



# Agenda

Title of Meeting:	<b>Rotherham Place Board: ICB Business</b>
Time of Meeting:	<b>10.45am – 11.30am</b>
Date of Meeting:	Wednesday 19 November 2025
Venue:	<b>John Smith Room, Town Hall, Rotherham</b>
Chair:	<b>Claire Smith</b>
Contact for Meeting:	Lydia George: <a href="mailto:lydia.george@nhs.net">lydia.george@nhs.net</a> / Wendy Commons: <a href="mailto:wcommons@nhs.net">wcommons@nhs.net</a>

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

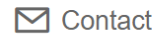
Item	Business Items	Time	Pres by	Encs
1	Rotherham Place Integrated Performance Report	10 mins	Jude Archer	Enc 1
2	Quality, Safety and Patient Experience Report		Andrew Russell	Enc 2
3	Medical Directors Update		Jason Page	Verbal
4	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – <i>for information</i>	10 mins	Claire Smith	Enc 4i, 4ii, 4iii
5	Feedback from Rotherham Place Executive Team	5 mins	Claire Smith	Enc 5
<b>Standard Items</b>				
6	Minutes, Action Log and Assurance Report from 15 October 2025 Meeting	5 mins	Chair	Enc 6i, 6ii, 6iii
7	Communication and Promoting Consultations and Events		All	Verbal
8	Risks and Items for Escalation to ICB Board		Chair	Verbal
9	Standing Items <ul style="list-style-type: none"> <li>• Place Integrated Performance Report (monthly)</li> <li>• Risk Register (monthly for information)</li> <li>• Place Prescribing Report</li> <li>• Quality, Patient Safety and Experience Dashboard</li> <li>• Quarterly Medical Director Update</li> </ul>			
10	Date of Next Meeting: Wednesday <b>17 December 2025</b> at 10:45am in <b>John Smith Room, Rotherham Town Hall</b>			

## GLOSSARY

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



# NHS Rotherham Place Integrated Performance Report (IPR) November 2025



Contact  
[syicb.datainsyghts@nhs.net](mailto: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:** Performance across South Yorkshire against the 4-hour A&E target has remained broadly stable, though Barnsley has been escalated to Tier 2 following a period of sustained pressure and reduced performance earlier in the quarter. Sheffield's performance dipped during the Electronic Patient Record (EPR) transition but is now improving, while Doncaster and Rotherham continue to perform close to trajectory.

General and Acute bed (G&A) occupancy has remained consistently high across South Yorkshire through August to October, averaging between 93–95% across all trusts. This reflects sustained underlying demand, higher patient acuity, and constrained discharge flow rather than seasonal variation.

Ambulance handover performance remains one of South Yorkshire's key strengths, with all Places consistently meeting the 45-minute standard. Category 2 ambulance response time remains ahead of the national standard, and in September 2025 the system average was 25:39 (vs 30:00).

**Elective Care:** SY ICB performance for the proportion of patients treated within 18 weeks of referral has deteriorated by circa 2% to 63.1% in August. STH's EPR implementation adversely affected Referral to Treatment (RTT, i.e. waiting list) performance due to planned activity reductions and data quality (DQ) issues, resulting in the most significant 18-week performance deterioration, but Sheffield Teaching Hospitals NHS Foundation Trust (STH) met their operational plan target in August.

Clock starts (i.e. additions to the waiting list) in South Yorkshire were up on the previous month and significantly above plan, and the percentage of patients waiting less than 18 weeks for their first out-patient (OP) attendance deteriorated in August to 67.7%.

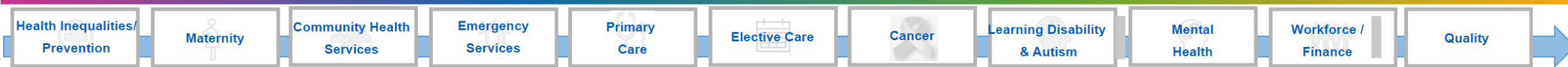
Regarding the percentage of the waiting list waiting over 52 weeks, the system position has deteriorated to 2.47% (more than double the March 2026 target of 1%). Trusts are robustly tracking these, and have successfully reduced the very long waits, but the shape of the waiting list makes reduction of the percentage waiting over 52 weeks very challenging. OP improvement teams continue to focus on digital communications and validation to improve clinic utilisation, reduce Did Not Attends (DNAs) and increase adoption of Patient-Initiated Follow-Up (PIFU); PIFU rates are approximately on plan.

**Diagnostic tests within 6 weeks:** The SY reported position of 74.6% is a significant deterioration on the previous month but is adversely impacted by the lack of imaging data in the Doncaster and Bassetlaw NHS Foundation Trust (DBTHFT) Diagnostics Waiting Times and Activity (DM01) data submission.

**Cancer:** At an ICB level, performance against the 28-Day Faster Diagnosis Standard showed a drop from the previous month and was below the 80% performance ambition. This was driven by a deterioration in performance across all Trusts, with the most notable change at DBTHFT. Only Barnsley Hospital NHS Foundation Trust (BHNFT) were above their planning trajectory for this target.

The 62-Day combined performance continues to represent our biggest area of cancer waiting times challenge as a system: and South Yorkshire remains the lowest performing ICB for this standard across the NEY region. Whilst this is normally largely caused by the position at the tertiary centre, which remains in Tier 1 – recent months have seen worsening performance across the three SYB District General Hospitals; and all providers have been below their planning trajectories.

# System Pathway Oversight Narrative - Continued



**Primary and community services:** In August 2025 the number of GP appointments was below plan for South Yorkshire, although there is some variation in the rate per 1,000 of the registered population by place. The ICB is investigating why appointment figures differ across places, i.e. lower uptake in some places reflects different system set-ups and reporting methods rather than fewer appointments.

Improving patient experience of access to GP is an updated metric for 2025/26, and reported performance is currently exceeding the 71% target, which is to improve versus the November 2024 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.

In dentistry, performance against the plan to meet the baseline for 2025/26 is showing a position of having delivered over 550k courses of treatment, which is above planned figure. Plans are in development utilising the investment plan for dental now the figures have been reviewed and updated.

**Mental health:** There has been a slight drop in access to Children and Young People (CYP) services over the last two months. The ICB continues to exceed the planned access rate of 19,335 delivering 19,425 contacts in August 2025.

The access into perinatal mental health and maternal mental health services has remained stable into August 2025 with 1,310 people accessing the service against a planned position of 1,599. 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%.

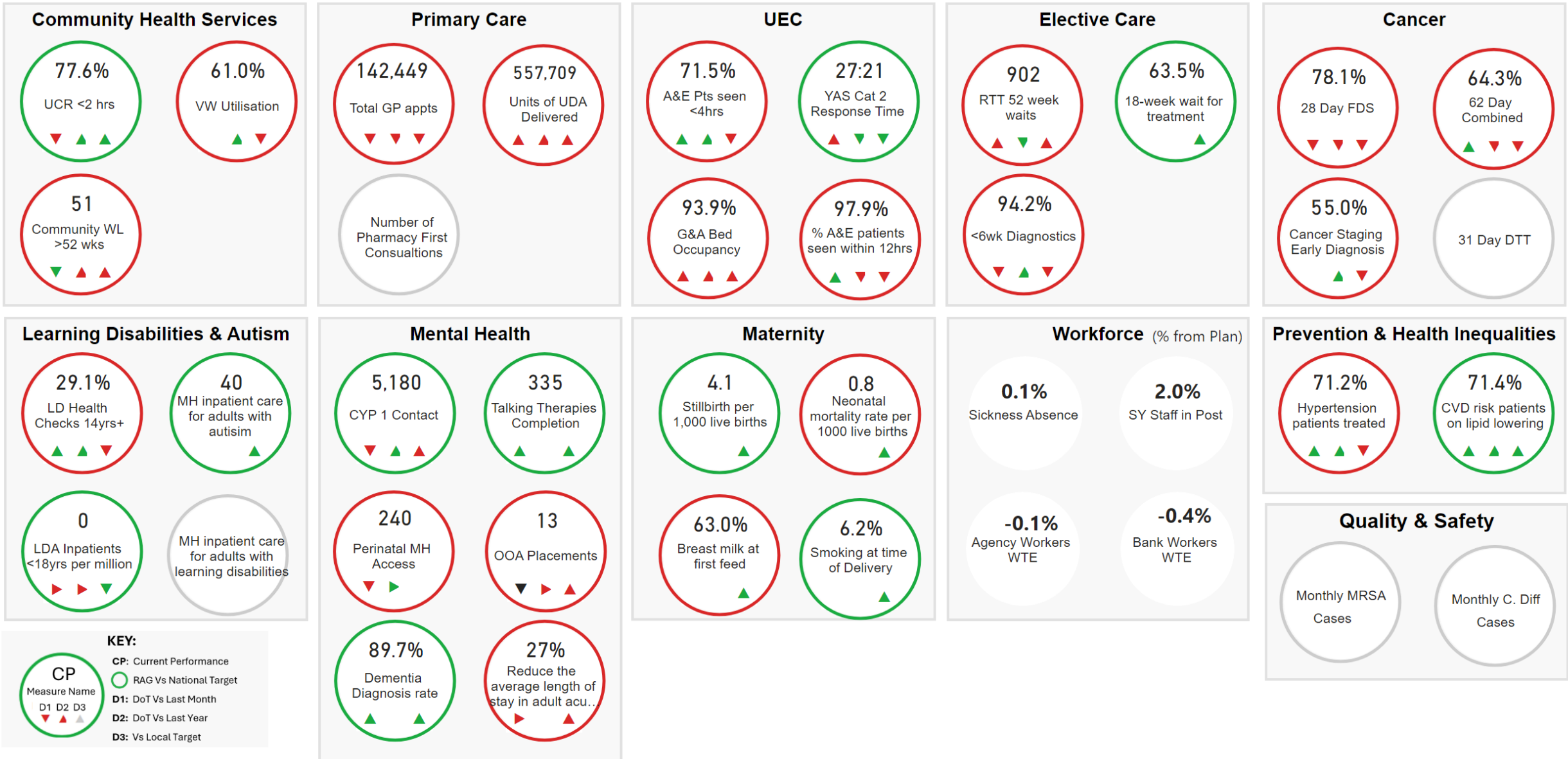
Individual Placement and Support for people with Severe Mental Illness (IPS for SMI) is a model of employment support integrated within community mental health teams (CMHT) which helps people with SMI conditions into employment. In August 2025 the service saw decreased activity with 1,055 people being 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 South Yorkshire service remains the best performing in the region.

In August 2025 the ICB planned an average length of stay for adults and older adults (18+) of 75 days, but the actual was 56. This is a positive position across the system, however, it should be noted that South Yorkshire 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 Placements (OAPs) stocktake shows that the position in Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH) is 11 OAPs in August 2025. In Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) there have been significant improvements with the position reducing from 32 in June 2025 to 13 in August 2025. Barnsley's mental health provider, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), now has eight OAPs for Barnsley.

For NHS Talking Therapies, the ICB continues to exceed the July 2025 planned completion rate of 1,426, with 1,700 patients being seen in July 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 August 2025, South Yorkshire didn't quite meet the Quarter 1 target for completion of Annual Health Checks (AHCs) for people with a learning disability. There are no issues or concerns to highlight and a positive trend is expected to continue. South Yorkshire didn't achieve the Quarter 1 inpatient forecast; this was for Learning Disability and Autism (LDA) / adults and young people (YP) and Autistic people. However, this figure was adjusted to reflect the challenging baseline position at the start of the year.

Below summarises the NHS National Priorities at South Yorkshire ICB level. A breakdown of these measures (into Place/Provider performance - where applicable and also a Core20PLUS\* strategy applied) can be found within the following report.



# 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
 <b>GOALS</b>	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	
 <b>BOLD AMBITIONS</b>	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	
		4 Economic Inactivity Rate (%)	22.1	25.6	20.0	
	Work together to increase economic participation & support a fair, inclusive & sustainable economy	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
<b>Low Birth Weight Under 2,500g (%)</b> SY  8.3 ENG 7.2 2022	<b>Percentage of People in Employment (%)</b> SY  71.8 ENG 75.7 2023/24	<b>EM Hospital Admissions Due to Falls, 65+ (Std Rate per 100,00)</b> SY  2.3K ENG 2.0K 2023/24	<b>Premature Mortality in Adults with SMI (Std Rate per 100,000)</b> SY  133.3 ENG 110.8 2021 - 23

  
**SHARED OUTCOMES**

## Urgent & Emergency Care

<p><b>1</b> <b>3</b></p> <p><b>% A&amp;E patients seen within 4hrs</b></p> <p>Improve A&amp;E waiting times compared to 2024/25, with a minimum of 78% of patients seen within 4 hours by March 2026</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>71.5%</td> <td>78.0%</td> </tr> </tbody> </table>		Actual	Target	Sep-25	71.5%	78.0%	<p><b>Actual</b></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>74.3%</td> <td>69.8%</td> <td>94.1%</td> <td>72.5%</td> <td>73.5%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	74.3%	69.8%	94.1%	72.5%	73.5%	
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<p><b>1</b> <b>3</b></p> <p><b>% A&amp;E patients seen within 12hrs</b></p> <p>Increase the proportion of ED patients admitted, discharged or transferred within 12 hours in 25/26 vs 24/25. NOTE: Plan are Trust-specific, based on 24/25 baselines.</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>98.7%</td> </tr> </tbody> </table>		Actual	Sep-25	98.7%	<p><b>Actual</b></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>99.4% (98.2%)</td> <td>95.6% (96.6%)</td> <td>100.0% (100.0%)</td> <td>93.2% (94.0%)</td> <td>96.7% (100.0%)</td> </tr> </tbody> </table> <p><small>(Trust - specific plan figures)</small></p>	BHFT	DBTHFT	SCH	STH	SYICB	99.4% (98.2%)	95.6% (96.6%)	100.0% (100.0%)	93.2% (94.0%)	96.7% (100.0%)			
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<p><b>1</b> <b>3</b></p> <p><b>% Discharged on Discharge Ready Date</b></p> <p>Percentage of patients discharged on discharge ready date</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>83.2%</td> </tr> </tbody> </table>		Actual	Sep-25	83.2%	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>34.4%</td> <td>88.8%</td> <td>78.8%</td> <td>73.9%</td> </tr> </tbody> </table>	BHFT	DBTH	STH	SYICB	34.4%	88.8%	78.8%	73.9%					
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<p><b>1</b></p> <p><b>Total general and acute bed occupancy</b></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><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target*</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>93.9%</td> <td>92.0%</td> </tr> </tbody> </table>		Actual	Target*	Sep-25	93.9%	92.0%	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>92.9%</td> <td>91.5%</td> <td>96.5%</td> <td>93.9%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	92.9%	91.5%	96.5%	93.9%			
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### % A&E patients seen within 4hrs

In September, TRFT's performance was 71.5%, which failed to meet the National Target of 78%. It was an improvement on the previous periods performance of 70.8% and was an improvement on the same period in the previous year of 64.9%.

### % A&E patients seen within 12hrs

In September, TRFT's performance was 98.7%. It was an improvement on the previous period's performance of 98.9% and was a decline on the same period in the previous year of 96.8%.

### % Discharged on Discharge Ready Date

In September, TRFT's performance was 83.2%.

### Total general and acute bed occupancy

In September, TRFT's performance was 93.9%, which failed to meet the National Target of 92%. It was a decline on the previous periods performance of 90.2% and was a decline on the same period in the previous year of 93.4%.

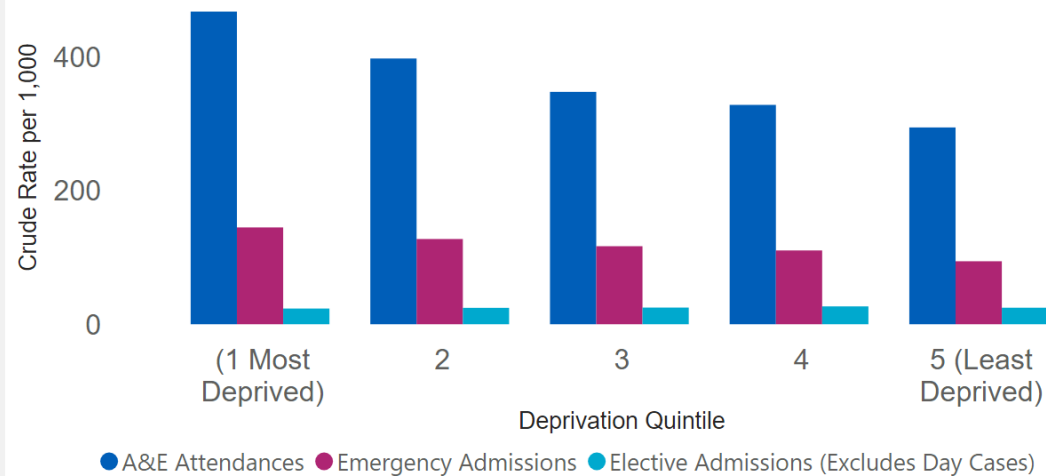
## Urgent & Emergency Care Continued

<p><b>1</b> <b>Category 2 Ambulance Response Time</b></p> <p>Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26.</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>27:21</td> <td>30:00</td> </tr> </tbody> </table>		Actual	Target	Sep-25	27:21	30:00	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>23:21</td> <td>24:01</td> <td>30:08</td> <td>25:39</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	23:21	24:01	30:08	25:39			
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<p><b>1</b> <b>Average Handover Time</b></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 &lt;10 minutes)</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>14:08</td> <td>15:00</td> </tr> </tbody> </table>		Actual	Target	Sep-25	14:08	15:00	<p><b>Actual</b></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>14:57</td> <td>14:54</td> <td>08:33</td> <td>15:36</td> <td>14:52</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	14:57	14:54	08:33	15:36	14:52	
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### CORE20 PLUS <sup>2</sup>

#### Hospital Activity Rates in South Yorkshire by Deprivation Quintile, 2024/25

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



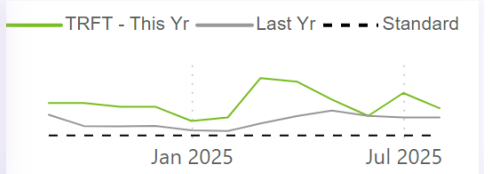
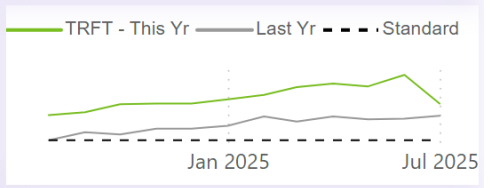
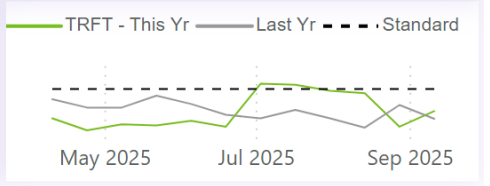
#### Category 2 Ambulance Response Time

In September, Rotherham's performance was 00:27:21, which met the National Target of 00:30:00. It was a decline on the previous periods performance of 00:21:18 and was an improvement on the same period in the previous year of 00:27:50.

#### Average Handover Time

In September, TRFT's performance was 00:14:08, which met the National Target of 00:15:00. It was an improvement on the previous periods performance of 00:16:39 and was an improvement on the same period in the previous year of 00:19:06.

## Community Health Services

<p><b>1</b> <b>3</b> <b>Urgent Community Referrals seen within 2 hours</b></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><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard*</th> </tr> </thead> <tbody> <tr> <td><b>Aug-25</b></td> <td><b>77.6%</b></td> <td><b>70.0%</b></td> </tr> </tbody> </table>		Actual	Standard*	<b>Aug-25</b>	<b>77.6%</b>	<b>70.0%</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>RDASH</th> <th>STH</th> <th>SWYPFT</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>50.0%</b></td> <td><b>0.0%</b></td> <td><b>98.2%</b></td> <td><b>93.3%</b></td> </tr> </tbody> </table> <p>— *No data available for STH</p>	RDASH	STH	SWYPFT	SYICB	<b>50.0%</b>	<b>0.0%</b>	<b>98.2%</b>	<b>93.3%</b>							
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<p><b>3</b> <b>Placeholder: Community Beds Occupancy</b></p> <p>Number of beds occupied as a proportion of total available for ICB</p>																							
<p><b>1</b> <b>3</b> <b>Community Waiting List over 52 weeks</b></p> <p>Number of patients on community waiting lists for over 52 weeks</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td><b>Jul-25</b></td> <td><b>51</b></td> <td><b>0</b></td> </tr> </tbody> </table>		Actual	Standard	<b>Jul-25</b>	<b>51</b>	<b>0</b>	<p><b>Actual</b></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><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>9,157</b></td> <td><b>0</b></td> <td><b>1</b></td> <td><b>9,209</b></td> </tr> </tbody> </table>	BHFT	DBTHFT	RDASH	SCH	SHSC	STH	SYICB	<b>0</b>	<b>0</b>	<b>0</b>	<b>9,157</b>	<b>0</b>	<b>1</b>	<b>9,209</b>	
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<p><b>1</b> <b>3</b> <b>Virtual Ward Utilisation</b></p> <p>Increase Virtual Ward utilisation to consistently be above 80%</p> <p><b>*Note: This is a Snapshot as at 11th September2025</b></p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td><b>Sep-25</b></td> <td><b>61.0%</b></td> <td><b>79.6%</b></td> </tr> </tbody> </table>		Actual	Plan	<b>Sep-25</b>	<b>61.0%</b>	<b>79.6%</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>RDASH</th> <th>Sheffield</th> <th>SWYPFT</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>73.0%</b></td> <td><b>54.2%</b></td> <td><b>68.0%</b></td> <td><b>65.0%</b></td> </tr> </tbody> </table> <p>— Sheffield includes data for STHT &amp; SCFT. TRFT includes adults and CYP</p>	RDASH	Sheffield	SWYPFT	SYICB	<b>73.0%</b>	<b>54.2%</b>	<b>68.0%</b>	<b>65.0%</b>							
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### Urgent Community Referrals seen within 2 hours

In August, TRFT's performance was 77.6%, which met the National Target of 70%.

### Community Waiting List over 52 weeks

In July, TRFT's performance was 51, which failed to meet the National Target of 0. It was an improvement on the previous periods performance of 91 and was a decline on the same period in the previous year of 34.

### Virtual Ward Utilisation

In September, TRFT's performance was 61%, which failed to meet the National Target of 79.6%. It was a decline on the previous periods performance of and was an improvement on the same period in the previous year of 54.6%.

## Primary Care

<p><b>1</b> <b>3</b></p> <p><b>Number of GP appointments</b></p> <p>Total Number of Appointments in General Practice (rate per 1,000 practice population).</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Aug-25</td> <td>142,449 (516)</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Aug-25	142,449 (516)		<p><b>Actual</b></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>Aug-25</td> <td>117,869 (435)</td> <td>153,368 (450)</td> <td>302,172 (474)</td> <td>715,858 (469)</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Aug-25	117,869 (435)	153,368 (450)	302,172 (474)	715,858 (469)	<p>Rotherham - This Yr (green line), Last Yr (grey line)</p>
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<p><b>1</b> <b>3</b></p> <p><b>Patient experience of access to general practice</b></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><b>SYICB</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Oct-25</td> <td>75.3%</td> <td>71.1%</td> </tr> </tbody> </table>			Actual	Target	Oct-25	75.3%	71.1%											
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Oct-25	75.3%	71.1%																	
<p><b>1</b> <b>3</b></p> <p><b>Improve access to NHS dentistry</b></p> <p>Increase dental activity by increasing the units of dental activity (UDAs) delivered.</p>	<p><b>SYICB</b></p> <table border="1"> <thead> <tr> <th></th> <th>YTD Actual</th> <th>June YTD target</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>557,709</td> <td>509,148</td> </tr> </tbody> </table>			YTD Actual	June YTD target	Jun-25	557,709	509,148	<p>SYICB - This Yr (blue line), Last Yr (grey line)</p> <p>Monthly units delivered</p>										
	YTD Actual	June YTD target																	
Jun-25	557,709	509,148																	
<p><b>Placeholder: Number of urgent dental appointments</b></p> <p>Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more</p>																			
<p><b>1</b> <b>3</b></p> <p><b>Number of Pharmacy First interventions</b></p> <p>Count of the clinical pathways element of Pharmacy First alone, plus the hypertension case finding and contraception service activity.</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>3,626</td> </tr> </tbody> </table>		Actual	Jun-25	3,626	<p><b>Actual</b></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>3,663</td> <td>3,464</td> <td>7,328</td> <td>18,081</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jun-25	3,663	3,464	7,328	18,081	<p>Rotherham - This Yr (green line)</p>		
	Actual																		
Jun-25	3,626																		
	Barnsley	Doncaster	Sheffield	SYICB															
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### Number of GP appointments

In August, Rotherham's performance was 142,449, which met the National Target of . It was an increase on the previous periods performance of 176,785 and was an increase on the same period in the previous year of 148,709.

### Patient experience of access to general practice

In October, SYICB's performance was 75.3%, which met the local ambition of 71.1%.


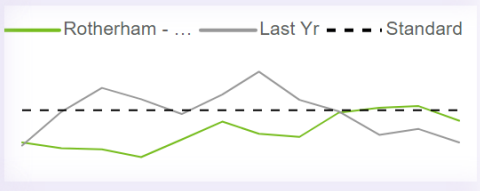
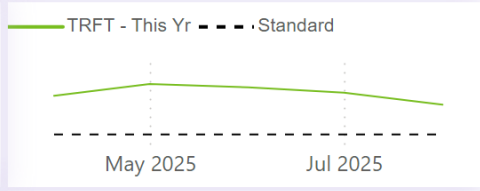
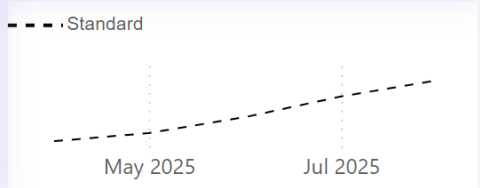
### Improve access to NHS dentistry

In June, SYICB's performance was 557,709, which failed to meet the National Target of 509148.

### Pharmacy First Interventions

In June, Rotherham's performance was 3626. It was a decline on the previous periods performance 3386.

## Elective Care

<p>1 3 <b>Total waiting over 52 weeks -%</b></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><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Aug-25</td> <td>2.0%</td> <td>1.0%</td> </tr> </tbody> </table>		Actual	Target	Aug-25	2.0%	1.0%	<p><b>Actual</b></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>0.8%</td> <td>3.0%</td> <td>2.6%</td> <td>2.7%</td> <td>2.5%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	0.8%	3.0%	2.6%	2.7%	2.5%	
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<p>1 3 <b>%patients receiving diagnostic test within 6 weeks</b></p> <p>Increase the percentage of patients that receive a diagnostic test within six weeks</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Aug-25</td> <td>94.2%</td> <td>95.0%</td> </tr> </tbody> </table>		Actual	Target	Aug-25	94.2%	95.0%	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>86.8%</td> <td>70.0%</td> <td>69.0%</td> <td>77.6%</td> </tr> </tbody> </table> <p><small>DBTH data is missing due to reporting issues, affecting Doncaster and the SY figure</small></p>	Barnsley	Doncaster	Sheffield	SYICB	86.8%	70.0%	69.0%	77.6%			
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<p>1 3 <b>18-week wait for first appointment</b></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><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Aug-25</td> <td>74.8%</td> <td>67.0%</td> </tr> </tbody> </table>		Actual	Target	Aug-25	74.8%	67.0%	<p><b>Actual</b></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>71.7%</td> <td>72.4%</td> <td>79.4%</td> <td>56.5%</td> <td>66.2%</td> </tr> </tbody> </table>	BHNFT	DBTH	SCH	STHT	SYICB	71.7%	72.4%	79.4%	56.5%	66.2%	
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<p>1 3 <b>18-week wait for treatment</b></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><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Aug-25</td> <td>64.6%</td> <td>64.6%</td> </tr> </tbody> </table>		Actual	Plan	Aug-25	64.6%	64.6%	<p><b>Actual</b></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>66.3% (NA)</td> <td>60.7% (NA)</td> <td>65.3% (NA)</td> <td>62.9% (NA)</td> <td>63.1% (NA)</td> </tr> </tbody> </table> <p>(Plan)</p>	BHFT	DBTHFT	SCH	STH	SYICB	66.3% (NA)	60.7% (NA)	65.3% (NA)	62.9% (NA)	63.1% (NA)	
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### Total waiting over 52 weeks

In August, TRFT's performance was 2%. It was a decline on the previous periods performance of 1.9%.

### %patients receiving diagnostic test within 6 weeks

In August, Rotherham's performance was 94.2%, which failed to meet the National Target of 95%. It was a decline on the previous periods performance of 95.3% and was an improvement on the same period in the previous year of 92.7%.

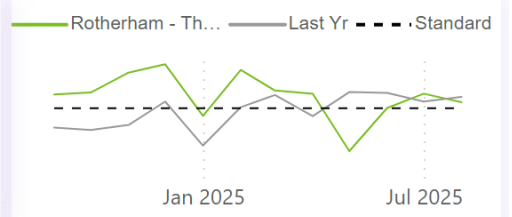
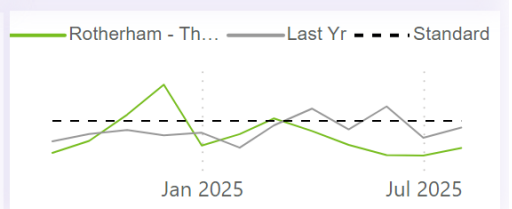
### 18-week wait for first appointment

In August, TRFT's performance was 74.8%, which failed to meet the National Target of 67%. It was an improvement on the previous periods performance of 77.9%.

### 18-week wait for treatment

In August, TRFT's performance was 64.6%. It was a decline on the previous periods performance of 66.5%.

## Cancer

<p><b>1</b> % patients with cancer diagnosis communicated <b>3</b> within 28 days</p> <p>Meet the faster diagnosis standard of 77% by March 2025—ensuring patients receive a diagnosis or have cancer ruled out within 28 days—and improve this performance to 80% by March 2026.</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td><b>Aug-25</b></td> <td><b>78.1%</b></td> <td><b>80.0%</b></td> </tr> </tbody> </table>		Actual	Target	<b>Aug-25</b>	<b>78.1%</b>	<b>80.0%</b>	<p><b>Actual</b></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><b>Aug-25</b></td> <td><b>81.3%</b></td> <td><b>75.8%</b></td> <td><b>69.8%</b></td> <td><b>74.9%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Aug-25</b>	<b>81.3%</b>	<b>75.8%</b>	<b>69.8%</b>	<b>74.9%</b>	
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<p><b>1</b> <b>62-day referral to treatment standard - combined</b> <b>3</b></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><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td><b>Aug-25</b></td> <td><b>64.3%</b></td> <td><b>75.0%</b></td> </tr> </tbody> </table>		Actual	Target	<b>Aug-25</b>	<b>64.3%</b>	<b>75.0%</b>	<p><b>Actual</b></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><b>Aug-25</b></td> <td><b>64.9%</b></td> <td><b>59.2%</b></td> <td><b>58.1%</b></td> <td><b>61.0%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Aug-25</b>	<b>64.9%</b>	<b>59.2%</b>	<b>58.1%</b>	<b>61.0%</b>	
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### % patients with cancer diagnosis communicated within 28 days

In August, Rotherham's performance was 78.1%, which failed to meet the National Target of 80%. It was a decline on the previous periods performance of 79.6% and was a decline on the same period in the previous year of 79%.

### 62-day referral to treatment standard - combined

In August, Rotherham's performance was 64.3%, which failed to meet the National Target of 75%. It was an improvement on the previous periods performance of 62.7% and was a decline on the same period in the previous year of 68.6%.

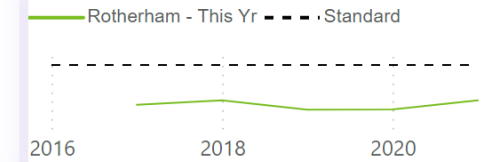
## Cancer

### 1 Cancer Diagnosis at stage 1 or 2

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

Rotherham		
	Actual	Standard
2021	55.0%	75.0%

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

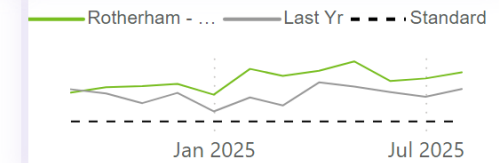


### 1 31-Day diagnosis to treatment

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

Rotherham		
	Actual	Standard
Aug-25	90.9%	96.0%

Actual				
Barnsley	Doncaster	Sheffield	SYICB	
82.6%	86.4%	86.5%	86.5%	



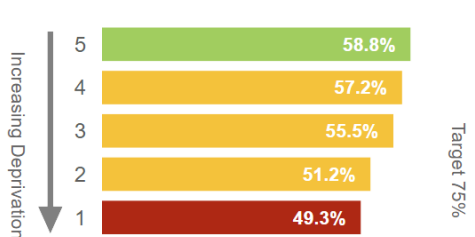
## CORE20 PLUS

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

### Early Diagnosis

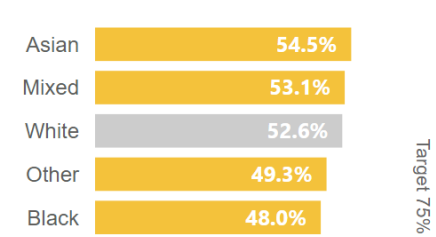
Cancer Diagnosis at stage 1 or 2 (South Yorkshire)

#### Deprivation Quintile



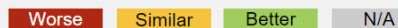
Year: 2022 | Comparator: SY Average

#### Ethnicity



Year: 2020-2022 | Comparator: White

Statistical significance to comparator:



### Cancer Diagnosis at stage 1 or 2




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

### 31 Day Diagnosis to Treatment

In August, Rotherham's performance was 90.9%, which failed to meet the National Target of 96%. It was an improvement on the previous periods performance of 89.1% and was an improvement on the same period in the previous year of 86.2%.

## Maternity

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

<p><span style="color: red;">1</span> <b>Stillbirth per 1,000 live births</b></p> <p><span style="color: blue;">2</span> Make progress towards the national safety ambition to reduce stillbirths (by 50%)</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td><b>Jun-25</b></td> <td><b>4.1</b></td> </tr> </tbody> </table>		Actual	<b>Jun-25</b>	<b>4.1</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>3.6</b></td> <td><b>2.7</b></td> <td><b>4.4</b></td> <td><b>3.8</b></td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	<b>3.6</b>	<b>2.7</b>	<b>4.4</b>	<b>3.8</b>			
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<p><span style="color: red;">1</span> <b>Neonatal mortality rate per 1000 live births</b></p> <p><span style="color: blue;">2</span> Make progress towards the national safety ambition to reduce stillbirths (by 50%)</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td><b>2023/24</b></td> <td><b>0.8</b></td> <td><b>1.5</b></td> </tr> </tbody> </table>		Actual	Target	<b>2023/24</b>	<b>0.8</b>	<b>1.5</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>2.4</b></td> <td><b>1.2</b></td> <td><b>2.7</b></td> <td><b>1.8</b></td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	<b>2.4</b>	<b>1.2</b>	<b>2.7</b>	<b>1.8</b>	
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### Stillbirth per 1,000 live births

In 2025/26, TRFT's performance was 4.1.



### 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><b>1 Breast milk at first feed</b></p> <p>This measure shows the number of new mothers known to have initiated breastfeeding</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>63.0%</td> <td>71.7%</td> </tr> </tbody> </table>		Actual	Target	Jun-25	63.0%	71.7%	<p><b>Actual</b></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>
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### 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><b>1</b> <b>3</b></p> <p><b>Increase Number of CYP (0-17yrs) receiving at least one contact in reporting period</b></p> <p>Increase the number of Children &amp; Young People under 18 supported through NHS mental health services receiving at least 1 contact</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td><b>Aug-25</b></td> <td><b>5,180</b></td> <td><b>4,760</b></td> </tr> </tbody> </table>		Actual	Plan	<b>Aug-25</b>	<b>5,180</b>	<b>4,760</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>4,775</b></td> <td><b>4,235</b></td> <td><b>5,315</b></td> <td><b>19,425</b></td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	<b>4,775</b>	<b>4,235</b>	<b>5,315</b>	<b>19,425</b>	
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### Increase Number of CYP (0-17yrs) receiving at least one contact in reporting period

In August, Rotherham's performance was 5,180, which met the local ambition of 4760. It was a decline on the previous periods performance of 5,185 and was an improvement on the same period in the previous year of 4,420.

### Number of women accessing specialist Perinatal Mental Health services

In August, 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 240.

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

In June, Rotherham's performance was 70%, which met the National Target of 60%

## Mental Health

<p><b>1</b> <b>3</b></p> <p><b>Individual Placement and Support</b></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><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td><b>Aug-25</b></td> <td><b>170</b></td> <td></td> </tr> </tbody> </table>		Actual	Plan	<b>Aug-25</b>	<b>170</b>		<p><b>Actual</b></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><b>Aug-25</b></td> <td><b>215</b></td> <td><b>240</b></td> <td><b>430</b></td> <td><b>1,055</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Aug-25</b>	<b>215</b>	<b>240</b>	<b>430</b>	<b>1,055</b>	
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<p><b>1</b> <b>3</b></p> <p><b>Reduce the average length of stay in adult acute mental health beds</b></p> <p>Reduce the number discharged from adult acute mental health beds aged 18-64 with a length of stay of 60+ days'</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td><b>Aug-25</b></td> <td><b>27%</b></td> <td></td> </tr> </tbody> </table>		Actual	Plan	<b>Aug-25</b>	<b>27%</b>		<p><b>Actual</b></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><b>Aug-25</b></td> <td><b>38%</b></td> <td><b>17%</b></td> <td><b>39%</b></td> <td><b>31%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Aug-25</b>	<b>38%</b>	<b>17%</b>	<b>39%</b>	<b>31%</b>	
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<p><b>3</b></p> <p><b>Out of area placements(inappropriate only)</b></p> <p>Improve patient flow and work towards eliminating inappropriate out of area mental health placements</p>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th></th> <th>RDASH</th> <th>SHSC</th> <th>SWYPFT</th> </tr> </thead> <tbody> <tr> <td><b>Aug-25</b></td> <td><b>11</b></td> <td><b>13</b></td> <td><b>8</b></td> </tr> </tbody> </table>		RDASH	SHSC	SWYPFT	<b>Aug-25</b>	<b>11</b>	<b>13</b>	<b>8</b>										
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<p><b>1</b></p> <p><b>Dementia Diagnosis rate</b></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><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target*</th> </tr> </thead> <tbody> <tr> <td><b>Aug-25</b></td> <td><b>89.7%</b></td> <td><b>66.7%</b></td> </tr> </tbody> </table>		Actual	Target*	<b>Aug-25</b>	<b>89.7%</b>	<b>66.7%</b>	<p><b>Actual</b></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><b>Aug-25</b></td> <td><b>73.8%</b></td> <td><b>70.2%</b></td> <td><b>74.4%</b></td> <td><b>76.4%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Aug-25</b>	<b>73.8%</b>	<b>70.2%</b>	<b>74.4%</b>	<b>76.4%</b>	
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### Individual Placement and Support

In August, Rotherham's performance was 170, which met the National Target of . It was a decline on the previous period's performance of 175.

### Reduce the average length of stay in adult acute mental health beds

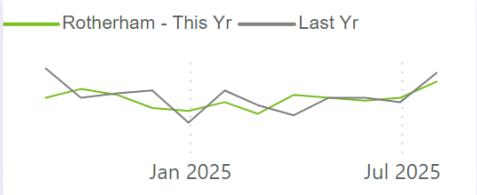
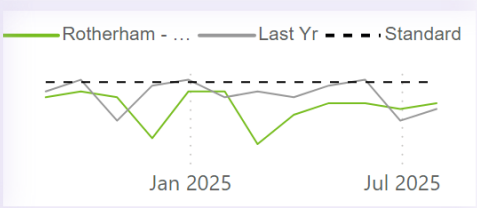
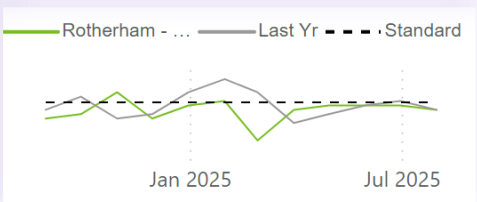
In August, Rotherham's performance was 27%. It was an improvement on the previous period's performance of 27%.

### Out of area placements

### Dementia Diagnosis rate

In August, Rotherham's performance was 89.7%, which met the National Target of 66.7%. It was an improvement on the previous period's performance of 88.9%.

## Mental Health Continued

<p>3 <b>Talking Therapies Completion</b></p> <p>Number of people completing Talking Therapies Treatment in reporting period</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Jul-25</td> <td>335</td> <td>0</td> </tr> </tbody> </table>		Actual	Plan	Jul-25	335	0	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>275</td> <td>390</td> <td>695</td> <td>1,700</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	275	390	695	1,700	
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### Talking Therapies Completion

In July, Rotherham's performance was 335, which met the National Target of 0. It was an improvement on the previous period's performance of 280.

### Talking Therapies Reliable Recovery

In July, Rotherham's performance was 45%, which failed to meet the National Target of 48.6%. It was an improvement on the previous period's performance of 44%.

### Talking Therapies Improvement

In July, Rotherham's performance was 66%, which failed to meet the National Target of 67.7%. It was a decline on the previous period's performance of 67%.

## Learning Disabilities & Autism

<p>1 2 3 <b>% people aged 14+ with a learning disability in the GP register receiving an annual health check</b></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><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Q2 Target</th> </tr> </thead> <tbody> <tr> <td><b>Aug-25</b></td> <td><b>29.1%</b></td> <td><b>32.2%</b></td> </tr> </tbody> </table>		Actual	Q2 Target	<b>Aug-25</b>	<b>29.1%</b>	<b>32.2%</b>	<p><b>Actual</b></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><b>Aug-25</b></td> <td><b>22.3%</b></td> <td><b>24.1%</b></td> <td><b>26.1%</b></td> <td><b>25.7%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Aug-25</b>	<b>22.3%</b>	<b>24.1%</b>	<b>26.1%</b>	<b>25.7%</b>	
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<p>1 2 3 <b>Reliance on mental health inpatient care for autistic adults</b></p> <p>Count of mental health inpatients with a learning autism (rounded to the nearest 5)</p>	<p><b>SYICB</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Sept Plan</th> </tr> </thead> <tbody> <tr> <td><b>Aug-25</b></td> <td><b>40</b></td> <td><b>25</b></td> </tr> </tbody> </table>		Actual	Sept Plan	<b>Aug-25</b>	<b>40</b>	<b>25</b>												
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<p>1 2 3 <b>Inpatients with a learning disability and/or autism (under 18)</b></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><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td><b>Aug-25</b></td> <td><b>0</b></td> <td><b>4</b></td> </tr> </tbody> </table> <p>Place figures have been suppressed due to counts under 5</p>		Actual	Target	<b>Aug-25</b>	<b>0</b>	<b>4</b>												
	Actual	Target																	
<b>Aug-25</b>	<b>0</b>	<b>4</b>																	

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

In August, Rotherham's performance was 29.1%, which failed to meet the Q2 Target of 32.2%. It was an improvement on the previous periods performance of 24.6% and was an improvement on the same period in the previous year of 24.7%.

### 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)

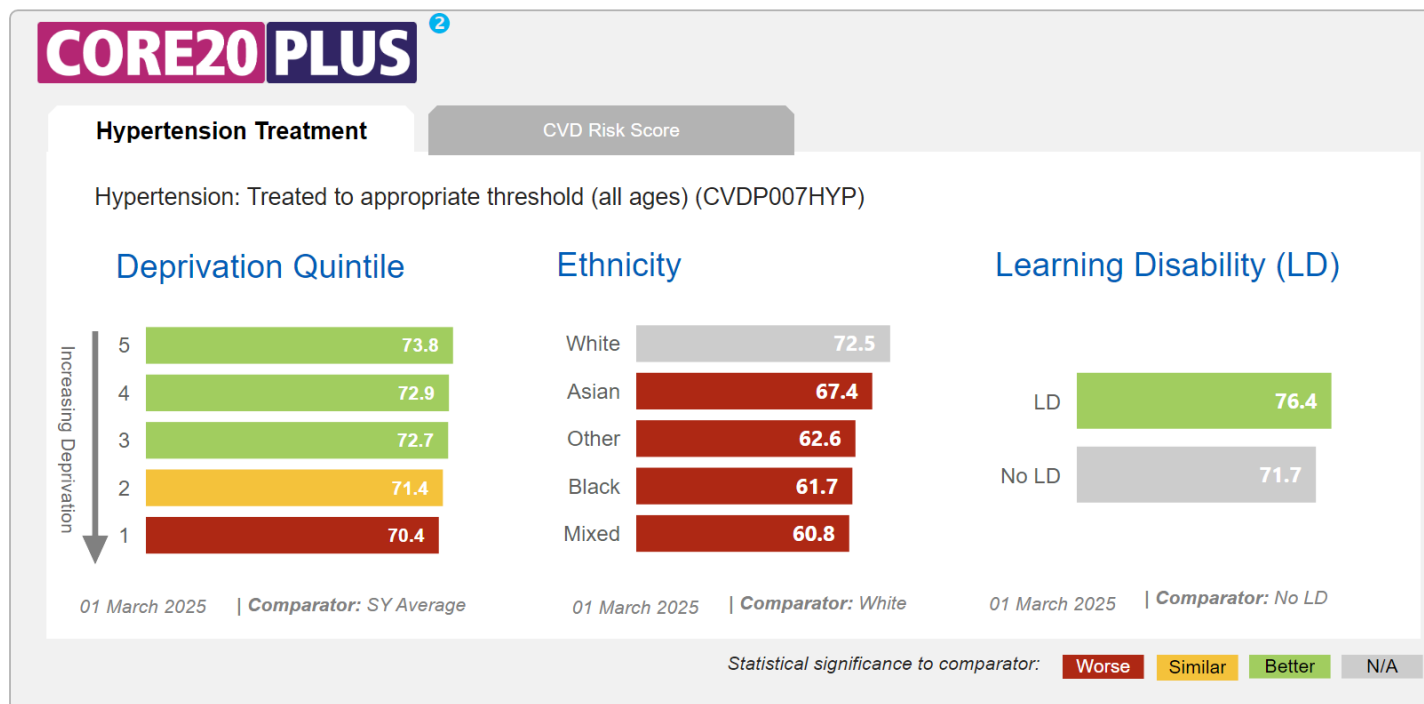
In September, Rotherham's performance was 0, which met the National Target of 4. It was an improvement on the previous periods performance of 0 and was an improvement on the same period in the previous year of 0.

## Prevention & Health Inequalities (HI)

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

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



**% of patients with hypertension treated to NICE guidance**

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

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

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

## Prevention & Health Inequalities (HI) Continued

### 1 Increase vaccination uptake in Children

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

	Vaccination	Target	Latest quarter (Q1 2025/26)	Previous quarter (Q4 2024/25)	Previous year's quarter (Q1 25/26)
Coverage measured at 12 months	Measles / Mumps / Rubella 2	95%	87.6%	88.0%	87.3%
	Measles / Mumps / Rubella 1	95%	94.3%	94.2%	93.7%
	4 in 1 Vaccine (Diphtheria / Polio / Tetanus / Whooping cough)	95%	85.7%	86.0%	86.0%
	Hib / Meningitis C (5y)	95%	89.2%	89.2%	88.9%
Coverage measured at 24 months	6 in 1 Vaccine (Diphtheria / Polio / Tetanus / Whooping cough/ Hepatitis B / Hib) (5y)	95%	94.4%	94.4%	94.2%
	Meningitis B (24m)	95%	91.2%	90.1%	90.1%
	Pneumococcal (Meningitis / Sepsis / Pneumonia) (24m)	95%	91.6%	90.6%	91.2%
	Hib / Meningitis C (12m)	95%	92.3%	91.2%	91.4%
Coverage measured at 5 years	Measles / Mumps / Rubella	95%	92.0%	91.5%	91.6%
	6 in 1 Vaccine (Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Whooping Cough) (24m)	95%	95.1%	94.7%	94.2%
	Rotavirus	95%	91.7%	91.8%	91.2%
	Pneumococcal (Meningitis / Sepsis / Pneumonia) (12m)	95%	95.4%	95.9%	95.3%
	Meningitis B (12m)	95%	93.7%	94.3%	92.7%
	6 in 1 Vaccine (Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Whooping Cough) (12m)	95%	93.7%	94.4%	92.9%

[Source: UK Health Security Agency \(UKHSA\)](#)

#### Childhood vaccinations:

Data for the childhood vaccination programmes is from published UKHSA COVER reports, with narrative relating to Q1 2025/26. Adolescent narrative is based data submitted by school immunisations providers, directly to NHSE public health programme team on a monthly basis.

Coverage in the childhood programme has seen a slight decline in most of the elements, however, coverage has remained relatively stable and is above the 90% efficiency for most, the exceptions being Men B Booster (measured at 24 months), at 89.8%, this is the first time coverage has dropped below 90% since 2022/23, DTaP/IPV (measured at 5 years) at 85.1% (though this is only 0.6% lower than the Q4 24/25 and Q1 24/25), though 94.7% of children have caught up with the primary 6:1 by 5 years of age and MMR2 (measured at 5 years) at 86.9% (0.7% drop from Q4 2024/25 and 0.4% drop from Q1 24/25). The declines are in line with the national picture. MMR1 measured at five years has remained stable at 94.3%. With continued catch up, supported by school's immunisation providers, 96% of 4- and 5-year-olds have received one dose of MMR and 89% have received two doses - helping to reduce the risk of outbreaks.

[Narrative continues next page]

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

### November 2025 (data from September/October 2025)

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

The following RAG ratings and descriptor have been applied.

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

## Summary Table

Provider	Level of Surveillance			SOF	CQC Overall Rating	CQC inspection date
	July 2024	Sep 2025	Nov 2025			
<b>NHS Foundation Trusts</b>						
Rotherham, Doncaster & South Humber NHS Foundation Trust	Routine	Routine	Routine	3	Requires Improvement	Oct/Nov 2019, published February 2020.
The Rotherham NHS Foundation Trust	Routine	Routine	Routine	3	Requires Improvement	March 2022, published June 2022.
<b>Primary Care</b>						
Crown Street Surgery, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement	August 2023, published November 2023.
Swallownest Heath Centre, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement	June 2023, published September 2023.
<b>Independent Providers/Specialised Mental Health Providers</b>						
Waterside Grange, Rotherham	Routine	Routine	Routine		Requires Improvement	Re-inspection December 2024, published March 2025, remains RI. There have been no further concerns reported to the ICB.
The STAR Foundation	Routine	Routine	Routine		Requires Improvement	May 2025 published August 2025. Remains RI. There have been no further concerns reported to the ICB.
Ashton Court			Routine		Inadequate	Report published July 2025. MDT meetings ongoing with ICB involvement.

## Rotherham Place

Issue	Key Status/ Risks / Concerns / Good Practice
<b>The Rotherham NHS Foundation Trust</b>	
<b>Flu vaccine programme</b>	A more central hospital location utilised this year which has already demonstrated increased footfall. Numerous community locations available to ensure a wide coverage. A plan is place for patient vaccination after 21 days.
<b>SHMI (<i>Summary Hospital-level Mortality Indicator</i>)</b>	Currently sits at 110.7, a slight increase since the last report but remains as " Expected". Upper control limits will increase following the change in national coding of co morbidities, observed / expected deaths and SDEC information.
<b>RDaSH</b>	
<b>Flu vaccine programme</b>	Are within the top 5 performing organisations for staff uptake at 47.5%
<b>Phoenix - High Dependency Rehabilitation Unit (HDRU)</b>	Discussions are ongoing to identify individuals suitable for placement which is now ready to accept admissions.
<b>SY ICB</b>	
<b>Quality and Patient Safety Directorate</b>	Work in currently underway to address Business continuity Plans across our team functions as part of the mitigation to ensure due diligence for statutory functions, capacity, recruitment holds and sickness etc. Groups are mindful that this does not creep into consultation but will ensure ready when needed.
<b>Nurture investigation (Independent report into the death of YN)</b>	<p>The report was published a few weeks ago with recommendations identified spanning several individual organisation and system. This case has been heavily reported in the media.</p> <p>ICB executives have meet with Trust executives with regards to due diligence and oversight/monitoring. Governance pathways and escalations in place.</p> <p>TRFT are addressing their recommendations and looking at all recommendations to ensure all valuable learning isn't missed. This will remain a standard item agenda at Contract Quality.</p> <p>Inquest is scheduled for 13<sup>th</sup> April 2026.</p>

Issue	Key Status/ Risks / Concerns / Good Practice	
<b>Primary Care</b>		
<b>Rotherham's 28 General Practices CQC ratings:</b>		
Outstanding	1	The Gate
Good	25	
Requires Improvement	2	Crown Street, Swallownest Health Centre
Inadequate	0	
<p>The Senior Manager for Primary Care has requested CQC times frames for re inspection visits for the two practices with ratings of RI (Requires Improvement). The practices will remain RI, until re inspected and will continue to have PLACE performance and quality oversight. Considerable improvement has been noted at Swallownest. Shakespeare Road inspection was undertaken May 2025 and awarded a "Good".</p>		
<b>Independent</b>		
<b>Queensway Hospital – Ellen Mead Group</b>	<p>Successful host commissioner visit to the complex mental health unit. Detail to be agreed for quality reporting and oversight against the NHSE framework for when LD/Autism residents are placed from other ICB's.</p> <p><a href="#">NHS England » Learning disability and autism – host commissioner guidance</a></p>	
<b>Care Homes/Domiciliary Care</b>		
<b>Care Home Equality</b>	<p>The Quality Assurance Framework and PLACE-based SOP has been developed and is awaiting approval from SYICB Executives.</p> <p>Work is currently being developed on Nursing Standards in care homes which includes training passports for Nurses.</p>	
<b>Care Home Contract Concerns/Defaults</b>	<p>The Multiagency 6 weekly Risk meeting to discuss, share and address concerns for care settings remains with escalation as appropriate.</p> <p>A capacity tracker of available care home beds and embargos is shared to Rotherham PLACE twice a week.</p> <p>There is currently 1 Residential home subject in 'Organisational Safeguarding.'</p> <p>As of the 5<sup>th</sup> of November, across seven homes there are 70 beds out of commission due to refurbishment. One home has 28 beds closed due to a management decision.</p> <p>One home is closed to admissions due to an informal embargo. One complex needs home is closed to admissions due to a voluntary embargo. One home only accepting 2 admissions only per week due to staffing levels, acuity and complexity. Three homes have scabies outbreaks.</p>	

<b>Provider Care Home Teams</b>	The Care Home Clinical Quality Advisor has now left TRFT. This post will be replaced by two roles, and Rotherham care homes will be allocated between those roles. These posts are yet to be advertised.
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<b>Patient Safety</b>	
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<b>Notification to prevent future deaths – Regulation 28</b>	Nil to report this paper.
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<b>PSIRF - Patient Safety Incident Response Framework &amp; Never Event Framework</b>	<p>RDaSH's RADAR system is now recording onto LFPSE.</p> <p>The updated version of LFPSE (6) is now live to which TRFT's DATIX system can link directly allowing PSII's to be recoded here. Awaiting a start date due to minor IT changes within DATIX from TRFT.</p> <p>The need to record on StEIS for PSII's will be discontinued. Never Events will still need to be recorded on StEIS. The below reporting table will be presented differently in future reports.</p> <p>RDaSH's newly recruited Patient Safety Partner (PSP) is now in post.</p> <p>There have been several consultations and revisions in respect of the Never Event Framework, definitions and guidance over the years, and the findings of the recent consultation has identified that <b>option 4</b></p> <p><b><i>(Revise the definition of and process for Never Events to create a new system that does not require all relevant incidents to be 'wholly preventable')</i></b> now requires further engagement to shape the approach.</p> <p>Sessions will be held over the coming months as opportunities for colleagues to share views and thoughts with the first covering:</p> <ul style="list-style-type: none"> <li>• How should we determine what a 'reportable incident' (Never Event) is?</li> <li>• What's a reasonable timeframe to review the 'reportable incident' (Never Event) list?</li> <li>• How can this framework drive safety improvement?</li> </ul>
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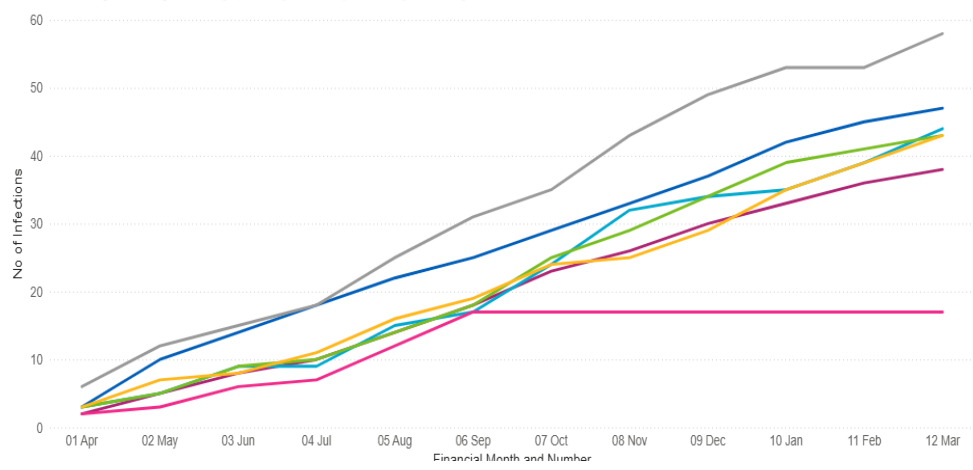
HCAI NHS R PLACE	Annual threshold for 25/26	April Actual	May Actual	June Actual	July Actual	August Actual	Sept Actual	Total to date 25/26	Comparison to date 24/26
MRSA	0	0	0	1	0	1	0	2	0
MSSA	Not set	7	5	5	16	4	7	44	35
C Diff	97	5	10	4	10	9	5	43	67
E Coli	203	22	23	20	14	24	19	122	125
Klebsiella Spp	45	5	9	7	8	8	8	45	26
Pseudomonas Aeruginosa	28	1	0	1	0	3	4	9	18

The charts below focus on the HCAI's with national set thresholds whilst showing the themes in case numbers as a comparison to last year and previous years.

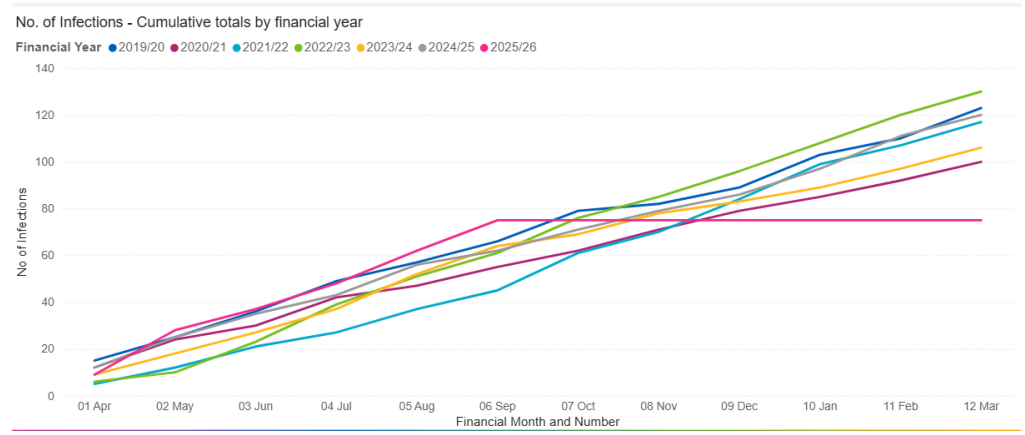
*Pseudomonas reductions Rotherham Place*

No. of Infections - Cumulative totals by financial year

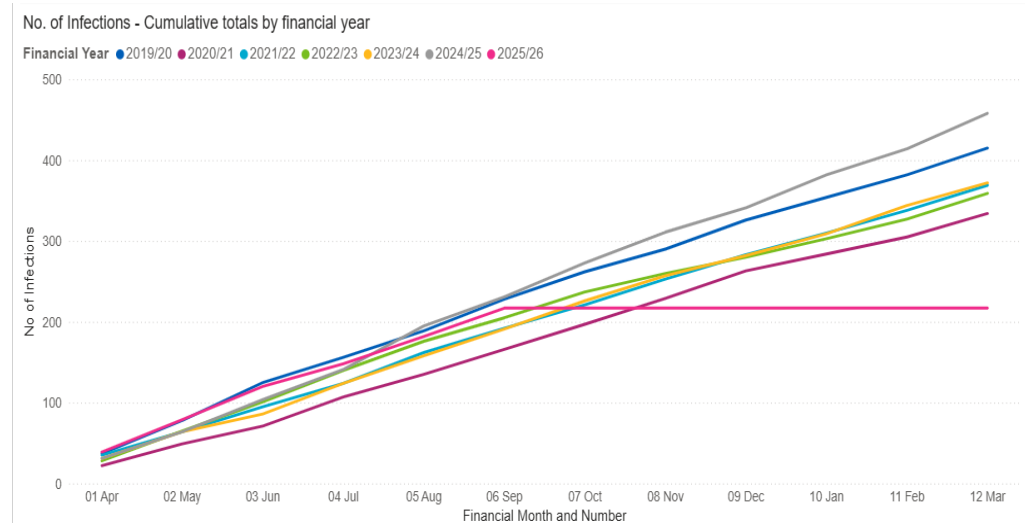
Financial Year ● 2019/20 ● 2020/21 ● 2021/22 ● 2022/23 ● 2023/24 ● 2024/25 ● 2025/26



**Klebsiella increase Rotherham place.**



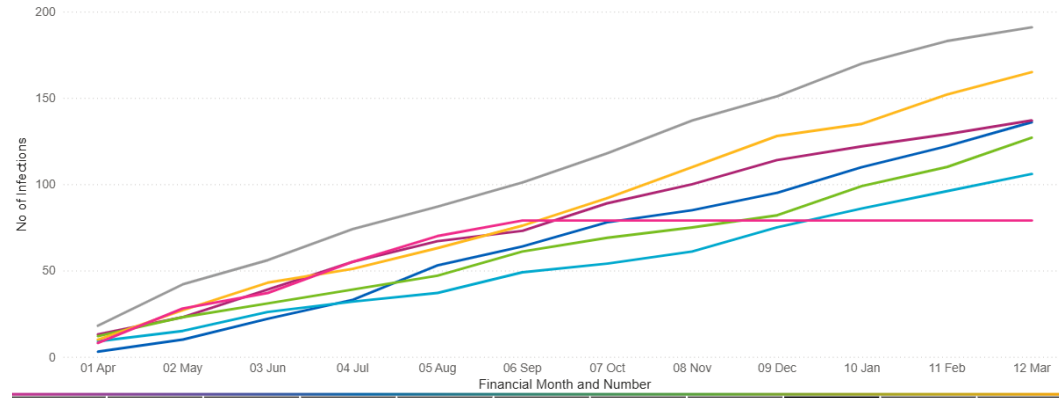
**E Coli reduction Rotherham place**



**C Diff reductions seen in both TRFT cases and Community cases.**

No. of Infections - Cumulative totals by financial year

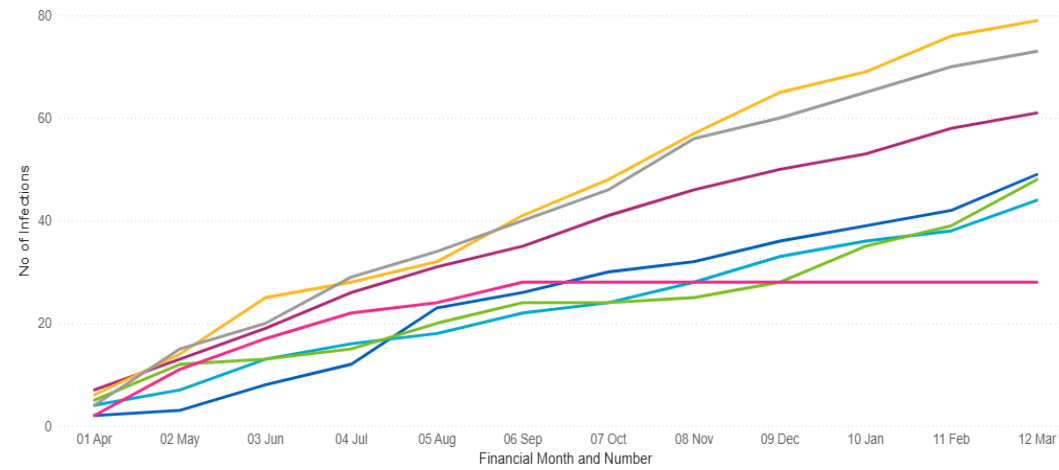
Financial Year ● 2019/20 ● 2020/21 ● 2021/22 ● 2022/23 ● 2023/24 ● 2024/25 ● 2025/26



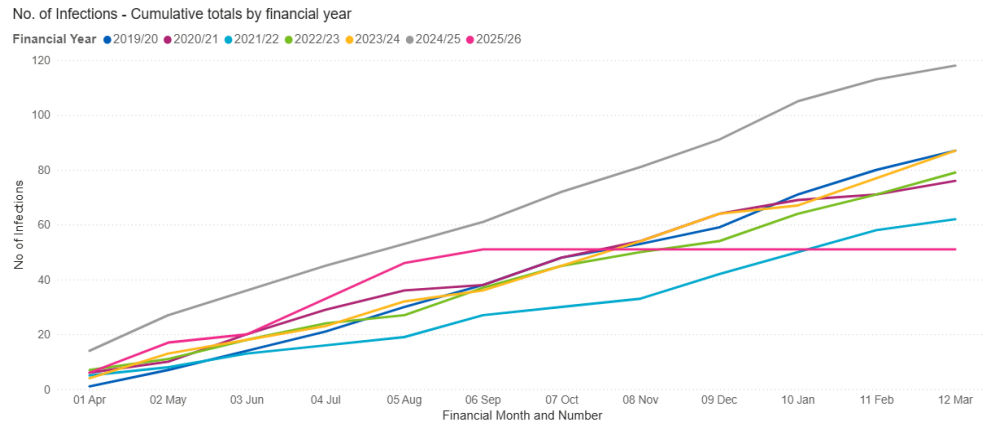
**Community cases significant reduction.**

No. of Infections - Cumulative totals by financial year

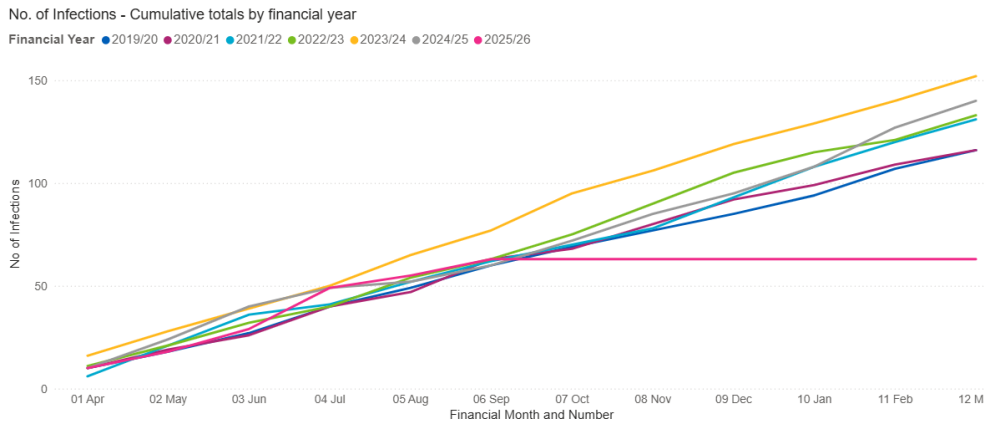
Financial Year ● 2019/20 ● 2020/21 ● 2021/22 ● 2022/23 ● 2023/24 ● 2024/25 ● 2025/26



TRFT cases reduction



MSSA Rotherham Place increase



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

As a Rotherham PLACE and at provider level we can see significant reductions in numbers compared to this time last year in Pseudomonas, however Klebsiella appears to have increased significantly. E coli has also reduced compared to this time last year but more steadily. There does seem to be a considerable increase in Klebsiella at Place, which fits the national increase seen previously and the ask from NHSE for a 'Klebsiella plan on a page'. The data is being reviewed in further detail (deep dive) to understand the themes, and a plan is in the process of being formulated.

There continues to be improvement projects in process, and development based on the surveillance data and urine sampling. This links into the hydration project with a focus now on UTI assessment, sampling and prescribing, as reducing UTI's will reduce GNBSI's.

<b>C-difficile - (Clostridioides Difficile Infection)</b>	<p>As a Rotherham PLACE and at provider level there has been a considerable decrease in comparison to this time last year. The prioritisation of improvement strategies and targeted work by microbiology and antimicrobial pharmacists is evident and continues as an improvement initiative, with antimicrobial prescribing as one of the quality priorities for TRFT.</p> <p>The reduction is significant in community cases. Prior to this, a C Diff improvement briefing was shared with primary care highlighting the themes and actions that can help with reducing cases. Reviews continue with monitoring of themes and trends and any further strategies required. PSIRF is used within TRFT to identify themes with actions in place. Links to share information and understand impacts of themes and actions between ICB (Rotherham) and TRFT are in place via the Antimicrobial Stewardship group.</p> <p>The South Yorkshire acute federation SIGHTED improvement plan for C Diff continues and in TRFT there has been visual posters, screensavers and face to face education in clinical areas relating to C Diff.</p>
<b>Methicillin Sensitive Staphylococcus Aureus (MSSA)</b>	<p>Although there is no national set threshold the figures indicate an increase in community cases. This will be monitored and there will be a plan for targeted review if the trend continues.</p>
<b>Scabies</b>	<p>Several care homes have had/have scabies outbreaks. IMT's arranged with health and social care. UKHSA invited and referenced this has been observed nationally. However, it is noted lately that Rotherham is an outlier. Further work continues to understand and address if there are any links. ICB to share 7-minute briefing/support with Primary Care and to work with RMBC Public Health/Care Homes lead.</p>
<b>CHC</b>	
<b>Delays and backlogs to the CHC outcomes and other associated processes</b>	<p>There has been little change to the previous report for Rotherham Place CHC team which continues to experience significant staffing issues due to ongoing absences and vacancies. At present there are risks due to the capacity of the clinical team risk mitigation is in place and the impact noted.</p> <ul style="list-style-type: none"> <li>• The neurotypical team is reduced by 3 WTE nurses/Support workers which means that caseloads for each nurse are over 50 patients, and we will need to prioritize new assessments, duty and fast track therefore it is likely that the number of reviews that are out of date will increase. A 0.8 WTE agency nurse has been employed to address the backlog of FT reviews and there are ongoing discussions regarding options for further support.</li> <li>• The neurodiverse caseload was transferred back from RDASH April 2025, with a significant backlog of over 40 new cases, case management issues that need to be prioritized, and most eligible cases already requiring a review. 2 WTE agency nurses have been employed to begin to address the new cases and manage the immediate concerns.</li> </ul> <p>The Children's/transitions caseload has also seen an increase in referrals and at present there are 53 children eligible for CHC, and approximately 25 neurodiverse young people under the age of 26 years. Rotherham Place employs a 0.7 WTE senior nurse and 1 WTE Transitions lead to manage this case load. The transition lead has recently returned to work following a lengthy absence and the team are working together to address any backlogs and outstanding reviews.</p>

<b>LD placements/provisions</b>	There has been no change to the position on this issue -The limited number of LD/MH placements/provisions in the local area continues to be problematic, particularly for young people who are transitioning from Children's services to Adults. CHC continue to work with RMBC, RDASH and SYICB colleagues to address this issue and source appropriate care provisions.															
<b>Quality Standards</b>	<p>RMBC provide an enhanced brokerage service, which provides greater knowledge of local services available and has the resources in place to carry out national searches for specific provisions for individuals with enhanced needs, these include Learning Disabilities, Autism and behaviours that challenge. Rotherham Place CHC team have made enquiries in relation to the possibility of accessing this service. This would provide ongoing support to source provisions for individuals who will often have been known to the service prior to the change in eligibility, updates will be provided.</p> <p>The table below identifies that significantly less assessments have been completed within 28 days and the number of referrals exceeding 28 days by 12 weeks or more has also seen an increase. We continue to work with partnership organisations to identify the delays and address any disputes including providing system training and national benchmarking to raise awareness and knowledge regarding CHC</p> <table border="1" data-bbox="456 624 2136 847"> <thead> <tr> <th data-bbox="456 624 1388 699"><b>Quality CHC Standards (2024/25)</b></th> <th data-bbox="1388 624 1574 699"><b>Quarter 1</b></th> <th data-bbox="1574 624 1778 699"><b>Quarter 2</b></th> <th data-bbox="1778 624 1948 699"><b>Quarter 3</b></th> <th data-bbox="1948 624 2136 699"><b>Quarter 4</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="456 699 1388 774">Percentage of cases meeting 28 days metric &gt; 80%</td> <td data-bbox="1388 699 1574 774">52</td> <td data-bbox="1574 699 1778 774">64</td> <td data-bbox="1778 699 1948 774"></td> <td data-bbox="1948 699 2136 774"></td> </tr> <tr> <td data-bbox="456 774 1388 847"><b>No incomplete referral's exceeding 28 days by &gt; 12 weeks +</b></td> <td data-bbox="1388 774 1574 847">47</td> <td data-bbox="1574 774 1778 847">45</td> <td data-bbox="1778 774 1948 847"></td> <td data-bbox="1948 774 2136 847"></td> </tr> </tbody> </table>	<b>Quality CHC Standards (2024/25)</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	Percentage of cases meeting 28 days metric > 80%	52	64			<b>No incomplete referral's exceeding 28 days by &gt; 12 weeks +</b>	47	45		
<b>Quality CHC Standards (2024/25)</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>												
Percentage of cases meeting 28 days metric > 80%	52	64														
<b>No incomplete referral's exceeding 28 days by &gt; 12 weeks +</b>	47	45														
<b>Safeguarding</b>																
<b>Adult</b>	<p>The SYICB Safeguarding Team has started to deliver Adults Safeguarding Level 3 Training across the PLACES. Initial feedback has been positive.</p> <p>Rotherham PLACE remains an active member at the RSAB and all subgroups.</p> <p>Primary Care Safeguarding Conference is to take place 20th November.</p>															
<b>Children</b>	<p>SY ICB have now written to all our providers and established regular meetings outlining our expectations for them to implement the Child Protection Information System (CP-IS) phase 2. The purpose of Child Protection Information Service (CP-IS) is to ensure those responsible for safeguarding the welfare of children, have access to child protection information when needed. The CP-IS System stores the information from Local Authorities about vulnerable children who are on child protection plans, children with looked after child status and mothers with an unborn on a child protection plan. Currently, following implementation of Phase 1, health care professionals in current unplanned care settings, can view this information: Local authority, children's services, Emergency departments, walk in centres, minor injuries units, ambulance services, GP out of Hours and 111, and direct access to paediatric wards.</p> <p>NHSE Safeguarding CP-IS Phase 2 protocol from NHSE directs:</p>															

Building on the success of the initial CP-IS programme, through stakeholder engagement this programme is being extended in a second phase to include scheduled healthcare settings i.e.

- Community paediatric departments by Dec 2025
- Community specialist dentistry by Dec 2025
- Sexual health termination of pregnancy services by Dec 2025
- Sexual assault referral centres
- General Practice
- Health visiting and school nursing services by March 2026
- Child and Adolescent Mental Health Services (CAMHS) by March 2026

SYICB through a community of practice forum will help support providers comply with the programme and gain assurances that implementation is progressing in the organisation's which has responsibility for the services in phase 2.

SY ICB, continue to outline the risks of the Rotherham Acute outside of the home pathway, and this resulting in children who might be at acute risk of exploitation not being on a child protection plan and thus not identifiable on the CP-IS system. The ICB continues to monitor any potential impact of this through the partnership delivery groups.

The leads across the ICB quality and safeguarding system have now developed business continuity plans for business critical and statutory functions. Colleagues are working across South Yorkshire to ensure all functions are covered.

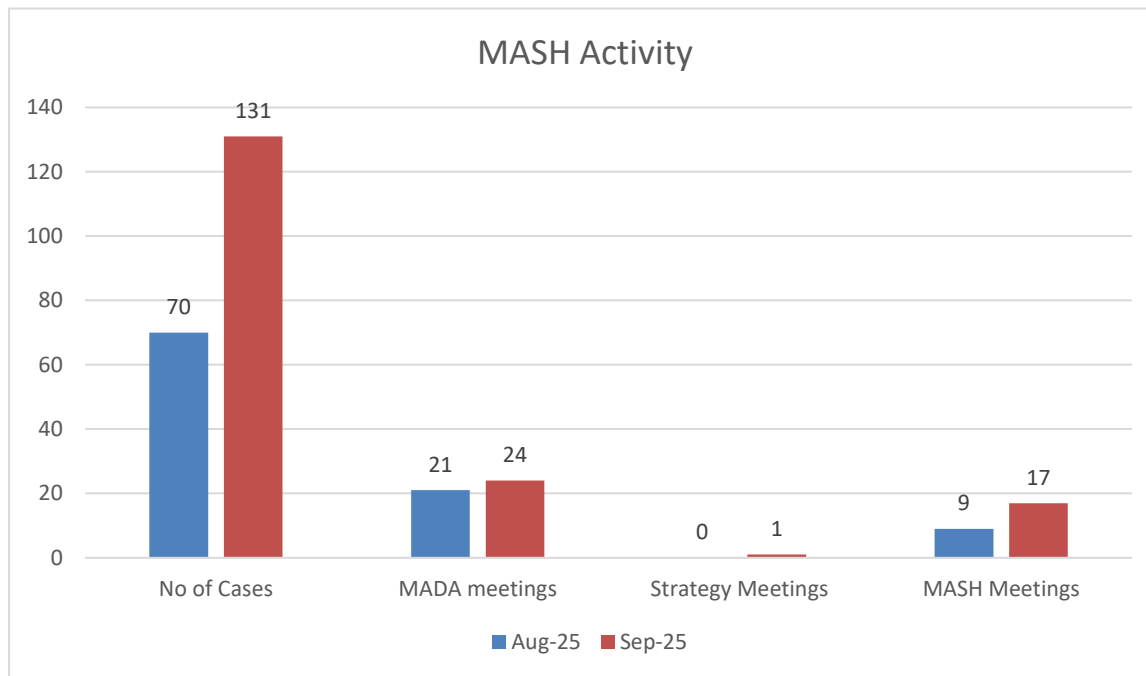
The RSCP have now set out the governance structure and meetings have been established for the Family First Partnership implementation. The project plan focusses on early intervention and multi-agency collaboration. Rotherham are in a strong position to deliver on the programme due to the well-established partnerships and service development.

**MASH (Multi Agency Safeguarding Hub – children)**

The RDaSH health practitioner role (half time) is again vacant, and the current staff member in place is due to retire in December 2025. The head of service has also informed the ICB that there is a current embargo on recruiting and as a result, they have changed some of their working practices to fulfil the role, essentially using the resources within the safeguarding team to 'cover' information sharing as and when necessary. Oversight and monitoring are in place to identify and address any potential negative impact regarding the quality of information sharing and partnership collaboration. A meeting to review the arrangements is scheduled for December.

Mash Activity August 2025 – September 2025

	August 2025	September 2025
No of Cases	70	131
MADA Meetings	21	24
Strategy Meetings	0	1
MASH Meetings	9	17



**LAC/CL updates**

Rotherham Place Health Leads continue to work towards a health priority plan as outlined by the corporate parenting board. A tracker has been designed to track actions and monitor the quality improvement projects outlined in the plan and these actions are progressing well.

**Volume DHRs, SARs, learning reviews, CSPRs etc**

The SAR with evidence of self-neglect and concerns that wilful neglect may have occurred continues with progress.  
 A DHR has been agreed by the Safer Rotherham Partnership since the last report.  
 There has been no Rapid Review or Child Safeguarding Practice Reviews that have been commissioned or undertaken in this review period.

**Court of Protection (COP) and MCA/LPS Update**

**Court of Protection (CoP) Cases**  
 Rotherham PLACE continues to progress cases to the Court of Protection that are considered high risk, primarily within our Learning Disability cohort. Due to the nature of the restrictions in place for this group, most cases fall into the medium/high-risk category. As a result, cases requiring Court approval are prioritised and managed urgently by the CoP Lead within the required timeframes.

Case management for the Learning Disability cohort is now being delivered in-house by the ICB. To support this work, Rotherham Place has recruited two Band 6 agency nurses to assist with case management, CHC processes, and some elements of the Court of Protection work (alongside the CoP lead). Currently, one case remains before the Court due to the significant level of restrictions, objections, and safeguarding concerns involved.

All other cases are currently paused unless deemed urgent or necessary for Court submission, in which case the CoP Lead will prioritise and progress accordingly. This temporary pause remains in place while further scoping work is undertaken to analyse data and trends relating to this cohort, which continues to be monitored on the “at risk” register. All renewal cases have now been presented to the Court, with three cases currently awaiting authorisation (Stage 2). There is a one more renewal due before 4<sup>th</sup> December 2025 then Rotherham Place will be up to date with all renewals, none of which have expired, and none have led to the ICB receiving court cost fines. Since the last Board report, there has been a reduction of two renewals, both were heard at Court and have now moved to Stage 4 reducing demand, and financial impact upon the ICB due to quick progression of hearings due to quality of renewal submission by the CoP lead. As discussed previously, cases can remain before the Court for extended periods, which has a continuing financial impact on the ICB and remains identified as a financial risk.

#### **MCA Subgroups and Training**

The MCA Subgroups have now been reinstated, providing a forum for professionals, and CoP Leads to raise and explore key issues relating to Court of Protection work. Two areas currently under review include:

- The standardisation of mental capacity assessment and best interest decision forms used across NHS South Yorkshire ICB; and
- The development of a refreshed internal training offer for CHC, Safeguarding, and Section 117 professionals on MCA and CoP processes.

#### **Data and Activity – October 2025**

As of October 2025, 37 individuals have been identified as requiring a formal Deprivation of Liberty authorisation in the community (Stage 1). This figure has reduced following a “deep cleanse” on the data we held which demonstrated that patients had passed away, others had moved into residential care (and therefore fall under the usual DoLs framework scheme. These do not require Court of Protection approval) as well as some cases progressing to Court which no longer made them a “Stage One”. We anticipate this number will increase again as reviews for Learning Disability and physical health cohorts continue. Each patient requires a mental capacity assessment and best interest decision to determine whether they meet the “Acid Test” criteria for deprivation of liberty (Cheshire West, 2014).

There are currently three cases awaiting Court approval (Stage 2). Once authorised, these will progress to review (Stage 4). Seven reviews are currently due next year, which will increase to eleven once the Stage 2 cases receive approval. This represents a slight reduction from last month due to recent Court authorisations.

There continues to be a significant number of individuals requiring Community DoL authorisations, alongside active Section 21A challenges. Currently Rotherham Place have four potential S21A challenges which nurses are working to review, as well as three

confirmed Section 21A cases, where the ICB are joined as a party. One has recently been approved. In addition, Rotherham Place is currently managing two Section 16 Welfare cases. These cases are often complex and can remain before the Court for extended periods of time. They represent some of our most resource intensive work, requiring significant staff input, time, and financial investment.

Count of Patient ID	
Safeguarding Alert Type	Total
COP - Stage 1	37
COP - Stage 2	3
COP - Stage 4	7
Grand Total	47

**Update on Liberty Protection Safeguards (LPS)**

It has recently been announced that the Government intends to pursue the implementation of the Liberty Protection Safeguards (LPS). As part of this development, it is proposed that ICBs/NHS commissioners will hold specific responsibilities for the assessment, authorisation, and oversight of LPS processes within care settings. These responsibilities, along with the wider implications for our system, will be explored and addressed through the established MCA Subgroup meetings, which bring together representatives from all four Places across SYICB. During the LPS consultation phase, the subgroup will consider key matters including anticipated demand, potential impact across services, training needs, and the resources required to support effective implementation. Updates and relevant information will continue to be shared with Chief Nurses/Directors to ensure consistency, alignment, and preparation across the system.

**LD & Autism –**


**Capacity**  
Capacity issues remain within both community teams (RDaSH and RMBC) for identifying appropriate community placements closer to home, especially supported living settings. This continues to impact on both inpatient and community and has resulted in delayed discharges, resulting in the ICB continuing to fund high cost out of area hospital placements when patients are clinically ready for discharge. For one forensic patient, it has now been a year since the search for a placement commenced.

**C(E)TRs**  
The team continue to receive a high number of referrals for C(E)TRs.  
  
Work has been ongoing to recruit new Experts by Experience since the changes to the Autism and ADHD Peer Support Service with some success.  
  
Co-production across all four places has been put on hold due to the ongoing ICB restructure. However, case managers across all four places continue to attend Community of Practice sessions on a regular basis.  
  
There are currently eleven individuals admitted into hospital with a diagnosis of autism or a learning disability. This is an increase since the last report, and we have seen an increase in autistic adults being admitted.

	<p>In August, September and October, there has been five CTRs, with one further CTR planned for October and two LAEPs held. This brings the total for this financial year to two community C(E)TRs, twelve CTRs and five LAEPs, with a further five CTRs currently being coordinated.</p>
<p><b>Dynamic support register (DSR)</b></p>	<p>The children and young people's DSR is held on a weekly basis. The adult autism and learning disability DSRs are both held fortnightly. There is now a self-referral pathway with standardised forms for all four places which are available on the ICB's website to enable self-referrals in line with NHSE guidance and policy.</p> <p>There continues to be some gaps in CAMHS attendance at the weekly DSR meeting, despite a rota being put in place. RDaSH are not attending the adult autism DSR, attempts have been made to escalate this but we are yet to receive a response.</p> <p>The Quality and Monitoring for Residential School Settings meeting are held every eight weeks for children and young people in 38/52 week residential school settings. This has been a coordinated response with all relevant partner agencies as part of the National Pathfinder work being overseen by the Deputy Director of Nursing in Doncaster.</p> <p>There continues to be a shortfall in community provision to support adults with an 'autism only' diagnosis. However, the adult Keyworker service has been beneficial in supporting adults who have been admitted to a mental health inpatient setting by working with the ward team to look at sensory needs and any reasonable adjustments required and supporting with discharge pathways.</p>
<p><b>Mental Health and Section 117</b></p>	
<p>The ICB have now issued the contract variation to RDaSH to enable the recruitment process to commence for two non-recurrent s117 Practitioners to enable the backlog of s117 reviews to be undertaken jointly with RMBC.</p> <p>The s117 SOP has now been drafted jointly between the ICB, RDaSH and RMBC and will be going through governance for each organisation.</p> <p>There are twelve individuals in rehabilitation placements, with six expected discharges over the next year. MoJ (Ministry of Justice) restrictions are causing delays for two patients who are on a discharge pathway. Discussions are ongoing to identify individuals suitable for admission to the new RDaSH High Dependency Rehabilitation Unit (HDRU) which is now ready to accept admissions.</p> <p>There remains a shortage of standard nursing beds across Rotherham, and we continue to have to place individuals out of area, impacting upon clinically ready for discharge rates.</p>	

**CLINICALLY READY FOR DISCHARGE (CRFD)**

<b><u>CRFD (but delayed) - Rotherham - AMHS</u></b>	<b>Jul-25</b>	<b>Aug-25</b>	<b>Sep-25</b>	<b>SUB TOTAL</b>
Delay Days - <b>NHS</b>	149	103	131	<b>383</b>
Number of patients - <b>NHS</b>	8	6	6	
Delay Days - <b>Social Care</b>	0	0	16	<b>16</b>
Number of patients - <b>Social Care</b>	0	0	1	
Delay Days - <u>jointly</u> to <b>NHS &amp; Social Care</b>	0	0	0	<b>0</b>
Num of patients - <u>jointly</u> to <b>NHS &amp; Social Care</b>	0	0	0	
Delay Days - <b>Housing</b>	0	0	0	<b>0</b>
Number of patients - <b>Housing</b>	0	0	0	
<b>Total Delay Days</b>	<b>149</b>	<b>103</b>	<b>147</b>	<b>399</b>
<b>Total Number of Patients</b>	<b>8</b>	<b>6</b>	<b>7</b>	
<b><u>CRFD (but delayed) - Rotherham - OPMHS</u></b>	<b>Jul-25</b>	<b>Aug-25</b>	<b>Sep-25</b>	<b>SUB TOTAL</b>
Delay Days - <b>NHS</b>	31	72	75	<b>178</b>
Number of patients - <b>NHS</b>	1	3	4	
Delay Days - <b>Social Care</b>	73	64	29	<b>166</b>
Number of patients - <b>Social Care</b>	4	3	2	
Delay Days - <u>jointly</u> to <b>NHS &amp; Social Care</b>	0	0	0	<b>0</b>
Num of patients - <u>jointly</u> to <b>NHS &amp; Social Care</b>	0	0	0	
Delay Days - <b>Housing</b>	0	0	0	<b>0</b>

Number of patients - <b>Housing</b>	0	0	0	
<b>Total Delay Days</b>	<b>104</b>	<b>136</b>	<b>104</b>	<b>344</b>
<b>Total Number of Patients</b>	<b>5</b>	<b>6</b>	<b>6</b>	
<b>Other Key Updates</b>				
<b>Rotherham Hospice</b>	Quarterly Contract Performance Meetings between Hospice / ICB take place. KPI suite in place and the ICB has received the Hospice Compliance & Assurance Report for consideration/assurance.			
<b>Public Protection</b>	NHS SY ICB Rotherham remain committed members to Channel and MAPPA. All Operation Stovewood perpetrators are managed by MAPPA on release. Local arrangements are in pace for our providers to attend MARAC and CMARAC.			
<b>LeDeR – Learning Disability Mortality Reviews</b>	<p>An ICB centralised team commenced on the 1st July 2023.</p> <p> Q2 Rotherham LeDeR Programme (Jt Report attached as Annex 1</p>			

## GLOSSARY

CTR	Care and Treatment Review
CETR	Care, Education and Treatment Reviews
DSR	Dynamic Support Register
DToC	Delayed Transfer of Care
ICB	Integrated Care Board
ICS	Integrated Care System
LAC	Looked After Children
LeDeR	Learning Disability Mortality Review Programme
MASH	Multi-Agency Safeguarding Hub

TRFT	The Rotherham Foundation NHS Trust
RDaSH	Rotherham Doncaster and South Humber NHS Trust
LAEP	Local Area Emergency Protocol



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

**Rotherham Place: Q2 July - September 2025**

### 1. Overview

This Q2 report outlines the progress and outcomes related to the completion of LeDeR reviews, performance against key performance indicators (KPIs), lessons learned during the quarter and identifies key areas for further action and improvement.

### 2. LeDeR Programme

#### 2.1 NHSE LeDeR Annual Report

The Learning from the Lives and Deaths of people with a learning disability and autistic people: Annual Report 2023 was launched early September 2025. The report can be accessed via the Kings College London website. [Learning from Lives and Deaths – people with a learning disability and autistic people \(LeDeR\) | King's College London](#)

The annual action from learning report which features the work of ICBs' is available on the LeDeR website <https://leder.nhs.uk/resources/action-from-learning-reports>

A SY ICB webinar has been scheduled to take place on **28 October 2025, at 11.30am to 12.30pm**, facilitated by **Maria Foster, Health Inequalities Senior Manager & Regional Coordinator for LEDER** to present findings from the report and answer any questions you may have.

#### 2.2 SY ICB LeDeR Annual Report

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

### 3. LeDeR Performance

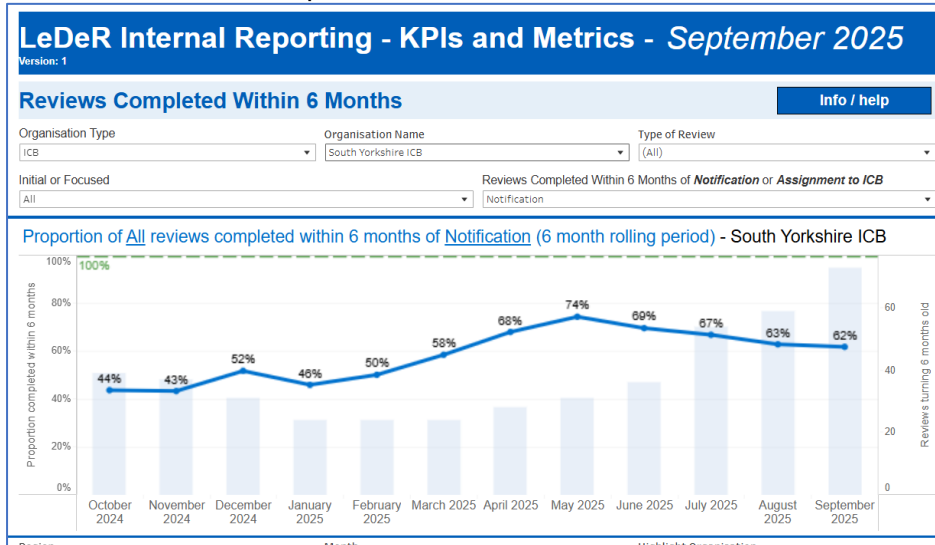
3.1 The completion of LeDeR reviews is measured by NHSE on two KPI measures:

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

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

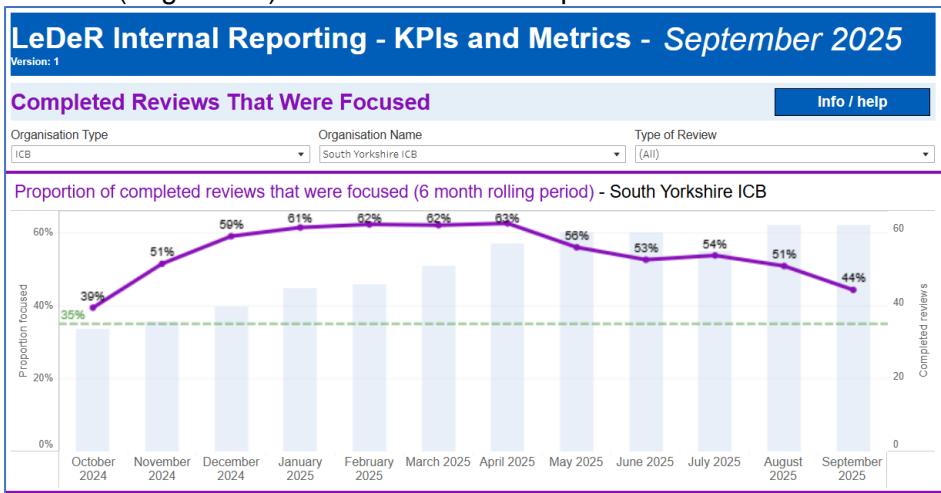
- 36% of reviews completed within 6 months of notification – England:
- 59% of reviews completed within 6 months of notification - NEY region:

- 62% of reviews completed within 6 months of notification – SY ICB:



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

- 31% (target 35%) focused reviews completed within 6 months - England:
- 30% (target 35%) focused reviews completed within 6 months - NEY:
- 44% (target 35%) focused reviews completed within 6 months – SY ICB:



### 3.2 SY ICB LeDeR Performance

In Q2 SY ICB completed a total of 34 reviews. In addition to 6 notifications that were reviewed but deemed to be 'out of scope'. Completed reviews have been broken down further into initial and focused reviews.

#### LeDeR Reviews Completed Q2 2025/26:

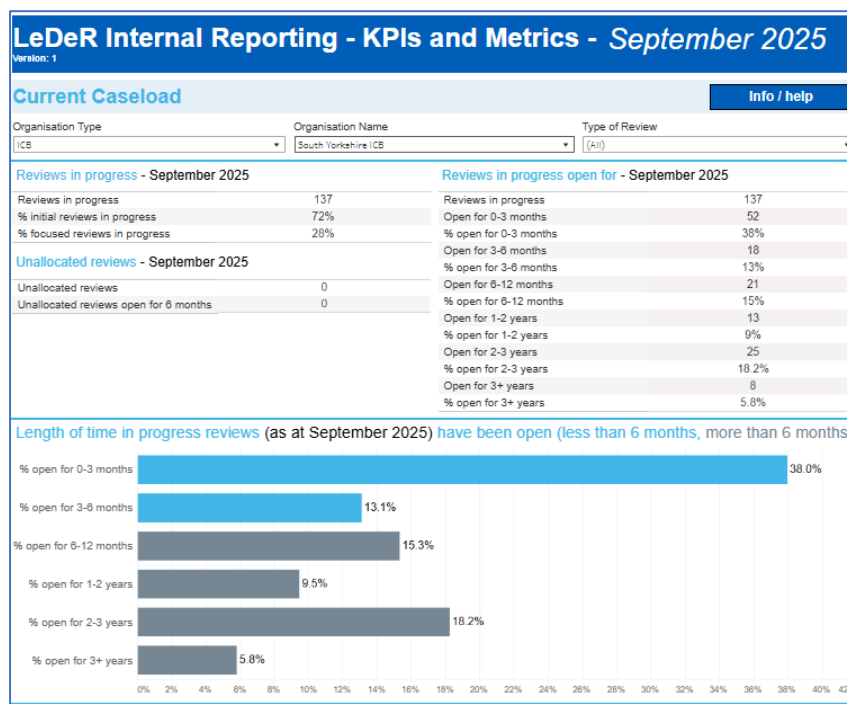
Type	Completed
Initial	19
Focused	15
Overall Submitted	34

The cumulative number of notifications received for SY ICB 2025/26 is as follows:

**Notifications for 2025-26:**

Barnsley	Doncaster	Rotherham	Sheffield
10	21	14	43
<b>Total: 88 notifications for April – September 2025</b>			

The SY ICB Caseload - September 2025 is as follows but note excludes reviews within a statutory process:



- Rotherham LeDeR caseload data - September 2025

Notifications Received	Out of scope notifications	Autism only notifications	Initial Reviews Completed	Focused Reviews Completed	Current Caseload
1 April 2025 to 31 March 2026	1 April 2025 to 31 March 2026	1 April 2025 to 31 March 2026	1 April 2025 to 31 March 2026	1 April 2025 to 31 March 2026	As at 30/09/2025
14	1	2	8	7	46

**3.3 Lessons Learned**

During Q2, three Rotherham focused reviews were approved by the SY ICS LeDeR Quality Assurance Panel, and four initial reviews were completed and approved by the LAC. The quality of care the person received and availability and responsiveness of ICS services for the person is graded below along with identified areas of positive practice and areas for improvement. **(Please refer to Appendix A for Grading definitions).**

**LeDeR ID 21927 (Initial)**

Age	79
Sex	Male
Diagnosis	Mild learning disability (1996) Hypercholesterolaemia (2005) Asthma (2010) Type II diabetes (2011) Moderate COPD (2015)
Cause of Death	1a Acute myocardial ischaemia 1b Ischaemic heart disease 1c Severe coronary artery atheroma II Infective exacerbation of chronic obstructive pulmonary disease and diabetes mellitus

**Positive practice identified:**

- Non identified

**Issues, concerns, or potential problems identified:**

- He experienced alternating constipation and loose stools. A bowel screening FiT kit was indicated to evaluate bowel function and rule out underlying causes due to the symptoms he experienced. This should have been actioned by GP and/or Mencap support provider.

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

**LeDeR ID 22355 (Initial)**

Age	44
Sex	Female
Diagnosis	Adverse reaction to penicillin (2017) Impaired vision Microphthalmos (1978) Microcephalus Severe learning disability Hearing problems Developmental disorder of scholastic skills (1979) Congenital shortening of the right leg (1991) Morbid obesity (1993) Asthma Leiomyoma Mitral regurgitation Primary dilated cardiomyopathy (2006) Autistic spectrum disorder (2015) Diverticular disease Heart failure with reduced ejection fraction (2017) Chronic dentine dental caries (2020) Chronic pain Depressed mood (2022)
Cause of Death	1a Decompensated heart failure 1b Dilated cardiomyopathy II Central Sleep apnoea, LRTI

**Positive practice identified:**

- Detailed positive behaviour support plan in place which community learning disability team (CLDT), provider and mum contributed to.

**Issues, concerns, or potential problems identified:**

- Discrepancy in diagnosis. GP (Market Surgery) recorded severe learning disability; consultant psychiatrist recorded moderate learning disability.
- Lack of information relating to ceasing cervical screening. Market Surgery noted ceasing cervical screening recall form signed 15 January 2020 also needs carer signature on the form to say she spoken to GP. Once form signed scanned and emailed. No reason for this located.
- Rotherham Hospital did not record conversation about DNACPR with family on the DNACPR form. Although the conversation with mum and sister was recorded in the hospital records, it was not recorded on the official DNACPR document.

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

**LeDeR ID 23257 (Initial)**

Age	62
Sex	Male
Diagnosis	Phenoxymethylpenicillin allergy (April 2011) Moderate learning disability (2003) Asthma (2008) Atypical autism (2011) Bipolar disorder (2020) Depressive disorder (2003) diverticular disease (2019) Vitamin D deficiency (2022).
Cause of Death	1a Multiple Organ Failure 1b Hospital Acquired Pneumonia

**Positive practice identified:**

- Provider (Exemplar) formulated detailed care plans and risk assessment even though he had only resided with them for a short time.

**Issues, concerns, or potential problems identified:**

- Lack of evidence of pneumococcal vaccine given.
- It is unknown if he received an annual health check with his previous GP before moving to Rotherham in September 2022. His current GP attempted to undertake an annual health check on 2 February 2023, but this was not completed as he walked out of the practice.
- No health passport located in the records.

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

**LeDeR ID 25085 (Focused)**

Age	65
Sex	Male
Diagnosis	Severe learning disability Hydrocephalus Type 2 diabetes Depression and PTSD (post-traumatic stress disorder).
Cause of Death	1a Bronchopneumonia

**Positive practice identified:**

- Voyage Care - In-depth communication guidance for staff to understand his needs and individual communication style.
- Voyage care - Person centred care plans made alongside people and family that knew him well.
- Stag Medical Practice, Rotherham Community Learning Disability Team, Voyage Care - Communication between professionals involved in his care including detailed chronology to neurology by psychiatry.

**Issues, concerns, or potential problems identified:**

- Local Authority - Families concerns not being listened to or acted upon.
- Voyage Care - Poor fluid monitoring.
- Community Learning Disability Team - Incomplete assessment of choking risk.
- Voyage Care - Poor adherence to eating and drinking guidelines.
- Holistic needs fragmented pathway use.
- GP - Removal from diabetic eye screening without rationale.
- GP - Missed follow-up on blood results and hospital requests.
- Pain not considered despite health/behaviour changes.
- Unassessed use of a walking frame.
- Inaccurate recording of functioning.
- Inaccurate DNACPR information.
- Pain assessments were not considered as part of the Positive Behaviour Support Pathway.
- No evidence in the GP records provided that he was given his pneumococcal vaccine.

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

**LeDeR ID 28703 (Focused)**

Age	23
Sex	Female
Diagnosis	Mitochondrial cytopathy (2007) Neuromuscular scoliosis with Leighs syndrome (2013) (also called Leigh disease and subacute necrotizing encephalomyelopathy) Subacute necrotising encephalomyelopathy (2014) Seizure, impaired vision (cortical visual impairment) Myopathy Acquired hypotonia Dysarthria Postural scoliosis (2015)

	Epilepsy (2016) excessive weight loss (2017) Hypertension
Cause of Death	1a Sepsis 1b Lower Respiratory Tract infection 1c Mitochondrial Cytopathy

**Positive practice identified:**

- Detailed work undertaken by Bluebell Woods. Good communication between professionals involved.

**Issues, concerns, or potential problems identified:**

- Unclear recording of use of PEG/PEJ.

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

**LeDeR ID 28712 (Focused)**

Age	74
Sex	Male
Diagnosis	Obsessive compulsive disorder (OCD) Autism spectrum disorder Post traumatic stress disorder (PTSD) Obsessive compulsive personality disorder Functional neuropathy disorder (FND) Non-epileptic attack disorder (NEAD)
Cause of Death	1a Hanging

**Positive practice identified:**

- His son reported that his father's CPN was very supportive and had built an excellent relationship with his father.
- During the LeDeR review his son was asked about bereavement support by the reviewer and identified that he was receiving excellent support from a worker at Amparo.

**Issues, concerns, or potential problems identified:**

- His son was experiencing carer stress and burnout. The PSII report highlights that he regularly contacted services to express frustration and feelings of being unable to cope.
- His crisis plan was not visible on SystemOne, as identified in the PSII investigation.
- On 08/03/2024, when his son made a second call to the Older Peoples Crisis Team, the only advice given was to call 999. The duty worker assumed he would attend the urgent care centre but did not follow up to confirm this.
- Reports indicated that he had poor insight into his diagnosis of autism and there was no evidence that he was offered post diagnostic support.
- Late autism diagnosis not identified until the individual was in their 70s, despite earlier contact with mental health services and a previous diagnosis of social adjustment disorder.
- In 2012, he was diagnosed with social adjustment disorder a potential missed opportunity to refer for autism assessment.
- No evidence that his crisis plan was updated to reflect autism-related risks, including poor sleep and increased suicide risk.
- His sensory sensitivities, particularly to noise in his housing environment, were identified during his autism assessment but were not addressed in his care.

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

#### LeDeR ID 29811 (Focused)

Age	31
Sex	Female
Diagnosis	Attention deficit hyperactivity disorder (ADHD) (July 2023) Autistic Spectrum Disorder (July 2020). Fibromyalgia (2016) Chronic pain and chronic fatigue syndrome (2017)
Cause of Death	Tramadol Toxicity

#### Positive practice identified:

- Detailed records showed that she attended A&E at UECC in mental health crisis, reporting that she was having visions of harming her husband and children. Autism diagnosis on the records and she was seen alone in the interview room to maintain privacy and dignity, detailed capacity assessment. She asked to be referred to the ECS group and the team to refer to RANNS (Rotherham Adult Neurodiversity support Service) and evidence in records of referrals been made.

#### Issues, concerns, or potential problems identified:

- According to the PSII report, her referral in October 2023 to the Assessment and Formulation Team was triaged using a paper-based review. It was identified that she was already receiving support from other services, and on this basis the referral was declined. However, no cross-check was undertaken to confirm whether she was actually receiving appropriate emotional support, and she herself was not involved in any of the triage decisions.
- No up-to-date next of kin or family contact details were documented in any of the records reviewed. This limited the ability to involve family in care decisions, maintain communication, or respond appropriately in emergency situations.
- No evidence of reasonable adjustments been made to support her to engage with her commissioned support package.

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

#### 4. Summary of Key Themes from LeDeR Reviews

Across the seven Rotherham LeDeR reviews (four initial and three focused), there was notable variation in the quality and responsiveness of care provided to people with a learning disability and autistic people. While some individuals experienced good multi-disciplinary, person-centred care, others were affected by fragmented pathways, missed preventive care opportunities, and gaps in communication, record-keeping, and reasonable adjustments.

## 4.1 Positive Practice

Several examples of good practice were identified:

- **Collaborative working:** Reviews 22355 and 25085 evidenced effective multi-agency collaboration between community learning disability teams (CLDT), providers, and family members, leading to person-centred support plans and improved understanding of communication needs.
- **Comprehensive documentation:** Providers (e.g. Exemplar, Voyage Care) developed detailed care and risk management plans (23257 and 25085).
- **Professional compassion and communication:** Individual practitioners, such as mental health professionals and hospice staff (28712 and 28703), demonstrated caring, dignified, and empathetic practice that families valued.
- In four of the seven reviews, **quality of care was rated as good (Score 5)**, indicating that while some isolated issues were identified, overall care generally met expected standards.

## 4.2 Missed Opportunities in Preventative Health Care

Recurrent issues were identified in the **provision and follow-up of screening and vaccination**:

- **Bowel and cancer screening:** Review 21927 identified that a bowel screening (FiT) kit was indicated but not completed, representing a missed opportunity to investigate ongoing gastrointestinal symptoms.
- **Vaccinations:** Pneumococcal vaccination was either not given or not evidenced in reviews 23257 and 25085.
- **Cervical screening:** In review 22355, the ceased form lacked clear documentation or evidence of informed consent from the carer.
- **Annual health checks:** Review 23257 highlighted uncertainty around whether an annual health check had been completed, indicating variable engagement with proactive primary care health management.

These findings suggest the need for strengthened recall, monitoring, and communication systems across GP practices and support providers to ensure equitable access to national screening and immunisation programmes.

## 4.3 Documentation and Record Keeping

Inconsistent or incomplete documentation was a significant cross-cutting issue:

- **DNACPR recording:** Reviews 22355 and 25085 found that DNACPR discussions with family members were not fully reflected on formal documentation.
- **Health records and care plans:** Missing or incomplete health passports (23257), unclear PEG/PEJ documentation (28703), and discrepancies in diagnosis (22355) were common.
- **Crisis documentation:** Review 28712 identified that crisis plans were not visible on SystmOne and were not updated to reflect autism-related risks.

Improved documentation is essential to ensure shared understanding, clinical continuity, and appropriate emergency responses.

#### 4.4 Coordination and Integration of Care

Several reviews demonstrated **fragmented care and poor communication between services**:

- Review 25085 highlighted significant gaps across health and social care systems, including poor fluid monitoring, inconsistent application of eating and drinking guidelines, and missed test follow-ups.
- In review 29811, a paper-based triage decision led to inappropriate referral closure without verifying whether the individual was receiving support illustrating the risks of disconnected systems and processes.
- Holistic assessment was inconsistently applied, particularly for individuals with multiple health and mental health needs.

A system-wide focus on **integrated pathways and proactive communication** would help to reduce risk and support timely, coordinated responses.

#### 4.5 Autism Identification and Post-Discharge Support

- **Late diagnosis** (28712) and **missed opportunities for earlier assessment** were recurring themes.
- Where autism was diagnosed, reviews identified a **lack of post-diagnostic support and autism-informed adjustments** (28712, 29811).
- Crisis and mental health care often lacked autism-specific risk consideration, such as sensory sensitivities, sleep difficulties, and communication preferences.

Embedding autism-informed practice within all health and crisis settings remains a key learning area.

#### 4.6 Mental Health, Crisis Response and Suicide Prevention

- Reviews 28712 and 29811 identified significant **gaps in crisis response**, with limited follow-up and poor visibility of care plans on shared systems.
- Carer stress and burnout (28712) were noted but not adequately supported.
- Both cases highlighted **inadequate risk assessment and limited autism-sensitive crisis planning**, reinforcing the need for personalised crisis escalation pathways and staff training in suicide prevention for autistic adults and people with a learning disability.

#### 4.7 Family Involvement and Advocacy

- Family involvement was a key factor in the quality of care experience. Reviews 22355 and 25085 highlighted examples of positive engagement, while 25085 also identified occasions where **family concerns were not listened to or acted upon**.
- Where families were included as partners in care, outcomes and communication were notably stronger.

#### 4.8 Summary of Care Quality and Responsiveness Ratings (LeDeR Scoring)

LeDeR ID	Review Type	Quality of Care Score	Responsiveness of ICB/ICS Services Score	Overall Interpretation
21927	Initial	5	5	Good care meeting expected standards
22355	Initial	5	4	Good care overall; some shortfalls not impacting wellbeing
23257	Initial	5	5	Good care meeting expected standards
25085	Focused	2	2	Significant shortfalls impacting wellbeing and potentially contributing to death
28703	Focused	5	5	Good care meeting expected standards
28712	Focused	3	3	Care fell short of good practice; impacted wellbeing
29811	Focused	3	3	Care fell short of good practice; impacted wellbeing

#### 5. Rotherham Referrals for Consideration of SAR

The SY ICS LeDeR Quality Assurance Panel made one referral (25085) for consideration of SAR during Q2.

#### 6. Learning into Action

During Quarter 2, significant progress has been made in translating learning from LeDeR reviews and associated mortality learning processes into tangible system improvements. This quarter has focused on strengthening accountability for actions, embedding shared learning across partners, and ensuring that insights from reviews are driving measurable changes in practice.

Collaborative work with provider organisations, primary care, and safeguarding colleagues has enabled lessons to be disseminated more effectively, while thematic learning has informed targeted quality improvement initiatives. The emphasis remains on ensuring that every review leads to meaningful action that reduces health inequalities, improves care quality, and enhances outcomes for people with a learning disability and autistic people across South Yorkshire.

#### **SY ICS Neurodiverse Suicide Task & Finish Group have drafted the Suicide Prevention Toolkit for autistic people**

Consultation commenced 29/09/25, purpose is to seek feedback from key stakeholders and community groups on the draft, ensuring it is accessible, relevant, and effective. The consultation will help refine the content, language, format, and usability before final publication.

The consultation will run over a 12-week period to allow time for wide engagement and meaningful feedback. The first two weeks will focus on sharing the draft toolkit with all groups. Weeks three to ten will be used for focus groups, workshops and surveys to gather detailed input. In week 11 feedback will be analysed and key themes identified. In week 12, a summary of feedback will be shared back with participants to show how their contributions are being valued (“You said, we did”). In January 2026, we will finalise the toolkit incorporating the learning before toolkit design and publishing.

### **South Yorkshire ICB Winter Vaccination Communications Toolkit For People with a Learning Disability, Autistic People, and People with Severe Mental Illness (SMI)**

We are asking all partners and stakeholders to:

- To watch the webinar from 2 September 2025 facilitated by NHSE Public Health Programmes Team (Screening & Immunisation Team):  
<https://drive.google.com/file/d/17TaoX9gjTKYEIlg5u7rdFWIwpBZgoMc2d/view?usp=sharing>
- Promote winter vaccination messages using accessible materials and tailored communications. Flu vaccination: easy-read flu vaccination resources - GOV.UK Discover the health resource library
- Encourage eligible individuals to attend vaccination appointments, making sure reasonable adjustments are in place.
- Distribute resources locally (leaflets, Easy Read guides, videos, social stories, posters) through their networks and services.
- Support conversations about vaccine safety and benefits, addressing myths and hesitancy.
- Embed vaccination prompts (Making every contact count) into routine care and support planning (e.g., annual health checks, care reviews, community events).
- Feedback insights on barriers and enablers to uptake so that communications and delivery can be improved

### **SY ICB Briefing: Sign up to use the SUDEP and Seizure Safety Checklists (Adult & Paediatric) Improving epilepsy safety for all people across South Yorkshire**

SY ICB is asking organisations to sign up to using the SUDEP and Seizure Safety Checklist(s), a free, evidence-based tool that supports safer care and reduces the risk of Sudden Unexpected Death in Epilepsy (SUDEP). There are two checklists:

- SUDEP and Seizure Safety Checklist - SUDEP Action (adults 16+)
- Children’s SUDEP & Seizure Safety Checklist - SUDEP Action

The Checklists are currently only available to medically trained health professionals for use with any patients with epilepsy.

Three SUDEP awareness raising sessions held in Q2 with a total of 329 staff attended.

Anita Winter  
ICS Health Inequalities/LeDeR Strategic Lead  
Email: [anita.winter@nhs.net](mailto:anita.winter@nhs.net)  
21/10/2025

## Grading of Care Definitions

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

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



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

Rotherham Place Committee

19 November 2025

<b>Author(s)</b>	Ruth Nutbrown – Assistant Director of Business Management Alison Hague – Business Manager – Corporate Affairs and Risk Abby Sharp – Business Support Officer – Risk
<b>Sponsor Director</b>	Mark Janvier – Director of Corporate Governance & Board Secretary
<p><b>This report provides assurance against the following risk(s) on the ICB’s Board Assurance Framework, Risk Register or Issues Log:</b></p>	<p>The paper provides overview of BAF Risks, Corporate Risks and Issues relevant to Rotherham Place, as follows:</p> <p>BAF (in which Place Committees provide Principal Oversight)</p> <ul style="list-style-type: none"> <li>1.1.1– R</li> <li>1.3 – R</li> <li>1.6.1 – CYP Alliance</li> <li>1.6.2.1</li> <li>1.6.2.2</li> <li>1.6.3</li> <li>1.7</li> <li>1.8 – R</li> <li>2.1</li> <li>2.7.1 – R</li> <li>2.12 – R</li> <li>3.9</li> <li>3.10</li> <li>4.9 – R</li> <li>4.11 – R</li> </ul> <p>Risk Register:</p> <ul style="list-style-type: none"> <li>SY016</li> <li>SY021</li> <li>SY040 - R</li> <li>SY042 - R</li> <li>SY044 - R</li> <li>SY061</li> <li>SY066</li> <li>SY082 – System</li> <li>SY107 – R</li> <li>SY113</li> <li>SY124</li> <li>SY136</li> <li>SY140</li> </ul> <p>Issues –</p> <ul style="list-style-type: none"> <li>IL07 – R</li> <li>IL09</li> <li>II17</li> </ul> <p><i>The latest versions of the ICB’s BAF, risk register and issues log can be found here <a href="#">ICB Risk Registers</a></i></p>

[\(sharepoint.com\)](#) or contact [syicb-sheffield.riskmanagement@nhs.net](mailto:syicb-sheffield.riskmanagement@nhs.net) – please refer to these each time you draft a report as the wording of risks could change in-year.

## Purpose of Paper

For members to have oversight of the current Risk Management Framework including Board Assurance Framework, Risk Register and Issues Log, following exception reporting on the 6 November 2025 as part of the Rotherham Place Executive Team (PET) agenda.

## Key Issues / Points to Note

### Executive Summary

The current BAF, RR and IL is a standing agenda item on the Rotherham Place Board agenda at each meeting, following presentation at Rotherham PET. A deep dive is conducted on a quarterly basis at PET, with exception reporting occurring between each deep dive. Risks can be added, amended, or deleted at any time by contacting a member of the risk management team, it doesn't have to wait for a meeting.

### Emerging Risks

There have been no new risks raised during the reporting period, nor have any seen a change in score. Any risks which have been escalated or increased in score will be featured in this section in future reports.

### Reporting Development

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

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

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

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

### System Risk Register

Development is currently paused during the Organisation change process.

Whilst these are live links it is to be acknowledged the cover paper provides the position as of **30 October 2025 at 15:15**.

## Is your report for Approval / Consideration / Noting

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

## Recommendations / Action Required by the Committee

Members are asked to:

- Review the collated SY ICB Risk Register and Issues Log for Quarter 3;
- Support the ongoing development of the BAF, Risk Register and Issues log.

## Board Assurance Framework

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

Priority 1 - Improving outcomes in population health and health care.	✓	Priority 2 - Tackling inequalities in outcomes, experience, and access.	✓
Priority 3 - Enhancing productivity and value for money.	✓	Priority 4 - Helping the NHS to support broader social and economic development.	✓
In addition, this report also provides evidence against the following corporate goals (place ✓ beside all that apply):			
<b>Goal 1 – Inspired Colleagues:</b> To make our organisation a great place to work where everyone belongs and makes a difference			✓
<b>Goal 2 – Integrated Care:</b> To relentlessly tackle health inequalities and to support people to take charge of their own health and wellbeing.			✓
<b>Goal 3 – Involved Communities:</b> To work with our communities so their strengths, experiences and needs are at the heart of all decision making.			
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>			
There are no financial implications for this paper but notwithstanding some of the risk areas will have financial implications for the ICB.			
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>			
Not applicable			
<b>Have you involved patients, carers and the public in the preparation of the report?</b>			
There has been no Patient or public involvement in the development of the BAF, RR or Issues Log but stakeholders/risk owners are being contacted for conversations about their risk profile and this will continue in a structured way during each cycle of updates.			
<b>Appendices</b>			
Appendix A – Rotherham BAF Risks, Risks and Issues above 12. Appendix B – Rotherham BAF Risks, Risks and Issues (spreadsheet)			



**Feedback from Rotherham Place Executive Team for noting at Rotherham Place ICB Committee: 19 November 2025**

<b>RPET Meeting Date</b>	<b>Item Discussed</b>	<b>Outcome</b>
23.10.25	<b>Retendering of Community Unit with Nursing</b>	RPET considered a report seeking approval to initiate a tender process for the re-commissioning of nursing community beds. The re-tender was supported and approved.
23.10.25	<b>SEND Proposal for new toolkit for schools and early years settings</b>	A proposal to develop and introduce a new toolkit to Rotherham schools and early years settings that focused on handwriting, physical skills and the ability to work independently and manage own self-care was considered. RPET approved funding for the new toolkit.

<b>Minutes</b>	
<b>Title of Meeting:</b>	Rotherham Place Board: <b>ICB Business</b>
<b>Time of Meeting:</b>	11:00 – 11.30am
<b>Date of Meeting:</b>	Wednesday 15 October 2025
<b>Venue:</b>	John Smith Room, Rotherham Town Hall
<b>Chair:</b>	Claire Smith
<b>Contact for Meeting:</b>	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net

<b>Apologies:</b>	<p>W Allott, Director of Financial Transformation Rotherham, NHS SYICB            C Edwards, Executive Place Director (Rotherham) NHS South Yorkshire Integrated Care Board            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&amp;WB Board Chair, RMBC            S Hussain, Chief Executive, Voluntary Action Rotherham            B Kirton, Managing Director, The Rotherham NHS Foundation Trust            A Brankin, Rotherham Care Group Director, Rotherham, Doncaster and South Humber NHS Foundation Trust            E Parry Harries, Director of Public Health, RMBC</p>
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services.
<b>Quoracy:</b> ( <b>Quorate</b> )	No business shall be transacted unless at least 60% of the membership (which equates to 4 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

**Members:**

Claire Smith (**CS**), Director of Partnerships (Rotherham) NHS SY ICB  
 Andrew Russell (**AR**), Director of Nursing – Rotherham & Doncaster, NHS SY ICB  
 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  
 Lydia George (**LG**), Transformation & Partnership Portfolio Manager (Rotherham), NHS SY ICB  
 Kym Gleeson (**KG**), Healthwatch Manager, Healthwatch Rotherham

**In attendance**

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

Item Number	Discussion Items
I52/10/25	<b>Place Integrated Performance Report</b>
<p>JA advised that the report circulated did not appear to contain the correct data for this month and gave highlights of the performance she had since obtained.</p> <p><b>Urgent &amp; Emergency Care (UEC)</b></p> <ul style="list-style-type: none"> <li>• <b>A&amp;E 4-hour target:</b> 71.5% (below 78% target), an improving position</li> <li>• <b>Category 2 ambulance response and ambulance handover:</b> continue to meet target on response times and handovers improved from last month to meet the national target</li> <li>• <b>Urgent Community Response (UCR):</b> 77.6%, consistently above 70% target. The position with community waits over 52 weeks had improved but the target of 0 is challenging</li> </ul> <p><b>Primary Care</b></p> <ul style="list-style-type: none"> <li>• <b>Appointments:</b> a significant number are available with Rotherham offering highest number in South Yorkshire.</li> <li>• <b>Patient experience:</b> 75.3% satisfaction – above 71.1% local ambition target.</li> </ul> <p><b>Elective &amp; Diagnostics</b></p> <ul style="list-style-type: none"> <li>• <b>Elective waits over 52 weeks:</b> 2% of waiting list – double the 1% target.</li> <li>• <b>Diagnostics within 6 weeks:</b> 94.2% – just below national standard and a decline on last month.</li> </ul> <p><b>Cancer</b></p> <ul style="list-style-type: none"> <li>• <b>28-day Faster Diagnosis Standard &amp; 62-day referral to treatment:</b> neither standard being met and discussion to understand the position will be undertaken with the Trust</li> <li>• <b>31-day treatment standard:</b> 90.9% – below 96% target, although improved position.</li> </ul> <p>The Place Board noted performance. The revised version of the report will be circulated to members for information.</p>	
I43/09/25	<b>ICB Board Assurance Framework, Risk Register and Issues Log</b>
<p>All members had received and reviewed the board assurance framework, risk register and issues log.</p> <p>CS provided an update following last month’s discussion regarding the potential addition of a new risk to the register. The risk relates to changes in the GP contract that could affect patient access. After further consideration, it was agreed that this issue is both national and relevant across South Yorkshire and therefore should be added to the NHS South Yorkshire ICB risk register, rather than being specific to Rotherham Place.</p> <p>It was also noted that Rotherham GPs have adopted a pragmatic approach to implementing the changes, and no concerns have been reported to date.</p> <p>The other risk identified last month relating to the future plans for Healthwatch and their support of the patient voice will be added for next month.</p> <p>There were no new risks to be added, but Members were encouraged to advise the Chair at any time with details of any potential additions.</p>	
I46/09/25	<b>Feedback from Rotherham Place Executive Team (RPET)</b>
<p>CS advised that RPET had considered the following items:</p>	

- Rotherham Medicines Optimisation Incentive Scheme – RPET had considered and approved the payment of the 2024-25 scheme for which the budget is held locally, to practices.
- Social Prescribing/Mental Health Community Connectors (MHCC) Future Commissioning Options Appraisal – RPET had agreed the option for offices to progress to integrate the MHCC service into the existing social prescribing contract and whilst exploring efficiencies also consider sustainability of VAR as part of the process and report back to RPET.
- Locally Enhanced Service – Optometry – RPET noted the paper and that further work was being undertaken to understand challenges and potential risks at which point a decision can be made as to whether to join the South Yorkshire proposal.
- Weight Management Pathway Update – RPET supported the updated pathway noting it had been approved at Clinical Management Referrals Committee and there was no financial impact as a result of the revision.

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

**147/09/25      Minutes and Action Log and Assurance Report from the last Meeting**

The minutes from the meeting held on Wednesday 17 September 2025 were accepted as a true and accurate record.  
The action log was reviewed with no areas for concern noted.  
The assurance report for the Integrated Care Board noted that there are no actions arising from the minutes to be escalated.

**148/09/25      Communication to Partners/Promoting Consultations & Events**

- The first learning workshop for National Neighbourhood Pioneers is taking place in Manchester on 22 October. A cohort from Rotherham will be attending and Place Board will be updated on progress.
- Covid and Flu vaccination programmes have commenced with local and targeted communications being co-ordinated to emphasise importance and focus. Recent changes to eligibility criteria have led to some public confusion. It was also noted that Covid vaccinations are no longer being offered to frontline staff.

**149/09/25      Risks and Items for Escalation**

As mentioned above, Healthwatch risk will be added to the register for next month.

**150/09/25      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)

**151/09/25      Date of Next Meeting**

The next meeting will take place on **Wednesday 19 November 2025** in the John Smith Room, Rotherham Town Hall.

**Membership**

Chris Edwards (Chair)	Executive Place Director/Deputy Chief Executive, ICB	NHS South Yorkshire Integrated Care Board
Claire Smith	Director of Partnerships, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Director of Financial Transformation, Rotherham	NHS South Yorkshire Integrated Care Board
Andrew Russell	Director of Nursing, Rotherham & Doncaster Places	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board

**Participants**

Alex Hawley	Acting Director of Public Health	Rotherham Metropolitan Borough Council
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Ian Spicer	Strategic Director, Adult Care, Housing & Public Health	Rotherham Metropolitan Borough Council
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust
John Edwards	Chief Executive	Rotherham Metropolitan Borough Council
Toby Lewis	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust
Cllr Joanna Baker- Rogers	H&WB Board Chair	Rotherham Health and Wellbeing Board/ Rotherham Metropolitan Borough Council
Dr Anand Barmade	Medical Director	Connect Healthcare Rotherham
Bob Kirton	Managing Director	The Rotherham NHS Foundation Trust
Kym Gleeson	Service Manager	Healthwatch Rotherham
Mat Cottle-Shaw	Chief Executive	Rotherham Hospice
Lydia George	Transformation & Partnership Portfolio Manager (Rotherham)	NHS South Yorkshire Integrated Care Board
Gordon Laidlaw	Head of Communications (Rotherham)	NHS South Yorkshire Integrated Care Board

**ROTHERHAM PLACE BOARD: ICB BUSINESS ACTION LOG - 01 April 2025 - 31 March 2026**

Mtg Date	Item No.	Agenda Item Title	Action Description	Timescale for Completion by	Lead Officer	Action Status	Date Completed	Comments
16.04.25			<b>No actions to note</b>					
21.05.25			<b>No actions to note</b>					
18.06.25	I22/06/25	Place Committee Annual Report 2024-25	Due to the Committee not being quorate, absent member(s) will be asked to comment and agree prior to the Chair adding his conclusions to Section 5 of the annual report to reflect the Committee's assurance before it goes to the ICB Board	31.07.25	CE/LG	Green		Confirmation received from absent member agreeing contents of the report for the ICB Board.
18.06.25	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	Green		As November is now a development session the presentation on the RHR to YHCR migration that was to be part of the digital update has been shared with BK. The presentation demonstrates that all current users will be moved to the new system and that more data will be available within it that is currently available in the RHR system.
16.07.25			No actions to note					
20.08.25			No Meeting Held					
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		
15.10.25			No actions to note					



## Rotherham Place Committee Assurance Highlight Report

### 1. Introduction

The purpose of this report is to highlight the main points from the Rotherham Place Committee held on Wednesday 15 October 2025.

### 2. Highlights

The Rotherham Place Committee received the following assurances:

Agenda Item	Assurance Level	Further Actions Agreed
152/10/25 – Place Integrated Performance Report	3	Members noted the performance position.
153/10/25 - ICB Board Assurance Framework, Risk Register & Issues Log	3	Place Board received and reviewed the report. Members noted that the potential safety risk arising from implementing key changes to the 2025/26 GP contract <i>has been escalated to the SY ICB risk register rather than at place.</i> The risk in relation to future plans for Healthwatch and how the local public voice will continue to be effectively represented will be added for next month.
154/10/25 – Feedback from Rotherham Place Executive Team (RPET)	3	Members acknowledged the discussions and decisions taken as detailed in the paper.
155/10/25 – Minutes from Rotherham Place Board Partnership session – 17 September 2025	3	The minutes from the public partnership session held in September were noted for information and openness.

#### Assurance Levels:

3	<b>Full</b> (ie Excellent level of assurance given high confidence in report and management explanations)
2	<b>Partial</b> (ie Assurance is below the expected level; more work has been requested as appropriate)
1	<b>Not Assured</b> (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.

**Committee Chair**  
**30.10.25**