



Agenda

Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45am – 11.30am
Date of Meeting:	Wednesday 17 December 2025
Venue:	John Smith Room, Town Hall, Rotherham
Chair:	Claire Smith
Contact for Meeting:	Lydia George: lydia.george@nhs.net / Wendy Commons: wcommons@nhs.net

Apologies:	W. Allott, Rotherham Place, NHS SY ICB M. Cottle-shaw, Chief Executive, Rotherham Hospice C. Edwards, Place Director – Rotherham Place, NHS SY ICB R. Jenkins, Chief Executive, The Rotherham NHS Foundation Trust T. Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
Conflicts of Interest:	
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member

Item	Business Items	Time	Pres by	Encs
1	Rotherham Place Integrated Performance Report	10 mins	Jude Archer	Enc 1
2	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – <i>for information</i>	10 mins	Claire Smith	Enc 2i, 2ii, 2iii
3	Feedback from Rotherham Place Executive Team	5 mins	Claire Smith	Enc 3
Standard Items				
4	Minutes, Action Log and Assurance Report from 15 October 2025 Meeting	5 mins	Chair	Enc 4i, 4ii, 4iii
5	Communication and Promoting Consultations and Events		All	Verbal
6	Risks and Items for Escalation to ICB Board		Chair	Verbal
7	Standing Items <ul style="list-style-type: none"> • Place Integrated Performance Report (monthly) • Risk Register (monthly for information) • Place Prescribing Report (Jan) • Quality, Patient Safety and Experience Dashboard (Jan) • Quarterly Medical Director Update (Feb) 			
8	Date of Next Meeting: Wednesday 21 January 2025 at 10:45am in John Smith Room, Rotherham Town Hall			

GLOSSARY

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



NHS Rotherham Place Integrated Performance Report (IPR) December 2025



Contact
syicb.datainsyghts@nhs.net



System Pathway Oversight Narrative



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

Urgent and Emergency Care: 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.



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%.

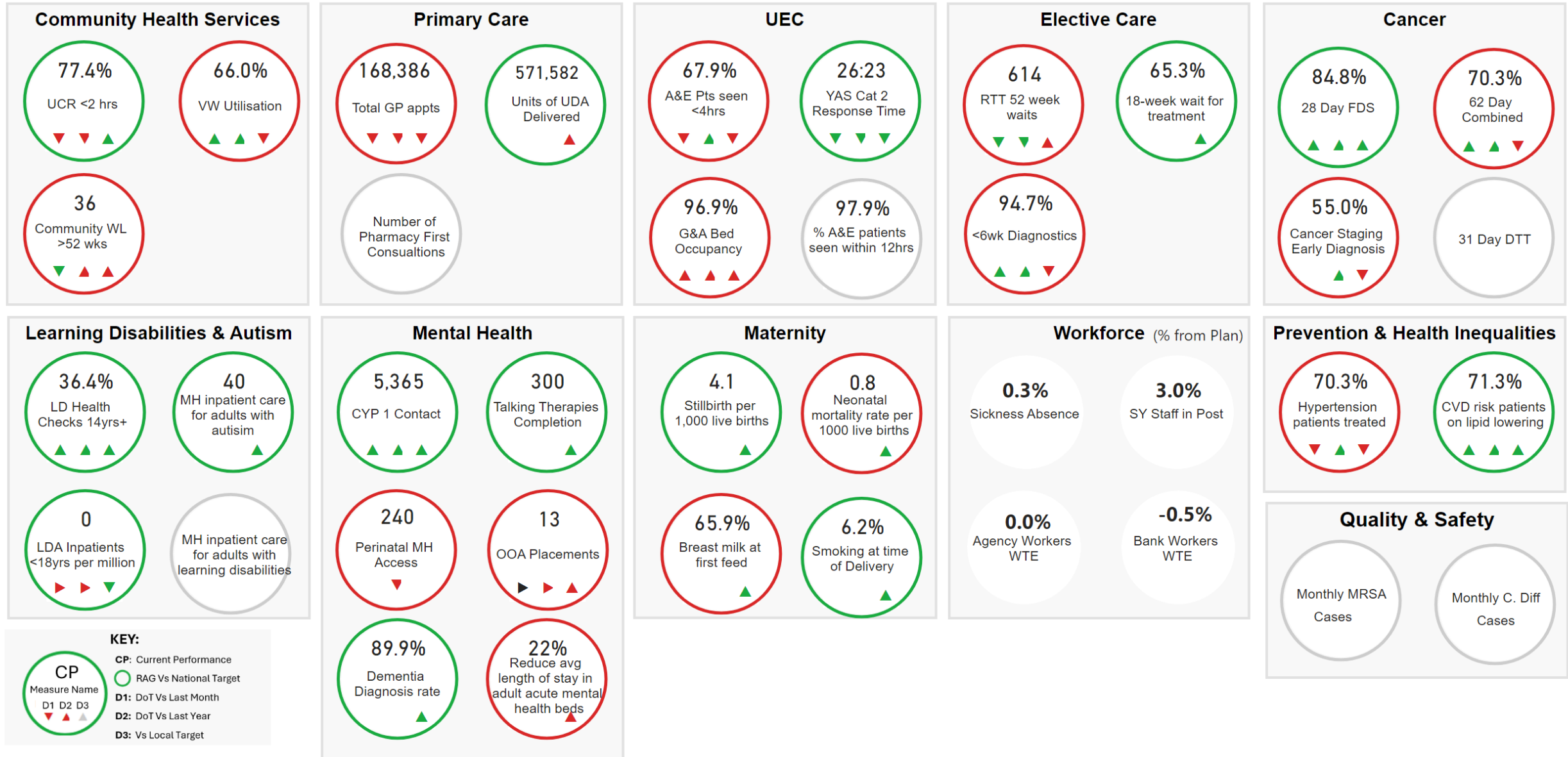
Individual Placement and Support for people with Severe Mental Illness (IPS for SMI) is a model of employment support integrated within community mental health teams (CMHT) which helps people with SMI conditions into employment. In August 2025 the service saw decreased activity with 1,055 people being 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 Core20PLUS5* strategy applied) can be found within the following report.



Population Health Outcomes

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





	What We are trying to Achieve	How we are measuring this	Where We Started	Where We Are Now	Where We Are Aiming	Annual Trend Over Time
 GOALS	Healthier & Longer Life	1 Life Expectancy (Female)	81.5	81.2	84.5	
		1 Life Expectancy (Male)	77.8	77.6	80.8	
		1 Healthy Life Expectancy (Female)	60.1	56.5	61.9	
		1 Healthy Life Expectancy (Male)	59.6	56.6	61.5	
 BOLD AMBITIONS	Focus on development in early years, so that every child is school ready	4 School Readiness (%)	64.8	66.2	67.5	
		2 4 Gap in School Readiness between those with FSM & all children (pp)	15.0	14.6	11.2	
	Strengthen & accelerate our focus on prevention	1 2 Adult Smoking Prevalence (%)	16.1	13.6	5.0	
		4 Economic Inactivity Rate (%)	23.6	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 South Yorkshire began to decline after 2018–19, widening the gap with England, alongside a marked rise in under-75 preventable mortality. These figures reflect the impact of COVID-related deaths. With the newly released 2021–23 three-year pooled data, life expectancy now shows a modest uptick. Further years of data will be needed to confirm whether this indicates the beginning of a sustained reversal of the previous decline

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.

Across our shared outcomes, South Yorkshire continues to perform worse than England on several measures, with higher rates of children living in poverty, 16–18 year-olds not in education, employment or training (NEET), and households experiencing fuel poverty. However, the employment gap between people with a learning disability and the overall population is slightly narrower than the England average.

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
Children in Relatively Low Income Household <16 (%) SY  31.5 ENG 22.1 <small>2023/24</small>	16-17 Year Olds Not in Education, Employment or Training (%) SY  6.4 ENG 5.4 <small>2023/24</small>	Fuel Poverty (%) SY  15.0 ENG 11.4 <small>2023</small>	Employment Gap (Learning Disability vs Overall (% Points)) SY  68.7 ENG 70.9 <small>2022/23</small>


SHARED OUTCOMES

Urgent & Emergency Care

<p>1 3</p> <p>% A&E patients seen within 4hrs</p> <p>Improve A&E waiting times compared to 2024/25, with a minimum of 78% of patients seen within 4 hours by March 2026</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Oct-25</td> <td>67.9%</td> <td>78.0%</td> </tr> </tbody> </table>		Actual	Target	Oct-25	67.9%	78.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>68.2%</td> <td>69.4%</td> <td>93.2%</td> <td>72.7%</td> <td>72.1%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	68.2%	69.4%	93.2%	72.7%	72.1%	
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<p>1 3</p> <p>% A&E patients seen within 12hrs</p> <p>Increase the proportion of ED patients admitted, discharged or transferred within 12 hours in 25/26 vs 24/25. NOTE: Plan are Trust-specific, based on 24/25 baselines.</p>	<p>Actual</p>	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>100.0% (100.0%)</td> <td>100.0% (100.0%)</td> <td>100.0% (100.0%)</td> <td>100.0% (100.0%)</td> <td>54.5% (100.0%) <small>(Trust - specific plan figures)</small></td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	100.0% (100.0%)	100.0% (100.0%)	100.0% (100.0%)	100.0% (100.0%)	54.5% (100.0%) <small>(Trust - specific plan figures)</small>							
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<p>1 3</p> <p>% Discharged on Discharge Ready Date</p> <p>Percentage of patients discharged on discharge ready date</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>83.1%</td> </tr> </tbody> </table>		Actual	Sep-25	83.1%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>34.7%</td> <td>89.3%</td> <td>100.0%</td> <td>81.3%</td> <td>75.4%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	34.7%	89.3%	100.0%	81.3%	75.4%			
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<p>1</p> <p>Total general and acute bed occupancy</p> <p>* 2024/25 target is to reduce adult general and acute bed occupancy to 92% or below. Note, there is no 2025/26 plan figure within the planning guidance.</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target*</th> </tr> </thead> <tbody> <tr> <td>Oct-25</td> <td>96.9%</td> <td>92.0%</td> </tr> </tbody> </table>		Actual	Target*	Oct-25	96.9%	92.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td colspan="4">96.0%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	96.0%						
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% A&E patients seen within 4hrs

In October, TRFT's performance was 67.9%, which failed to meet the National Target of 78%. It was a decline on the previous periods performance of 71.5% and was an improvement on the same period in the previous year of 62.6%.

% A&E patients seen within 12hrs

% Discharged on Discharge Ready Date

In September, TRFT's performance was 83.1%.

Total general and acute bed occupancy

In October, TRFT's performance was 96.9%, which failed to meet the National Target of 92%. It was a decline on the previous periods performance of 93.9% and was a decline on the same period in the previous year of 96.9%.

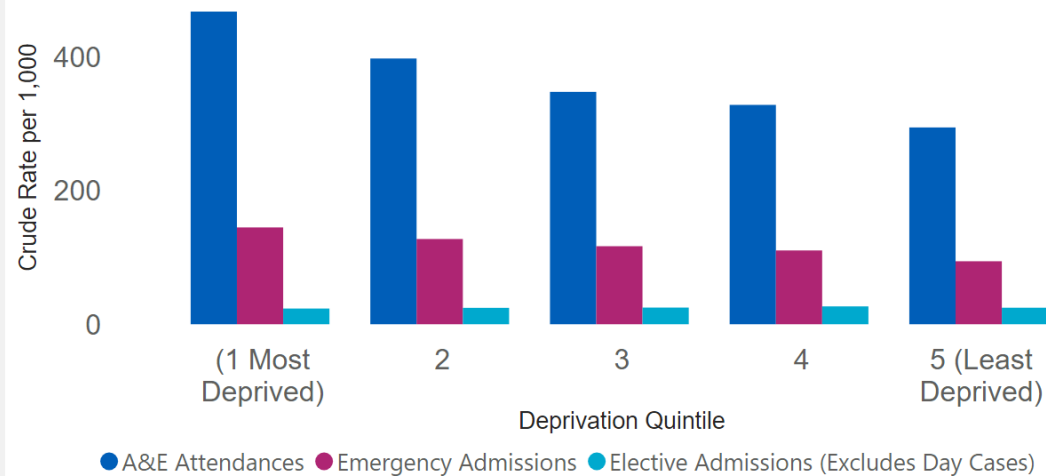
Urgent & Emergency Care Continued

<p>1 Category 2 Ambulance Response Time</p> <p>Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26.</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Oct-25</td> <td>26:23</td> <td>30:00</td> </tr> </tbody> </table>		Actual	Target	Oct-25	26:23	30:00	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>29:04</td> <td>27:25</td> <td>24:30</td> <td>26:24</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	29:04	27:25	24:30	26:24			
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<p>1 Average Handover Time</p> <p>Every Trust is aiming to reduce the time it takes for Ambulance Handovers to an average of 15 Minutes by March 26 (except SCH who are aiming for <10 minutes)</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Oct-25</td> <td>14:37</td> <td>15:00</td> </tr> </tbody> </table>		Actual	Target	Oct-25	14:37	15:00	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>15:34</td> <td>15:58</td> <td>08:47</td> <td>16:09</td> <td>15:29</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	15:34	15:58	08:47	16:09	15:29	
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CORE20 PLUS

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

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



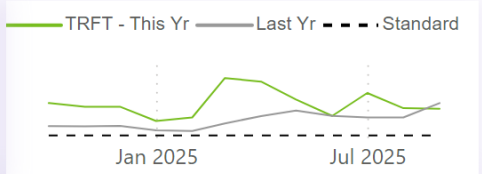
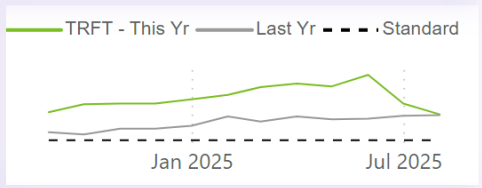
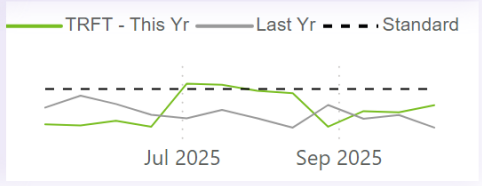
Category 2 Ambulance Response Time

In October, Rotherham's performance was 00:26:23, which met the National Target of 00:30:00. It was an improvement on the previous periods performance of 00:27:21 and was an improvement on the same period in the previous year of 00:36:57.

Average Handover Time

In October, TRFT's performance was 00:14:37, which met the National Target of 00:15:00. It was a decline on the previous periods performance of 00:14:08 and was an improvement on the same period in the previous year of 00:25:16.

Community Health Services

<p>1 3</p> <p>Urgent Community Referrals seen within 2 hours</p> <p>* 2024/25 target was to increase the % of Urgent Community Referrals seen within 2 hours to 70% . Note, there is no 25/26 plan figure in the planning guidance.</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard*</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>77.4%</td> <td>70.0%</td> </tr> </tbody> </table>		Actual	Standard*	Sep-25	77.4%	70.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>RDASH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>0%</td> <td>1400</td> <td>3500</td> </tr> <tr> <td></td> <td>%</td> <td>%</td> </tr> </tbody> </table>	RDASH	STH	SYICB	0%	1400	3500		%	%						
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<p>3</p> <p>Placeholder: Community Beds Occupancy</p> <p>Number of beds occupied as a proportion of total available for ICB</p>																							
<p>1 3</p> <p>Community Waiting List over 52 weeks</p> <p>Number of patients on community waiting lists for over 52 weeks</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Aug-25</td> <td>36</td> <td>0</td> </tr> </tbody> </table>		Actual	Standard	Aug-25	36	0	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>RDASH</th> <th>SCH</th> <th>SHSC</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>0</td> <td>9,280</td> <td>0</td> <td>1</td> <td>9,317</td> </tr> </tbody> </table>	BHFT	DBTHFT	RDASH	SCH	SHSC	STH	SYICB	0	0	0	9,280	0	1	9,317	
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<p>1 3</p> <p>Virtual Ward Utilisation</p> <p>Increase Virtual Ward utilisation to consistently be above 80%</p> <p>*Note: This is a Snapshot as at 9th October 2025</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Oct-25</td> <td>66.0%</td> <td>79.6%</td> </tr> </tbody> </table>		Actual	Plan	Oct-25	66.0%	79.6%	<p>Actual</p> <table border="1"> <thead> <tr> <th>RDASH</th> <th>Sheffield</th> <th>SWYPFT</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>82.0%</td> <td>33.3%</td> <td>77.0%</td> <td>70.0%</td> </tr> </tbody> </table> <p><small>Sheffield includes data for STHT & SCFT. TRFT includes adults and CYP</small></p>	RDASH	Sheffield	SWYPFT	SYICB	82.0%	33.3%	77.0%	70.0%							
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Urgent Community Referrals seen within 2 hours

In September, TRFT's performance was 77.4%, which met the National Target of 70%.

Community Waiting List over 52 weeks

In August, TRFT's performance was 36, which failed to meet the National Target of 0. It was an improvement on the previous periods performance of 51 and was a decline on the same period in the previous year of 35.

Virtual Ward Utilisation

In October, TRFT's performance was 66%, which failed to meet the National Target of 79.6%. It was an improvement on the previous periods performance of 60% and was an improvement on the same period in the previous year of 47.3%.

Primary Care

<p>1 3</p> <p>Number of GP appointments</p> <p>Total Number of Appointments in General Practice (rate per 1,000 practice population).</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>168,386 (610)</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Sep-25	168,386 (610)		<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>137,923 (509)</td> <td>179,428 (527)</td> <td>362,486 (569)</td> <td>848,223 (556)</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Sep-25	137,923 (509)	179,428 (527)	362,486 (569)	848,223 (556)	
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<p>1 3</p> <p>Patient experience of access to general practice</p> <p>Increase the percentage of people saying it was 'Very easy' or 'Easy' to contact their GP practice, as measured by the ONS Health Insights Survey.</p>	<p>SYICB</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>80.8%</td> <td>71.1%</td> </tr> </tbody> </table>		Actual	Target	Nov-25	80.8%	71.1%												
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<p>1 3</p> <p>Improve access to NHS dentistry</p> <p>Increase dental activity by increasing the units of dental activity (UDAs) delivered.</p>	<p>SYICB</p> <table border="1"> <thead> <tr> <th></th> <th>YTD Actual</th> <th>September YTD target</th> </tr> </thead> <tbody> <tr> <td>Jul-25</td> <td>571,582</td> <td>1,051,683</td> </tr> </tbody> </table>		YTD Actual	September YTD target	Jul-25	571,582	1,051,683												
	YTD Actual	September YTD target																	
Jul-25	571,582	1,051,683																	
<p>Placeholder: Number of urgent dental appointments</p> <p>Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more</p>																			
<p>1 3</p> <p>Number of Pharmacy First interventions</p> <p>Count of the clinical pathways element of Pharmacy First alone, plus the hypertension case finding and contraception service activity.</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>3,626</td> </tr> </tbody> </table>		Actual	Jun-25	3,626	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>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			
	Actual																		
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Number of GP appointments

In September, Rotherham's performance was 168,386, which met the National Target of . It was an increase on the previous periods performance of 142,449 and was an increase on the same period in the previous year of 160,928.

Patient experience of access to general practice

In November, SYICB's performance was 80.8%, which met the local ambition of 71.1%.

Improve access to NHS dentistry

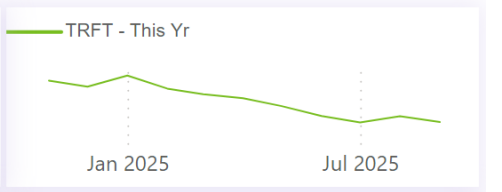
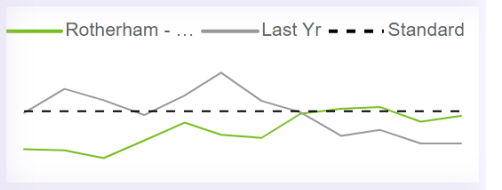
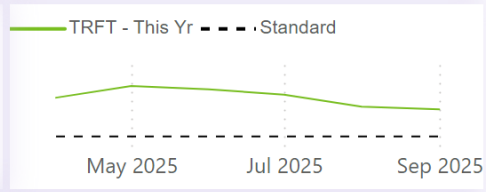
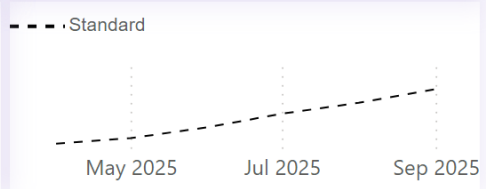
In July, SYICB's performance was 571,582. The cumulative target for the end of the quarter is of 1051683.

Pharmacy First Interventions

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

Primary Care Continued

Elective Care

<p>1 3 Total waiting over 52 weeks -%</p> <p>Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026.</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>1.9%</td> <td>1.0%</td> </tr> </tbody> </table>		Actual	Target	Sep-25	1.9%	1.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>0.9%</td> <td>2.7%</td> <td>2.4%</td> <td>No Data</td> <td>2.1%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	0.9%	2.7%	2.4%	No Data	2.1%	
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<p>1 3 %patients receiving diagnostic test within 6 weeks</p> <p>Increase the percentage of patients that receive a diagnostic test within six weeks</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>94.7%</td> <td>95.0%</td> </tr> </tbody> </table>		Actual	Target	Sep-25	94.7%	95.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>87.7%</td> <td>50.8%</td> <td>70.4%</td> <td>76.3%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	87.7%	50.8%	70.4%	76.3%			
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Total waiting over 52 weeks

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

%patients receiving diagnostic test within 6 weeks

In September, Rotherham's performance was 94.7%, which failed to meet the National Target of 95%. It was an improvement on the previous periods performance of 94.2% and was an improvement on the same period in the previous year of 92.7%.

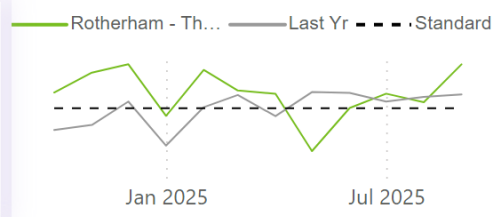
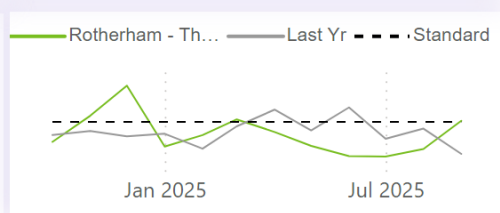
18-week wait for first appointment

In September, TRFT's performance was 74.1%, which failed to meet the National Target of 67%. It was an improvement on the previous periods performance of 74.8%.

18-week wait for treatment

In September, TRFT's performance by was 65.1%. It was a decline on the previous periods performance of 64.6%.

Cancer

<p>1 % patients with cancer diagnosis communicated within 28 days</p> <p>3</p> <p>Meet the faster diagnosis standard of 77% by March 2025—ensuring patients receive a diagnosis or have cancer ruled out within 28 days—and improve this performance to 80% by March 2026.</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>84.8%</td> <td>80.0%</td> </tr> </tbody> </table>		Actual	Target	Sep-25	84.8%	80.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>82.2%</td> <td>75.5%</td> <td>69.3%</td> <td>76.2%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Sep-25	82.2%	75.5%	69.3%	76.2%	
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<p>1 62-day referral to treatment standard - combined</p> <p>3</p> <p>Ensure patients diagnosed after an urgent referral or screening start treatment within 62 days, meeting 70% by March 2025 and improving to 75% by March 2026</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>70.3%</td> <td>75.0%</td> </tr> </tbody> </table>		Actual	Target	Sep-25	70.3%	75.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>70.7%</td> <td>58.7%</td> <td>59.1%</td> <td>63.8%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Sep-25	70.7%	58.7%	59.1%	63.8%	
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% patients with cancer diagnosis communicated within 28 days

In September, Rotherham's performance was 84.8%, which met the National Target of 80%. It was an improvement on the previous periods performance of 78.1% and was an improvement on the same period in the previous year of 79.5%.

62-day referral to treatment standard - combined

In September, Rotherham's performance was 70.3%, which failed to meet the National Target of 75%. It was an improvement on the previous periods performance of 64.3% and was an improvement on the same period in the previous year of 63.2%.

Cancer

<p>1 Cancer Diagnosis at stage 1 or 2</p> <p>Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2021</td> <td>55.0%</td> <td>75.0%</td> </tr> </tbody> </table>		Actual	Standard	2021	55.0%	75.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	—	—	—	—	
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—	—	—	—														
<p>3 31-Day diagnosis to treatment</p> <p>The NHS constitution's 31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>88.5%</td> <td>96.0%</td> </tr> </tbody> </table>		Actual	Standard	Sep-25	88.5%	96.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>91.5%</td> <td>89.9%</td> <td>84.5%</td> <td>87.9%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	91.5%	89.9%	84.5%	87.9%	
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CORE20 PLUS ² Early Diagnosis of Cancer is one of the five clinical priority areas of focus.

Early Diagnosis

Cancer Diagnosis at stage 1 or 2 (South Yorkshire)

Deprivation Quintile

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

Year: 2022 | Comparator: SY Average

Ethnicity

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

Year: 2020-2022 | Comparator: White

Target 75%

Statistical significance to comparator: Worse Similar Better N/A

Cancer Diagnosis at stage 1 or 2

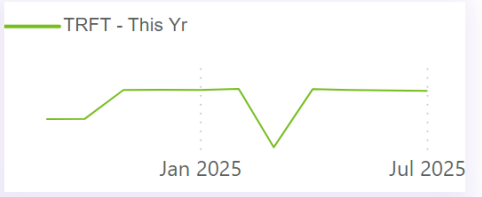


In 2021, Rotherham's performance was 55%, which failed to meet the National Target of 75%. It was a decline on the previous periods performance of 49.9%

31 Day Diagnosis to Treatment

In September, Rotherham's performance was 88.5%, which failed to meet the National Target of 96%. It was a decline on the previous periods performance of 90.9% and was an improvement on the same period in the previous year of 85.1%.

Maternity

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

1 2	Metric	TRFT		Actual				TRFT - This Yr	
		Actual	Target	BHFT	DBTHFT	STH	SYICB		
1 2	Stillbirth per 1,000 live births Make progress towards the national safety ambition to reduce stillbirths (by 50%)	Jul-25	4.1	3.6	2.7	4.5	3.8		
1 2	Neonatal mortality rate per 1000 live births Make progress towards the national safety ambition to reduce stillbirths (by 50%)	2023/24	0.8	1.5	2.4	1.2	2.7	1.8	
1 2	Preterm Birth Rate Preterm is defined as babies born alive before 37 weeks of pregnancy are completed.	Jul-25	6.0%	6.0%	4.8%	6.7%	4.7%	5.6%	

Stillbirth per 1,000 live births

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


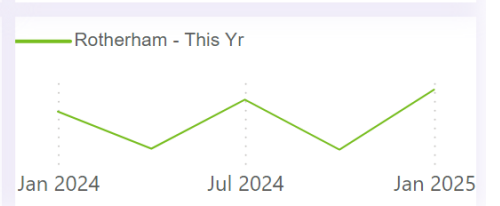
Neonatal mortality rate per 1000 live births

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

Preterm Birth Rate

In July, TRFT's performance was 6%.

Maternity

<p>1 Breast milk at first feed</p> <p>This measure shows the number of new mothers known to have initiated breastfeeding</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Jul-25</td> <td>65.9%</td> <td>71.7%</td> </tr> </tbody> </table>		Actual	Target	Jul-25	65.9%	71.7%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>55.3%</td> <td>63.5%</td> <td>31.5%</td> <td>52.5%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	55.3%	63.5%	31.5%	52.5%	 <p>TRFT - This Yr</p>
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<p>1 Smoking at time of Delivery</p> <p>Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother.</p>	<p>Sheffield</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q4 24/25</td> <td>6.2%</td> <td>6.0%</td> </tr> </tbody> </table>		Actual	Target	Q4 24/25	6.2%	6.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>8.2%</td> <td>7.1%</td> <td>6.2%</td> <td>0.0%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	8.2%	7.1%	6.2%	0.0%	 <p>Rotherham - This Yr</p>
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Breast milk at first feed

In July, TRFT's performance was 65.9%, which failed to meet the Local Target of 71.7%

Smoking at time of Delivery

In 2025/26 Sheffield's performance was 6.2%, which met the National Target of 6%

Mental Health

<p>1 3</p> <p>Increase Number of CYP (0-17yrs) receiving at least one contact in reporting period</p> <p>Increase the number of Children & Young People under 18 supported through NHS mental health services receiving at least 1 contact</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>5,365</td> <td>4,760</td> </tr> </tbody> </table>		Actual	Plan	Sep-25	5,365	4,760	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>4,785</td> <td>4,265</td> <td>5,325</td> <td>19,660</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	4,785	4,265	5,325	19,660	
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<p>1 3</p> <p>Perinatal Access</p> <p>Number of women accessing specialist Perinatal Mental Health services</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>240</td> <td>373</td> </tr> </tbody> </table>		Actual	Plan	Sep-25	240	373	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>295</td> <td>465</td> <td>350</td> <td>1,355</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	295	465	350	1,355	
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Barnsley	Doncaster	Sheffield	SYICB														
295	465	350	1,355														
<p>1 2</p> <p>SMI Health Checks</p> <p>Proportion of people with Severe Mental Illness receiving a full annual physical health check and follow up interventions</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>70%</td> <td>60.0%</td> </tr> </tbody> </table>		Actual	Plan	Jun-25	70%	60.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>61%</td> <td>70%</td> <td>60%</td> <td>64%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	61%	70%	60%	64%	
	Actual	Plan															
Jun-25	70%	60.0%															
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61%	70%	60%	64%														

Increase Number of CYP (0-17yrs) receiving at least one contact in reporting period

In September, Rotherham's performance was 5,365, which met the local ambition of 4760. It was an improvement on the previous periods performance of 5,180 and was an improvement on the same period in the previous year of 4,465.

Number of women accessing specialist Perinatal Mental Health services

In September, 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 a decline on the same period in the previous year of 245.

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>1 3 Individual Placement and Support</p> <p>People with Severe Mental Illness (SMI) supported to find and keep their employment through the IPS scheme (*NOTE: target is for rolling 12-month value)</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>150</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Sep-25	150		<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>200</td> <td>205</td> <td>410</td> <td>960</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Sep-25	200	205	410	960	
	Actual	Plan																	
Sep-25	150																		
	Barnsley	Doncaster	Sheffield	SYICB															
Sep-25	200	205	410	960															
<p>1 3 Reduce avg length of stay in adult acute mental health beds</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>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>22%</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Sep-25	22%		<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>35%</td> <td>20%</td> <td>37%</td> <td>30%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Sep-25	35%	20%	37%	30%	
	Actual	Plan																	
Sep-25	22%																		
	Barnsley	Doncaster	Sheffield	SYICB															
Sep-25	35%	20%	37%	30%															
<p>3 Out of area placements(inappropriate only)</p> <p>Improve patient flow and work towards eliminating inappropriate out of area mental health placements</p>	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>RDASH</th> <th>SHSC</th> <th>SWYPFT</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>9</td> <td>13</td> <td>8</td> </tr> </tbody> </table>		RDASH	SHSC	SWYPFT	Sep-25	9	13	8										
	RDASH	SHSC	SWYPFT																
Sep-25	9	13	8																
<p>1 Dementia Diagnosis rate</p> <p>Improve the number of people aged 65 and over diagnosed with dementia as a proportion of estimated prevalence. Note, there is no 2025/26 plan figure within the planning guidance, *target is 24/25 plan figure.</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target*</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>89.9%</td> <td>66.7%</td> </tr> </tbody> </table>		Actual	Target*	Sep-25	89.9%	66.7%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>73.7%</td> <td>70.3%</td> <td>74.7%</td> <td>76.5%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Sep-25	73.7%	70.3%	74.7%	76.5%	
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Individual Placement and Support

In September, Rotherham's performance was 150, which met the National Target of . It was a decline on the previous period's performance of .

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

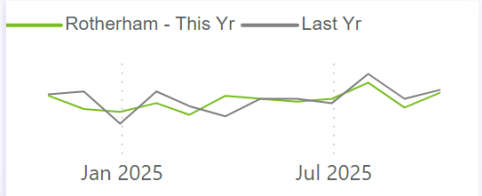
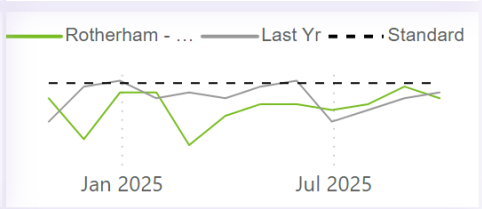
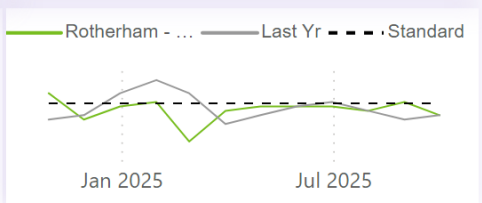
In September, Rotherham's performance was 22%. It was a decline on the previous period's performance of .

Out of area placements

Dementia Diagnosis rate

In September, Rotherham's performance was 89.9%, which met the National Target of 66.7%. It was a decline on the previous period's performance of .

Mental Health Continued

<p>3 Talking Therapies Completion</p> <p>Number of people completing Talking Therapies Treatment in reporting period</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>300</td> <td>0</td> </tr> </tbody> </table>		Actual	Plan	Sep-25	300	0	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>235</td> <td>330</td> <td>630</td> <td>1,500</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	235	330	630	1,500	 <p>Rotherham - This Yr (green line), Last Yr (grey line)</p>
	Actual	Plan															
Sep-25	300	0															
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<p>1 Talking Therapies Reliable Recovery</p> <p>Improve the number in Talking Therapies that achieve reliable recovery</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>46%</td> <td>48.6%</td> </tr> </tbody> </table>		Actual	Plan	Sep-25	46%	48.6%	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>47%</td> <td>47%</td> <td>49%</td> <td>48%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	47%	47%	49%	48%	 <p>Rotherham - ... (green line), Last Yr (grey line), Standard (dashed line)</p>
	Actual	Plan															
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<p>1 Talking Therapies Reliable Improvement</p> <p>Improve the number in Talking Therapies that achieve reliable improvement</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>65%</td> <td>67.7%</td> </tr> </tbody> </table>		Actual	Plan	Sep-25	65%	67.7%	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>66%</td> <td>66%</td> <td>67%</td> <td>66%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	66%	66%	67%	66%	 <p>Rotherham - ... (green line), Last Yr (grey line), Standard (dashed line)</p>
	Actual	Plan															
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66%	66%	67%	66%														

Talking Therapies Completion

In September, Rotherham's performance was 300, which met the National Target of 0. It was a decline on the previous period's performance of .

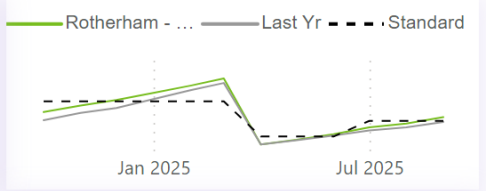
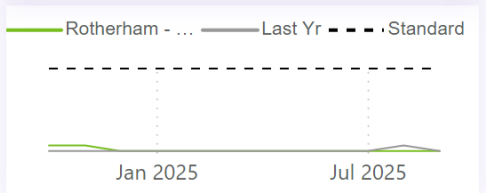
Talking Therapies Reliable Recovery

In September, Rotherham's performance was 46%, which failed to meet the National Target of 48.6%. It was a decline on the previous period's performance of .

Talking Therapies Improvement

In September, Rotherham's performance was 65%, which failed to meet the National Target of 67.7%. It was a decline on the previous period's performance of .

Learning Disabilities & Autism

<p>1 2 3 % people aged 14+ with a learning disability in the GP register receiving an annual health check</p> <p>Ensure 81% of people aged over 14 on GP learning disability registers receive an annual health check in the year to 31 March 2026</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Q2 Target</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>36.4%</td> <td>32.2%</td> </tr> </tbody> </table>		Actual	Q2 Target	Sep-25	36.4%	32.2%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>30.1%</td> <td>31.7%</td> <td>32.5%</td> <td>32.7%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Sep-25	30.1%	31.7%	32.5%	32.7%	
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<p>1 2 3 Reliance on mental health inpatient care for autistic adults</p> <p>Count of mental health inpatients with a learning autism (rounded to the nearest 5)</p>	<p>SYICB</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Sept Plan</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>40</td> <td>25</td> </tr> </tbody> </table>		Actual	Sept Plan	Sep-25	40	25												
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<p>1 2 3 Inpatients with a learning disability and/or autism (under 18)</p> <p>Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 12-15 Under 18's for every 1 million population</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>0</td> <td>4</td> </tr> </tbody> </table>		Actual	Target	Sep-25	0	4	<p>Place figures have been suppressed due to counts under 5</p>											
	Actual	Target																	
Sep-25	0	4																	

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

In September, Rotherham's performance was 36.4%, which met the Q2 Target of 32.2%. It was an improvement on the previous periods performance of 29.1% and was an improvement on the same period in the previous year of 30.9%.

Reliance on mental health inpatient care for autistic adults

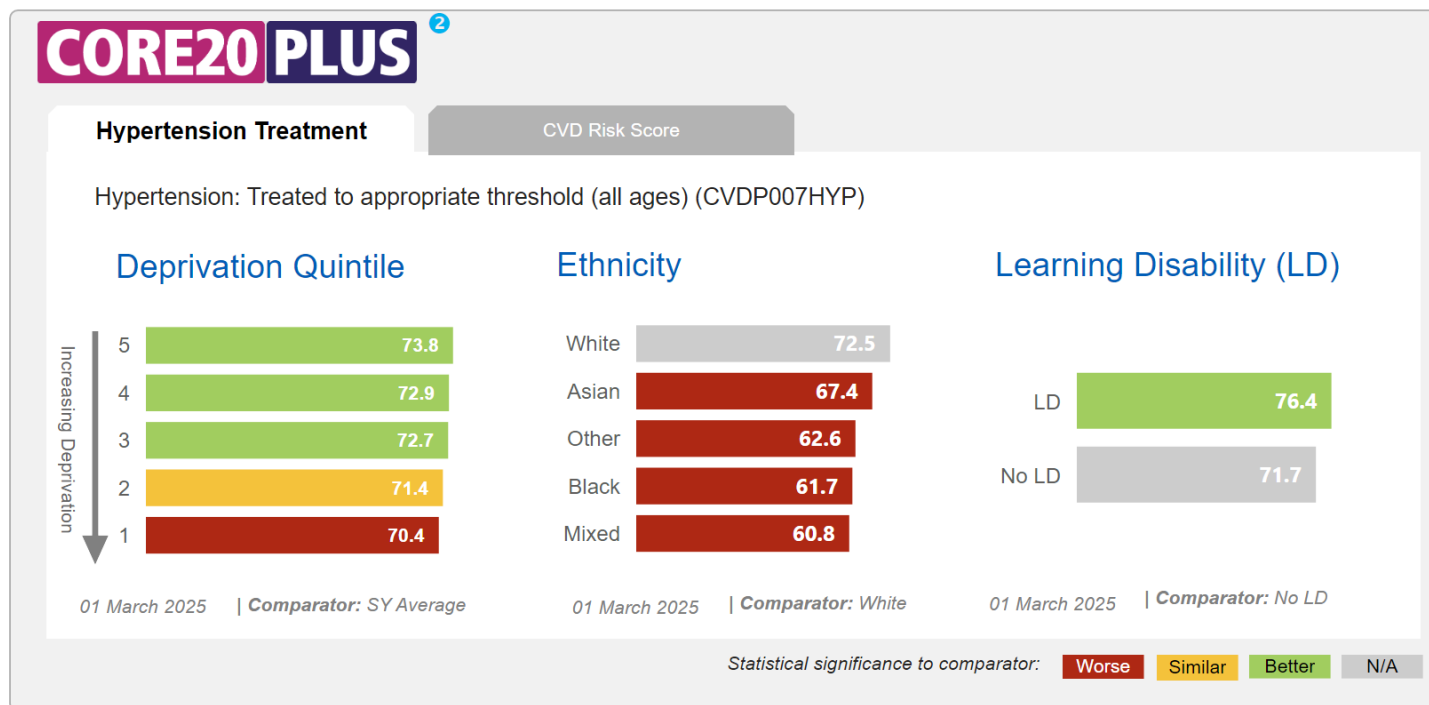
Reliance on mental health inpatient care for adults with a learning disability

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)

<p>1 % of patients with hypertension treated to NICE guidance</p> <p>2</p> <p>3</p> <p>Increase the proportion of patients with hypertension treated according to NICE guidance to 80% by March 2025</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>70.3%</td> <td>80.0%</td> </tr> </tbody> </table>		Actual	Target	Jun-25	70.3%	80.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>68.6%</td> <td>72.5%</td> <td>71.4%</td> <td>70.8%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jun-25	68.6%	72.5%	71.4%	70.8%	
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<p>1 % of patients aged 25-84 years with a CVD risk score greater than 20% on lipid lowering therapies</p> <p>2</p> <p>3</p> <p>Increase the proportion of patients aged 25-84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>71.3%</td> <td>65.0%</td> </tr> </tbody> </table>		Actual	Target	Jun-25	71.3%	65.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Jun-25</td> <td>70.7%</td> <td>70.2%</td> <td>67.6%</td> <td>69.7%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jun-25	70.7%	70.2%	67.6%	69.7%	
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% of patients with hypertension treated to NICE guidance

In June, Rotherham's performance was 70.3%, which failed to meet the National Target of 80%. It was a decline on the previous periods performance of 71.2% and was an improvement on the same period in the previous year of 69.1%.

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

In June, Rotherham's performance was 71.3%, which met the National Target of 65%. It was an improvement on the previous periods performance of 71.2% and was an improvement on the same period in the previous year of 69.4%.

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 24/25)
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]

3 Winter Vaccinations

Winter vaccinations:

A positive start for flu and covid vaccination, with performance in line with other ICBs across North East & Yorkshire. For Covid vaccination, uptake for care homes residents is slightly, however all care homes have confirmed providers and planned dates throughout October and November. For flu vaccination, uptake is particularly good for the over 65's, at-risk groups and pregnant women. Uptake for secondary school aged, at-risk and front-line health care workers is up compared to the same period in 2024/25.

Work continues with all providers to increase uptake among 2 and 3-year-olds, where uptake slowed down from the beginning of October, however from 1st October, community pharmacists and school aged immunisation providers were able to offer vaccination to this cohort opportunistically. Uptake variation within each cohort and place will be dependent on the delivery model of providers for different cohorts. For RSV vaccination in older adults, uptake continues to increase in both the routine and catch-up cohorts.

Childhood vaccinations (continued from previous page):

There continues to be wide variation in coverage between PCNs and practices, however for most practices the number of children needed to vaccinate to reach the 95% standard is 5. 53% of practices have achieved minimum 95% coverage for 6:1 at 12 months, 39% of practices have achieved minimum 95% coverage for MMR1 at 24 months and at 5 years 60.5% of practices have achieved minimum 95% coverage for MMR1 and 26% of practices have achieved minimum 95% coverage for MMR2.

Provisional adolescent coverage for 2024/25 shows general stability, however Sheffield have shown significant improvement across all 4 elements, while Rotherham indicate improvement for MenACWY and Td/IPV. However, coverage remains below pre-pandemic levels.

There is a SY childhood vaccinations improvement plan which remains a priority on each place improvement plan. Sheffield has an ongoing quality contract to support improvement. Work with Doncaster and Rotherham HV services is ongoing as part of the national HV vaccination pathfinder project, it is hoped vaccination by these services will commence early 2026, the purpose being to provide an additional offer to underserved and vulnerable communities/areas of low uptake. Work to explore delivery by neighbourhood vaccination teams is continuing but has slowed due to capacity and prioritising winter vaccinations.

An offer of additional funding to support interventions such data cleanse, service/capacity review and pre-school clinics has been made to practices with lowest uptake (not covered by HV pilot or local quality contract) but no expressions of interest have been received due to capacity and winter focus within primary care. School Immunisation Providers continue to support catch up opportunistically through community clinics. Sheffield Child Health Information Service have introduced additional missing immunisation lists to practices 2 months prior to 1 year and 2 years of age to allow additional catch up prior to COVER submission, this may be expanded to include 0-19 services to incorporate into any enhanced and/or routine visits. Work commenced with CYP alliance - children's healthcare in hospital to explore enhanced delivery within Trusts/community paediatric teams. Improvement plans continue to be developed with all school immunisation providers.



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

Rotherham Place Committee

17 December 2025

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

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

Purpose of Paper

For members to have oversight of the current Risk Management Framework including Board Assurance Framework, Risk Register and Issues Log, following a deep-dive on the 4 December 2025 as part of the Rotherham Place Executive Team (PET) agenda.

Key Issues / Points to Note

1. Executive Summary

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

Emerging Risks

At the QPIE meeting held on the 2 September 2025, it was agreed to escalate a risk relating to the delivery of transformation workstreams, which may be affected by reduced capacity across Places. Initial details were provided by the Portfolio Director for Improvement and Transformation; however, these only cover the project and programme delivery context. Following further discussions with the Corporate Risk Team, it appears that each Executive Function (Places, Finance, Nursing, Medical, etc.) may need to record an individual risk for this issue. A formal request had been made to Executive Place Directors, the Chief Medical Officer, Chief Nursing Officer, and Chief Finance Officer. The Chief Finance Officer agreed to Lead on the individual risk, the Corporate Risk Team are awaiting further details prior to including on the Corporate Risk Register.

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 **26 November 2025 at 11:15**.

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.	<input checked="" type="checkbox"/>	Priority 2 - Tackling inequalities in outcomes, experience, and access.	<input checked="" type="checkbox"/>
Priority 3 - Enhancing productivity and value for money.	<input checked="" type="checkbox"/>	Priority 4 - Helping the NHS to support broader social and economic development.	<input checked="" type="checkbox"/>

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

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

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

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

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

Not applicable

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

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

Appendices

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



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

RPET Meeting Date	Item Discussed	Outcome
06.11.25	S117 Rotherham Local Standard Operating Procedure	<p>RPET approved the S117 Rotherham Local Standard Operating Procedure (SOP) developed in partnership with RDaSH, RMBC and SY ICB Rotherham place.</p> <p>This Standard Operating Procedure (SOP) provides local guidance for health and social care professionals supporting individuals who are entitled to Section 117 aftercare.</p>
06.11.25	Long Covid Service – Options Paper	<p>The long Covid service has been based at Breathing Space since 2021. Members reviewed future options for the service and agreed the preferred option of embedding the service into the Community Respiratory Rehabilitation Service to provide resilience and sustainability. Patients will still have access to specialties; OT, physiotherapy, psychology (via IAPT and cardiac support).</p> <p>An Equality Impact Assessment had been completed and showed no negative impact on patients.</p>
20.11.25	Winter Pressures Funding	<p>Members agreed non-recurrent funding from declared savings to support winter capacity projects between December 2025 and March 2026. There will be ongoing collaboration with PCNs to adapt models to meet demand and patient need over this busy period</p> <p>Delivery will be monitored and evaluated and a full report provided in Quarter 1 of 2026.</p>

RPET Meeting Date	Item Discussed	Outcome
04/12/25	SEND Short Breaks Funding	<p>Members considered a paper seeking a decision on future funding for meeting children’s health care needs during specialist residential short breaks at Liberty House.</p> <p>The responsibility for providing a short break or respite sits with the Local Authority, however, the ICB has a duty to ensure children’s health needs are met for equipment, staffing, training etc.</p> <p>It was agreed that the ICB will continue to meet its responsibility by ensuring that the additional health support required for a child with complex medical needs during a short break residential at Liberty House is funded at 20% contribution, Liberty House staff can access ICB commissioned training and support regarding the management of complex health conditions, and specialist equipment for children accessing short breaks, as approved by the equipment panel will also be funded.</p>
04.12.25	MH Community Connectors and S62 Peer Support Services – future commissioning	<p>Members received a paper outlining the proposed future direction of commissioning for the Mental Health Community Connectors and S62 Peer Support Services in Rotherham, it was noted they align with national policy. Locally it was noted that the plan to fully integrate the SMI contract into a single one with Rotherham social prescribing was not feasible at this stage and so a two phased approach was recommended for the time being.</p> <p>The proposal is to extend the current contracts for both VAR SMI and S62 Peer Support Service to 30 June 2026 and begin developing a new integrated service model, financial plan and service spec and commence the procurement process.</p> <p>The group discussed the approach for managing the shift from Rotherham-specific to South Yorkshire-wide arrangements. In preparation a contract review is being undertaken to facilitate phased alignment of contracts over time.</p> <p>Members noted the contract value and the potential efficiency savings, approved the interim contract extensions and remodeling into a single integrated approach and procurement commencement.</p> <p>Post meeting note: the contract will be 2yrs plus 1yr plus 1yr extensions. Normal break clauses will apply to end earlier if needed</p>

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

Apologies:	<p>Anthony Fitzgerald, Place Director – Rotherham & Doncaster, NHS SYICB 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&WB Board Chair, RMBC B Kirton, Managing Director, The Rotherham NHS Foundation Trust E Parry Harries, Director of Public Health, RMBC Andrew Russell, Director of Nursing – Rotherham & Doncaster, NHS SY ICB</p>
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services.
Quoracy: (Quorate)	No business shall be transacted unless at least 60% of the membership (which equates to 3 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 (deputising)
 Dr Jason Page (**JP**), Medical Director, (Rotherham), NHS SY ICB
 Shahida Siddique (**SS**), Independent Non-Executive Member, NHS SY ICB

Participants:

Jude Archer (**JA**), Assistant Director of Transformation, NHS SY ICB
 Andrew Brankin (**AB**), Rotherham Care Group Director, Rotherham, Doncaster and South Humber NHS Foundation Trust
 Lydia George (**LG**), Transformation & Partnership Portfolio Manager (Rotherham), NHS SY ICB
 Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
 Kym Gleeson (**KG**), Healthwatch Manager, Healthwatch Rotherham

In attendance

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

Item Number	Discussion Items
I60/11/25	Place Integrated Performance Report
<p>JA presented the report and highlighted a snapshot of performance on ICB priorities:</p> <p>Urgent & Emergency Care</p> <ul style="list-style-type: none"> – A&E Performance: Patients seen within 4 hours 71.5% improvement on previous period. – Bed Occupancy: 93.9%, reflecting demand. – Ambulance Response Times and Handover: Strong performance; met both the 45-minute standard with Category 2 response times ahead of national standard and handovers with 15 minutes. <p>Community Health Services</p> <ul style="list-style-type: none"> – Urgent Community Referrals seen within 2 hours – 77.6% meeting national target of 70% – Community Waiting List over 52 weeks – 51 not meeting national target of 0 but improvement on previous performance reported of 91. <p>Elective Care</p> <ul style="list-style-type: none"> – 18-week RTT: 74.8%, although not meeting national target an improvement on last month – Diagnostic Tests: 94.2% completed within 6 weeks, just below the 95% national target <p>Cancer</p> <ul style="list-style-type: none"> – 28-day Faster Diagnosis at 78.1% against national target of 80%. – 62-day combined performance of 64.3% an improvement on the previous period remains challenging. <p>Primary & Community Services</p> <ul style="list-style-type: none"> – GP Appointments: 142,449 appointments were offered by Rotherham GPs – Patient Experience: Exceeded 71% target. <p>The Place Board noted this month's performance.</p>	
I61/11/25	Quality Safety and Patient Experience Report
<p>Members noted the report covering September and October 2025 data providing an overview of safety, quality and patient experience across Rotherham Place for information.</p>	
I62/11/25	Medical Directors Update
<p>Dr Page provided an update to members on recent and ongoing work, covering the following areas:</p> <ul style="list-style-type: none"> • GP Practice Issues/Compliance: Including specific attention to compliance matters at a Doncaster practice. • Neighbourhood Working: Involvement in developing the new neighbourhoods approach. • Audits on Hips/Knees: Oversight and review of clinical audits related to hip and knee procedures. • Locally Commissioned Services (LCS) Work: development of locally commissioned healthcare services. 	

- **Proactive Care SRO:**
Leadership and strategic oversight for proactive care initiatives.
- **System Deficit/New ICB Reorganisation:**
Addressing system financial deficit and supporting the ongoing reorganisation of the Integrated Care Board (ICB).
- **Cancer Pathways:**
Updates on cancer care pathways, including teledermatology improvements.
- **Urology Network:**
supporting enhancements to Urology services and pathways.
- **Routine Work:**
Other ongoing routine responsibilities and activities.

CS thanked JP for the update.

I63/11/25	ICB Board Assurance Framework, Risk Register and Issues Log
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All members had received and reviewed the board assurance framework, risk register and issues log.

KG informed members that a meeting had taken place with the Department of Health and Social Care to discuss the timeline for the potential abolition of Healthwatch. The advice received was to plan for March 2027, although it is anticipated that this date may be subject to extension. Members agreed to retain the Healthwatch-related risk on the risk register but decided to lower its rating for the time being in light of the updated timeframe.

Action: KG/LG

There were no new risks to be added.

I64/11/25	Feedback from Rotherham Place Executive Team (RPET)
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CS advised that RPET had considered the following items:

Rotherham Medicines Optimisation Incentive Scheme 2024–25:

RPET approved the payment of the 2024/25 incentive scheme to practices, with the budget managed locally.

Social Prescribing / Mental Health Community Connectors – Future Commissioning:

RPET agreed to move forward with integrating the Mental Health Community Connector (MHCC) service into the existing Rotherham Social Prescribing contract (option three). Further efficiencies and the sustainability of the provider will be explored.

Locally Enhanced Service – Optometry:

RPET acknowledged the paper and supported additional work to assess challenges and risks before making a decision on joining the South Yorkshire proposal.

Weight Management Pathway Update:

RPET endorsed the revised weight management pathway, which clarifies referral routes for primary care and other health and care colleagues. The update has no financial impact and was previously approved at CRMC

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

I65/11/25	Minutes and Action Log and Assurance Report from the last Meeting
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The minutes from the meeting held on Wednesday 15 October 2025 were accepted as a true and accurate record.

The action log was reviewed and no concerns were identified. It was noted that, due to recent development sessions, the Digital update to the Place Board could not be delivered in person; however, AC fulfilled the action by sharing the required information with BK via email.

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

I66/11/25	Communication to Partners/Promoting Consultations & Events
None.	
I67/11/25	Risks and Items for Escalation
The rating of the risk relating to the future of Healthwatch to be reduced as discussed above.	
I68/11/25	Forward Agenda Items
Standing Items <ul style="list-style-type: none"> - 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 	
I69/11/25	Date of Next Meeting
The next meeting will take place on Wednesday 17 December 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

Emily Parry-Haries	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 (Roth)	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
19.11.25	I63/11/25	ICB Board Assurance Framework, Risk Register & Issues Log	Risk relating to the future abolition of Healthwatch to be reviewed and reassessed in light of new advice from DoH&SC that it will be May 2027 or later.	30.11.25	KG/LG	Green		



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 19 November 2025.

2. Highlights

The Rotherham Place Committee received the following assurances:

Agenda Item	Assurance Level	Further Actions Agreed
<i>160/11/25 – Place Integrated Performance Report</i>	3	Members noted the performance position.
<i>160/11/25 – Quality, Safety and Patient Experience Report</i>	3	Members noted the overview of safety, quality and patient experience across Rotherham for information.
<i>161/11/25 – Medical Director’s Update</i>	3	Dr Page gave members an update on the portfolio of work he is currently undertaking across Rotherham and SY ICB.
<i>163/11/25 - ICB Board Assurance Framework, Risk Register & Issues Log</i>	3	Place Board received and reviewed the report. Noting the advice that Healthwatch had received in relation to planning for its abolition towards March 2027 or later, it was agreed to reassess and temporarily lower the rating for this risk at this time.
<i>164/11/25 – Feedback from Rotherham Place Executive Team (RPET)</i>	3	Members acknowledged the discussions and decisions taken as detailed in the paper.
<i>165/11/25 – Minutes from Rotherham Place Board Partnership session – 15 October 2025</i>	3	The minutes from the public partnership session held in September were noted for information and openness.

Assurance Levels:

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

3. Items/Risks for Escalation

The Rotherham Place Committee did **not** identify any issues for escalation to the ICB Board for consideration.

Committee Chair
9 December 25