td> <td>188,592</td> <td>509,148</td> </tr> </tbody> </table>		YTD Actual	June YTD target	Apr-25	188,592	509,148	<p>SYICB - This Yr (blue line)</p> <p>Monthly units delivered</p>											
	YTD Actual	June YTD target																	
Apr-25	188,592	509,148																	
<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>Count of the clinical pathways element of Pharmacy First alone, plus the hypertension case finding and contraception service activity.</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Apr-25</td> <td>3,314</td> </tr> </tbody> </table>		Actual	Apr-25	3,314	<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>3,708</td> <td>3,215</td> <td>6,852</td> <td>17,089</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Apr-25	3,708	3,215	6,852	17,089	<p>Rotherham - This Yr (green line)</p>		
	Actual																		
Apr-25	3,314																		
	Barnsley	Doncaster	Sheffield	SYICB															
Apr-25	3,708	3,215	6,852	17,089															

Number of GP appointments

In June, Rotherham's performance was 162,400, which failed to meet the local ambition of . It was a decline on the previous periods performance of 159,841 and was a decline on the same period in the previous year of 153,700.

Patient experience of access to general practice

In August, SYICB's performance was 73.2%, which met the local ambition of 71.1%.

Improve access to NHS dentistry

In April, SYICB's performance was 188,592. The cumulative target for the end of the quarter is of 509148.

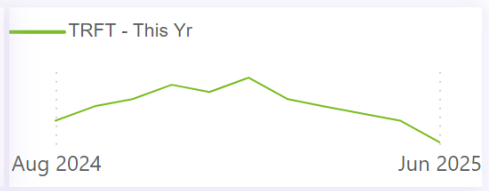
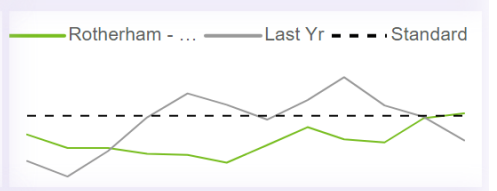

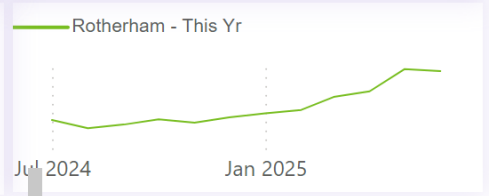
Pharmacy First Interventions

In April, Rotherham's performance was 3314. It was a decline on the previous periods performance 4068.

Primary Care Continued

In April, Rotherham's performance was 3314. It was a decline on the previous periods performance 4068.

Elective Care

<p>1 3</p> <p>Total waiting over 52 weeks -%</p> <p>Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026.</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>May-25</td> <td>2.3%</td> <td>1.0%</td> </tr> </tbody> </table>		Actual	Standard	May-25	2.3%	1.0%	<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>0.3%</td> <td>2.9%</td> <td>2.3%</td> <td>2.0%</td> <td>2.1%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	0.3%	2.9%	2.3%	2.0%	2.1%	
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BHFT	DBTHFT	SCH	STH	SYICB															
0.3%	2.9%	2.3%	2.0%	2.1%															
<p>1 3</p> <p>%patients receiving diagnostic test within 6 weeks</p> <p>Increase the percentage of patients that receive a diagnostic test within six weeks</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>95.2%</td> <td>95.0%</td> </tr> </tbody> </table>		Actual	Standard	Jun-25	95.2%	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>88.5%</td> <td>78.7%</td> <td>74.0%</td> <td>80.4%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	88.5%	78.7%	74.0%	80.4%			
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<p>1 3</p> <p>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>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>79.3%</td> <td>67.0%</td> </tr> </tbody> </table>		Actual	Standard	Jun-25	79.3%	67.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHNFT</th> <th>DBTH</th> <th>SCH</th> <th>STHT</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>76.0%</td> <td>71.7%</td> <td>81.6%</td> <td>65.5%</td> <td>71.9%</td> </tr> </tbody> </table>	BHNFT	DBTH	SCH	STHT	SYICB	76.0%	71.7%	81.6%	65.5%	71.9%	
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<p>1 3</p> <p>18-week wait for treatment</p> <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>Plan</th> </tr> </thead> <tbody> <tr> <td>May-25</td> <td>68.2%</td> <td>65.4%</td> </tr> </tbody> </table>		Actual	Plan	May-25	68.2%	65.4%	<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>72.0% (NA)</td> <td>61.3% (NA)</td> <td>67.6% (NA)</td> <td>65.3% (NA)</td> <td>64.2% (NA)</td> </tr> </tbody> </table> <p>(Plan)</p>	BHFT	DBTHFT	SCH	STH	SYICB	72.0% (NA)	61.3% (NA)	67.6% (NA)	65.3% (NA)	64.2% (NA)	
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May-25	68.2%	65.4%																	
BHFT	DBTHFT	SCH	STH	SYICB															
72.0% (NA)	61.3% (NA)	67.6% (NA)	65.3% (NA)	64.2% (NA)															

Total waiting over 52 weeks

In June, Rotherham's performance was 800. It was an improvement on the previous periods performance of 830 and was an improvement on the same period in the previous year of 1,021.

%patients receiving diagnostic test within 6 weeks

In June, Rotherham's performance was 95.2%, which met the National Target of 95%. It was an improvement on the previous periods performance of 94.8% and was an improvement on the same period in the previous year of 93.2%.

18-week wait for firstApp

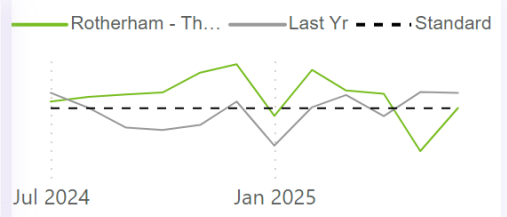
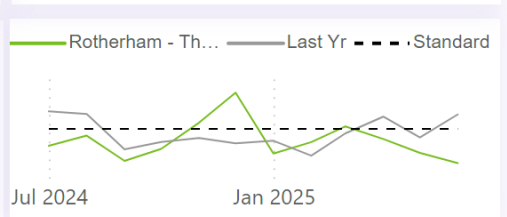
In June, TRFT's performance was 79.3%, which failed to meet the National Target of 67%. It was an improvement on the previous periods performance of 80.1%.

18-week wait for treatment

In April, TRFT's performance was 66.1%, which met the National Target of 60%. It was a decline on the previous periods performance of 64.7%.

insourcing, outsourcing and mutual aid. System assurance and coordination is via the SYB Diagnostic Oversight Group.

Cancer

<p>1 % patients with cancer diagnosis communicated within 28 days</p> <p>3</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>Jun-25</td> <td>77.0%</td> <td>80.0%</td> </tr> </tbody> </table>		Actual	Standard	Jun-25	77.0%	80.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>82.8%</td> <td>82.8%</td> <td>72.1%</td> <td>77.5%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jun-25	82.8%	82.8%	72.1%	77.5%	
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Jun-25	77.0%	80.0%																	
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Jun-25	82.8%	82.8%	72.1%	77.5%															
<p>1 62-day referral to treatment standard - combined</p> <p>3</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>Jun-25</td> <td>62.8%</td> <td>75.0%</td> </tr> </tbody> </table>		Actual	Standard	Jun-25	62.8%	75.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>58.6%</td> <td>71.9%</td> <td>50.0%</td> <td>59.7%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jun-25	58.6%	71.9%	50.0%	59.7%	
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	Barnsley	Doncaster	Sheffield	SYICB															
Jun-25	58.6%	71.9%	50.0%	59.7%															

% patients with cancer diagnosis communicated within 28 days

In June, Rotherham's performance was 77%, which failed to meet the National Target of 80%. It was an improvement on the previous periods performance of 69.4% and was a decline on the same period in the previous year of 79.7%.

62-day referral to treatment standard - combined

In June, Rotherham's performance was 62.8%, which failed to meet the National Target of 75%. It was a decline on the previous periods performance of 64.9% and was a decline on the same period in the previous year of 73.1%.

Cancer

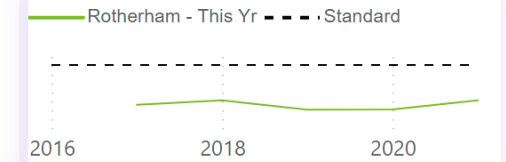
1 Cancer Diagnosis at stage 1 or 2

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

Rotherham		
	Actual	Standard
2021	55.0%	75.0%

Actual

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



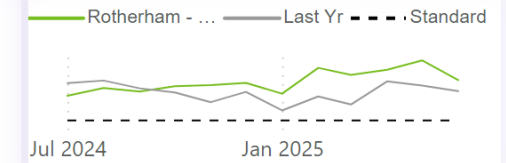
3 31 Day diagnosis to treatment

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
Jun-25	88.4%	96.0%

Actual

Barnsley	Doncaster	Sheffield	SYICB
88.6%	89.2%	81.0%	86.0%



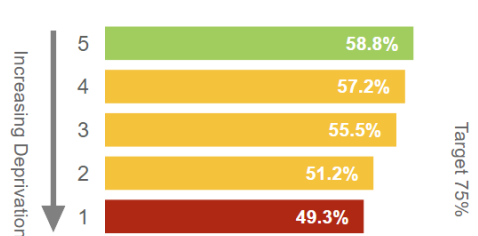
CORE20 PLUS

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

Early Diagnosis

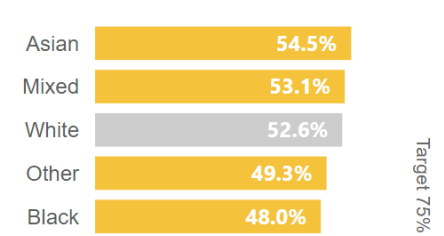
Cancer Diagnosis at stage 1 or 2 (South Yorkshire)

Deprivation Quintile



Year: 2022 | Comparator: SY Average

Ethnicity



Year: 2020-2022 | Comparator: White

Statistical significance to comparator: Worse Similar Better N/A

Cancer Diagnosis at stage 1 or 2




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

31 Day Diagnosis to Treatment

In June, Rotherham's performance was 88.4%, which failed to meet the National Target of 96%. It was a decline on the previous periods performance of 94% and was an improvement on the same period in the previous year of 85.3%.

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			
	Actual																
Feb-25	4.3																
BHFT	DBTHFT	STH	SYICB														
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<p>1 Neonatal mortality rate per 1000 live births</p> <p>2 Make progress towards the national safety ambition to reduce stillbirths (by 50%)</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2023/24</td> <td>0.8</td> <td>1.5</td> </tr> </tbody> </table>		Actual	Standard	2023/24	0.8	1.5	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>2.4</td> <td>1.2</td> <td>2.7</td> <td>1.8</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	2.4	1.2	2.7	1.8	
	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>Jun-25</td> <td>6.3%</td> <td>6.0%</td> </tr> </tbody> </table>		Actual	Standard	Jun-25	6.3%	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>4.3%</td> <td>7.6%</td> <td>7.3%</td> <td>6.7%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	4.3%	7.6%	7.3%	6.7%	
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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 June, TRFT's performance was 6.3%.

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>Jun-25</td> <td>63.0%</td> <td>71.7%</td> </tr> </tbody> </table>		Actual	Standard	Jun-25	63.0%	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>66.2%</td> <td>60.0%</td> <td>69.4%</td> <td>65.1%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	66.2%	60.0%	69.4%	65.1%	
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<p>1 Smoking at time of Delivery</p> <p>Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother.</p>	<p>Sheffield</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>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%	
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8.2%	7.1%	6.2%	0.0%														

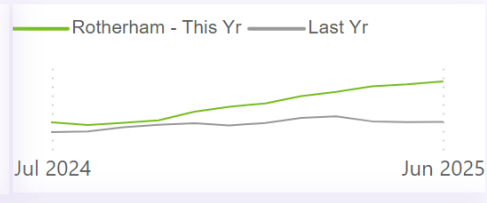
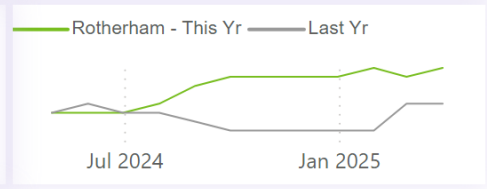

Breast milk at first feed

In June, TRFT's performance was 63%, 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>Jun-25</td> <td>5,235</td> <td>4,760</td> </tr> </tbody> </table>		Actual	Plan	Jun-25	5,235	4,760	<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>4,860</td> <td>4,245</td> <td>5,465</td> <td>19,725</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	4,860	4,245	5,465	19,725	
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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>240</td> <td>373</td> </tr> </tbody> </table>		Actual	Plan	Mar-25	240	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>270</td> <td>425</td> <td>445</td> <td>1,380</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	270	425	445	1,380	
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<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>Jun-25</td> <td>70.0%</td> <td>60.0%</td> </tr> </tbody> </table>		Actual	Plan	Jun-25	70.0%	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>61.0%</td> <td>70.0%</td> <td>60.0%</td> <td>64.0%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	61.0%	70.0%	60.0%	64.0%	
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Increase Number of CYP (0-17yrs) receiving at least one contact in reporting period

In June, Rotherham's performance was 5,235, which met the local ambition of 4760. It was an improvement on the previous periods performance of 5,180 and was an improvement on the same period in the previous year of 4,480.

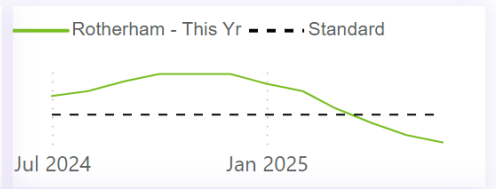
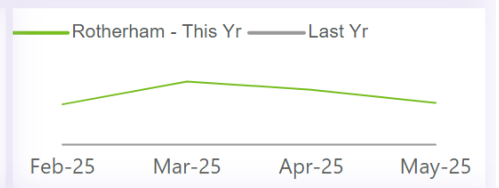
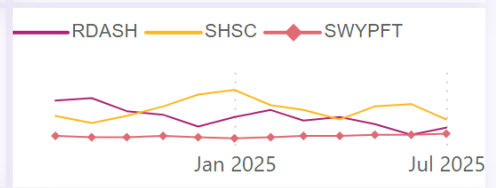
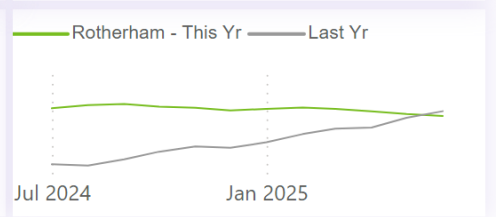
Number of women accessing specialist Perinatal Mental Health services

In March, Rotherham's performance was 240, which failed to meet the National Target of 373. It was a decline on the previous periods performance of 245 and was an improvement on the same period in the previous year of 230.

Community Mental Health Services for Adults and Older Adults with SMI, 2+ contacts

In 2025/26 Sheffield's performance was 70%, 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>Jun-25</td> <td>200</td> <td>257</td> </tr> </tbody> </table>		Actual	Plan	Jun-25	200	257	<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>Jul-25</td> <td>235</td> <td>280</td> <td>415</td> <td>1,135</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jul-25	235	280	415	1,135	
	Actual	Plan																	
Jun-25	200	257																	
	Barnsley	Doncaster	Sheffield	SYICB															
Jul-25	235	280	415	1,135															
<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>Jun-25</td> <td>89</td> <td>73</td> </tr> </tbody> </table>		Actual	Plan	Jun-25	89	73	<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>Jul-25</td> <td>73</td> <td>49</td> <td>53</td> <td>60</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jul-25	73	49	53	60	
	Actual	Plan																	
Jun-25	89	73																	
	Barnsley	Doncaster	Sheffield	SYICB															
Jul-25	73	49	53	60															
<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>Jul-25</td> <td>12</td> <td>19</td> <td>7</td> </tr> </tbody> </table>		RDASH	SHSC	SWYPFT	Jul-25	12	19	7										
	RDASH	SHSC	SWYPFT																
Jul-25	12	19	7																
<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>Jun-25</td> <td>88.4%</td> <td>66.7%</td> </tr> </tbody> </table>		Actual	Target*	Jun-25	88.4%	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>Jul-25</td> <td>73.3%</td> <td>69.7%</td> <td>73.4%</td> <td>75.5%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jul-25	73.3%	69.7%	73.4%	75.5%	
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Jun-25	88.4%	66.7%																	
	Barnsley	Doncaster	Sheffield	SYICB															
Jul-25	73.3%	69.7%	73.4%	75.5%															

Individual Placement and Support

In June, Rotherham's performance was 200, which met the National Target of 257. It was a decline on the previous periods performance of 215 and was a decline on the same period in the previous year of 280.

Average length of stay in acute mental health bed

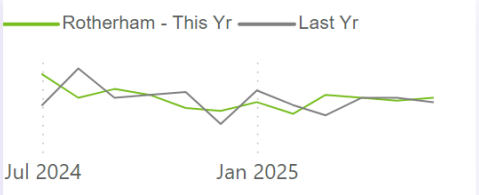
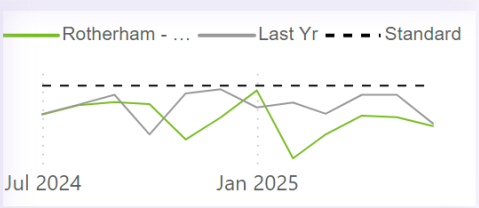
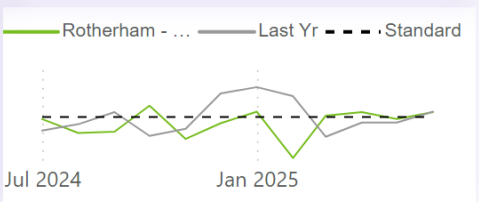
In June, Rotherham's performance was 89, which failed to meet the National Target of 73.3. It was a decline on the previous period's performance of 57.

Out of area placements

Dementia Diagnosis rate

In June, Rotherham's performance was 88.4%, which met the National Target of 66.7%. It was a decline on the previous periods performance of 88.7% and was a decline on the same period in the previous year of 89.1%.

Mental Health Continued

<p>3 Talking Therapies Completion</p> <p>Number of people completing Talking Therapies 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>Jun-25</td> <td>280</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Jun-25	280		<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>330</td> <td>325</td> <td>570</td> <td>1,500</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	330	325	570	1,500	
	Actual	Plan															
Jun-25	280																
Barnsley	Doncaster	Sheffield	SYICB														
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<p>1 Talking Therapies Reliable Recovery</p> <p>Improve the number in Talking Therapies that achieve reliable recovery</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>43%</td> <td>48.0%</td> </tr> </tbody> </table>		Actual	Plan	Jun-25	43%	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>45%</td> <td>40%</td> <td>47%</td> <td>44%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	45%	40%	47%	44%	
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<p>1 Talking Therapies Reliable Improvement</p> <p>Improve the number in Talking Therapies that achieve reliable improvement</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>68%</td> <td>67.7%</td> </tr> </tbody> </table>		Actual	Plan	Jun-25	68%	67.7%	<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>62%</td> <td>60%</td> <td>68%</td> <td>65%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	62%	60%	68%	65%	
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Jun-25	68%	67.7%															
Barnsley	Doncaster	Sheffield	SYICB														
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Talking Therapies Access

In June, Rotherham's performance was 280. It was an improvement on the previous periods performance of 270 and was an improvement on the same period in the previous year of 265.


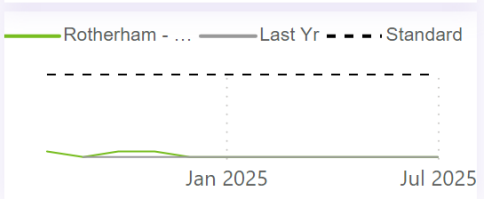
Talking Therapies Improvement

In June, Rotherham's performance was 68%, which met the National Target of 67.7%. It was an improvement on the previous periods performance of 66.7% and was a decline on the same period in the previous year of 67.9%.

Talking Therapies Reliable Recovery

In June, Rotherham's performance was 43.4%, which failed to meet the National Target of 48%. It was an improvement on the previous periods performance of 42.6% and was an improvement on the same period in the previous year of 41.5%.

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>Jun-25</td> <td>16.7%</td> <td>14.0%</td> </tr> </tbody> </table>		Actual	Q1 Target	Jun-25	16.7%	14.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>12.3%</td> <td>14.4%</td> <td>14.1%</td> <td>14.3%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jun-25	12.3%	14.4%	14.1%	14.3%	
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<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>SYICB</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>June Plan</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>35</td> <td>37</td> </tr> </tbody> </table>		Actual	June Plan	Jun-25	35	37												
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<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>SYICB</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>June Plan</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>20</td> <td>23</td> </tr> </tbody> </table>		Actual	June Plan	Jun-25	20	23												
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<p>1 2 3 Inpatients with a learning disability and/or autism (under 18)</p> <p>Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 12-15 Under 18's for every 1 million population</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Jul-25</td> <td>0</td> <td>4</td> </tr> </tbody> </table>		Actual	Standard	Jul-25	0	4	<p>Place figures have been suppressed due to counts under 5</p>											
	Actual	Standard																	
Jul-25	0	4																	

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

In June, Rotherham's performance was 16.7%, which met the Q3 Target of 14%. It was an improvement on the previous periods performance of 10.1% and was an improvement on the same period in the previous year of 15.2%.

Reliance on mental health inpatient care for autistic adults

Reliance on mental health inpatient care for adults with a learning disability

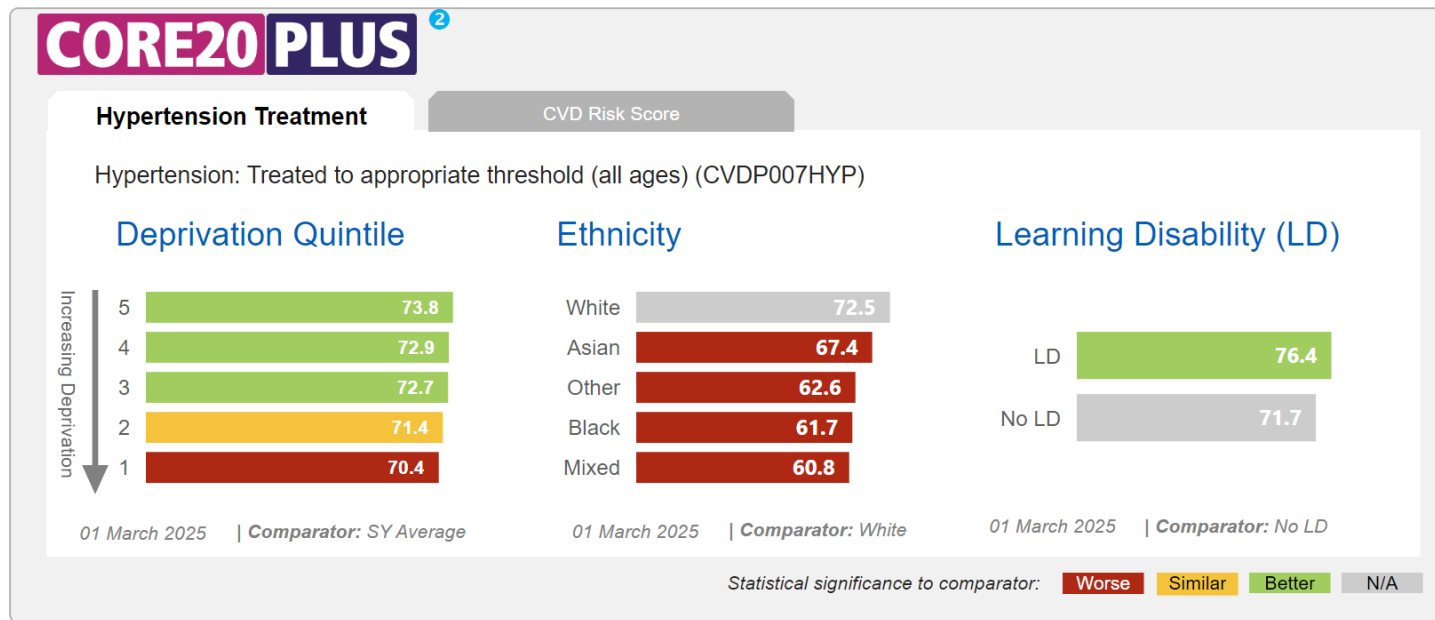
Inpatients with a learning disability and/or autism (under 18)

In July, Rotherham's performance was 0, which met the National Target of 4. 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.

Prevention & Health Inequalities (HI)

1 2 3 % of patients with hypertension treated to NICE guidance Increase the proportion of patients with hypertension treated according to NICE guidance to 80% by March 2025	Rotherham			Actual				
	Actual	Standard		Barnsley	Doncaster	Sheffield	SYICB	
	Mar-25	71.2%	80.0%	69.9%	73.5%	72.0%	71.8%	

1 2 3 % of patients aged 25-84 years with a CVD risk score greater than 20% on lipid lowering therapies Increase the proportion of patients aged 25-84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025	Rotherham			Actual				
	Actual	Standard		Barnsley	Doncaster	Sheffield	SYICB	
	Mar-25	71.4%	65.0%	70.4%	69.9%	67.4%	69.5%	



% of patients with hypertension treated to NICE guidance

In March, Rotherham's performance was 71.2%, which failed to meet the National Target of 80%. It was an improvement on the previous periods performance of 68.7% and was an improvement on the same period in the previous year of 70.9%.

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

In March, Rotherham's performance was 71.4%, which met the National Target of 65%. It was an improvement on the previous periods performance of 71% and was an improvement on the same period in the previous year of 70.1%.

Prevention & Health Inequalities (HI) Continued

1 Increase vaccination uptake in Children

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

Source: UK Health Security Agency (UKHSA)

	Vaccination	Target	Latest quarter (Q4 2024/25)	Previous quarter (Q3 2024/25)	Previous year's quarter (Q4 23/24)
Coverage measured at 12 months	6 in 1 Vaccine (Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Whooping Cough) (12m)	95%	93.7%	94.4%	92.9%
	Meningitis B (12m)	95%	93.7%	94.3%	92.7%
	Pneumococcal (Meningitis / Sepsis / Pneumonia) (12m)	95%	95.4%	95.9%	95.3%
	Rotavirus	95%	91.7%	91.8%	91.2%
Coverage measured at 24 months	6 in 1 Vaccine (Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Whooping Cough) (24m)	95%	95.1%	94.7%	94.2%
	Measles / Mumps / Rubella	95%	92.0%	91.5%	91.6%
	Hib / Meningitis C (12m)	95%	92.3%	91.2%	91.4%
	Pneumococcal (Meningitis / Sepsis / Pneumonia) (24m)	95%	91.6%	90.6%	91.2%
	Meningitis B (24m)	95%	91.2%	90.1%	90.1%
Coverage measured at 5 years	6 in 1 Vaccine (Diphtheria / Polio / Tetanus / Whooping cough/ Hepatitis B / Hib) (5y)	95%	94.4%	94.4%	94.2%
	Hib / Meningitis C (5y)	95%	89.2%	89.2%	88.9%
	4 in 1 Vaccine (Diphtheria / Polio / Tetanus / Whooping cough)	95%	85.7%	86.0%	86.0%
	Measles / Mumps / Rubella 1	95%	94.3%	94.2%	93.7%
	Measles / Mumps / Rubella 2	95%	87.6%	88.0%	87.3%

Data for the childhood vaccination programmes is taken from the UKHSA annual COVER and Q4 data collection. The adolescent narrative is taken from provider monthly returns (unpublished) submitted directly to NHSE Public Health Programmes Team.

The childhood programme has continued to perform well with uptake across most elements at 12 months, 24 months and 5 years having increased slightly or remained stable. Barnsley and Rotherham have met the 95% required uptake for 12 and 24 month 6:1, while Doncaster and Sheffield remain just below but above the 90% minimum threshold. Uptake for MMR1 at 24 months has increased in all areas except Sheffield, where there has been a slight drop from 90.4% to 89.8%, though this increases to 93.3% by 5 years of age. MMR2 at 5 years of age remains below 90% in Doncaster and Sheffield - the reasons for this are multi-factorial - demographics, culture and waiting lists. Uptake within the Adolescent vaccination programmes continues to show some recovery, with 2024/25 uptake predicted to match or exceed the 2023/24 uptake, however, this remains below pre-pandemic levels. This picture is reflected in the 24/25 Q4 data, all elements, excepting the 4:1 (PSB) showing a slight increase on the same period 23/24. Whilst challenges remain with PSB and MMR2, both elements have at least remained stable.

Childhood vaccinations remain a priority on each place improvement plan. Work is ongoing with partners to improve community engagement and messaging, in Sheffield one PCNs is working as a collaborative to increase access. Sheffield has a quality contract to support improvement. Initiatives that are under development include HV vaccination pathfinders, neighbourhood vaccination teams and additional funding to support interventions such data cleanse, service/capacity review and pre-school clinics. School Immunisation Providers continue to opportunistically catch-up missing vaccinations. Adolescent community sessions continue throughout the summer holidays and improvement plans are in place with all providers.

Place Prescribing Report

Quarter 4 - January to March 2025

Lead Executive	Wendy Allott, Chief Finance Officer – Rotherham, NHS SY ICB
Lead Officer	Eloise Summerfield – Senior Pharmacist, Medicines Optimisation

Purpose	
To update Place Board on Medicines Optimisation Rotherham Place activity for the last Quarter of 2024/25.	
Background	
<p>The Medicines Optimisation Team (MOT) monitors and advises on all aspects of prescribing that is attributed to Rotherham Place.</p> <p>The attached report details</p> <ul style="list-style-type: none"> • The financial performance incl. QIPP • Quality, financial & Safety initiatives that are being implemented • Staffing updates • Projects undertaken 	
Analysis of key issues and of risks	
See attached report.	
Patient, Public and Stakeholder Involvement	
Not applicable.	
Financial Implications	
<p>Prescribing is the second largest area of expenditure for Place and the South Yorkshire Integrated Care Board (ICB). Whilst the financial risk of this area of expenditure resides with the ICB, we have little influence over the “prescribers” whose actions impact on prescribing expenditure.</p> <p>Prescribing costs are influenced by a wide range of factors that are often outside of the individual clinician’s control such as:</p> <ul style="list-style-type: none"> • National guidance (NICE etc) • New clinical evidence • Drug shortages – resulting in patients having to prescribing less cost-effective alternatives • Drugs not available at drug tariff price (NHS contract price) NCSO – No cheaper stock obtainable. <p>Drugs are global commodities and supply chains into the UK are international. The ever-increasing number of drug shortages/supply problems and the inability to obtain drugs at drug tariff prices, will all impact on prescribing costs.</p> <p>The MOT engages with prescribers to get them to accept ownership of the financial impact of their prescribing, even though increased prescribing costs will have little direct impact on the clinician.</p>	
Approval history	
Not applicable.	
Recommendations	
Rotherham Place Board is asked to note the 2024/25 Q4 position and outcomes in the attached report.	



2024-25 Quarter 4 Report April 2024-March 2025

NHS South Yorkshire ICB – Rotherham

Rotherham place MO GP practice prescribing have experienced a negative cost growth of **-0.41%** compared to 2023/24. This is the below the cost growth in South Yorkshire (0.34%) and England (2.22%).

SICBL Name	Total cost full year	% growth cost	Actual growth cost	Total items full year	% growth items
Doncaster- 02X	£63,384,279	1.47%	£921,134	8,336,332	3.83%
Barnsley - 02P	£52,956,688	0.44%	£231,269	8,299,889	4.11%
Sheffield - 03N	£105,075,150	-0.02%	-£19,346	14,932,869	3.92%
Rotherham - 03L	£49,839,916	-0.41%	-£207,578	7,121,958	4.31%
South Yorkshire	£271,256,034	0.34%	£925,480	38,691,048	4.01%
England		1.89%			3.82%

Rotherham still has strong item growth of 4.31% which is a reduction from the previous quarter, but still above the South Yorkshire & England averages.

At the end of March 2025, all Rotherham GP practices were underspent on their prescribing budgets by an average of -7.90%.

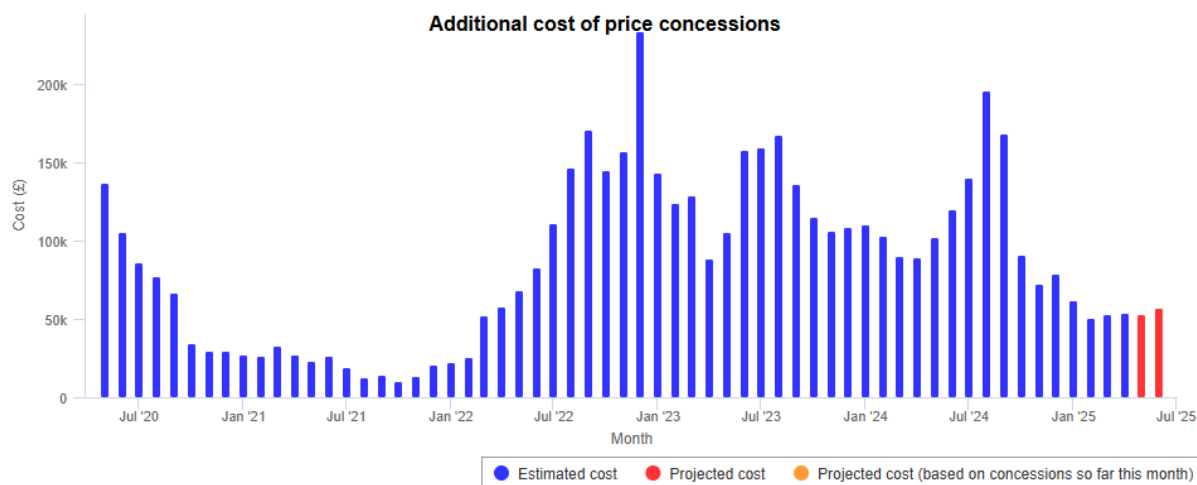
Cost pressures Rotherham Place (full year 23/24 to 24/25)

Drugs used in diabetes remain areas of high cost growth, reflecting the increase in patients on the newer NICE approved antidiabetic agents and continuous blood glucose monitoring systems. Although, QIPP swap shop program on blood glucose testing strips produced £100k savings.

Drug name	Reason	Cost pressure
Tirzepatide	Diabetes	£703,925
Fluticasone/umeclidinium/vilanterol	COPD	£618,324
Empagliflozin	Diabetes / Heart Failure	£334,635
Dapagliflozin	Diabetes / Heart Failure	£317,552
Detection Sensor Interstitial Fluid/Gluc	Diabetes	£266,725
Semaglutide	Diabetes	£263,059
Beclometasone/Formoterol/Glycopyrronium	COPD	£216,895
Sacubitril/valsartan	Hypertension / CVD	£175,917
Beclometasone	Asthma / COPD	£166,820
Formoterol/glycopyrronium/budesonide	COPD	£105,269

In respiratory, the use of triple combination inhalers are increasing which is in line with new national guidance being adopted in Rotherham. This is alongside a corresponding reduction of cost in single drug corticosteroid and SABA inhalers, in line with the GINA and MART regimens for asthma.

The largest cost reduction comes from the anticoagulants, with apixaban and rivoroxaban now available as generic (over £1.5million).



NCSO (no cheaper stock obtainable) continues to contribute to cost growth adding **£1,079,400** (2.2% of budget) to Rotherham’s prescribing costs over the last year.

QIPP Savings End of year achievement

With limited staffing and MO restructuring, the Rotherham medicines optimisation team has managed to achieve a measurable £1,422,086 worth of QIPP savings over the last 12 months. This is due to adherence to guidelines, using the most cost-effective drug with the strongest evidence base, as well as ensuring any generic and branded generics swaps are undertaken.

	12 months End March 2025
MO Place team QIPP	£1,272,643
Blood glucose Testing strips swaps	£90,522
Opiate QIPPs	£58,921
	£1,422,086.00

Diabetes Swap shops were undertaken by the Place MO team for 20 out of 28 practices have participated in swap shops so far, with 835 patients swapped to up to date meters and strips. During these events, we made “every contact count” for the patients, including advice on diabetes monitoring and control, medication reviews and booking in for other appointments, especially the 8-core processes. We often involved GP practice staff, diabetes specialist nurses and dietitians.

2024-25 Prescribing Incentive schemes

The scheme comprised of a total of 13 criteria (9 quality & 4 financial indicators). Indicators included national and SY wide priorities such as appropriate opioid, PPI & antibiotic use, MHRA safety advice on sodium valproate & SABA inhalers as well as reducing financial pressures with cost-effective options.

The final achievement was **88%** of indicators green, with ten of the 28 practices achieving all 13 indicators.

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

1	Emollients to formulary	Review non-formulary emollients and switch to formulary or self-care	90% to formulary	ePACT data of all issues in a Quarter
2	Blood Glucose Testing strips to formulary	Review non-formulary strips and lancets and switch to formulary	80% to formulary REDUCE TO 50%	ePACT data of all issues in a Quarter
3	Vitamin D	Review non-formulary vitamin D products and switch to formulary or self-care.	80% to formulary (cost)	ePACT data of all issues in a Quarter
4	ICB preferred brands/products	Ensure on-going compliance with ICB current preferred brands/products as per OptimiseRx	95% with preferred brands	System reporting unit 28 th Mar 2025

2024-25 Prescribing Incentive schemes – Additional safety indicators

During quarter 4, additional monies from the primary care contract permitted four safety indicators to be included with an extended end date of 20th May 2025. All the practices have signed up to complete and achieve these criteria which require 100% compliance due to the importance.

1	DOACs requiring "dose reduction" or "review & stop"	As per latest CrCl and/weight review, reduce or stop DOACs dose as per BNF/SPC	No patients	System reporting unit	27th Mar 2026
2	Bisphosphonate reviews and deprescribing	Any patient that has taken a bisphosphonate for longer than 10 years to have it de-prescribed.	100% reduction	System reporting unit	27th Mar 2026
3	Dual Antiplatelet Therapy	Patients reviewed and to only remain on dual antiplatelets for up to 1 year post PCI or ACS	No patients	System reporting unit	27th Mar 2026
4	Eclipse RED alerts	100% of RED admission avoidance and monitoring high priority alerts to be reviewed and actioned appropriately.	100% patients on search reviewed	Eclipse	27th Mar 2026

Place Team staffing

Successful recruitment in January 2025 will expand the team from April 2025 onwards. Although there are still significant vacancies for lead Pharmacists.

Title	Total WTE	Filled	Vacant	% Vacancy
Senior Pharmacist	0.9	0.73	0.17	19%
Lead Pharmacist	3.9	2.31	1.59	41%
Pharmacist	1.6	1.4	0.2	12%
Senior Pharmacy Tech	0.8	0.6	0.2	25%
Lead Pharmacy Tech	1.3	1	0.3	23%
Pharmacy Technician	4.1	4.0	0.1	2%

Antidepressant prescribing

- Antidepressant reviews were offered to Rotherham patients on long term anti-depressant, with no current reason/diagnosis for continuation.
- Patients are contacted and opt in to the service
- All reviews are done virtually.
- Work completed in 28/28 practices.
- Positive feedback from both pts and GP practices
- 7000 pts contacted and around 800 pts reviewed, with two-thirds stopping antidepressant and one-third reducing.

Project is now concluding with a report and resources being written so the work can be continued if an appropriate forum and staffing can be found.

Eloise Summerfield
Senior Pharmacist (Strategy & Delivery) Rotherham Place
NHS South Yorkshire ICB – Medicines Optimisation
July 2025.

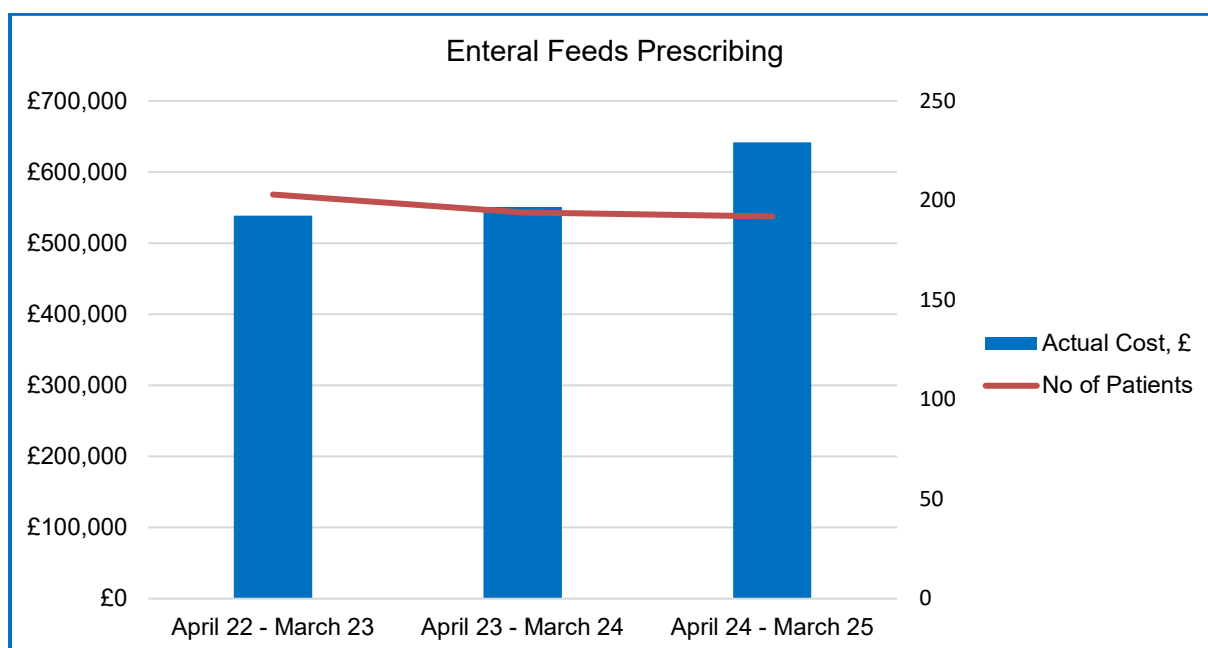
Nutritional Prescribing

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

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

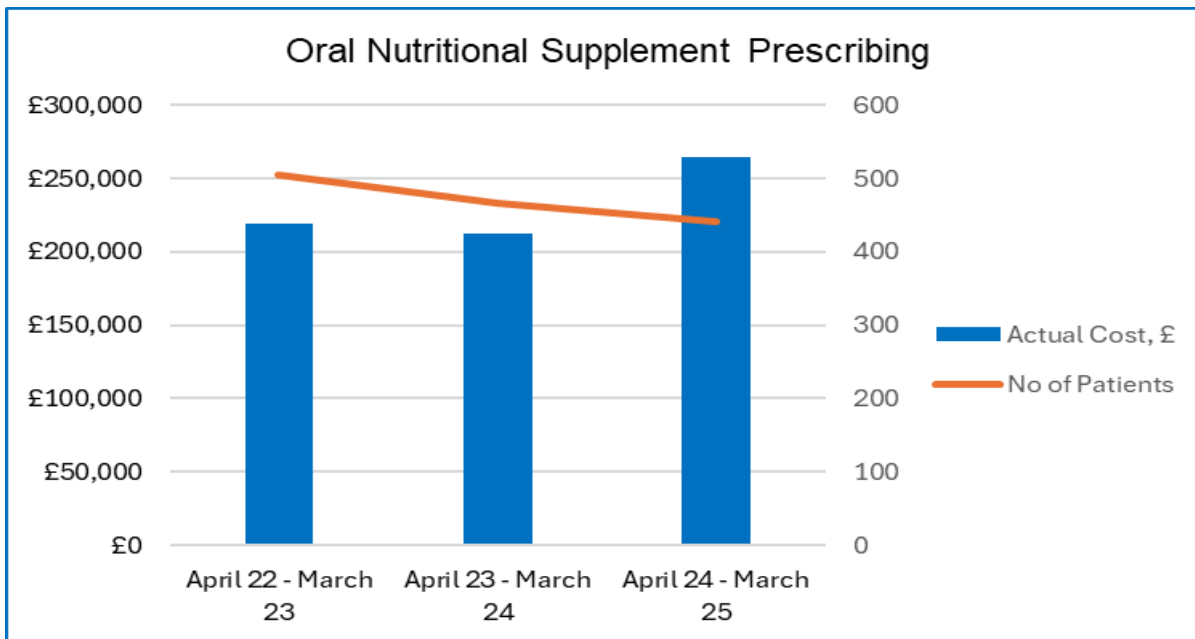
Enteral Tube Feeds (ETF)

Currently, the service supports 195 patients on tube feeds which is more than double the number from 2004. The service model has also enabled most tube feed patients to have their PEG tubes changed/managed in their own home. The service has collaborated with patients and carers to enable them to be more self-caring e.g. Changing Y connectors (previously they would have to attend hospital), managing own balloon water changes (reducing work for community nursing). They have also supported carers/patients to be self-caring with tube changes where they have requested this. The dietitians have now received wound care training and can access products via the Rotherham wound care contract to treat PEG feeding site skin issues.



Oral Nutritional Supplements (ONS)

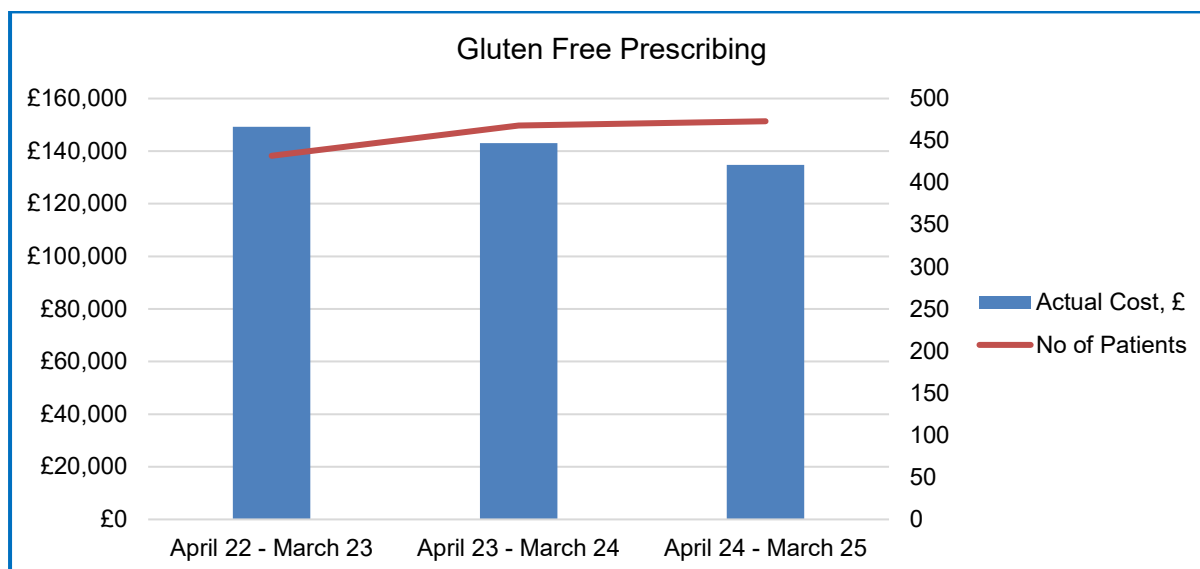
Nationally ONS expenditure is showing very strong cost growth whereas Rotherham has seen a steady cost growth over the last few years.



As of March 2025, there are currently 448 patients receiving oral nutritional support (sip feeds). Nationally ONS expenditure is showing very strong cost growth whereas Rotherham has seen virtually no cost growth over the last 6 years.

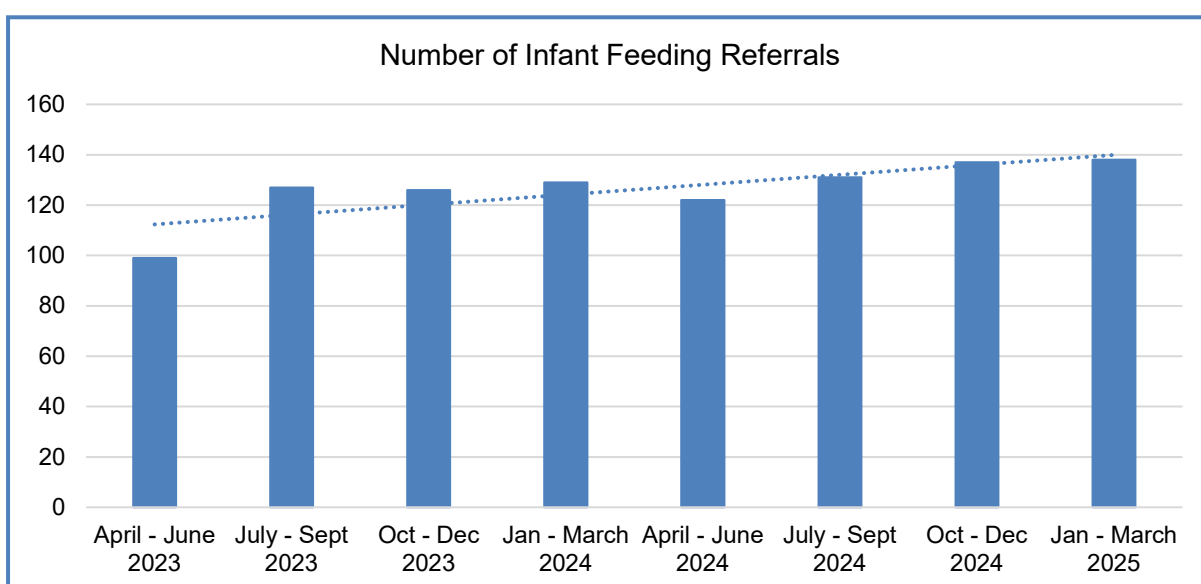
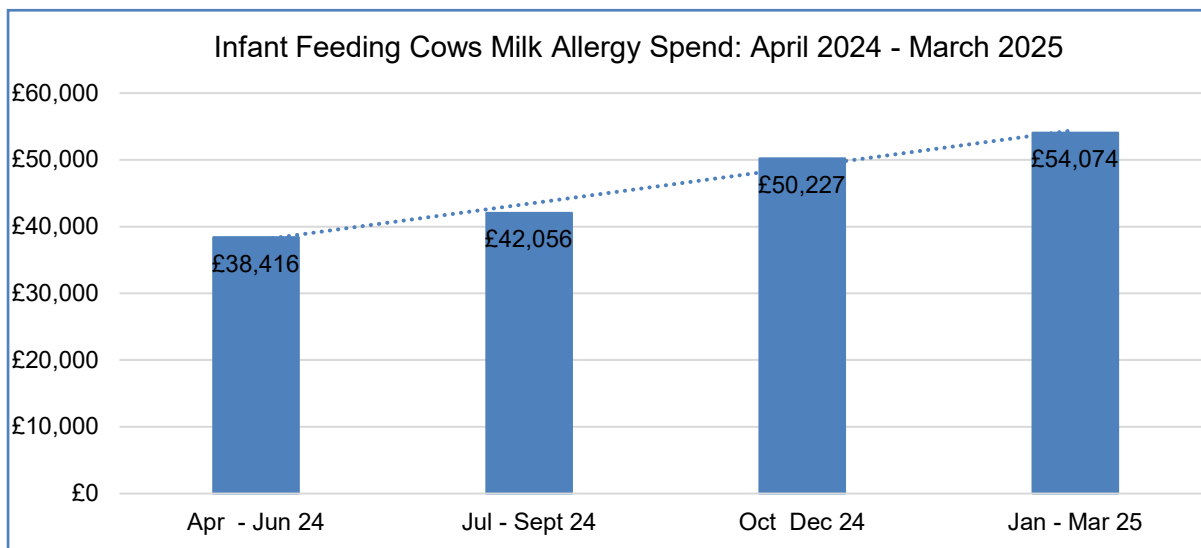
Gluten Free (GF)

Although patient numbers are steadily increasing the costs are decreasing due to the change in prescribing recommendations, the majority of prescriptions are via pharmoutcomes.



Infant Feeds – Cow’s Milk Protein Allergy

The latest development is the dietetic led infant feeding pathway, this was established to improve the diagnosis and management of cow’s milk protein allergy. In Q4 of 24/25 19.7% of all Rotherham newborns were referred into this service with referral numbers reaching 138 – the highest number since the service was launched in 2021.



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

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

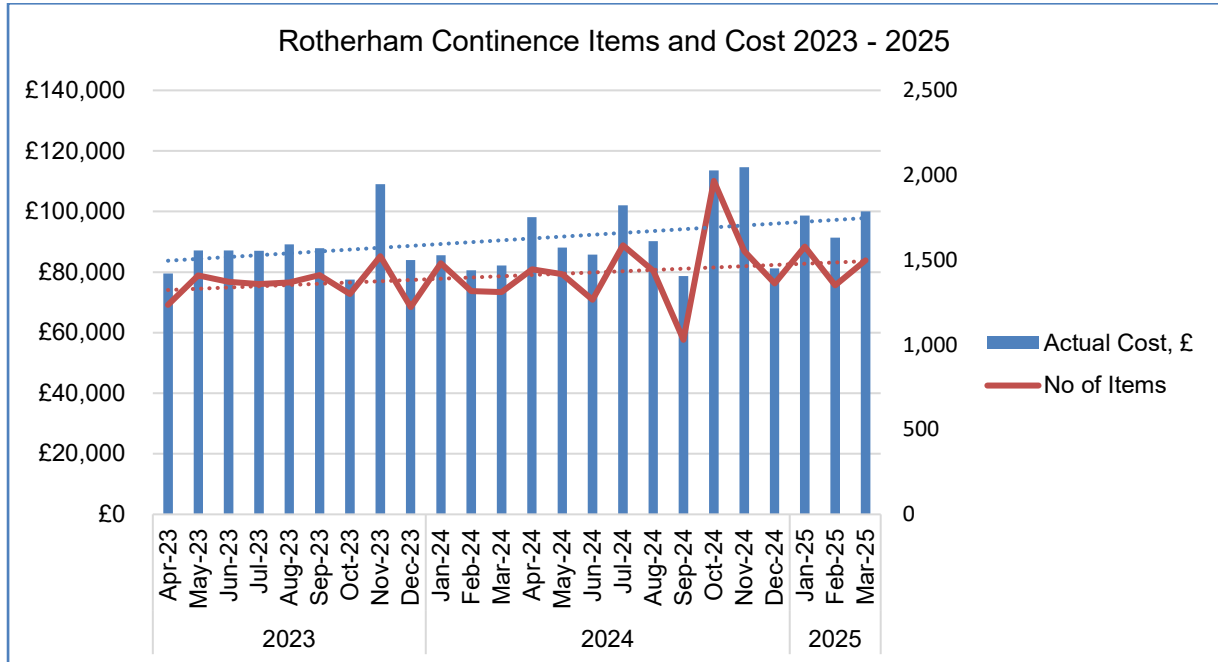
Continence and Stoma

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

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

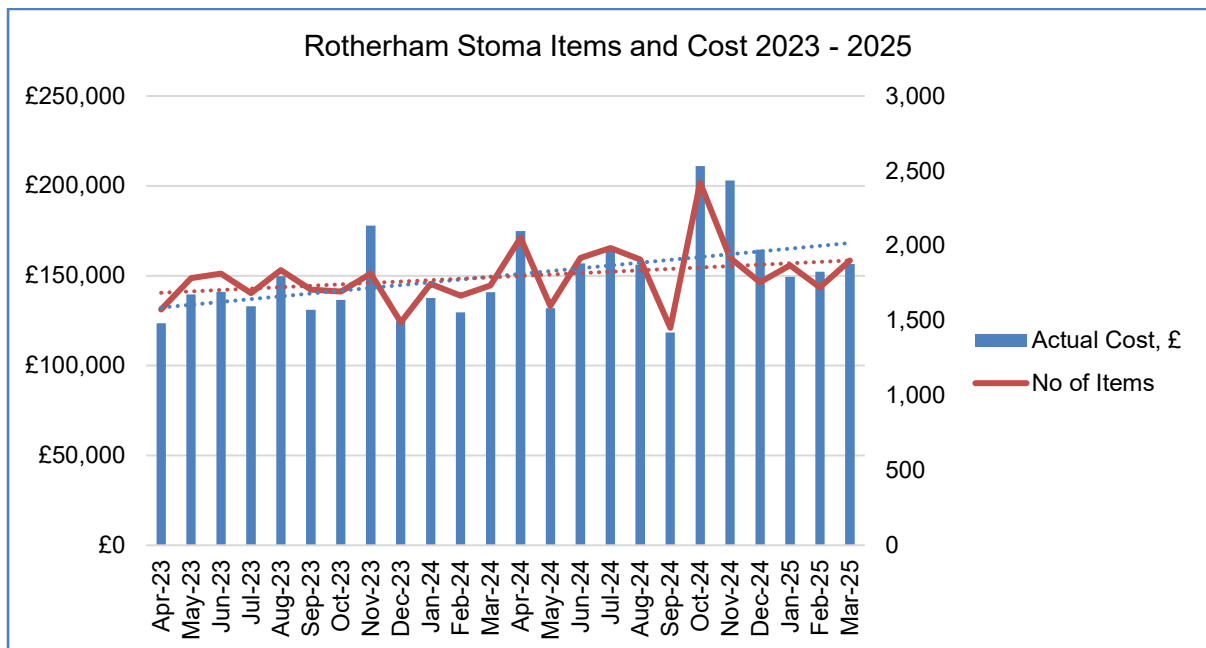
Continence

Rotherham still has the lowest prescribing costs for continence products in South Yorkshire and continues to benchmark well nationally. The service model also prevents admissions and hospital attendances and can demonstrate patient focused personalised care.



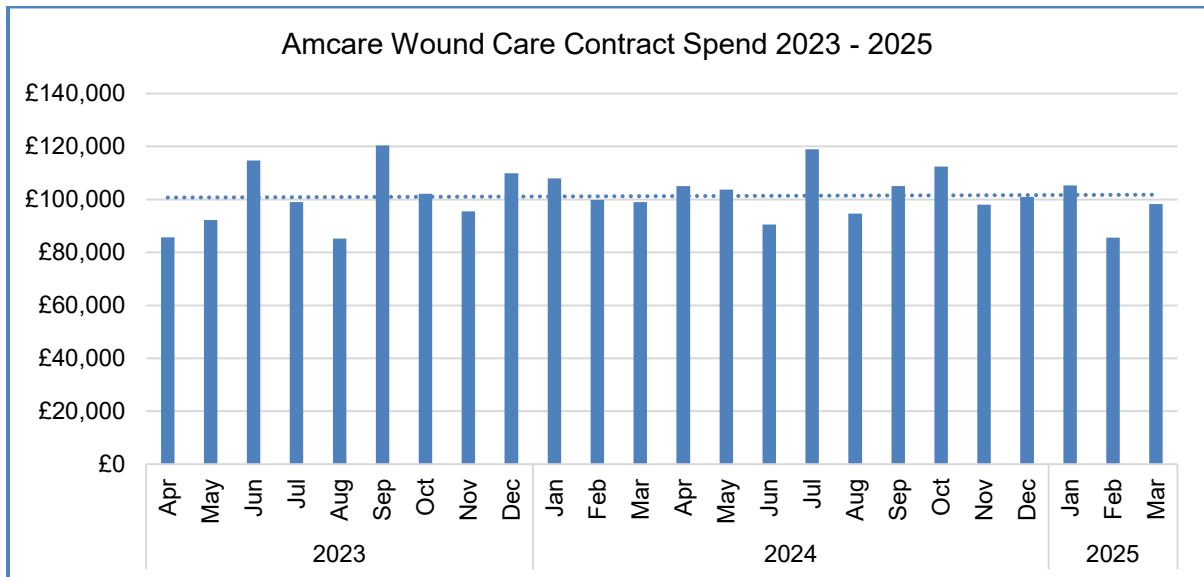
Stoma

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



Wound Care

All wound care products are supplied via a total purchase contract, this provides products for all patients receiving wound care in their own home or at their practice, costs have remained steady over the past 2 years.



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

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

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

Laura Fotherby
Lead Pharmacy Technician (Strategy & Delivery) Rotherham Place
NHS South Yorkshire ICB – Medicines Optimisation
July 2025.



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

Rotherham Place Committee

17 September 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 <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 a deep-dive on the 4 September 2025 as part of the Rotherham Place Executive Team (PET) agenda.

Key Issues / Points to Note

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.

Emerging Risks

During the reporting period, 1 new risk has been raised relating to active telephone lines and the potential risk involved with the copper switch off and the impact on phone lines. This has been given a risk score of 10, with mitigation in place. Assurance provisions are reported at the Digital Data and Technology Delivery Oversight Group.

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 **5 September 2025 at 10:00**.

Is your report for Approval / Consideration / Noting

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

Recommendations / Action Required by the Committee

Members are asked to:

- Review the collated SY ICB Risk Register and Issues Log for Quarter 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.	✓	Priority 2 - Tackling inequalities in outcomes, experience, and access.	✓
Priority 3 - Enhancing productivity and value for money.	✓	Priority 4 - Helping the NHS to support broader social and economic development.	✓

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

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

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

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

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

Not applicable

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

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

Appendices

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

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

September 2025 (data from July/August 2025)

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

The following RAG ratings and descriptor have been applied.

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

Summary Table

Provider	Level of Surveillance			SOF	CQC Overall Rating	CQC inspection date
	Mar 2025	July 2025	Sep 2025			
NHS Foundation Trusts						
Rotherham, Doncaster & South Humber NHS Foundation Trust	Routine	Routine	Routine	3	Requires Improvement	Oct/Nov 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	Routine		Good	Re-inspected March 2025 published July 2025. Will be removed from next reporting cycle.
Swallownest Heath Centre, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement	June 2023, published September 2023
Independent Providers/Specialised Mental Health Providers						
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		Good.	Reinspected July 2025. Published September 2025. Will be removed from next reporting cycle.
The STAR Foundation	Routine	Routine	Routine		Requires Improvement	May 2025 published August 2025. Remains RI. There have been no further concerns reported to the ICB.

Rotherham Place

Issue	Key Status/ Risks / Concerns / Good Practice
The Rotherham NHS Foundation Trust	
Martha's Rule	Accepted on the first wave of Martha's Rule for maternity service and awaiting confirmation for the UECC first wave.
Saving Babies Lives.	First Trust across South Yorkshire to submit compliance data.
SMHI (Summary Hospital-level Mortality Indicator)	There has been a slight increase since the switch to ECDS IT system in August 2024. Most providers have yet to transition and will experience similar due to coding of co morbidities, observed / expected deaths and SDEC information. Still remains in Band 2 " as expected".
RDaSH	
CQC focused inspection	<p>July 2025 saw the acute wards for adults of working age and psychiatric intensive care units rated as "Requires Improvement" following an unannounced focused inspection across all three sites in May 2025. The wards covered at Swallownest Court (Rotherham) were Osprey and Sandpiper each with 18 beds and Kingfisher with five beds.</p> <p>The services remained requires improvement as in breach of Regulation 12) due to:</p> <ul style="list-style-type: none"> • Swallownest Court, the therapy kitchen used by Sandpiper and Osprey wards was dirty and did not appear to have been cleaned. • Concerns with medicines management arrangements at the Tickhill Road site including gaps in clinic rooms checks, issues with the storage of medicines and controlled drugs.

Issue	Key Status/ Risks / Concerns / Good Practice
	<p>Service did not ensure the care and treatment of patients were appropriate, met their needs and reflected their preferences. This meant that the service was in breach of Regulation 12 due to:</p> <ul style="list-style-type: none"> • Wards teams did not have access to the full range of specialists required to meet the needs of patients on the ward. Concerns were found regarding the occupational therapy provision. • Lack of activities available to patients. Staff did not complete the relevant occupational therapy assessments within timescales set by the trust. <p>However:</p> <ul style="list-style-type: none"> • Staff developed holistic, care plans informed by a comprehensive assessment, had a good basic knowledge of the Mental Health Act and Mental Capacity Act. Overall, they discharged their responsibilities well. • Risk assessments were detailed, up-to- date and person- centred. Staff knew their patients well. They understood how to engage with them and mitigate against individual risks. • There were a range of quality improvement initiatives in place. Staff and managers could describe how they worked collaboratively to improve the quality of care for patients. • Staff treated patients with compassion and kindness and understood the individual needs of patients. Positive interactions between staff and patients on all wards was observed. <p>An action is in place to which RDaSH are working within and towards to ensure actions are meet, standards are improved and the drive for Outstanding continues.</p> <p>Oversight and assurance will continue at the SY ICB Doncaster and Rotherham Contract Quality Review Group (CQRG) and escalated appropriately and accordingly to Contract Performance, Quality Performance, SQG, QPIE and NHS E.</p>
<p>Brambles ward merger</p>	<p>RDaSH presented their Board paper to the SY ICB Doncaster/Rotherham Contract Quality Review Group (CQRG) for discussion and assurance. Future updates will be received December 2025, April and August 2026. It was acknowledged the importance of including qualitative outcomes and patient experience alongside quantitative data and noted this would be addressed in future iterations. CQRG emphasised the need for to have sight of both positive and negative outcomes from the service change, including learning from patient experience, Care Opinion, and complaints, to provide meaningful assurance.</p>

Issue	Key Status/ Risks / Concerns / Good Practice	
SY ICB		
Quality and Patient Safety Directorate	Work in currently underway to address Business continuity Plans across our team functions as part of the mitigation to ensure due diligence for statutory functions, capacity, recruitment holds and sickness etc. Groups are mindful that this does not creep into consultation but will ensure ready when needed.	
Primary Care		
Rotherham's 28 General Practices CQC ratings:		
Outstanding	1	The Gate
Good	25	
Requires Improvement	2	Crown Street, Swallownest Health Centre
Inadequate	0	
<p>The Senior Manager for Primary Care has requested CQC times frames for re inspection visits for the two practices with ratings of RI (Requires Improvement). 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. Shakespeare Road inspection was undertaken May 2025 and awarded a "Good".</p>		
Independent		
Queensway Hospital – Ellen Mead Group	Provides complex mental health services after a change in CQC registration. SY ICB under change in commissioning arrangements will take the role of host commissioner under the NHS England Host Commissioner Framework 2021. An introductory meeting between Rotherham PLACE and Queensway has been arranged.	
Care Homes/Domiciliary Care		
Care Home Equality	<p>This work has been paused due to the organisational changes taking place in the ICB.</p> <p>Quality Assurance framework and place-based SOP continues to be developed.</p>	
Care Home Contract Concerns/Defaults	Multiagency 6 weekly Risk meeting to discuss, share and address concerns for care settings remains with escalation as appropriate.	

	<p>Capacity tracker of available care home beds and embargos is sent to Rotherham PLACE twice a week.</p> <p>As of the 3rd of September, across seven homes there are 82 beds out of commission due to refurbishment. One home has 24 beds closed due to management decision.</p> <p>One home is closed to admissions due to an informal embargo. One home only accepting 2 admissions only per week due to staffing levels, acuity and complexity. Four homes have scabies outbreaks, two have norovirus.</p>
Provider Care Home Teams	Care Home Clinical Quality Advisor has issued notice of termination of employment. TRFT are currently restructuring the care home team but no details of what the structure will look like has been shared.

Patient Safety

Notification to prevent future deaths – Regulation 28	Nil to report this paper.																																																								
PSIRF – Patient Safety Incident Response Framework	<p>The updated version of LFPSE is now live to which RDASH’s RADAR system can link directly allowing PSII’s to be recoded here. The need to record on StEIS for them is discontinued.</p> <p>TRFT will continue to report via StEIS until DATIX is compatible with LFPSE which is hoped to be September 2025.</p> <p>Once the updated version of LFPSE goes live in each trust, StEIS will be discontinued and reporting via the below table will be presented differently.</p>																																																								
PSII / Serious Incidents and Never Events	<p>PSII / SERIOUS INCIDENTS (SI) AND NEVER EVENTS (NE)</p> <table border="1"> <thead> <tr> <th>Position 18.08.2025</th> <th>TRFT</th> <th>RDASH</th> <th>RCCG</th> <th>*Out of Area</th> <th>YAS</th> <th>GP / Hospice</th> </tr> </thead> <tbody> <tr> <td>Open at start of period</td> <td>26</td> <td>12</td> <td>0</td> <td>7</td> <td>2</td> <td>0</td> </tr> <tr> <td>Closed during period</td> <td>9</td> <td>0</td> <td>0</td> <td>6</td> <td>1</td> <td>0</td> </tr> <tr> <td>De-logged during period</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>New during period</td> <td>5</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Of the above number that are NE</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Of the above number investigations ‘On Hold’</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>Total Open at end of period</td> <td>22</td> <td>12</td> <td>0</td> <td>1</td> <td>1</td> <td>0</td> </tr> </tbody> </table>	Position 18.08.2025	TRFT	RDASH	RCCG	*Out of Area	YAS	GP / Hospice	Open at start of period	26	12	0	7	2	0	Closed during period	9	0	0	6	1	0	De-logged during period	0	0	0	0	0	0	New during period	5	0	0	0	0	0	Of the above number that are NE	0	0	0	0	0	0	Of the above number investigations ‘On Hold’	0	0	0	0	1	0	Total Open at end of period	22	12	0	1	1	0
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Patient Safety Partners - PSP

RDaSH are in the final recruitment stages for one experienced PSP, who has a high level of underpinning knowledge, which will enable their involvement to start quickly. They continue to reach out through various recruitment pathways to increase PSP numbers further.

IPC

HCAI's – (Health care associated infections)

Work continues to be ongoing around HCAI's, reviewing the processes and the themes and trends to enable improvement and reduction strategies. Linking in with TRFT and plans to look at SY wide strategies.

RDaSH: There have been no cases of Health Care Associated Infection so far this year (2025/26).
Hospice: There have been no cases of Health Care Associated Infection so far this year (2025/26).



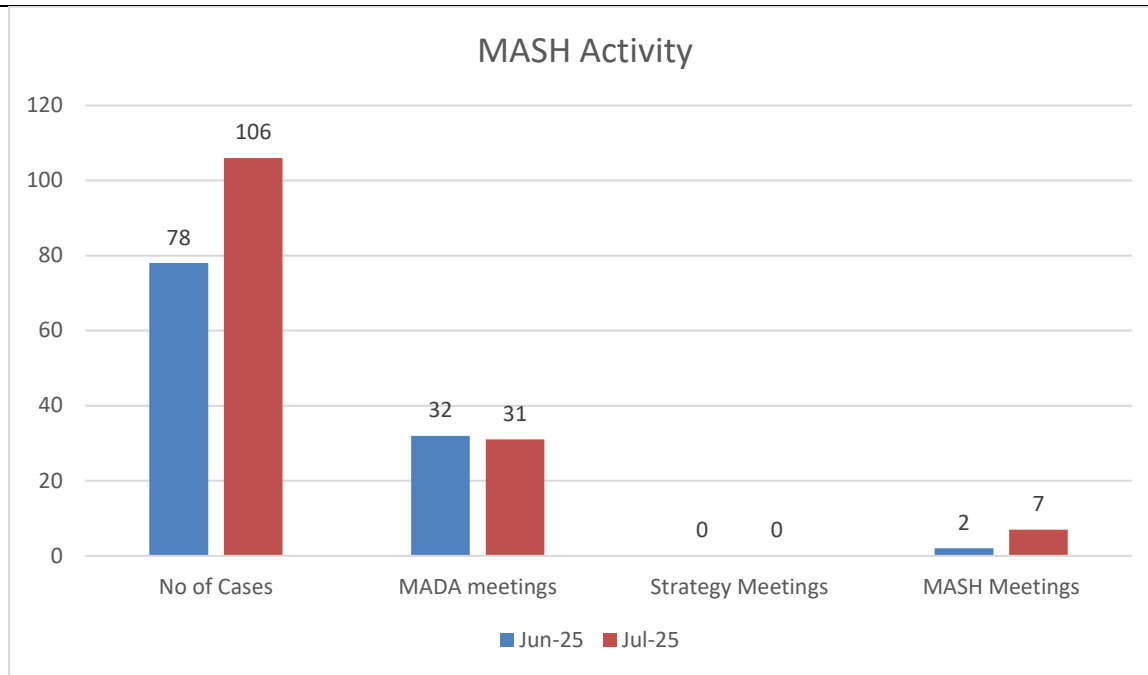
HCAI TRFT	Annual threshold for 25/26	April Actual	May Actual	June Actual	July Actual	Total to date 25/26	Comparison to date 24/26
MRSA	0	0	0	0	0	0	0
MSSA	Not set	1	2	1	6	10	9
C Diff	44	3	6	5	6	19	33
E Coli	46	10	6	5	6	27	24
Klebsiella Spp	13	1	2	2	4	9	8
Pseudomonas Aeruginosa	9	0	0	1	0	1	6

HCAI NHS R PLACE	Annual threshold for 25/26	April Actual	May Actual	June Actual	July Actual	Total to date 25/26	Comparison to date 24/26
MRSA	0	0	0	1	0	1	0
MSSA	Not set	7	5	5	16	33	27
C Diff	97	5	10	4	10	29	48
E Coli	203	22	23	20	14	79	78
Klebsiella Spp	45	5	9	7	8	29	19
Pseudomonas Aeruginosa	28	1	0	1	0	2	10

GNBSI's – (Gram negative blood stream infections)	<p>As a Rotherham PLACE and at provider level we can see reductions in numbers compared to this time last year in Pseudomonas however E Coli and Klebsiella appears to have increased. There does seem to be a considerable increase in klebsiella at Place, which fits the national increase seen previously and the ask from NHSE for a 'Klebsiella plan on a page'. The data is currently being reviewed in further detail (deep dive) to formulate the plan based on the themes and trends identified.</p> <p>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.</p>
C-difficile - (Clostridioides Difficile Infection)	<p>As a Rotherham PLACE and at provider level there has been a considerable decrease. The prioritisation of improvement strategies and targeted work by microbiology and antimicrobial pharmacists is evident. Ongoing work continues to address themes and reduction strategies required in primary care, and PSIRF is 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 are in place via the Antimicrobial Stewardship group.</p> <p>The South Yorkshire SIGHTED improvement plan for C Diff continues.</p>
High Consequence Infectious Diseases (HCID) (would include mpox and Avian flu)	<p>Expectation is still on preparedness. The South Yorkshire wide outbreak management group are working together to review the guidance published around processes and PPE, and the implications and actions for the ICB.</p> <p>In collaboration with UKHSA and the local authority there is an escalation document with key contacts for Rotherham. There has been a case of measles within Rotherham. This is ongoing with actions in place, and support from UKHSA. Learning and actions going forward will be addressed.</p>
Scabies	<p>Several care homes have scabies outbreaks. IMT to be arranged to understand and manage with health and social care involved. UKHAS invited and referenced this is been seen nationally.</p>
CHC	
Delays and backlogs to the CHC outcomes and other associated processes	<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 risk mitigation is in place and the impact noted.</p> <ul style="list-style-type: none"> • The neurotypical team is reduced by 3 WTE nurses/Support workers 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.

	<ul style="list-style-type: none"> 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, and approximately 25 neurodiverse young people under the age of 26 years. Rotherham Place employs a 0.7 WTE senior nurse and 1 WTE Transitions lead to manage this case load. The transition lead has recently returned to work following a lengthy absence and the team are working together to address any backlogs and outstanding reviews.</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. 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>The table below identifies that significantly less assessments have been completed within 28 days and the number of referrals exceeding 28 days by 12 weeks or more has also seen an increase. We continue to work with partnership organisations to identify the delays and address any disputes including providing system training and national benchmarking to raise awareness and knowledge regarding CHC</p> <table border="1" data-bbox="456 954 2136 1182"> <thead> <tr> <th data-bbox="456 954 1386 1031">Quality CHC Standards (2024/25)</th> <th data-bbox="1386 954 1574 1031">Quarter 1</th> <th data-bbox="1574 954 1778 1031">Quarter 2</th> <th data-bbox="1778 954 1948 1031">Quarter 3</th> <th data-bbox="1948 954 2136 1031">Quarter 4</th> </tr> </thead> <tbody> <tr> <td data-bbox="456 1031 1386 1107">Percentage of cases meeting 28 days metric > 80%</td> <td data-bbox="1386 1031 1574 1107">52</td> <td data-bbox="1574 1031 1778 1107"></td> <td data-bbox="1778 1031 1948 1107"></td> <td data-bbox="1948 1031 2136 1107"></td> </tr> <tr> <td data-bbox="456 1107 1386 1182">No incomplete referral's exceeding 28 days by > 12 weeks +</td> <td data-bbox="1386 1107 1574 1182">47</td> <td data-bbox="1574 1107 1778 1182"></td> <td data-bbox="1778 1107 1948 1182"></td> <td data-bbox="1948 1107 2136 1182"></td> </tr> </tbody> </table>	Quality CHC Standards (2024/25)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Percentage of cases meeting 28 days metric > 80%	52				No incomplete referral's exceeding 28 days by > 12 weeks +	47			
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Percentage of cases meeting 28 days metric > 80%	52															
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<p>Safeguarding</p>																
<p>Adult</p>	<p>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.</p>															

<p>Children</p>	<p>The Local Authority are having difficulties with some recording aspects of the harm outside the home pathway, therefore there are no children on an acute harm outside the home plan that are not on child protection. Concerns continue to be raised to local authority about the ability to be able to get these young people on the CP-IS system and email dialogue continues with NHSE Safeguarding Lead Kenny Gibson around our concerns with this. ICB have representation from Designated professionals on the CE delivery group and the executive group and can monitor implementation of this.</p> <p>The leads across quality and safeguarding system have also been developing business continuity plans based on business critical and statutory functions that need to continue (Bronze, silver and gold), as we start to see members of the wider system team leave, and whilst we are still unable to recruit. This may indicate a need to work across the system to support colleagues in other areas.</p> <p>The RSCP executive have set out governance arrangements and working to look at the suite of social care reforms (such as family first pathfinders/Multi Agency Child Protection Teams) and are advertising for a health lead secondment to support the family first partnership implementation.</p> <p>We have recently had an escalation from TRFT and the local authority around the handling of a Rotherham family that absconded to Kent, and the children were brought into police protection. Whilst they were in the area, there were difficulties in obtaining child protection medicals. The impact on this missed opportunity includes a lack of information sharing, missing toxicology and rich evidence to support planning for the children. This near miss is being explored between the designated Dr and deputy designated nurse in Rotherham, with the Designated professionals in Kent, to ensure key lessons are learnt.</p>
<p>MASH (Multi Agency Safeguarding Hub – children)</p>	<p>The RDaSH additional half time hours for the health Practitioner role have now been fulfilled, and the staff member is currently undergoing an induction period. Discussions are taking place with RDaSH in relation to the Service Specification for MASH.</p> <p>We are encouraging the health team within the MASH to meet regularly together and consider their contribution to the system and any efficiencies or process changes they can support. 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>



	June 2025	July 2025
No of Cases	78	106
MADA Meetings	32	31
Strategy Meetings	0	0
MASH Meetings	2	7

LAC/CL updates

Rotherham Place Health Leads continue to work towards a health priority plan as outlined by corporate parenting board. 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	<p>Decision made to commence a SAR due to evidence of self-neglect and concerns that wilful neglect may have occurred.</p>												
Court of Protection (COP)	<p>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.</p> <p>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.</p> <p>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.</p> <p>Data for August 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) has risen to 54 patients. We suspect this trajectory to be a lot bigger, as we are still required to complete reviews on LD patients, and physical health patient reviews remain ongoing.</p> <p>There are currently 2 cases awaiting court approval (Stage 2). All will move to a review (Stage 4) once orders are approved. 8 need a review which will impact resource in the future. This has reduced from last month’s data due to orders being authorised at CoP. From the stats, there continues to be high numbers of people requiring a Community DoL. Coupled with Section 21A challenges which we currently are working on this includes 6 x “potential S21A” and 3 x “S21A”. 1 x S21A has recently been approved. Alongside this, Rotherham Place have 2 x S16 Welfare cases.</p> <table border="1" data-bbox="456 1082 869 1295"> <thead> <tr> <th>Count of Patient ID</th> <th></th> </tr> <tr> <th>Safeguarding Alert Type</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>COP - Stage 1</td> <td>42</td> </tr> <tr> <td>COP - Stage 2</td> <td>2</td> </tr> <tr> <td>COP - Stage 4</td> <td>8</td> </tr> <tr> <td>Grand Total</td> <td>52</td> </tr> </tbody> </table>	Count of Patient ID		Safeguarding Alert Type	Total	COP - Stage 1	42	COP - Stage 2	2	COP - Stage 4	8	Grand Total	52
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Provider safeguarding concerns	<p>Nil to report this paper.</p>												

LD & Autism –	
Capacity	<p>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 continuing to fund high cost out of area hospital placements when patients are clinically ready for discharge.</p>
C(E)TRs	<p>Difficulties continue to arise in coordinating C(E)TRs due to case manager, panel members and ward availability. The wards have been impacted upon by the doctor's strike and capacity is a major factor at the moment as they are now experiencing rotation and induction of new junior doctors.</p> <p>We have been informed a new contract for the Rotherham All-age Neurodevelopment Service will come into force on the 1st September 2025. This will no longer include the Expert by Experience (EbyE) function and could significantly impact on the team's ability to coordinate C(ET)Rs due to the limited number of independent EbyEs currently available who are trained.</p> <p>Co-production across all four places have been put on hold due to the ongoing ICB restructure. However, case managers across all four places continue to attend Community of Practice sessions on a regular basis.</p> <p>There are currently seven individuals admitted into hospital with a diagnosis of autism or learning disability.</p> <p>In July there was one CTR, two community C(E)TRs and one community LAEP held. This brings the total for this financial year to two C(E)TRs, six CTRs and three LAEPs, with a further three CTRs currently being coordinated.</p>
Dynamic support register (DSR)	<p>The children and young people's DSR is held on a weekly basis. The adult autism and learning disability DSRs are both held fortnightly. There is now a self-referral pathway with standardised form for all four places which are available on the ICB's website to enable self-referrals in line with NHSE guidance and policy.</p> <p>There had continued to be some gaps in CAMHS attendance at the weekly DSR meeting, however, a rota has now been put in place to ensure this is covered. Attendance at the Learning disability and Autism DSRs has also been sporadic over the holiday period. This has been addressed with RMBC and RDaSH.</p> <p>The first Quality and Monitoring for Residential School Settings meeting took 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. These will be held every eight weeks.</p> <p>There continues to be a shortfall in community provision to support adults with an 'autism only' diagnosis.</p>

Mental Health and Section 117

Work is still ongoing regarding the agreed funding for RDaSH for two s117 Practitioners (non-recurrent) to enable the backlog of s117 reviews to be undertaken. RMBC have also identified two workers to complete the joint reviews.

There are twelve individuals in out of area locked rehab placements. There are six expected discharges over the next year. MoJ (Ministry of Justice) restrictions are causing delays for some patients. Case reviews of male patients will be taking place across the ICB in September to identify individuals who may be suitable to transfer to the new unit RDaSH are opening.

The Assertive Outreach Team are supporting Burns Court and are in the process of transferring some individuals as a step down to community living and this has proved successful for the people who have already accessed the service.

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)

<u>CRFD (but delayed) - Rotherham - AMHS</u>	Jun-25	Jul-25	SUB TOTAL
Delay Days - NHS	164	149	526
Number of patients - NHS	9	8	
Delay Days - Social Care	0	0	0
Number of patients - Social Care	0	0	
Delay Days - <u>jointly</u> to NHS & Social Care	0	0	0
Num of patients - <u>jointly</u> to NHS & Social Care	0	0	
Delay Days - Housing	0	0	0
Number of patients - Housing	0	0	
Total Delay Days	164	149	526

Total Number of Patients	9	8	
<u>CRFD (but delayed) - Rotherham - OPMHS</u>	Jun-25	Jul-25	SUB TOTAL
Delay Days - NHS	18	31	83
Number of patients - NHS	2	1	
Delay Days - Social Care	60	73	291
Number of patients - Social Care	2	4	
Delay Days - <u>jointly</u> to NHS & Social Care	0	0	0
Num of patients - <u>jointly</u> to NHS & Social Care	0	0	
Delay Days - Housing	0	0	0
Number of patients - Housing	0	0	
Total Delay Days	78	104	374
Total Number of Patients	4	5	

Other Key Updates

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

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

LeDeR - An ICB centralised team commenced on the 1st July 2023. – Appendix 1



Q1 Rotherham
LeDeR Programme (A)

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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



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

Rotherham Place: Q1 April - June 2025

1. Overview

This Q1 report outlines the progress and outcomes related to the completion of LeDeR reviews, performance against key performance indicators (KPIs), lessons learned during the quarter and identifies key areas for further action and improvement.

2. LeDeR Programme

2.1 NHSE LeDeR Annual Report

The NHSE England LeDeR Annual Report was intended for publication in November 2024, unfortunately, this has been delayed, reasons for which are unknown.

2.2 SY ICB LeDeR Annual Report

The SY ICB LeDeR Annual Report for 2024/25 is currently being compiled.

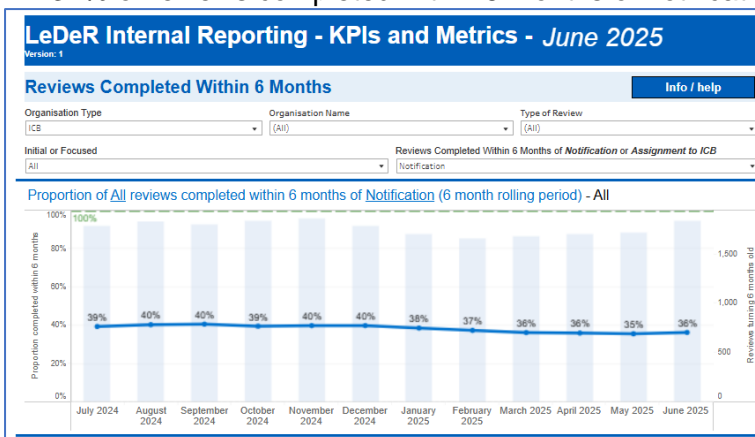
3. LeDeR Performance

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

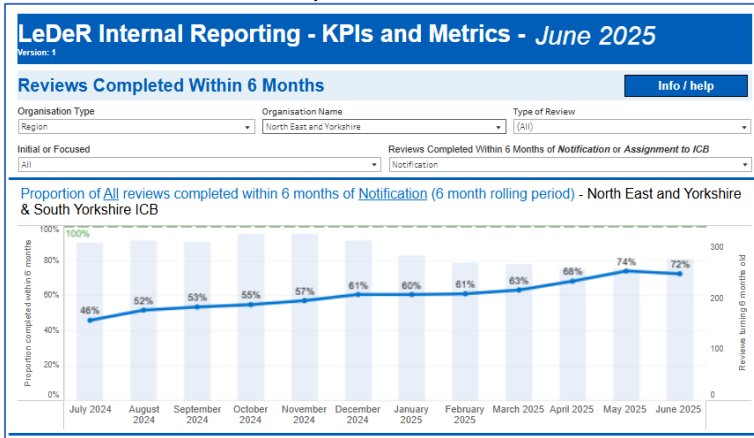
- Measure (i) proportion of reviews completed within 6 months of notification (6 month rolling period)
- Measure (ii) proportion of completed reviews that were focused (6 month rolling period)

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

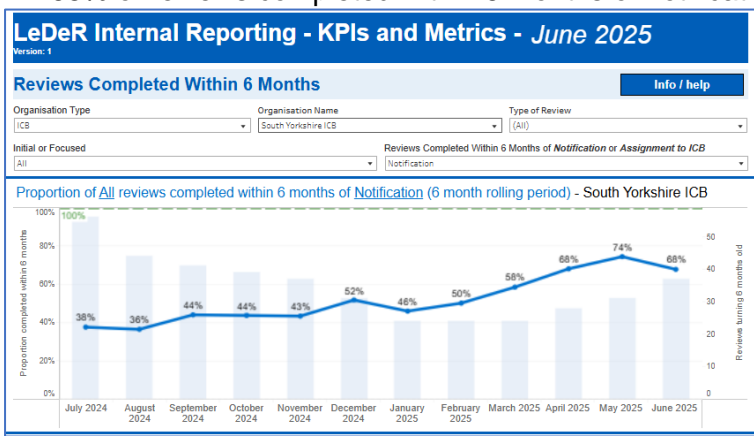
- 34% of reviews completed within 6 months of notification – England:



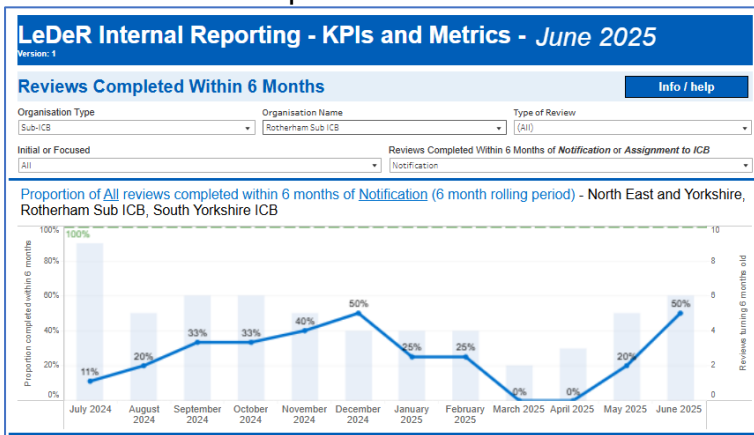
- 72% of reviews completed within 6 months of notification - NEY region:



- 68% of reviews completed within 6 months of notification – SY ICB:

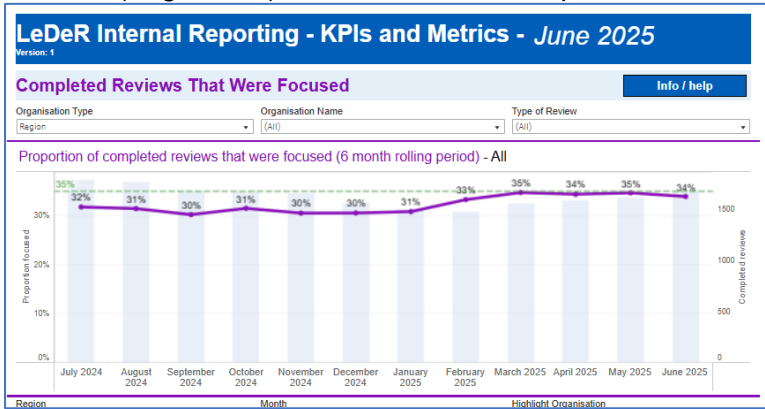


- 50% of reviews completed within 6 months of notification – Rotherham:

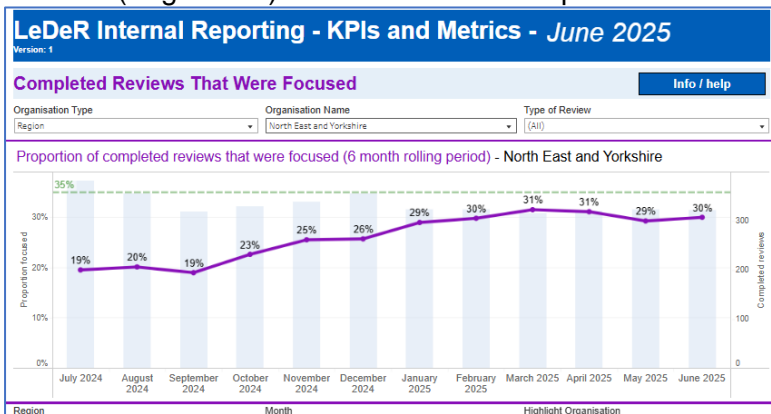


The following provides an overview of proportion of completed reviews that were focused (6 month rolling period) by England, NEY region, SY ICB, and Rotherham:

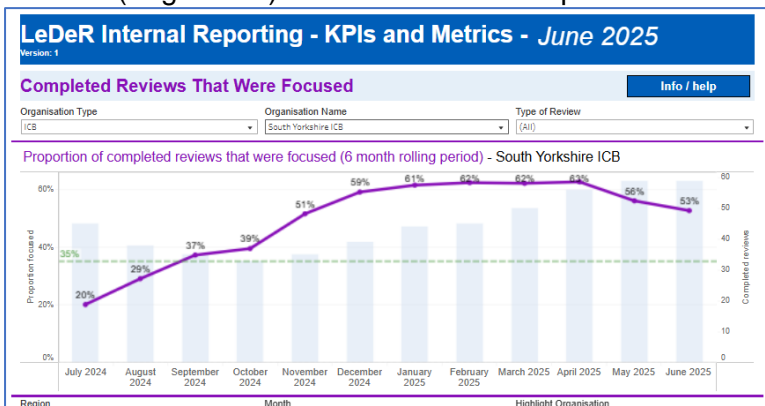
- 34% (target 35%) focused reviews completed within 6 months - England:



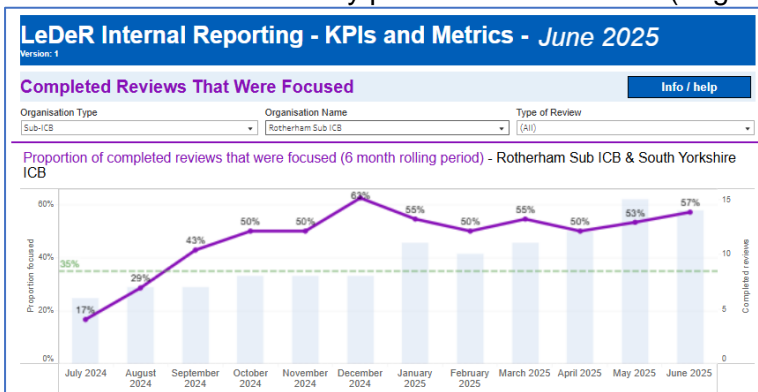
- 30% (target 35%) focused reviews completed within 6 months - NEY:



- 53% (target 35%) focused reviews completed within 6 months – SY ICB:

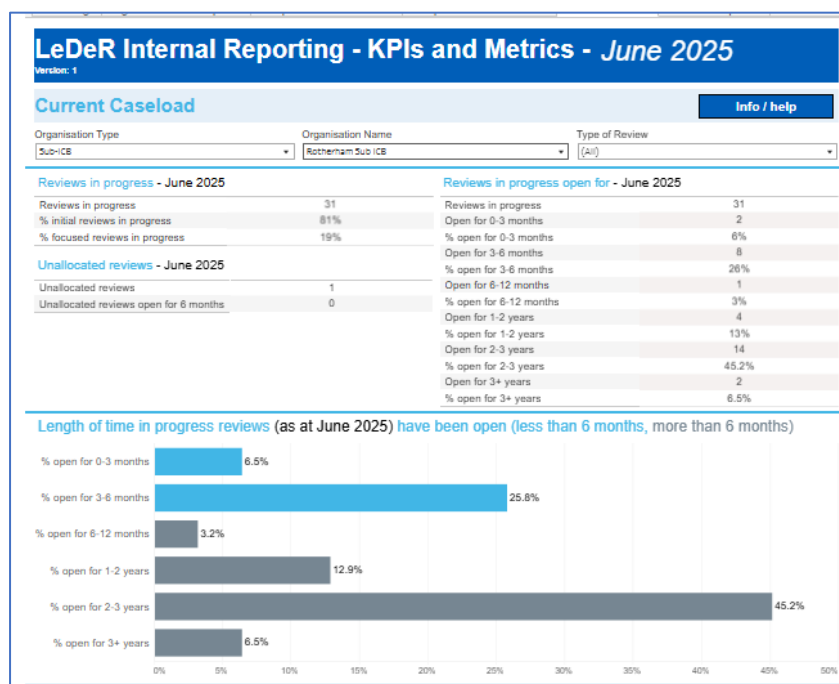


- SY ICB broken down by place Rotherham 57% (target 35%) focused reviews completed:



- Rotherham LeDeR caseload data at 30 June 2025

Notifications Received	Out of scope notifications	Autism only notifications	Initial Reviews Completed	Focused Reviews Completed	Current Caseload
1 April 2025 to 31 March 2026	1 April 2025 to 31 March 2026	1 April 2025 to 31 March 2026	1 April 2025 to 31 March 2026	1 April 2025 to 31 March 2026	As at 30/06/2025
2	1	1	4	4	39



3.2 SY ICB LeDeR Performance

In Q1, we introduced a Rapid Review model for LeDeR cases where the person was aged 70 and over. This was implemented to support timely completion of reviews, manage the specific backlog in this age group, and ensure that learning from deaths continues in a proportionate and resource-efficient way, while maintaining the integrity of the LeDeR process.

In Q1 2025/26 SY ICB received a total of 29 LeDeR Notifications. These have been broken down as follows:

Notifications for 2025-26:

Rotherham	Doncaster	Rotherham	Sheffield
6	7	2	14
Total			29

In Q1 SY ICB completed a total of 34 reviews. In addition to 8 notifications that were reviewed but deemed to be 'out of scope'. Completed reviews have been broken down further into initial and focused reviews.

LeDeR Reviews Completed Q1 2025/26:

Type	Completed
Initial	19
Focused	15
Overall Submitted	34

3.3 Lessons Learned

During Q1, 4 focused reviews for Rotherham Place were approved by the SY ICS LeDeR Quality Assurance Panel and 4 initial reviews were completed and approved by the LAC. The quality of care the person received and availability and responsiveness of ICS services for the person is graded below along with identified areas of positive practice and areas for improvement. **(Please refer to Appendix A for Grading definitions).**

LeDeR ID 15671 (Focused)

Age	69
Sex	Female
Diagnosis	Mild learning disability (1985) Depression (2003) Asthma (2004) Osteoarthritis of the hip (2007), osteoarthritis of the knee (2008) Chronic kidney disease stage Hypercholesterolaemia Type 2 diabetes (2011), Fractured neck of femur (2021) Pneumonia Acute renal failure (2022).
Cause of Death	1a Unspecified acute lower respiratory infection 1b N/A 1c N/A II N/A

Positive practice identified:

- No areas of positive practice identified.

Issues, concerns, or potential problems identified:

- The Rotherham Hospital Trust, White Rose House support provider and social worker did not communicate to person's niece that she had been admitted to hospital.
- Lack of timely application of the mental capacity act in regard to a) person and her boyfriend living together b) the management of finances for both Individuals and c) person's hoarding.
- Concerns about possible financial abuse over many years by persons nephew were not fully investigated under safeguarding procedures.
- Person was known to have challenges with hoarding and the decision to change the process for her receiving the pension was done without any evidence of checking if she was able to manage her finances effectively.
- Person temporarily placed at Eastwood House on 3 December 2021, had multiple falls and was readmitted to the hospital on 8 January 2022 after being found unresponsive.
- Eastwood House care records did not contain a copy of the DNACPR.
- Person had a low body mass index and lost a considerable amount of weight in the time (5 weeks) she resided at Eastwood House care home.
- Person's diabetes management was insufficient, with no evidence of support to ensure her understanding.

- Person's hoarding and self-neglect put her at risk of homelessness.

Quality of Care Score	Availability and responsiveness of ICB services Score
2: Care fell short of expected good practice and this significantly impacted on the person's wellbeing and/or had the potential to contribute to the cause of death.	2: Responsiveness of ICS services to the person's needs fell short of the expected standard and this significantly impacted on the person's wellbeing and/or had the potential to contribute to the cause of death.

LeDeR ID 17235 (Initial)

Age	75
Sex	Female
Diagnosis	Hypertensive disease (1998) Anxiety disorder (2002) Impaired fasting glycemia (2005) Total abdominal hysterectomy Cardiomegaly (2011) Thrombocytopenia (2012) Hiatus hernia (2015) Severe frailty (2017) Interstitial lung disease Cerebral infarction (2018) Gastrointestinal protection therapy (2019) Pulmonary fibrosis Hospital acquired pneumonia (2021)
Cause of Death	1a Aspiration Pneumonia 1b Large Hiatus Hernia 1c N/A II Fibrotic Lung Disease, Frailty of old age

Positive practice identified:

- No areas of positive practice identified.

Issues, concerns, or potential problems identified:

- Mencap - Destruction of records before completion of the LeDeR review.
- GP/Mencap - a) Lack of responder to cervical screening b) Rotherwood - Lack of weight monitoring. Person had not been weighed since December 2022, likely due to her refusal. At that time, her BMI was 18.7.

Quality of Care Score	Availability and responsiveness of ICB services Score
4: This was satisfactory care (it fell short of expected good practice in some areas but this did not significantly impact on the person's wellbeing).	5: Responsiveness of ICS services to the person's needs was good and met the expected standard.

LeDeR ID 18722 (Initial)

Age	65
Sex	Male
Diagnosis	Down's Syndrome Severe learning disability (1957) Psoriasis and similar disorders Cataracts (2011) Poor short-term memory (2018).
Cause of Death	1a Intracranial Haemorrhage (Spontaneous) 1b N/A 1c N/A II N/A

Positive practice identified:

- No areas of positive practice identified.

Issues, concerns, or potential problems identified:

- Health Passport not taken to hospital at admission
- Destruction of records before completion of the LeDeR review.
- Lack of engagement with the bowel screening programme
- No evidence of pneumococcal vaccination.

Quality of Care Score	Availability and responsiveness of ICB services Score
4: This was satisfactory care (it fell short of expected good practice in some areas but this did not significantly impact on the person's wellbeing).	5: Responsiveness of ICS services to the person's needs was good and met the expected standard.

LeDeR ID 19848 (Initial)

Age	88
Sex	Female
Diagnosis	Essential hypertension (2003) Type II diabetes (2009) Delusional disorder (2013) Chronic kidney disease stage 3 (2017) Suspected pulmonary embolism Basal cell carcinoma (2020) Atrial fibrillation (2021).
Cause of Death	1a Gastrointestinal bleeding 1b N/A 1c N/A II Frailty

Positive practice identified:

- Crossroads Care went beyond expectations, securing funding for a holiday, arranging and contributing to the funeral, and ensuring person's favourite music was played.
- Laureate Court Activity Team provided a radio and personalised posters for person's bedroom based on her musical preferences.
- Care Home Team introduced an interactive cat for emotional support, enhancing person's well-being

Issues, concerns, or potential problems identified:

- Failure to follow up on an Advanced Care Plan by all involved parties leading to unnecessary hospital admissions.
- Multiple DNACPR forms in hospital records leading to potential confusion.

Quality of Care Score	Availability and responsiveness of ICB services Score
5: This was good care (it met expected good practice).	4: Responsiveness of ICS services to the person's needs was good and met the expected standard

LeDeR ID 22617 (Focused)

Age	60
Sex	Male
Diagnosis	Down's Syndrome Epilepsy (tonic clonic type seizures 2019) Asthma Scoliosis of spine Heart murmur
Cause of Death	1a Cardio Respiratory Arrest in relation to Epileptic Fit 1b Urosepsis in relation to Urinary Outflow Obstruction 1c Down's Syndrome II N/A

Positive practice identified:

- GP Good evidence of reasonable adjustment recorded. Home visits should not be moved from Tuesday as person attended day service on other days.
- CLDT - Good practice from community nurse going the extra mile to ensure person was not disadvantaged due to his complex needs.

Issues, concerns, or potential problems identified:

- GP: Lack of application of the Mental Capacity Act for regular blood tests.
- GP: Omission in recording allergy.
- Coroner: Cause of death certificate recording. Down's syndrome was recorded as I(c) on the death certificate.
- Hospital: Use of learning difficulties terminology and clinical decisions.
- Social care: Delay in social worker allocation.
- Ambulance: Lack of consideration of reasonable adjustments by ambulance service.

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

LeDeR ID 29015 (Focused)

Age	76
Sex	Male
Diagnosis	
Cause of Death	1a Sepsis of Unknown Origin 1b N/A 1c N/A II Recurrent Sigmoid Volvulus, Diabetes Mellitus

Positive practice identified:

- Rotherham Hospital: Effective multi-disciplinary working across medical, nursing, therapy, dietetic, and learning disability teams.
- Rotherham Hospital: Good application of Mental Capacity Act, including consent documentation and best interests discussions.

Issues, concerns, or potential problems identified:

- Lack of progress in improving mobility following prolonged hospital stay.
- Ineffective medication ordering and unsafe storage of medication prepared by District Nurses.
- Increased pressure on person's sister without a carer's assessment being completed.
- Findings from Structured Judgement Review (SJR) - Complex medical needs and management challenges.
- Inaccurate recording of medical conditions in annual health check.

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

LeDeR ID 30965 (Focused)

Age	68
Sex	Male
Diagnosis	Depressive disorder (1991) Emphysema (1992) Hypertension (2003) Raynaud's disease (2004) Osteoarthritis of left knee (2005) Severe chronic obstructive pulmonary disease (COPD) (2013). Mild learning disability
Cause of Death	1a Acute Coronary Event 1b Cardiomegaly, Left Ventricular Hypertrophy 1c N/A II Chronic Obstructive Pulmonary Disease, Hypertension

Positive practice identified:

- GP Adjustments: On 10/04/2024, a telephone invitation to the annual health check was offered as a reasonable adjustment. The GP appropriately identified the need for a face-to-face appointment due to person's learning disability. On 05/06/2024, a full review of reasonable adjustments was conducted to ensure person's needs were being met effectively.

Issues, concerns, or potential problems identified:

- Lack of funeral notification to Mencap service: Mencap who had supported the person for many years, were not informed of his funeral arrangements.
- Failure to Identify person as a frequent A&E attender: person was not identified as a frequent A&E attender by Rotherham Hospital.
- Missed opportunities during social care and health visits: The focus of visits by the social worker and CLDT nurse was primarily on house clearance and the upcoming move to Doncaster.
- Lack of Coordinated multi-disciplinary team response despite GP Concerns: The GP noted repeated A&E attendances and multiple infections, but no multi-disciplinary team approach appears to have been initiated.

Quality of Care Score	Availability and responsiveness of ICB services Score
2: Care fell short of expected good practice and this significantly impacted on the person's wellbeing and/or had the potential to contribute to the cause of death.	3: Responsiveness of ICS services to the person's needs fell short of the expected standard and this did impact on the person's wellbeing but did not contribute to the cause of death.

LeDeR ID 33388 (Initial)

Age	63
Sex	Male
Diagnosis	Megacolon (1966) Epilepsy Severe learning disability (1971) Vitamin D deficiency (2018) Percutaneous endoscopic sigmoid colostomy (2019) DVT right leg (2020) Percutaneous endoscopic gastrostomy feeding Skin and subcutaneous skin infection (2021) Non-diabetic hyperglycaemia (2022) Acquired kyphosis (2023).
Cause of Death	1a Urosepsis 1b N/A 1c N/A II N/A

Positive practice identified:

- Noted use of hospital passport in accident and emergency department
- Good use of Form 4 consent to treatment forms for procedures.
- There was evidence of working together to meet person's needs and the provider had additional training to meet his needs so person could remain living in his home with a familiar staff team.

Issues, concerns, or potential problems identified:

- Mixed messages around feeding at end of life - Conflicting guidance was given to the care provider regarding whether to continue feeding person during his final admission. This caused confusion, though the provider acknowledged the clinical complexity.
- Delay in antibiotic treatment: The Structured Judgement Review noted that person went nearly 48 hours without antibiotics, despite sepsis likely being the cause of death. This delay may represent poor care.
- Lack of DNACPR discussion documentation: No evidence of DNACPR discussion with relatives or people who knew person well. DNACPR was missing from hospital records, though a RESPECT form was later found.

Quality of Care Score	Availability and responsiveness of ICB services Score
4: This was satisfactory care (it fell short of expected good practice in some areas but this did not significantly impact on the person's wellbeing).	4: Responsiveness of ICS services to the person's needs fell short of the expected standard in some areas but this did not significantly impact on the person's wellbeing.

3.4 Narrative Summary of Key Themes from LeDeR Reviews

Across the Rotherham reviews completed in Q1, examples of positive practice were identified, particularly where care was personalised and adjustments were made to meet individual needs. In case **19848**, Crossroads Care demonstrated exceptional commitment by securing funding for a holiday and arranging the individual's funeral. Similarly, the Laureate Court Activity Team tailored support to the person's preferences ensuring personalised end-of-life experiences, including the use of music and an interactive therapy cat for emotional comfort. In **29015**, effective multi-disciplinary working across hospital teams was evident, along with good application of the Mental Capacity Act (MCA) in documenting consent and best interests decisions. In **22617** and **30965**, there was evidence of GPs and community nurses making reasonable adjustments, such as home visits and reviewing support needs to ensure care was accessible.

Despite these examples, several recurrent issues were identified across the reviews. Inconsistent or delayed application of the Mental Capacity Act was a key theme. In **15671**, capacity assessments were not completed in a timely way in relation to personal relationships, financial management, and self-neglect linked to hoarding behaviours. In **22617**, MCA processes were absent for regular blood tests, and in **33388**, DNACPR discussions and documentation were lacking despite end-of-life care considerations.

Safeguarding concerns were raised in **15671**, where allegations of longstanding financial abuse were not fully investigated, alongside unmanaged risks linked to hoarding and the person's vulnerability to homelessness. This case also highlighted significant physical health concerns, including severe weight loss and poorly managed diabetes during a temporary care placement.

Gaps in preventative care and screening were evident in several cases. In **17235** and **18722**, individuals did not engage with cervical and bowel screening programmes, and in **18722**, there was no recorded evidence of pneumococcal vaccination despite increased risk associated with learning disability. In **17235**, weight monitoring had also been missed due to refusal, which had not been appropriately addressed.

Poor coordination and communication were a consistent feature. In **15671** and **30965**, families and key support services were not informed of critical events such as hospital admissions or deaths. In **30965**, although the GP had raised concerns about multiple A&E attendances and infections, there was no evidence of a coordinated multi-disciplinary team response.

Additionally, some reviews highlighted the impact of missing or destroyed records. In **17235** and **18722**, Mencap's destruction of care records in line with their data retention policy significantly limited the ability to assess the quality of care, as vital documents such as risk assessments, health passports, and capacity assessments were unavailable.

Health care system issues were also noted. In **19848**, multiple DNACPR forms in hospital records created potential for confusion. In **33388**, delays in administering antibiotics were identified in the Structured Judgement Review, with sepsis suspected as the cause of death.

Recording inaccuracies were also observed, such as the inappropriate use of “learning difficulties” terminology in **22617**.

Carer and social care support were identified as areas needing improvement. In **29015**, increasing pressures on a family carer were not addressed through a formal carer’s assessment, and in **22617**, there was a delay in social worker allocation.

Overall, while some person-centred and compassionate care was evident, the reviews for Rotherham reveal ongoing challenges, including:

- Inconsistent application of the Mental Capacity Act.
- Missed safeguarding and self-neglect interventions.
- Missed preventative healthcare and screening.
- Poor communication and coordination between services.
- Incomplete or unavailable records hampering care assessments.
- Inadequate carer support and social care involvement.

These findings underscore the need for system-wide improvements in safeguarding, capacity assessment, care coordination, and proactive health interventions for people with a learning disability and autistic people.

Summary of Care Quality and Responsiveness Ratings (LeDeR Scoring)

LeDeR ID	Review Type	Quality of Care	ICS Responsiveness
15671	Focused	2: Significant shortfalls impacting wellbeing and/or potential contribution to death	2: Significant shortfalls impacting wellbeing
17235	Initial	4: Satisfactory (shortfalls but no significant impact)	5: Good
18722	Initial	4: Satisfactory (shortfalls but no significant impact)	5: Good
19848	Initial	5: Good	4: Some shortfalls but no significant impact
22617	Focused	3: Shortfalls impacted wellbeing but not contributory to death	3: Shortfalls impacted wellbeing
29015	Focused	3: Shortfalls impacted wellbeing but not contributory to death	3: Shortfalls impacted wellbeing
30965	Focused	2: Significant shortfalls impacting wellbeing and/or potential contribution to death	3: Shortfalls impacted wellbeing
33388	Initial	4: Satisfactory (shortfalls but no significant impact)	4: Some shortfalls but no significant impact

4. Rotherham Referrals for Consideration of SAR

The SY ICS LeDeR Quality Assurance Panel made one referral for consideration of SAR (LeDeR ID 1567) during Q1.

5. Deaths of Autistic People

No notifications received for autistic people during Q1.

Anita Winter
ICS Health Inequalities/LeDeR Strategic Lead
Email: anita.winter@nhs.net
15/07/2025

Grading of Care Definitions

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

Score	Quality of Care	Responsiveness of ICS Services
1	Care fell far short of expected good practice and this contributed to the cause of death.	Responsiveness of ICS services to the person's needs fell far short of the expected standard and this contributed to the cause of death.
2	Care fell short of expected good practice and this significantly impacted on the person's wellbeing and/or had the potential to contribute to the cause of death.	Responsiveness of ICS services to the person's needs fell short of the expected standard and this significantly impacted on the person's wellbeing and/or had the potential to contribute to the cause of death.
3	This was good care (it met expected good practice). Please identify in the review learning and recommendations any features of care that current practice could learn from.	Responsiveness of ICS services to the person's needs fell short of the expected standard and this did impact on the person's wellbeing but did not contribute to the cause of death.
4	This was satisfactory care (it fell short of expected good practice in some areas but this did not significantly impact on the person's wellbeing).	Responsiveness of ICS services to the person's needs fell short of the expected standard in some areas but this did not significantly impact on the person's wellbeing.
5	This was good care (it met expected good practice). Please identify in the review learning and recommendations any features of care that current practice could learn from.	Responsiveness of ICS services to the person's needs was good and met the expected standard.
6	This was excellent care (it exceeded expected good practice). Please identify in learning and recommendations what features of care made it excellent and consider how current practice could learn from this.	Responsiveness of ICS services to the person's needs was excellent and exceeded the expected standard



Feedback from Rotherham Place Executive Team for noting at Rotherham Place ICB Committee: 17 September 2025

RPET Meeting Date	Item Discussed	Outcome
07.08.25	National Neighbourhood Health Implementation Programme	<p>This new national programme has been launched this week presenting an opportunity to put forward a bid at place level. It proposes adopting a test and learn approach to support delivery and the anticipated criteria for cohort 1 being for adults with long term conditions and rising risk which aligns well with work taking place in Rotherham.</p> <p>RPET supported submitting a first wave bid by the deadline which Place Board partners had agreed to sign off and progress. Next steps include two workshops scheduled for September to begin preparing for taking forward our approach.</p>
21.08.25	RDaSH - Direct Award A	<p>RPET supported the direct award process A to the Rotherham, Doncaster & South Humber NHS Foundation Trust for 2025-2030 contract agreed with SY ICB, Doncaster City Council & Nottingham, Nottingham ICB and Rotherham Place in accordance with the NHS Provider Selection Scheme Regulations 2003</p> <p>RPET also supported the detail of the NHS Provider Selection Scheme record of decision notice and authorised its publication by the SYICB procurement team on the UK Government – Find a Tender Service portal.</p>
21.08.25	Qwell Service Benefit Review	<p>The outcome from the QWELL service benefit review seeking approval for the continuation of the service through a direct award via the G-Cloud Framework was considered. Kooth plc are the leading digital mental health provider in partnership with the NHS and Local Authorities.</p> <p>RPET supported the continuation of the service for a further 12 months with an option to extend for 12 months through a direct award via the G-Clough Call-Off Contract 14 framework, within the financial envelope. Further discussions will determine whether this funding level will support the commissioning of the same level of activity as delivered under the current contract.</p>

Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45 – 11.30am
Date of Meeting:	Wednesday 16 July 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:	W Allott, Director of Financial Transformation Rotherham, NHS SYICB J Edwards, 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 Bob Kirton, Managing Director, The Rotherham NHS Foundation Trust
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services.
Quoracy: (Quorate)	No business shall be transacted unless at least 60% of the membership (which equates to 4 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

Members:

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

Participants:

Jude Archer (**JA**), Assistant Director of Transformation, NHS SY ICB
 Andrew Brankin (**AB**), Rotherham Care Group Director, Rotherham, Doncaster and South Humber NHS Foundation Trust
 Lydia George (**LG**), Transformation & Partnership Portfolio Manager (Rotherham), NHS SY ICB
 Alex Hawley (**AH**), Interim Director of Public Health, Rotherham MBC
 Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham

In attendance

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

Item Number	Discussion Items
I31/07/25	Place Integrated Performance Report
<p>JA updated Members on performance noting:</p> <ul style="list-style-type: none"> • Due to the time lag in data, the percentage of A&E patients seen within 4 hours is more positive than shown at 68.6% but now over 70% • The Category 2 ambulance response time is being met whilst the average handover time, although not being met had improved positively from the previous period • Bed occupancy was outside the national standard at by just 0.2% at 92.2% and showing a big improvement on last month. • There had also been an improvement on No Criteria to Reside which stands at 14.8%. • The national target for urgent community referrals to be seen within 2 hours was being met at 85% and virtual ward utilisation showing positive outcomes. • Rotherham continues to offer the highest number of primary care appointments across South Yorkshire per head of population. • On elective care there had been a slight improvement on the numbers waiting over 52 weeks • Rotherham was just under target for the percentage of patients receiving diagnostic tests within 6 weeks at 94.8%. • The percentage of patients with cancer diagnosis communicated within 28 days was under the standard of 80% at 79.6%. There were also challenges in meeting the 62-day referral to treatment standard (75%) at 67.9% <p>From an overarching perspective focussing more on performance data across South Yorkshire, A&E attendances have increased but are not transferring into admissions as the level of acuity not as prevalent as it was.</p> <p>GP appointments are down on the trajectory with a reduction in the number of appointments, an increase in attendances and reduction on admissions.</p> <p>It was noted that generally, Rotherham performance is strong.</p>	
I32/07/25	Rotherham Place Committee Annual Report 2024/25
<p>In June, Members had received the annual report and reflected on the activity undertaken in year. The members presented at the meeting were assured that it delegated duties had been discharged in accordance with the Committee’s terms of reference and its workplan. However, as the meeting was not quorate at that time, it was agreed that the Chair would contact the absent member to get a view.</p> <p>SS confirmed that she was happy to concur with Members and complete assurance from Rotherham Place Committee was confirmed.</p> <p>The Chair’s comments have also been added to the annual report which will go to the NHS SY ICB Board in September.</p> <p>In his comments, CE had also added his thanks to team members for their energy, commitment and consistency in driving forward Place priorities and strong partnership working, as well as acknowledging the challenges and opportunities to be faced within the forthcoming year.</p>	

I33/07/25	ICB Board Assurance Framework, Risk Register & Issues Log
<p>All members had received and reviewed the board assurance framework, risk register and issues log.</p> <p>LG asked Members to consider two risks for Rotherham Place, RRP 008 relating to MHRA Bed Alert and RRP 0013 relating to Hospice Funding. Following discussion it was agreed that both risks could now be retired as necessary action had been taken in relation to the bed alert, and the Hospice contract had been agreed and signed off for this year.</p> <p>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.</p>	
I34/07/25	Quality, Patient Safety and Experience Dashboard
<p>AR presented this month's report advising that TRFT had presented a paper to its Board of Directors in June outlining findings from the Royal College of Physicians into the ERCP service delivered between 2016 and 2021 following a pattern of adverse incidents and complications. Patients and families had been contacted with an apology and explanation offered as well as going support made available. Place Board was assured that recommendations from the external review have been implemented and the service has since been provided by Sheffield Teaching Hospitals NHS Foundation Trust without concern.</p> <p>AR went on to highlight:</p> <ul style="list-style-type: none"> • The Trust has implemented Call4Concern (Martha's rule) to help improve the quality and safety of care for patients who condition is worsening. The initiative empowers patients, families, carers and staff to ensure their concerns are listened to and acted upon. A positive impact is already being seen. • Rotherham Place CHC team continues to experience significant staffing issues due to ongoing absences and vacancies, despite some actions taken to mitigate the risks. Following scrutiny from NHS England, the focus is on areas around quality, safety and business continuity. • The trajectories around healthcare associated infections for 2025/26 will be in the next report. <p>JP added that since the report was written, Shakespeare Road GP Practice has moved out of the CQC overall rating from 'requiring improvement' into 'good'.</p> <p>Members noted the contents of the report.</p>	
I35/07/25	Feedback from Rotherham Place Executive Team (RPET)
<p>CS advised that RPET had considered the following items:</p> <ul style="list-style-type: none"> • Talking Therapies Memorandum of Understanding Employment Advisors between RDaSH and NHS SY ICB - continuation of employment advisors in the NHS Talking Therapies Initiative was supported. • All-Age Neurodevelopment Service Procurement Outcome Report – supported the recommendation to award the NHS Standard Contract as outlined in the report. • Rotherham Prescribing Incentive Scheme – supported as presented and encouraged to move to a South Yorkshire approach. • Minor Surgery Service – supported the continuation of service in a different format. 	

- Proposal for continuation of a high complex frailty pathway – supported given good evidence base following a test and learn pilot in line with wider proactive care programme.

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

I36/07/25 Rotherham Place Executive Team (RPET) Terms of Reference

Rotherham Place Executive Team had undertaken a review of its terms of reference with minor changes. The revised version was presented for ratification by ICB Place Committee in line with governance.

Members ratified the revised terms of reference for RPET.

I37/07/25 Minutes and Action Log and Assurance Report from the last Meeting

The minutes from the meeting held on Wednesday 18 June 2025 were accepted as a true and accurate record.

The action log was reviewed. There was one amber rated action around an enquiry from BK about the impact of moving from Rotherham Health Record to Yorkshire & Humber Care Record and whether there would be loss of functionality currently available through RHR. Andrew Clayton has been invited to come along to give a digital update to September Place Board and will advise then.

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

I38/07/25 Communication to Partners/Promoting Consultations & Events

None.

I39/07/25 Risks and Items for Escalation

None.

I40/07/25 Forward Agenda Items

Standing Items

- Rotherham Place Performance Report (monthly)
- Risk Register (Monthly for information)
- Place Prescribing Report (Quarterly)
- Quality, Patient Safety and Experience Dashboard (Bi- monthly)
- Quarterly Medical Director Update (September)

I41/07/25 Date of Next Meeting

The next meeting will take place on **Wednesday 17 September 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
John Edwards	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	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.	19.11.25	AC	Amber		Deferred to November
16.07.25			No actions					



Rotherham Place Committee Assurance Highlight Report

1. Introduction

The purpose of this report is to highlight the main points from the Rotherham Place Committee held on Wednesday 16 July 2025.

2. Highlights

The Rotherham Place Committee received the following assurances:

Agenda Item	Assurance Level	Further Actions Agreed
<i>I31/07/25 – Place Integrated Performance Report</i>	3	Members noted the performance position for July 2025.
<i>I32/07/25 – Rotherham Place Committee Annual Report 2024/5</i>	3	Confirmation had been obtained from all Place Members that they were assured their delegated duties had been discharged in accordance with the Committee's Terms of Reference and its workplan. No changes had been requested to the annual report other than to add the Chair's comments. The report will go to SY ICB Board in September.
<i>I33/07/25 - ICB Board Assurance Framework, Risk Register & Issues Log</i>	3	It was agreed to retire two risks as the necessary action had been taken, namely RRP 008 relating to MHRA Bed Alert and RRP 0013 relating to Hospice Funding on the Rotherham Place section of the register. There were no new risks to be added at this time. SY ICB Board will be asked to approve these changes.
<i>I34/07/25 – Quality, Patient Safety and Experience Dashboard</i>	3	Members noted the contents of the July report. There were no issues for escalation.
<i>I35/07/25 – Feedback from Rotherham Place Executive Team (RPET)</i>	3	Members acknowledged the discussions and decisions taken as detailed in the paper.
<i>I36/07/25 – Rotherham Place Executive Team Terms of Reference</i>	3	Members ratified the minor changes that RPET had made to its ToR which were in line with governance.
<i>I37/07/25 – Minutes from Rotherham Place Board Partnership session – 18 June 2025</i>	3	The minutes from the public partnership session held in June were noted for information and openness.

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
31.07.25