



Agenda

| | |
|----------------------|---|
| Title of Meeting: | Rotherham Place Board: ICB Business |
| Time of Meeting: | 11.00am – 11.30am |
| Date of Meeting: | Wednesday 15 October 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: | W. Allott, Rotherham Place, NHS SY ICB M. Cottle-shaw, Chief Executive, Rotherham Hospice C. Edwards, Place Director – Rotherham Place, NHS SY ICB R. Jenkins, Chief Executive, The Rotherham NHS Foundation Trust T. Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust S. Hussain, Chief Executive, Voluntary Action Rotherham E. Parry-Harries, Director of Public Health, Rotherham Council |
| Conflicts of Interest: | |
| Quoracy: | No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member |

| Item | Business Items | Time | Pres by | Encs |
|-----------------------|--|---------|---------------|-------------------|
| 1 | Rotherham Place Integrated Performance Report | 10 mins | Jude Archer | Enc 1 |
| 2 | ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – <i>for information</i> | 10 mins | Chris Edwards | Enc 2i, 2ii, 2iii |
| 3 | Feedback from Rotherham Place Executive Team | 5 mins | Claire Smith | Enc 3 |
| Standard Items | | | | |
| 4 | Minutes, Action Log and Assurance Report from 17 September 2025 Meeting | 5 mins | Chair | Enc 4i, 4ii, 4iii |
| 5 | Communication and Promoting Consultations and Events | | All | Verbal |
| 6 | Risks and Items for Escalation to ICB Board | | Chair | Verbal |
| 7 | 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 | | | |
| 8 | Date of Next Meeting: 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 Children's 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



(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.

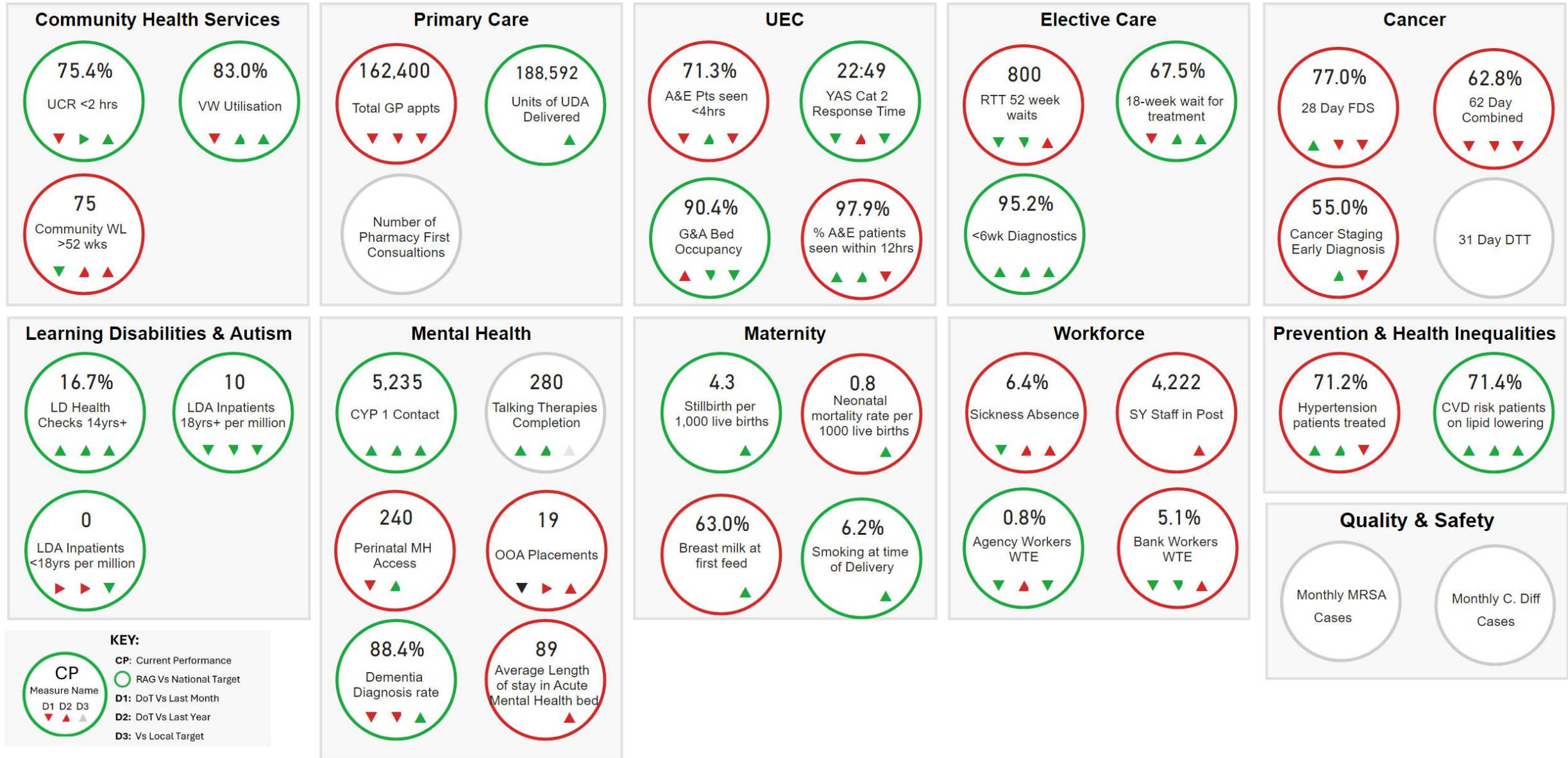
The access into perinatal mental health and maternal mental health services has remained stable in June 2025 with 1,622 people accessing the service against a planned position of 1,569. The latest available Severe Mental Illness (SMI) Physical Health Checks data for June 2025 shows the ICB achieving 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 |
|------------------------------|--|--|--------------------------------|------------------|---------------------|------------------------|
| <p>GOALS</p> | 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 | |
| <p>BOLD AMBITIONS</p> | 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 |
|--|--|--|---|
| <p>Low Birth Weight Under 2,500g (%)</p> <p>SY 8.3</p> <p>ENG 7.2</p> <p>2022</p> | <p>Percentage of People in Employment (%)</p> <p>SY 71.8</p> <p>ENG 75.7</p> <p>2023/24</p> | <p>EM Hospital Admissions Due to Falls, 65+ (Std Rate per 100,00)</p> <p>SY 2.3K</p> <p>ENG 2.0K</p> <p>2023/24</p> | <p>Premature Mortality in Adults with SMI (Std Rate per 100,000)</p> <p>SY 133.3</p> <p>ENG 110.8</p> <p>2021 - 23</p> |

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% | |
|--|--|------------|--------|------------|--------|--|-------|--|------|--------|-------|-------|-------|--------|-------|--------|-------|-------|--|
| | Actual | Standard | | | | | | | | | | | | | | | | | |
| Jul-25 | 71.3% | 78.0% | | | | | | | | | | | | | | | | | |
| BHFT | DBTHFT | SCH | STH | SYICB | | | | | | | | | | | | | | | |
| 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% | | | |
| | Actual | | | | | | | | | | | | | | | | | | |
| Jul-25 | 98.7% | | | | | | | | | | | | | | | | | | |
| BHFT | DBTHFT | SCH | STH | SYICB | | | | | | | | | | | | | | | |
| 99.0% | 97.5% | 100.0% | 93.2% | 100.0% | | | | | | | | | | | | | | | |
| <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% | | | |
| | Actual | | | | | | | | | | | | | | | | | | |
| Jul-25 | 80.2% | | | | | | | | | | | | | | | | | | |
| BHFT | DBTHFT | SCH | STH | SYICB | | | | | | | | | | | | | | | |
| 52.7% | 88.9% | 100.0% | 83.3% | 78.7% | | | | | | | | | | | | | | | |
| <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% | | | |
| | Actual | Standard * | | | | | | | | | | | | | | | | | |
| Jul-25 | 90.4% | 92.0% | | | | | | | | | | | | | | | | | |
| BHFT | DBTHFT | STH | SYICB | | | | | | | | | | | | | | | | |
| 96.0% | 93.1% | 91.5% | 92.4% | | | | | | | | | | | | | | | | |

% 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%.

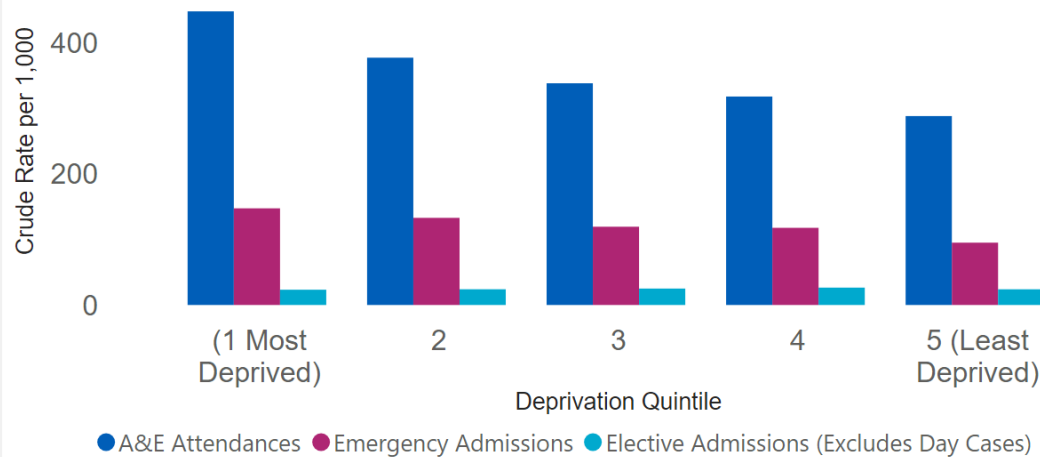
Urgent & Emergency Care Continued

| <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 | | | |
|--|--|--------------|--------------|--------------|---------------|--------------|--------------|---|----------|-----------|-----------|-------|--------------|--------------|--------------|--------------|--------------|--------------|--|
| | Actual | Standard | | | | | | | | | | | | | | | | | |
| Jul-25 | 22:49 | 30:00 | | | | | | | | | | | | | | | | | |
| Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | | | |
| 26:21 | 23:40 | 21:16 | 23:03 | | | | | | | | | | | | | | | | |
| <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 | |
| | Actual | Standard | | | | | | | | | | | | | | | | | |
| Jul-25 | 17:31 | 15:00 | | | | | | | | | | | | | | | | | |
| BHFT | DBTHFT | SCH | STH | SYICB | | | | | | | | | | | | | | | |
| 20:46 | 17:10 | 10:16 | 17:25 | 17:47 | | | | | | | | | | | | | | | |

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



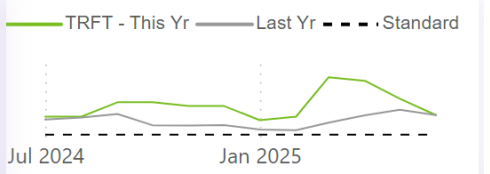
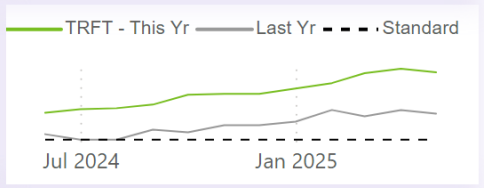
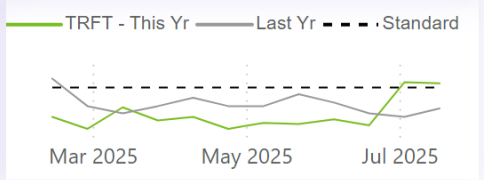
Category 2 Ambulance Response Time

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</p> <p>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% |  | | | | | | |
|--|--|--------------|--------------|-----------|---------------|--------------|--------------|--|-------|-----------|--------|-------|--------------|--------------|--------------|--------------|---|----------|--------------|----------|----------|--------------|---|
| | Actual | Standard* | | | | | | | | | | | | | | | | | | | | | |
| Jun-25 | 75.4% | 70.0% | | | | | | | | | | | | | | | | | | | | | |
| RDASH | STH | SWYPFT | SYICB | | | | | | | | | | | | | | | | | | | | |
| 80.0% | 0.0% | 98.6% | 93.1% | | | | | | | | | | | | | | | | | | | | |
| <p>3</p> <p>Placeholder: Community Beds Occupancy</p> <p>Number of beds occupied as a proportion of total available for ICB</p> | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1 3</p> <p>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 |  |
| | Actual | Standard | | | | | | | | | | | | | | | | | | | | | |
| May-25 | 75 | 0 | | | | | | | | | | | | | | | | | | | | | |
| BHFT | DBTHFT | RDASH | SCH | SHSC | STH | SYICB | | | | | | | | | | | | | | | | | |
| 0 | 0 | 0 | 8,729 | 1 | 1 | 8,806 | | | | | | | | | | | | | | | | | |
| <p>1 3</p> <p>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%.

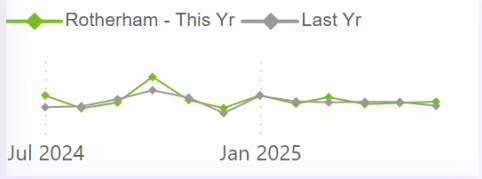


Community Waiting List over 52 weeks

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 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) |  |
|--|--|-----------------|---------------|---------------|-----------------|--|---------|---|---|-----------|-----------|-----------|-------|--------|---------------|---------------|--|---------------|---|
| | 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 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 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 |  | | | | | | | | | | |
| | 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 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 |  | | |
| | 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.

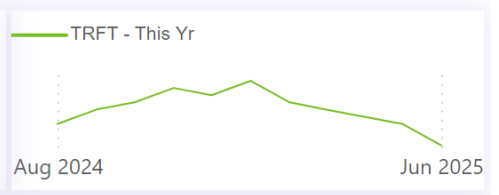
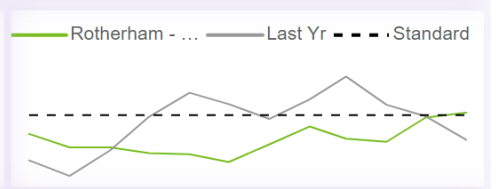
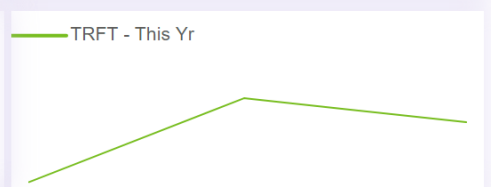
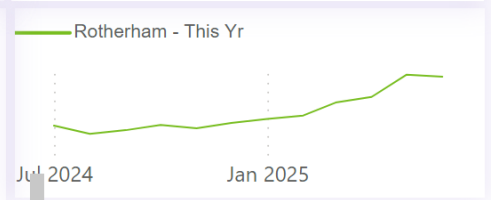
Pharmacy First Interventions

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% |  |
|--|---|------------|------------|------------|--------|-------|-------|---|----------|-----------|-----------|-------|-------|------------|------------|------------|---|------------|---|
| | Actual | Standard | | | | | | | | | | | | | | | | | |
| May-25 | 2.3% | 1.0% | | | | | | | | | | | | | | | | | |
| 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% |  | | |
| | Actual | Standard | | | | | | | | | | | | | | | | | |
| Jun-25 | 95.2% | 95.0% | | | | | | | | | | | | | | | | | |
| Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | | | |
| 88.5% | 78.7% | 74.0% | 80.4% | | | | | | | | | | | | | | | | |
| <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% |  |
| | Actual | Standard | | | | | | | | | | | | | | | | | |
| Jun-25 | 79.3% | 67.0% | | | | | | | | | | | | | | | | | |
| BHNFT | DBTH | SCH | STHT | SYICB | | | | | | | | | | | | | | | |
| 76.0% | 71.7% | 81.6% | 65.5% | 71.9% | | | | | | | | | | | | | | | |
| <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) |  |
| | Actual | Plan | | | | | | | | | | | | | | | | | |
| 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

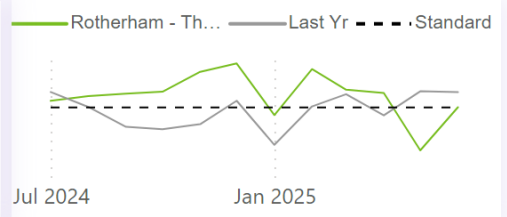
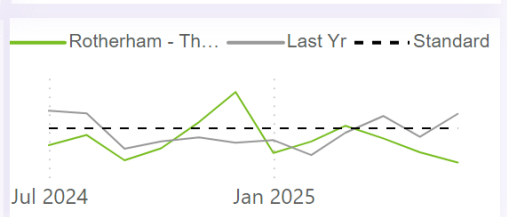
In June, TRFT's performance was 79.3%, which failed to meet the National Target of 67%. It was an improvement on the previous periods performance of 80.1%.

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>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>82.8%</td> <td>82.8%</td> <td>72.1%</td> <td>77.5%</td> </tr> </tbody> </table> | Barnsley | Doncaster | Sheffield | SYICB | 82.8% | 82.8% | 72.1% | 77.5% |  |
|--|--|--------------|--------------|----------|---------------|--------------|--------------|---|----------|-----------|-----------|-------|--------------|--------------|--------------|--------------|---|
| | Actual | Standard | | | | | | | | | | | | | | | |
| Jun-25 | 77.0% | 80.0% | | | | | | | | | | | | | | | |
| Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | |
| 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>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>58.6%</td> <td>71.9%</td> <td>50.0%</td> <td>59.7%</td> </tr> </tbody> </table> | Barnsley | Doncaster | Sheffield | SYICB | 58.6% | 71.9% | 50.0% | 59.7% |  |
| | Actual | Standard | | | | | | | | | | | | | | | |
| Jun-25 | 62.8% | 75.0% | | | | | | | | | | | | | | | |
| Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | |
| 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

| <p>1 Cancer Diagnosis at stage 1 or 2</p> <p>Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028</p> | <p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2021</td> <td>55.0%</td> <td>75.0%</td> </tr> </tbody> </table> | | Actual | Standard | 2021 | 55.0% | 75.0% | <p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>50.5%</td> <td>53.2%</td> <td>51.7%</td> <td>52.5%</td> </tr> </tbody> </table> | Barnsley | Doncaster | Sheffield | SYICB | 50.5% | 53.2% | 51.7% | 52.5% | |
|--|---|-----------|--------|----------|--------|-------|-------|---|----------|-----------|-----------|-------|-------|-------|-------|-------|--|
| | Actual | Standard | | | | | | | | | | | | | | | |
| 2021 | 55.0% | 75.0% | | | | | | | | | | | | | | | |
| Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | |
| 50.5% | 53.2% | 51.7% | 52.5% | | | | | | | | | | | | | | |
| <p>3 31 Day diagnosis to treatment</p> <p>The NHS constitution's 31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients</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>88.4%</td> <td>96.0%</td> </tr> </tbody> </table> | | Actual | Standard | Jun-25 | 88.4% | 96.0% | <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>88.6%</td> <td>89.2%</td> <td>81.0%</td> <td>86.0%</td> </tr> </tbody> </table> | Barnsley | Doncaster | Sheffield | SYICB | 88.6% | 89.2% | 81.0% | 86.0% | |
| | Actual | Standard | | | | | | | | | | | | | | | |
| Jun-25 | 88.4% | 96.0% | | | | | | | | | | | | | | | |
| 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

| Quintile | Percentage |
|----------|------------|
| 5 | 58.8% |
| 4 | 57.2% |
| 3 | 55.5% |
| 2 | 51.2% |
| 1 | 49.3% |

Year: 2022 | Comparator: SY Average

Ethnicity

| Ethnicity | Percentage |
|-----------|------------|
| Asian | 54.5% |
| Mixed | 53.1% |
| White | 52.6% |
| Other | 49.3% |
| Black | 48.0% |

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 | | | | | | | | | | | | | | |
| 2.1 | 2.7 | 5.4 | 4.3 | | | | | | | | | | | | | | |
| <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% |  |
| | Actual | Standard | | | | | | | | | | | | | | | |
| Jun-25 | 6.3% | 6.0% | | | | | | | | | | | | | | | |
| BHFT | DBTHFT | STH | SYICB | | | | | | | | | | | | | | |
| 4.3% | 7.6% | 7.3% | 6.7% | | | | | | | | | | | | | | |

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% |  <p>TRFT - This Yr</p> |
|---|---|-----------|--------|----------|----------|-------|-------|---|----------|-----------|-----------|-------|-------|-------|-------|-------|--|
| | Actual | Standard | | | | | | | | | | | | | | | |
| Jun-25 | 63.0% | 71.7% | | | | | | | | | | | | | | | |
| BHFT | DBTHFT | STH | SYICB | | | | | | | | | | | | | | |
| 66.2% | 60.0% | 69.4% | 65.1% | | | | | | | | | | | | | | |
| <p>2 Smoking at time of Delivery</p> <p>Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother.</p> | <p>Sheffield</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Q4 24/25</td> <td>6.2%</td> <td>6.0%</td> </tr> </tbody> </table> | | Actual | Standard | Q4 24/25 | 6.2% | 6.0% | <p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>8.2%</td> <td>7.1%</td> <td>6.2%</td> <td>0.0%</td> </tr> </tbody> </table> | Barnsley | Doncaster | Sheffield | SYICB | 8.2% | 7.1% | 6.2% | 0.0% |  <p>Rotherham - This Yr</p> |
| | Actual | Standard | | | | | | | | | | | | | | | |
| Q4 24/25 | 6.2% | 6.0% | | | | | | | | | | | | | | | |
| Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | |
| 8.2% | 7.1% | 6.2% | 0.0% | | | | | | | | | | | | | | |

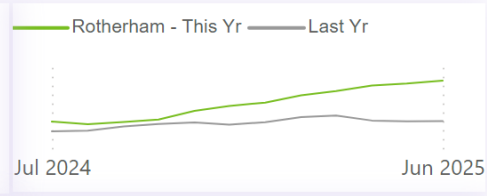
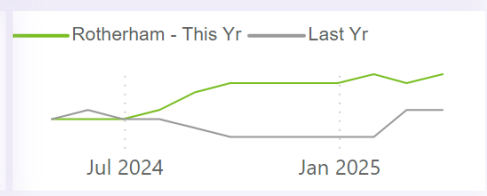
Breast milk at first feed

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> <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 |  |
|---|--|--------------|---------------|------|---------------|--------------|--------------|--|----------|-----------|-----------|-------|--------------|--------------|--------------|---------------|---|
| | Actual | Plan | | | | | | | | | | | | | | | |
| Jun-25 | 5,235 | 4,760 | | | | | | | | | | | | | | | |
| Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | |
| 4,860 | 4,245 | 5,465 | 19,725 | | | | | | | | | | | | | | |
| <p>1 3</p> <p>Perinatal Access</p> <p>Number of women accessing specialist Perinatal Mental Health services</p> | <p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>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 |  |
| | Actual | Plan | | | | | | | | | | | | | | | |
| Mar-25 | 240 | 373 | | | | | | | | | | | | | | | |
| Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | |
| 270 | 425 | 445 | 1,380 | | | | | | | | | | | | | | |
| <p>1 2</p> <p>SMI Health Checks</p> <p>Proportion of people with Severe Mental Illness receiving a full annual physical health check and follow up interventions</p> | <p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>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% | |
| | Actual | Plan | | | | | | | | | | | | | | | |
| Jun-25 | 70.0% | 60.0% | | | | | | | | | | | | | | | |
| Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | |
| 61.0% | 70.0% | 60.0% | 64.0% | | | | | | | | | | | | | | |

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.

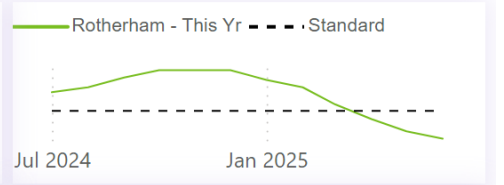
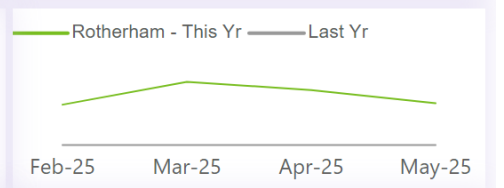
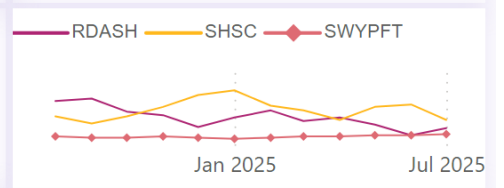
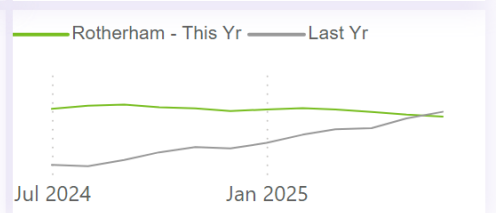
Number of women accessing specialist Perinatal Mental Health services

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>Jun-25</td> <td>235</td> <td>280</td> <td>415</td> <td>1,135</td> </tr> </tbody> </table> | | Barnsley | Doncaster | Sheffield | SYICB | Jun-25 | 235 | 280 | 415 | 1,135 |  |
|--|--|--------------|--------------|--------------|---------------|---------------|--------------|--|----------|---|-----------|-----------|-------|---------------|--------------|--------------|--------------|--------------|---|
| | Actual | Plan | | | | | | | | | | | | | | | | | |
| Jun-25 | 200 | 257 | | | | | | | | | | | | | | | | | |
| | Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | | |
| Jun-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>Jun-25</td> <td>73</td> <td>49</td> <td>53</td> <td>60</td> </tr> </tbody> </table> | | Barnsley | Doncaster | Sheffield | SYICB | Jun-25 | 73 | 49 | 53 | 60 |  |
| | Actual | Plan | | | | | | | | | | | | | | | | | |
| Jun-25 | 89 | 73 | | | | | | | | | | | | | | | | | |
| | Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | | |
| Jun-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>Jun-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 | Jun-25 | 73.3% | 69.7% | 73.4% | 75.5% |  |
| | Actual | Target* | | | | | | | | | | | | | | | | | |
| Jun-25 | 88.4% | 66.7% | | | | | | | | | | | | | | | | | |
| | Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | | |
| Jun-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

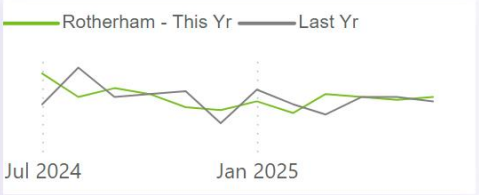
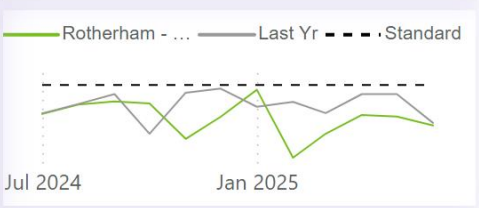

In June, Rotherham's performance was 89, which failed to meet the National Target of 73.3. It was a decline on the previous period's performance of 57.

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 |  <p>Rotherham - This Yr (green line), Last Yr (grey line)</p> |
|---|---|-----------|--------|------|--------|-----|-------|---|----------|-----------|-----------|-------|-----|-----|-----|-------|--|
| | Actual | Plan | | | | | | | | | | | | | | | |
| Jun-25 | 280 | | | | | | | | | | | | | | | | |
| Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | |
| 330 | 325 | 570 | 1,500 | | | | | | | | | | | | | | |
| <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% |  <p>Rotherham - ... (green line), Last Yr (grey line), Standard (dashed line)</p> |
| | Actual | Plan | | | | | | | | | | | | | | | |
| Jun-25 | 43% | 48.0% | | | | | | | | | | | | | | | |
| Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | |
| 45% | 40% | 47% | 44% | | | | | | | | | | | | | | |
| <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% |  <p>Rotherham - ... (green line), Last Yr (grey line), Standard (dashed line)</p> |
| | Actual | Plan | | | | | | | | | | | | | | | |
| Jun-25 | 68% | 67.7% | | | | | | | | | | | | | | | |
| Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | |
| 62% | 60% | 68% | 65% | | | | | | | | | | | | | | |

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.


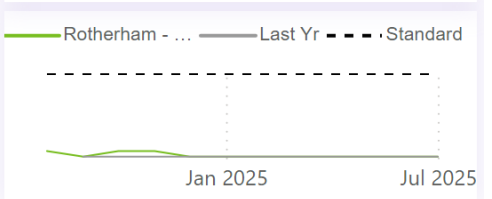
Talking Therapies Improvement

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% |  <p>Legend: Rotherham - ... Last Yr - - - Standard</p> |
|--|---|--------------|--------------|--------------|---------------|--------------|--------------|--|---|----------|-----------|-----------|-------|---------------|--------------|--------------|--------------|--------------|---|
| | Actual | Q1 Target | | | | | | | | | | | | | | | | | |
| Jun-25 | 16.7% | 14.0% | | | | | | | | | | | | | | | | | |
| | Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | | |
| Jun-25 | 12.3% | 14.4% | 14.1% | 14.3% | | | | | | | | | | | | | | | |
| <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 | | | | | | | | | | | | |
| | Actual | June Plan | | | | | | | | | | | | | | | | | |
| Jun-25 | 35 | 37 | | | | | | | | | | | | | | | | | |
| <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 | | | | | | | | | | | | |
| | Actual | June Plan | | | | | | | | | | | | | | | | | |
| Jun-25 | 20 | 23 | | | | | | | | | | | | | | | | | |
| <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> |  <p>Legend: Rotherham - ... Last Yr - - - Standard</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

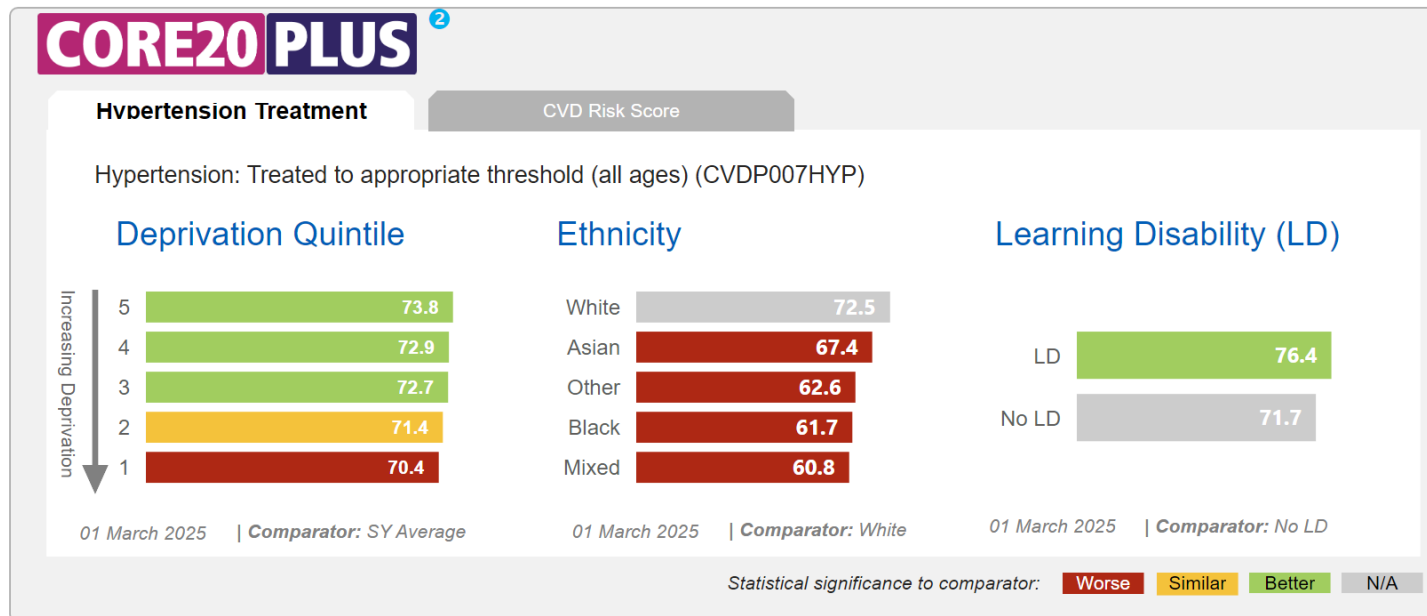
Reliance on mental health inpatient care for adults with a learning disability

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)

| <p>1 2 3 % of patients with hypertension treated to NICE guidance</p> <p>Increase the proportion of patients with hypertension treated according to NICE guidance to 80% by March 2025</p> | <p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Mar-25</td> <td>71.2%</td> <td>80.0%</td> </tr> </tbody> </table> | | Actual | Standard | Mar-25 | 71.2% | 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>Mar-25</td> <td>69.9%</td> <td>73.5%</td> <td>72.0%</td> <td>71.8%</td> </tr> </tbody> </table> | | Barnsley | Doncaster | Sheffield | SYICB | Mar-25 | 69.9% | 73.5% | 72.0% | 71.8% | |
|---|--|--------------|--------------|--------------|---------------|--------------|--------------|--|--|----------|-----------|-----------|-------|---------------|--------------|--------------|--------------|--------------|--|
| | Actual | Standard | | | | | | | | | | | | | | | | | |
| Mar-25 | 71.2% | 80.0% | | | | | | | | | | | | | | | | | |
| | Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | | |
| Mar-25 | 69.9% | 73.5% | 72.0% | 71.8% | | | | | | | | | | | | | | | |
| <p>1 2 3 % of patients aged 25-84 years with a CVD risk score greater than 20% on lipid lowering therapies</p> <p>Increase the proportion of patients aged 25-84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025</p> | <p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Mar-25</td> <td>71.4%</td> <td>65.0%</td> </tr> </tbody> </table> | | Actual | Standard | Mar-25 | 71.4% | 65.0% | <p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Mar-25</td> <td>70.4%</td> <td>69.9%</td> <td>67.4%</td> <td>69.5%</td> </tr> </tbody> </table> | | Barnsley | Doncaster | Sheffield | SYICB | Mar-25 | 70.4% | 69.9% | 67.4% | 69.5% | |
| | Actual | Standard | | | | | | | | | | | | | | | | | |
| Mar-25 | 71.4% | 65.0% | | | | | | | | | | | | | | | | | |
| | Barnsley | Doncaster | Sheffield | SYICB | | | | | | | | | | | | | | | |
| Mar-25 | 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.



Feedback from Rotherham Place Executive Team for noting at Rotherham Place ICB Committee: 15 October 2025

| RPET Meeting Date | Item Discussed | Outcome |
|--------------------------|---|---|
| 28.08.25 | Rotherham Medicines Optimisation Incentive Scheme 2024-25 | RPET received a report regarding the incentive scheme for 2024/25 for which the budget is held locally. RPET considered and approved the payment of the Rotherham MO incentive scheme 2024-25 to practices. |
| 04.09.25 | Social Prescribing/Mental Health Community Connectors Future Commissioning Options Appraisal | After discussion, RPET agreed for officers to progress with option three to integrate the Mental Health Community Connector (MHCC) service into the existing Rotherham Social Prescribing (SP) contract and to explore efficiencies but at the same time consider sustainability of VAR as part of the process and bring back a report to RPET. |
| 11.09.25 | Locally Enhanced Service – Optometry | RPET noted the paper and that it is being presented at FEG. RPET supported further work to be undertaken to understand all the challenges and potential risks at which point a decision can then be made as to whether to join the SY proposal. |
| 18.9.25 | Weight Management Pathway Update | <p>RPET received a report requesting support for the updated weight management pathway following review and approval at the CRMC.</p> <p>The recommended revision is to help primary care and other health and care colleagues understand referral routes. It was noted that there was no financial impact to the revised pathway.</p> <p>RPET supported the updated pathway noting it had been approved at CRMC.</p> |

| Minutes | |
|-----------------------------|--|
| Title of Meeting: | Rotherham Place Board: ICB Business |
| Time of Meeting: | 11:00 – 11.30am |
| Date of Meeting: | Wednesday 17 September 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 Gordon Laidlaw, Head of Communications – Rotherham, NHS SY ICB Bob Kirton, Managing Director, The Rotherham NHS Foundation Trust Alex Hawley, Interim Director of Public Health, Rotherham MBC |
| 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
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
Sue Panesar (**SP**), Public Health Specialist, Rotherham MBC
Eloise Summerfield (**ES**), Senior Pharmacist – Rotherham, NHS SY ICB
Sarah Boul (**SB**), Portfolio Director for Mental Health, NHS SY ICB

In attendance

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

| Item Number | Discussion Items |
|--|--|
| I42/09/25 | Place Integrated Performance Report |
| <p>JA updated Members on performance highlighting:</p> <p>Urgent & Emergency Care (UEC)</p> <ul style="list-style-type: none"> Attendance: 71.3% Category 2 Ambulance Response: 22:49 minutes exceeding 30 minute target Ambulance Handover: 74.2% below the 78% target 97.9% of patients were admitted, transferred, or discharged within 12 hours <hr/> <p>Community & Virtual Care</p> <ul style="list-style-type: none"> Community Referrals: Target met in June – good performance. Virtual Ward: 83% occupancy and meeting target – strong delivery. <hr/> <p>Primary Care</p> <ul style="list-style-type: none"> Appointments Available: 162K – highest in South Yorkshire, excellent access. GP Experience: High satisfaction – positive patient feedback above target <hr/> <p>Elective & Diagnostics</p> <ul style="list-style-type: none"> Elective Waits: 800 patients waiting 52 weeks, improving month-on-month Diagnostics: 95.2% – strong performance and improving. <hr/> <p>Cancer Pathways</p> <ul style="list-style-type: none"> 28-Day Faster Diagnosis: 77% – improving from 69.4% month-on-month. 62-Day Treatment: Dropped to 62.8% – area of concern and under review. 31-Day Treatment: 88.4% – significant reduction and area of focus. <hr/> <p>System flow and capacity performance is good mainly due to work carried out internally by the Trust.</p> <p>The Place Board acknowledged the month's performance and expressed appreciation to partners for their continued commitment to improvement.</p> | |
| I43/09/25 | Rotherham Place Prescribing Report – Quarter 4 |
| <p>ES explained that there has been a negative cost growth of -0.41% for Rotherham Place GP practice prescribing compared to 2023/24 which is below cost growth in South Yorkshire and across England. However there is still strong item growth of 4.31%, above SY and England averages.</p> <p>There have been positive outcomes from work on new first-line blood thinning agents in collaboration with GP practices using MECC (Making Every Contact Count) to undertake blood monitoring through a one-stop shop approach has proved effective.</p> <p>We have faced cost pressure from diabetes monitoring as monitors have become more expensive. Work has been carried out to support practices with upgrades.</p> | |

Savings of £1.4m have been made across practices through the use of drugs like Mounjaro for diabetes patients. Incentive schemes have been agreed with practices to generate savings against targets and there has been strong performance with the safety dashboard where but two practices have excelled.

The transfer of responsibility for prescribing and managing nutritional products is now with the Trust as is nutritional products and this has produced considerable cost savings.

Continence and stoma prescribing and management is overseen by a team of specialist nurses from TRFT and the services benchmarks well for costs and savings have been reinvested to increase community provision.

ES confirmed for EPH that mothers were given additional breastfeeding support and advice when mothers seeing dieticians in relation to infant feeding and allergies. JP suggested that there was a further opportunity for improvement with health visitors sending patients to GPs with potential milk allergy issues. JP was happy to provide additional context to EPH outside of the meeting.

KG explained that Healthwatch was receiving lots of queries from the public about Mounjaro query. EPH highlighted that there are risks associated with unregulated use and emphasised the importance of adhering to clinical guidelines for diabetes patients. For individuals seeking weight loss, alternative options are available, and the recommended course of action is to consult their GP for appropriate advice.

Place Board noted the contents of the prescribing report and thanked ES for the update.

144/09/25

ICB Board Assurance Framework, Risk Register & Issues Log

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

JP advised that a risk relating to the implementation of key changes to the 2025/26 GP contract from 1 October 2025 about access will be added to the risk register. It relates to GP Connect Access and poses a potential safety risk. Negotiation continues between the GPC and NHS England.

Place Board agreed to add the above risk as well as one around future plans for HealthWatch which KG is drafting (as agreed in the public partnership session).

It was noted that in future consideration may need to be given to resourcing the neighbourhoods pilot.

Place Board agreed that the two new risks will be added to the risk register.

Action: CE/LG

Members were encouraged to advise the Chair at any time with details of any potential additions.

145/09/25

Quality, Patient Safety and Experience Dashboard

AR presented this month's report

It was noted that a recent CQC inspection undertaken RDaSH adult acute wards had identified concerns. RDaSH received a rating of requiring improvement and a plan has been put in place.

From a hospital perspective, Queensway Hospital (Ellen Mead Group) provides complex mental health services after a change in CQC registration. Some safety concerns have arisen. SY ICB has oversight and started engagement around quality assurance.

Across the ICB, there remains a strong national and local focus on Continuing Healthcare and the associated cost pressures. Rotherham continues to face significant workforce challenges

due to ongoing staff absences and vacancies, resulting in capacity risks within the clinical team. Mitigation measures are in place to manage these risks. While the QIPP plan targets are being met, and no direct savings have been achieved, the overall overspend is reducing. Collaborative work with external partners remains focused on maintaining and improving quality.

JP advised that in relation to primary care, Shakespeare Road has improved its CQC rating to good. There are two Rotherham GP practices that are rated as requiring improvement.

AR confirmed that governance and improvement work is ongoing in relation to Yusuf Nasir, with close scrutiny by NHS England who is leading the process. Any emerging challenges or risks will be reported to the Place Board for assurance.

Referring to the LeDer report, AR advised that it contained some specific learning for Rotherham for Members to note. The reports will continue to be shared with Place Board going forward.

EPH noted the positive developments regarding the Waverley practices. However, the Pharmaceutical Needs Assessment has identified some service gaps, prompting local efforts to challenge NHS England on provision. Regarding pharmacy services at Waverley, EPH will follow up with JA and ES to explore how we can influence commissioning decisions and improve patient choice.

CE thanked AR and Members noted the contents of the report.

146/09/25

Feedback from Rotherham Place Executive Team (RPET)

CS advised that RPET had considered the following items:

National Neighbourhood Health Implementation Programme

- A new national programme was launched, offering an opportunity for Rotherham to submit a bid.
- The programme supports a "test and learn" approach, targeting adults with long-term conditions and rising risk—aligning with local priorities.
- RPET endorsed submitting a first-wave bid, with Place Board partners agreeing to proceed.
- Two preparatory workshops are scheduled for September.

RDaSH – Direct Award A

- RPET supported a direct award contract (2025–2030) to RDaSH, agreed with SY ICB, Doncaster City Council, Nottingham ICB, and Rotherham Place.
- The decision aligns with NHS Provider Selection Scheme Regulations 2003.
- RPET approved the publication of the decision notice on the UK Government’s Find a Tender Service portal.

Qwell Service Benefit Review

- RPET reviewed the Qwell digital mental health service (delivered by Kooth plc).
- Supported continuation for 12 months, with an option to extend another 12 months via the G-Cloud Call-Off Contract 14 framework.
- Further discussions will assess whether current funding levels can maintain service activity.

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

147/09/25

Minutes and Action Log and Assurance Report from the last Meeting

The minutes from the meeting held on Wednesday 16 July 2025 were accepted as a true and accurate record.

The action log was reviewed.

An amber-rated action was raised following BK's enquiry regarding the potential impact of transitioning from the Rotherham Health Record (RHR) to the Yorkshire & Humber Care Record. Specifically, concerns were noted about possible loss of functionality currently available through RHR. Andrew Clayton has been invited to provide a digital update at the November Place Board meeting, where further clarification will be given.

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

| | |
|------------------|---|
| I48/09/25 | Communication to Partners/Promoting Consultations & Events |
|------------------|---|

- Health & Wellbeing Strategy Setting – Thursday 2 October 2025, Town Hall

| | |
|------------------|---------------------------------------|
| I49/09/25 | Risks and Items for Escalation |
|------------------|---------------------------------------|

None.

| | |
|------------------|-----------------------------|
| I50/09/25 | 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 (November)

| | |
|------------------|-----------------------------|
| I51/09/25 | Date of Next Meeting |
|------------------|-----------------------------|

The next meeting will take place on **Wednesday 15 October 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 |

| Mtg Date | Item No. | Agenda Item Title | Action Description | Timescale for Completion by | Lead Officer | Action Status | Date Completed | Comments |
|----------|------------------|---|--|-----------------------------|--------------|---------------|----------------|----------------------|
| 18.06.25 | I23/06/25 | 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 |
| 17.09.25 | I44/09/25 | ICB Board Assurance Framework, Risk Register & Issues Log | Two new risks to be added to the risk register in relation to future plans for Healthwatch and the implementation of key changes to the 25/26 GP contract commencing 1 October 2025. | 30.09.25 | CE/LG | Green | 30.09.25 | |



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 17 September 2025.

2. Highlights

The Rotherham Place Committee received the following assurances:

| Agenda Item | Assurance Level | Further Actions Agreed |
|--|-----------------|--|
| <i>142/9/25 – Place Integrated Performance Report</i> | 3 | Members noted the performance position. |
| <i>143/09/25 – Rotherham Place Prescribing Report</i> | 3 | Members noted the quarter 4 position outlined in the report. |
| <i>144/09/25 - ICB Board Assurance Framework, Risk Register & Issues Log</i> | 3 | Place Board received and reviewed the report. They agreed to add two new risks to the risk register namely; 1) the potential safety risk arising from implementing key changes to the 2025/26 GP contract. Post meeting note – this risk has now been escalated to the SY ICB risk register rather than at place. 2) future plans for Healthwatch and how the local public voice will continue to be effectively represented. |
| <i>145/09/25 – Quality, Patient Safety and Experience Dashboard</i> | 3 | Members noted the contents of the September report. There were no issues for escalation. |
| <i>146/09/25 – Feedback from Rotherham Place Executive Team (RPET)</i> | 3 | Members acknowledged the discussions and decisions taken as detailed in the paper. |
| <i>147/09/25 – Minutes from Rotherham Place Board Partnership session – 16 July 2025</i> | 3 | The minutes from the public partnership session held in July 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
30.09.25