



Agenda

Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45am – 11.30am
Date of Meeting:	Wednesday 21 January 2026
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 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	Rotherham Place Prescribing Report	10 mins	Eloise Summerfield	Enc 2
3	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – <i>for information</i>	10 mins	Claire Smith	Enc 3i, 3ii, 3iii
4	Feedback from Rotherham Place Executive Team	5 mins	Claire Smith	Enc 4
Standard Items				
5	Minutes, Action Log and Assurance Report from 17 December 2025 Meeting	5 mins	Chair	Enc 5i, 5ii, 5iii
6	Communication and Promoting Consultations and Events		All	Verbal
7	Risks and Items for Escalation to ICB Board		Chair	Verbal
8	Standing Items <ul style="list-style-type: none"> • Place Integrated Performance Report (monthly) • Risk Register (monthly for information) • Place Prescribing Report • Quality, Patient Safety and Experience Dashboard (Feb) • Quarterly Medical Director Update (Feb) 			
9	Date of Next Meeting: Wednesday 18 February 2026 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) January 2026



Contact
syicb.datainsyghts@nhs.net





This table provides an overview of any quality issues, notes, caveats related to the measures within the IPR report.



Page	Section	Note
Page 5	ICB priorities	Key - DoT is Direction of Travel, either versus last month, last year or the target. This indicates whether the metric is going up or down and the colour represents whether this is favourable (green) or not (red). Black is no able to be monitored and Grey is no data available.
Page 7	Urgent & Emergency Care	The figures for A&E patients seen within 12 hours in brackets are the Trust specific plan figures. There are no figures for SCH for Discharge Ready date or Bed Occupancy as Paediatric specific Trusts are not measured in this way. Discharge Ready data - BHFT use a slightly different method of calculating this indicator, which limits how comparable it is to other hospitals.
Page 9	Community Health Services	Community Beds Occupancy is currently in the report as a placeholder until we are able to reliably receive data to inform this indicator. Community Wait list over 52 weeks - the way that neurodiversity assessment waits are recorded differs by provider - SCH record them as community waits, which is why the number over 52 weeks is shown as significantly higher than for other providers. Virtual Wards - this indicator is based on a single snapshot on a specific date, rather than a monthly average, so is subject to significant variation. Data is shown by place for Sheffield as includes a combined position for STH & SCH.
Page 10	Primary Care	Number of Urgent Dental appointment is currently in the report as a placeholder until we are able to reliably receive data to inform this indicator.
Page 12	Elective Care	Diagnostic tests - DBHT data is available this month after being unable for 2 months due to ongoing reporting issues following the implementation of a new Radiology system. As a result, the Doncaster place position is lower than usual months and should be interpreted with caution. Please note that this will also impact the SY aggregated figure. 18 week wait for treatment - STH data is not currently available as a result of ongoing data validation following their recent installation of their Electronic Patient Record system. The figures for 18 week wait for treatment in brackets are the Trust specific plan figures.
Page 14	Cancer	Cancer diagnosis at stage 1 or 2 - due to the way these metrics are calculated they are always quite out of date by the time they are released. The data displayed is the latest available.
Page 15-16	Maternity	Neonatal Mortality & Smoking at time of delivery - due to the way these metrics are calculated they are always quite out of date by the time they are released. The data displayed is the latest available.
Page 17-19	Mental Health	Out of area placements - data is only available by provider
Page 20	Learning Disabilities & Autism	Learning Disability health check - the planning trajectories are set on a quarterly basis (rather than monthly), so often the actual performance will cover a shorted time period than the plan figure. This is because both the actual performance and the plan are cumulative, this means that the performance will often be expected to be lower than the quarter-end plan figure. Inpatient care - all figures are only displayed at ICB level due to small numbers at each provider.
Page 21	Prevention & Health Inequalities	Hypertension & CVD prevention - due to the nature of the way the data is captured it is always further in the past than other data sets.
Page 24-25	Workforce	Achievement of Agency & Bank pay bill - some of the percentages appear unusually high, this is due to very small baseline numbers; minor changes in counts will produce large percentage change.
Page 29	Quality - Healthcare Acquired Infections	For all types of infection, the total for the ICB will not necessarily add up to the total of all the providers. This is due to some infections happening in the community (so not allocated to one the providers displayed) and some could potentially be for patients at the provider that might be out of SY ICB area.
Page 30	Quality - Advocacy score	No data is available for this metric for TRFT for the most recent quarter.
Page 30	Quality - Pressure Ulcers / VTE risk	The data for the rate of pressure ulcers and the proportion of patients risk assessed for VTE is only published on a quarterly basis and hasn't been updated for this report. The data displayed is the latest available.

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 occupancy has remained consistently high across South Yorkshire up to November, averaging between 93–96% 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 November 2025 the system average was 28:26 (vs 30:00).

Elective Care: SY ICB performance for the proportion of patients treated within 18 weeks of referral has remained around 63% for the last few months. STH EPR (Electronic Patient Record) implementation has adversely affected RTT (Referral to Treatment) performance due to planned activity reductions and to some scheduling and validation tasks taking longer in the new EPR; NHSE is not currently publishing STH waiting list and RTT performance due to data quality issues.

Clock starts (i.e. additions to the waiting list) in South Yorkshire were down 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 October to 64.1%. Regarding the percentage of the waiting list waiting over 52 weeks, the system position has improved slightly to 2% (more than double the March 2026 target of 1%). The need to prioritise clinically urgent cases coupled with workforce and financial pressures are issues impacting this. The SY reported position for proportion of diagnostic tests in 6 weeks was 82.7% - an improvement on the previous month, with imaging data now flowing for DBH.

Cancer: At system level, performance against the 28 Day Faster Diagnosis Standard showed improvement compared to the previous month, which was driven by increased compliance at DBTHFT. The system level 62 Day performance in October fell from the previous month and is well below the target threshold of 75%. This was likely due to a positive reduction in > 62 Day pathways from the PTL (patient treatment list), adversely impacting cancer waiting times delivery. Nationally, the Oct position is regarded as a good indication for the end of year performance and, as such, it is highly improbable that we will achieve the expected March 2026 target of 75%.

Primary and community services: In October 2025 the number of GP appointments was on 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 925k units 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 19,610 contacts in October 2025. The access into perinatal mental health and maternal mental health services has remained stable into October 2025 with 1,260 people accessing the service against a planned position of 1,599. The latest available Severe Mental Illness (SMI) Physical Health Checks data for September 2025 shows the ICB achieving a 63% completion rate against a target of 60%.

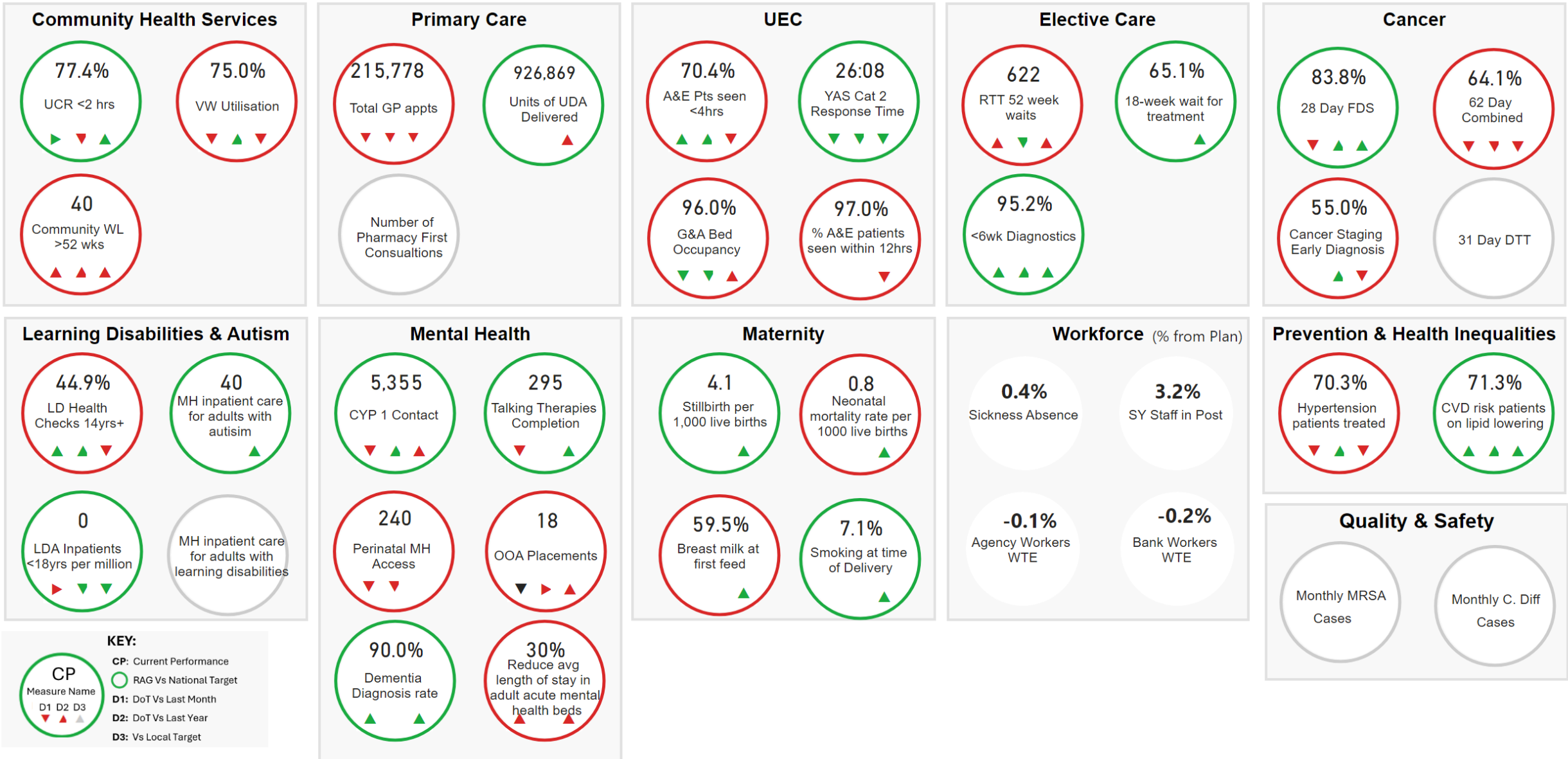
Individual Placement and Support for people with Severe Mental Illness (IPS for SMI) is a model of employment support integrated within community mental health teams (CMHT) which helps people with SMI conditions into employment. In October 2025 the service saw decreased activity with 955 people being 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 October 2025 the ICB planned an average length of stay for adults and older adults (18+) of 75 days, but the actual was 57. 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 12 OAPs in November 2025. In Sheffield Partnership University NHS Foundation Trust (SHPU) – formerly Sheffield Health and Social Care NHS Foundation Trust – there have been significant improvements with the position reducing from 32 in June 2025 to 18 in November 2025. Barnsley’s mental health provider, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), now has 4 OAPs for Barnsley.

For NHS Talking Therapies, the ICB continues to exceed the October 2025 planned completion rate of 1,461, with 1,505 patients being seen in October 2025. This is in addition to now meeting the plan for reliable recovery and almost meeting plan for reliable improvement.



Learning Disability and Autism: Delivery of AHCs across SY continues to show steady improvement, supported by targeted ICB actions to strengthen data quality, increase uptake, and reduce unwarranted variation across places and practices. Overall performance has improved compared with last year. South Yorkshire didn’t achieve the Quarter 2 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
 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  ENG 	16-17 Year Olds Not in Education, Employment or Training (%) SY  ENG 	Fuel Poverty (%) SY  ENG 	Employment Gap (Learning Disability vs Overall (% Points)) SY  ENG 
2023/24	2023/24	2023	2022/23


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>Nov-25</td> <td>70.4%</td> <td>78.0%</td> </tr> </tbody> </table>		Actual	Target	Nov-25	70.4%	78.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>72.5%</td> <td>70.8%</td> <td>88.0%</td> <td>72.5%</td> <td>73.2%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	72.5%	70.8%	88.0%	72.5%	73.2%	
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72.5%	70.8%	88.0%	72.5%	73.2%															
<p>1 3</p> <p>% A&E patients seen within 12hrs</p> <p>Increase the proportion of ED patients admitted, discharged or transferred within 12 hours in 25/26 vs 24/25. NOTE: Plan are Trust-specific, based on 24/25 baselines.</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>98.0%</td> </tr> </tbody> </table>		Actual	Nov-25	98.0%	<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>99.5% (97.6%)</td> <td>95.6% (95.6%)</td> <td>99.8% (100.0%)</td> <td>95.3% (93.0%)</td> <td>97.0% (100.0%)</td> </tr> </tbody> </table> <p><small>(Trust - specific plan figures)</small></p>	BHFT	DBTHFT	SCH	STH	SYICB	99.5% (97.6%)	95.6% (95.6%)	99.8% (100.0%)	95.3% (93.0%)	97.0% (100.0%)			
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<p>1 3</p> <p>% Discharged on Discharge Ready Date</p> <p>Percentage of patients discharged on discharge ready date</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>82.0%</td> </tr> </tbody> </table>		Actual	Nov-25	82.0%	<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>NA*</td> <td>88.5%</td> <td>NA</td> <td>78.9%</td> <td>74.2%</td> </tr> </tbody> </table> <p><small>*BHFT use a slightly different method of calculating this indicator, which limits how comparable it is to other hospitals.</small></p>	BHFT	DBTHFT	SCH	STH	SYICB	NA*	88.5%	NA	78.9%	74.2%			
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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>Nov-25</td> <td>96.0%</td> <td>92.0%</td> </tr> </tbody> </table>		Actual	Target*	Nov-25	96.0%	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>95.6%</td> <td>95.7%</td> <td>93.3%</td> <td>94.6%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	95.6%	95.7%	93.3%	94.6%			
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% A&E patients seen within 4hrs

In November, TRFT's performance was 70.4%, which failed to meet the National Target of 78%. It was an improvement on the previous periods performance of 67.9% and was an improvement on the same period in the previous year of 62.1%.

% A&E patients seen within 12hrs

In November, TRFT's performance was 98%. It was a decline on the previous period's performance of .

% Discharged on Discharge Ready Date

In September, TRFT's performance was 83.1%.

Total general and acute bed occupancy

In November, TRFT's performance was 96%, which failed to meet the National Target of 92%. It was an improvement on the previous periods performance of 96.9% and was an improvement on the same period in the previous year of 96.2%.

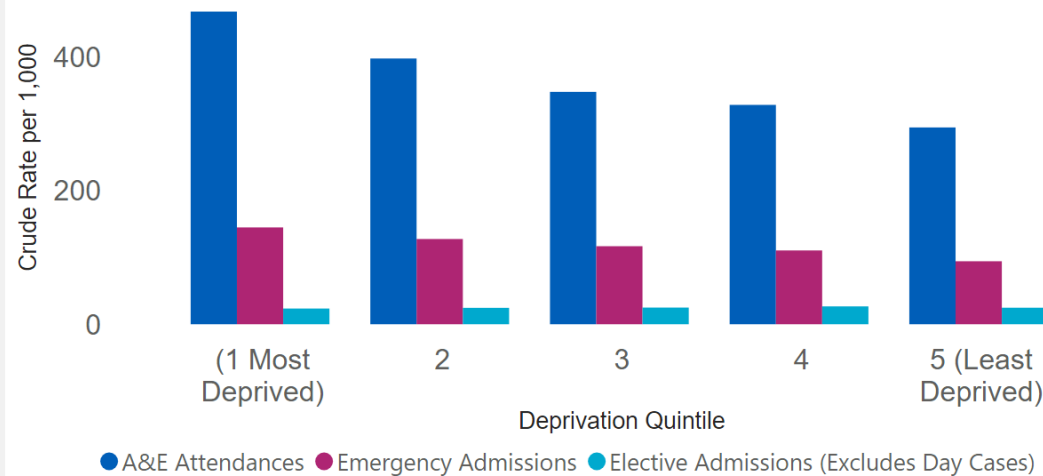
Urgent & Emergency Care Continued

<p>1 Category 2 Ambulance Response Time</p> <p>Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26.</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>26:08</td> <td>30:00</td> </tr> </tbody> </table>		Actual	Target	Nov-25	26:08	30:00	<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>Nov-25</td> <td>32:12</td> <td>31:27</td> <td>25:56</td> <td>28:26</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Nov-25	32:12	31:27	25:56	28:26			
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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>Ambition</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>14:03</td> <td>15:00</td> </tr> </tbody> </table>		Actual	Ambition	Nov-25	14:03	15:00	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>15:23</td> <td>17:25</td> <td>09:35</td> <td>15:43</td> <td>15:34</td> </tr> </tbody> </table>		BHFT	DBTHFT	SCH	STH	SYICB	Nov-25	15:23	17:25	09:35	15:43	15:34	
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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 November, Rotherham's performance was 00:26:08, which met the National Target of 00:30:00. It was an improvement on the previous periods performance of 00:26:23 and was an improvement on the same period in the previous year of 00:30:14.

Average Handover Time

In November, TRFT's performance was 00:14:03, which met the National Target of 00:15:00. It was an improvement on the previous periods performance of 00:14:37 and was an improvement on the same period in the previous year of 00:22:37.

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>Oct-25</td> <td>77.4%</td> <td>70.0%</td> </tr> </tbody> </table>		Actual	Standard*	Oct-25	77.4%	70.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>RDASH</th> <th>STH</th> <th>SWYPFT</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Oct-25</td> <td>71%</td> <td>76%</td> <td>96%</td> <td>90%</td> </tr> </tbody> </table>		RDASH	STH	SWYPFT	SYICB	Oct-25	71%	76%	96%	90%							
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Oct-25	71%	76%	96%	90%																					
<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>Sep-25</td> <td>40</td> <td>0</td> </tr> </tbody> </table>		Actual	Standard	Sep-25	40	0	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>BHFT</th> <th>DBTHFT</th> <th>RDASH</th> <th>SHPU</th> <th>SHSC</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>0</td> <td>0</td> <td>0</td> <td>9,333</td> <td>0</td> <td>0</td> <td>9,373</td> </tr> </tbody> </table>		BHFT	DBTHFT	RDASH	SHPU	SHSC	STH	SYICB	Sep-25	0	0	0	9,333	0	0	9,373	
	Actual	Standard																							
Sep-25	40	0																							
	BHFT	DBTHFT	RDASH	SHPU	SHSC	STH	SYICB																		
Sep-25	0	0	0	9,333	0	0	9,373																		
<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 6th November 2025</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>75.0%</td> <td>79.6%</td> </tr> </tbody> </table>		Actual	Plan	Nov-25	75.0%	79.6%	<p>Actual</p> <table border="1"> <thead> <tr> <th></th> <th>RDASH</th> <th>Sheffield</th> <th>SWYPFT</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>73.0%</td> <td>54.2%</td> <td>75.0%</td> <td>74.0%</td> </tr> </tbody> </table> <p><small>Sheffield includes data for STHT & SCFT. TRFT includes adults and CYP</small></p>		RDASH	Sheffield	SWYPFT	SYICB	Nov-25	73.0%	54.2%	75.0%	74.0%							
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Urgent Community Referrals seen within 2 hours

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

Community Waiting List over 52 weeks

In September, TRFT's performance was 40, which failed to meet the National Target of 0. It was a decline on the previous periods performance of 36 and was a decline on the same period in the previous year of 39.

Virtual Ward Utilisation

In November, TRFT's performance was 75%, which failed to meet the National Target of 79.6%. It was a decline on the previous periods performance of 81% and was an improvement on the same period in the previous year of 51.5%.

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>Oct-25</td> <td>215,778 (781)</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Oct-25	215,778 (781)		<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>Oct-25</td> <td>171,375 (633)</td> <td>220,947 (649)</td> <td>449,960 (706)</td> <td>1,058,060 (694)</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-25	171,375 (633)	220,947 (649)	449,960 (706)	1,058,060 (694)	
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Oct-25	171,375 (633)	220,947 (649)	449,960 (706)	1,058,060 (694)															
<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>Dec-25</td> <td>73.3%</td> <td>71.1%</td> </tr> </tbody> </table>		Actual	Target	Dec-25	73.3%	71.1%												
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Dec-25	73.3%	71.1%																	
<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>Aug-25</td> <td>926,869</td> <td>1,051,683</td> </tr> </tbody> </table>		YTD Actual	September YTD target	Aug-25	926,869	1,051,683												
	YTD Actual	September YTD target																	
Aug-25	926,869	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>Aug-25</td> <td>2,868</td> </tr> </tbody> </table>		Actual	Aug-25	2,868	<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>Aug-25</td> <td>3,596</td> <td>3,444</td> <td>6,868</td> <td>16,776</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Aug-25	3,596	3,444	6,868	16,776			
	Actual																		
Aug-25	2,868																		
	Barnsley	Doncaster	Sheffield	SYICB															
Aug-25	3,596	3,444	6,868	16,776															

Number of GP appointments

In October, Rotherham's performance was 215,778, which met the National Target of . It was an increase on the previous periods performance of 168,386 and was an increase on the same period in the previous year of 214,434.

Patient experience of access to general practice

In December, SYICB's performance was 73.3%, which met the local ambition of 71.1%.

Improve access to NHS dentistry

In August, SYICB's performance was 926,869. The cumulative target for the end of the quarter is of 1051683.

Pharmacy First Interventions

In August, Rotherham's performance was 2868. It was a decline on the previous periods performance 4065.

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>Oct-25</td> <td>1.9%</td> <td>1.0%</td> </tr> </tbody> </table>		Actual	Target	Oct-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>2.5%</td> <td>2.2%</td> <td>NA</td> <td>2.0%</td> </tr> </tbody> </table> <p><small>STH not available due to data quality issues re EPR implementation</small></p>	BHFT	DBTHFT	SCH	STH	SYICB	0.9%	2.5%	2.2%	NA	2.0%	
	Actual	Target																	
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BHFT	DBTHFT	SCH	STH	SYICB															
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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>Standard</th> </tr> </thead> <tbody> <tr> <td>Oct-25</td> <td>95.2%</td> <td>95.0%</td> </tr> </tbody> </table>		Actual	Standard	Oct-25	95.2%	95.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>88.9%</td> <td>83.3%</td> <td>75.8%</td> <td>82.7%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	88.9%	83.3%	75.8%	82.7%			
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<p>1 3 18-week wait for first appointment</p> <p>Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 67% by March 2026, with every trust to deliver a minimum 5% point improvement</p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Oct-25</td> <td>74.2%</td> <td>67.0%</td> </tr> </tbody> </table>		Actual	Target	Oct-25	74.2%	67.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHNFT</th> <th>DBTH</th> <th>SCH</th> <th>STHT</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>70.1%</td> <td>73.3%</td> <td>77.7%</td> <td>53.1%</td> <td>64.1%</td> </tr> </tbody> </table>	BHNFT	DBTH	SCH	STHT	SYICB	70.1%	73.3%	77.7%	53.1%	64.1%	
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BHNFT	DBTH	SCH	STHT	SYICB															
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<p>1 3 18-week wait for treatment</p> <p>Improve the percentage of patients waiting no longer than 18 weeks for treatment to 60% by March 2026, with every trust to deliver a minimum 5% point improvement</p> <p style="text-align: right;"><small>*The SY position is affected by the STH EPR implementation issues</small></p>	<p>Rotherham</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Oct-25</td> <td>64.7%*</td> <td>65.8%</td> </tr> </tbody> </table>		Actual	Plan	Oct-25	64.7%*	65.8%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHNFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>65.5% (66.0%)</td> <td>60.8% (63.0%)</td> <td>65.1% (67.6%)</td> <td>TBC* (61.9%)</td> <td>63.1% (64.7%)</td> </tr> </tbody> </table> <p style="text-align: right;"><small>(Plan)</small></p>	BHNFT	DBTHFT	SCH	STH	SYICB	65.5% (66.0%)	60.8% (63.0%)	65.1% (67.6%)	TBC* (61.9%)	63.1% (64.7%)	
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Total waiting over 52 weeks
In October, TRFT's performance was 1.9%. It was a decline on the previous periods performance of 1.9%.

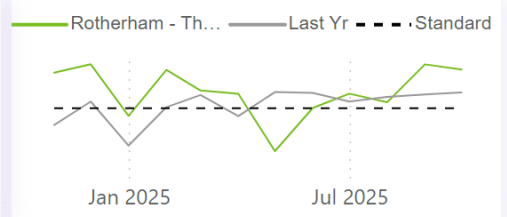
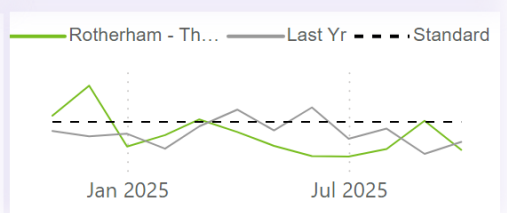
%patients receiving diagnostic test within 6 weeks
In October, Rotherham's performance was 95.2%, which met the National Target of 95%. It was an improvement on the previous periods performance of 94.7% and was an improvement on the same period in the previous year of 92.3%.

18-week wait for first appointment
In October, TRFT's performance was 74.2%, which failed to meet the National Target of 67%. It was a decline on the previous periods performance of 74.1%.

18-week wait for treatment
In October, TRFT's performance was 64.7%. It was a decline on the previous periods performance of 65.1%.

Centre) contrast protocols and barriers arising from the lack of a single IT system. DBTH continues to work through their audiology recovery plan and the position improved slightly to 10.0%.

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>Oct-25</td> <td>83.8%</td> <td>80.0%</td> </tr> </tbody> </table>		Actual	Target	Oct-25	83.8%	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>Oct-25</td> <td>81.3%</td> <td>81.2%</td> <td>72.3%</td> <td>78.1%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-25	81.3%	81.2%	72.3%	78.1%	
	Actual	Target																	
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Oct-25	81.3%	81.2%	72.3%	78.1%															
<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>Oct-25</td> <td>64.1%</td> <td>75.0%</td> </tr> </tbody> </table>		Actual	Target	Oct-25	64.1%	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>Oct-25</td> <td>72.5%</td> <td>63.8%</td> <td>47.5%</td> <td>59.8%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-25	72.5%	63.8%	47.5%	59.8%	
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% patients with cancer diagnosis communicated within 28 days

In October, Rotherham's performance was 83.8%, which met the National Target of 80%. It was a decline on the previous periods performance of 84.8% and was an improvement on the same period in the previous year of 79.8%.

62-day referral to treatment standard - combined

In October, Rotherham's performance was 64.1%, which failed to meet the National Target of 75%. It was a decline on the previous periods performance of 70.3% and was a decline on the same period in the previous year of 65.8%.

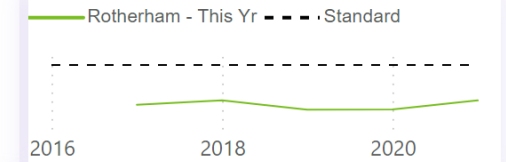
Cancer

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%

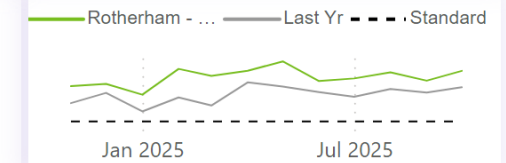


1 31-Day diagnosis to treatment

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
Oct-25	91.3%	96.0%

Actual			
Barnsley	Doncaster	Sheffield	SYICB
88.4%	88.9%	85.8%	88.1%



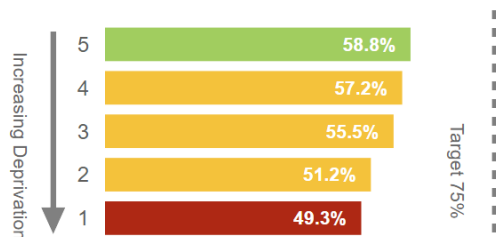
CORE20 PLUS

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

Early Diagnosis

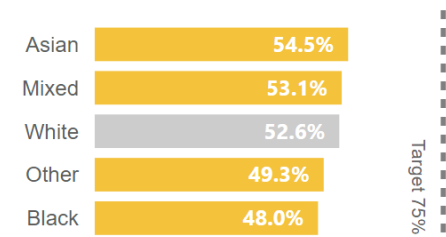
Cancer Diagnosis at stage 1 or 2 (South Yorkshire)

Deprivation Quintile



Year: 2022 | Comparator: SY Average

Ethnicity



Year: 2020-2022 | Comparator: White

Statistical significance to comparator: Worse Similar Better N/A

Cancer Diagnosis at stage 1 or 2

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




31 Day Diagnosis to Treatment

In October, Rotherham's performance was 91.3%, which failed to meet the National Target of 96%. It was an improvement on the previous periods performance of 86.5% and was an improvement on the same period in the previous year of 86.6%.

known capacity pressures across several pathways including Urology.

Maternity

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

<p>1 Stillbirth per 1,000 live births</p> <p>2 Make progress towards the national safety ambition to reduce stillbirths (by 50%)</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Aug-25</td> <td>4.1</td> </tr> </tbody> </table>		Actual	Aug-25	4.1	<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>1.8</td> <td>2.4</td> <td>4.6</td> <td>3.4</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	1.8	2.4	4.6	3.4			
	Actual																
Aug-25	4.1																
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<p>1 Neonatal mortality rate per 1000 live births</p> <p>2 Make progress towards the national safety ambition to reduce stillbirths (by 50%)</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>2023/24</td> <td>0.8</td> <td>1.5</td> </tr> </tbody> </table>		Actual	Target	2023/24	0.8	1.5	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>2.4</td> <td>1.2</td> <td>2.7</td> <td>1.8</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	2.4	1.2	2.7	1.8	
	Actual	Target															
2023/24	0.8	1.5															
BHFT	DBTHFT	STH	SYICB														
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<p>1 Preterm Birth Rate</p> <p>2 Preterm is defined as babies born alive before 37 weeks of pregnancy are completed.</p>	<p>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Aug-25</td> <td>7.5%</td> <td>6.0%</td> </tr> </tbody> </table>		Actual	Target	Aug-25	7.5%	6.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>3.2%</td> <td>4.9%</td> <td>5.4%</td> <td>5.5%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	3.2%	4.9%	5.4%	5.5%	
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Stillbirth per 1,000 live births

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


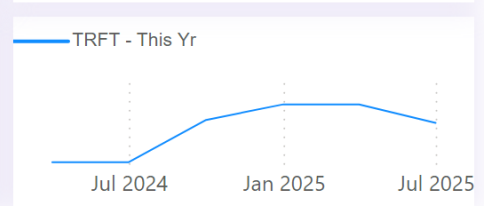
Neonatal mortality rate per 1000 live births

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

Preterm Birth Rate

In August, TRFT's performance was 7.5%.

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>Aug-25</td> <td>59.5%</td> <td>71.7%</td> </tr> </tbody> </table>		Actual	Target	Aug-25	59.5%	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>65.5%</td> <td>62.3%</td> <td>72.7%</td> <td>65.9%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	65.5%	62.3%	72.7%	65.9%	
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BHFT	DBTHFT	STH	SYICB														
65.5%	62.3%	72.7%	65.9%														
<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>TRFT</p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Jul-25</td> <td>7.1%</td> <td>6.0%</td> </tr> </tbody> </table>		Actual	Target	Jul-25	7.1%	6.0%	<p>Actual</p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>8.5%</td> <td>5.8%</td> <td>2.9%</td> <td>5.7%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	8.5%	5.8%	2.9%	5.7%	
	Actual	Target															
Jul-25	7.1%	6.0%															
BHFT	DBTHFT	STH	SYICB														
8.5%	5.8%	2.9%	5.7%														

Breast milk at first feed

In August, TRFT's performance was 59.5%, which failed to meet the Local Target of 71.7%

Smoking at time of Delivery

In 2025/26 TRFT's performance was 7.1%, which met the National Target of 6%

Data quality: The data source for Stillbirth, Preterm birth and Breastfeeding is the NHSE Maternity Services Data Set. There are still some data quality issues with the MSDS data return, leading to a degree of volatility in some measures. To mitigate this, preterm birth rate is given as a rolling 3-monthly figure. Stillbirth rate is a rolling 12-month figure because of small numbers. Neonatal mortality data is taken from the most recent YH Neonatal ODN Annual Mortality Report, last published in 2024 for 2023-24.

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>Oct-25</td> <td>5,355</td> <td>4,760</td> </tr> </tbody> </table>		Actual	Plan	Oct-25	5,355	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>4,675</td> <td>4,400</td> <td>5,260</td> <td>19,610</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	4,675	4,400	5,260	19,610	
	Actual	Plan															
Oct-25	5,355	4,760															
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4,675	4,400	5,260	19,610														
<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>Oct-25</td> <td>240</td> <td>373</td> </tr> </tbody> </table>		Actual	Plan	Oct-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>470</td> <td>325</td> <td>1,330</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	295	470	325	1,330	
	Actual	Plan															
Oct-25	240	373															
Barnsley	Doncaster	Sheffield	SYICB														
295	470	325	1,330														
<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>Sep-25</td> <td>68%</td> <td>60.0%</td> </tr> </tbody> </table>		Actual	Plan	Sep-25	68%	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>57%</td> <td>68%</td> <td>61%</td> <td>63%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	57%	68%	61%	63%	
	Actual	Plan															
Sep-25	68%	60.0%															
Barnsley	Doncaster	Sheffield	SYICB														
57%	68%	61%	63%														

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

In October, Rotherham's performance was 5,355, which met the local ambition of 4760. It was a decline on the previous periods performance of 5,365 and was an improvement on the same period in the previous year of 4,510.

Number of women accessing specialist Perinatal Mental Health services

In October, 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 September, Rotherham's performance was 68%, which met the National Target of 60%

Mental Health

<p>1 3</p> <p>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>Oct-25</td> <td>165</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Oct-25	165		<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>Oct-25</td> <td>190</td> <td>205</td> <td>390</td> <td>955</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-25	190	205	390	955	
	Actual	Plan																	
Oct-25	165																		
	Barnsley	Doncaster	Sheffield	SYICB															
Oct-25	190	205	390	955															
<p>1 3</p> <p>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>Oct-25</td> <td>30%</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Oct-25	30%		<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>Oct-25</td> <td>32%</td> <td>25%</td> <td>31%</td> <td>30%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-25	32%	25%	31%	30%	
	Actual	Plan																	
Oct-25	30%																		
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Oct-25	32%	25%	31%	30%															
<p>3</p> <p>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>Nov-25</td> <td>12</td> <td>18</td> <td>4</td> </tr> </tbody> </table>			RDASH	SHSC	SWYPFT	Nov-25	12	18	4									
	RDASH	SHSC	SWYPFT																
Nov-25	12	18	4																
<p>1</p> <p>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>Oct-25</td> <td>90.0%</td> <td>66.7%</td> </tr> </tbody> </table>		Actual	Target*	Oct-25	90.0%	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>Oct-25</td> <td>74.2%</td> <td>70.3%</td> <td>75.0%</td> <td>76.8%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-25	74.2%	70.3%	75.0%	76.8%	
	Actual	Target*																	
Oct-25	90.0%	66.7%																	
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Oct-25	74.2%	70.3%	75.0%	76.8%															

Individual Placement and Support

In October, Rotherham's performance was 165, which met the National Target of . It was an increase on the previous period's performance of 150.

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

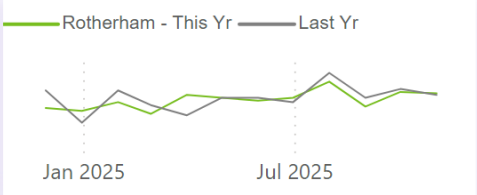
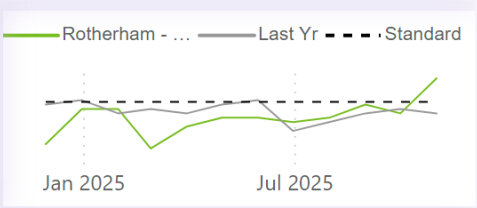
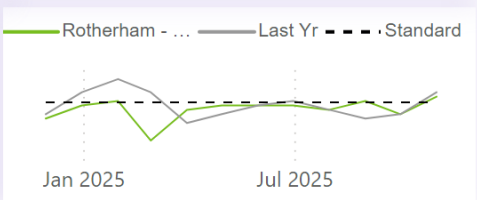
In October, Rotherham's performance was 30%. It was a decline on the previous period's performance of 22%.

Out of area placements

Dementia Diagnosis rate

In October, Rotherham's performance was 90%, which met the National Target of 66.7%. It was an improvement on the previous period's performance of 89.9%.

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>Oct-25</td> <td>295</td> <td>0</td> </tr> </tbody> </table>		Actual	Plan	Oct-25	295	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>230</td> <td>340</td> <td>640</td> <td>1,505</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	230	340	640	1,505	
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Oct-25	295	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>Oct-25</td> <td>54%</td> <td>48.6%</td> </tr> </tbody> </table>		Actual	Plan	Oct-25	54%	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>49%</td> <td>44%</td> <td>50%</td> <td>49%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	49%	44%	50%	49%	
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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>Oct-25</td> <td>69%</td> <td>67.7%</td> </tr> </tbody> </table>		Actual	Plan	Oct-25	69%	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>68%</td> <td>62%</td> <td>68%</td> <td>67%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	68%	62%	68%	67%	
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Barnsley	Doncaster	Sheffield	SYICB														
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Talking Therapies Completion

In October, Rotherham's performance was 295, which met the National Target of 0. It was a decline on the previous period's performance of 300.

Talking Therapies Reliable Recovery

In October, Rotherham's performance was 54%, which met the National Target of 48.6%. It was an improvement on the previous period's performance of 46%.

Talking Therapies Improvement

In October, Rotherham's performance was 69%, which met the National Target of 67.7%. It was an improvement on the previous period's performance of 65%.

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>Q3 Target</th> </tr> </thead> <tbody> <tr> <td>Oct-25</td> <td>44.9%</td> <td>55.5%</td> </tr> </tbody> </table>		Actual	Q3 Target	Oct-25	44.9%	55.5%	<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>Oct-25</td> <td>42.4%</td> <td>37.0%</td> <td>40.0%</td> <td>40.8%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Oct-25	42.4%	37.0%	40.0%	40.8%	
	Actual	Q3 Target																	
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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>Oct-25</td> <td>40</td> <td>25</td> </tr> </tbody> </table>		Actual	Sept Plan	Oct-25	40	25												
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	Actual	Sept Plan																	
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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>Nov-25</td> <td>0</td> <td>4</td> </tr> </tbody> </table>		Actual	Target	Nov-25	0	4	<p>Place figures have been suppressed due to counts under 5</p>											
	Actual	Target																	
Nov-25	0	4																	

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

In October, Rotherham's performance was 44.9%, which failed to meet the Q2 Target of 55.5%. It was an improvement on the previous periods performance of 36.4% and was an improvement on the same period in the previous year of 42.4%.

Reliance on mental health inpatient care for autistic adults

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

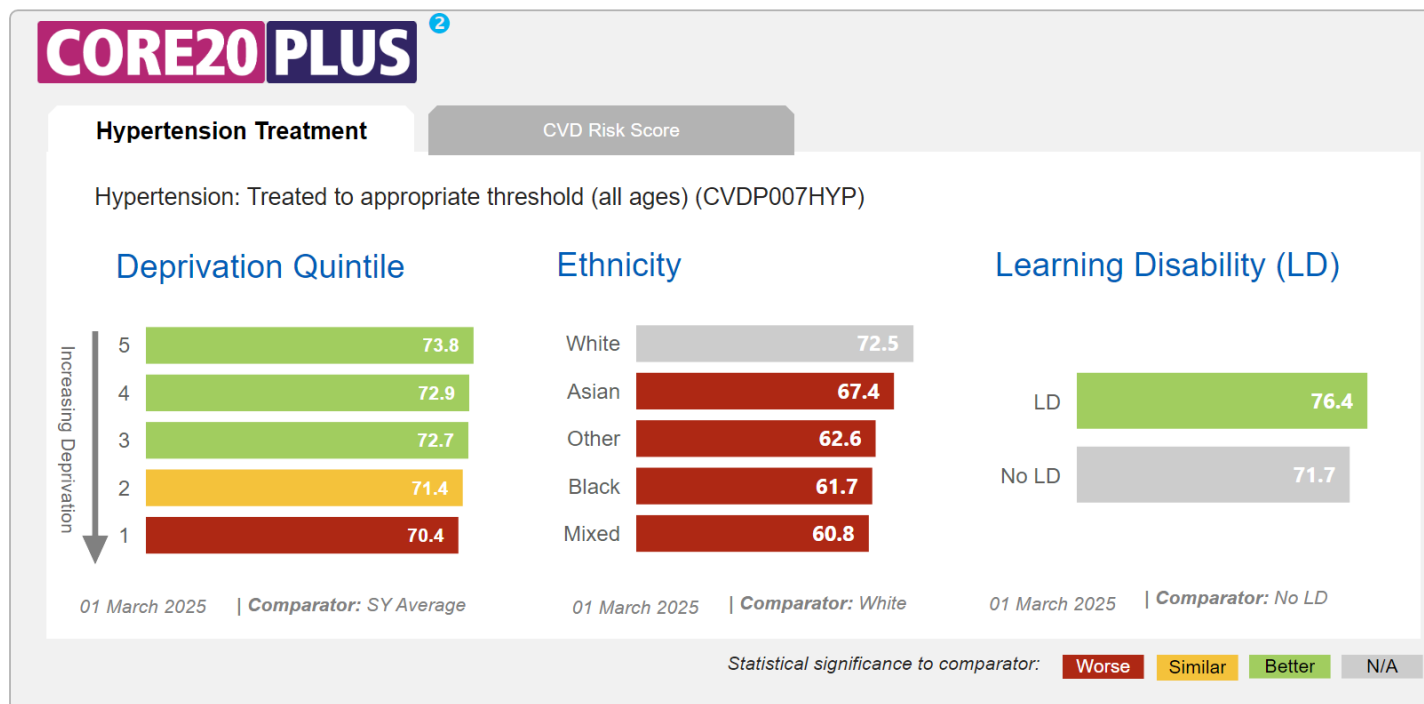
Inpatients with a learning disability and/or autism (under 18)

In November, 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 1.

means existing capacity pressures remain unresolved. This continues to pose a significant risk to achieving the inpatient reduction and the associated efficiency savings expected in-year.

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 (Q2 2025/26)	Previous quarter (Q1 2025/26)	Previous year's quarter (Q2 24/25)
Coverage measured at 12 months	Measles / Mumps / Rubella 2	95%	87.2%	86.9%	87.3%
	Measles / Mumps / Rubella 1	95%	94.1%	94.3%	94.1%
	4 in 1 Vaccine (Diphtheria / Polio / Tetanus / Whooping cough)	95%	85.7%	85.1%	85.6%
	Hib / Meningitis C (5y)	95%	89.8%	89.2%	88.5%
Coverage measured at 24 months	6 in 1 Vaccine (Diphtheria / Polio / Tetanus / Whooping cough/ Hepatitis B / Hib) (5y)	95%	94.8%	94.7%	94.7%
	Meningitis B (24m)	95%	90.2%	89.8%	90.7%
	Pneumococcal (Meningitis / Sepsis / Pneumonia) (24m)	95%	90.7%	90.1%	91.3%
	Hib / Meningitis C (12m)	95%	91.0%	90.8%	92.0%
Coverage measured at 5 years	Measles / Mumps / Rubella	95%	91.1%	90.7%	92.0%
	6 in 1 Vaccine (Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Whooping Cough) (24m)	95%	94.4%	94.4%	94.4%
	Rotavirus	95%	91.2%	91.0%	90.9%
	Pneumococcal (Meningitis / Sepsis / Pneumonia) (12m)	95%	94.8%	95.2%	95.6%
	Meningitis B (12m)	95%	93.1%	92.9%	93.1%
	6 in 1 Vaccine (Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Whooping Cough) (12m)	95%	93.0%	92.9%	93.5%

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

Childhood (0-5) data is taken from national COVER data for Q2. Adolescent data is based on the UKHSA mandated annual survey 1st Sep 24 to 31st Aug 25.

Vaccination uptake has remained stable across all elements of the childhood programme. Primary vaccination uptake at 12 months remains between 90 and 95.6% (with the exception of Doncaster Rotavirus at 88.8%, for which no reason has been identified). For the primary 6:1 vaccine, uptake by 24 months increases across all places, ranging 93.1% to 96%, meaning a high number of children are well protected. This improves further by 5 years of age, with a high of 97.4%. MMR1 at 24 months has remained stable around 90%, the lowest uptake being in Sheffield at 89.3%, but again improves across all places by 5 years of age, with both Barnsley and Rotherham having uptake above 95%.

The pre-school booster given at 3 years and 4 months continues to be a challenge (practice capacity, parental factors and clinic lists being prioritised for primary vaccination), with uptake <90% in Doncaster, Sheffield and Rotherham. All adolescent vaccines continue to show steady improvement, but generally remain below pre-pandemic levels, with higher numbers of declines being recorded. Discrepancies between GP registers and CHIS registers continues to lead to inaccuracies in denominators (children cannot be removed from CHIS unless confirmed moved elsewhere/left country).

[Narrative continues

3 Winter Vaccinations

Seasonal influenza vaccine uptake in GP patients, 1 September to 30 November 2025 - Place level data

	65 years and over			All pregnant women			Under 65 years (at-risk only)		
	registered patients	number vaccinated	%	registered patients	number vaccinated	%	registered patients	number vaccinated	%
NHS South Yorkshire integrated care board	281,607	206,748	73.4%	11,537	4,019	34.8%	252,147	95,963	38.1%
Barnsley	54,661	40,284	73.7%	1,887	691	36.6%	44,925	17,782	39.6%
Doncaster	66,978	47,895	71.5%	2,684	873	32.5%	55,907	20,120	36.0%
Rotherham	55,628	41,541	74.7%	2,648	953	36.0%	49,818	19,171	38.5%
Sheffield	104,340	77,028	73.8%	4,318	1,502	34.8%	101,497	38,890	38.3%

Source: <https://www.gov.uk/government/statistics/seasonal-influenza-vaccine-uptake-in-gp-patients-monthly-data-2025-to-2026>

Seasonal influenza vaccine uptake in children of school age: 1 September 2025 to 30 November 2025 - Place level data

	All Primary			All Secondary School		
	number eligible	number vaccinated	%	number eligible	number vaccinated	%
NHS South Yorkshire integrated care board	113,113	57,871	51.2%	86,034	30,343	35.3%
Barnsley	20,171	11,619	57.6%	14,561	1,896	13.0%
Doncaster	26,295	14,115	53.7%	19,619	9,098	46.4%
Rotherham	22,697	11,413	50.3%	18,308	7,101	38.8%
Sheffield	43,950	20,724	47.2%	33,546	12,248	36.5%

Source: <https://www.gov.uk/government/statistics/seasonal-influenza-vaccine-uptake-in-children-of-school-age-monthly-data-2025-to-2026>

Seasonal influenza vaccine uptake among frontline healthcare workers (HCWs) in England 2025 to 2026, 1 September 2025 to 30 November 2025 - Trust-level data

	Health Care Workers		
	number of HCWs	number vaccinated	%
NHS South Yorkshire integrated care board	29,572	12,512	42.3%
Barnsley Hospital NHS Foundation Trust	3,850	1,723	44.8%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	5,365	1,643	30.6%
Rotherham, Doncaster and South Humber NHS Foundation Trust	3,316	1,925	58.1%
Sheffield Teaching Hospitals NHS Foundation Trust	12,775	4,965	38.9%
The Rotherham NHS Foundation Trust	4,266	2,256	52.9%

Source: <https://www.gov.uk/government/statistics/seasonal-influenza-and-covid-19-vaccine-uptake-in-frontline-healthcare-workers-monthly-data-2025-to-2026>

[Narrative continues next page]

3 Winter Vaccinations

Childhood vaccinations (continued from previous page):

All places have childhood and adolescent vaccination as part of local improvement plans, working in conjunction with ICB and Local Authority colleagues, which includes training materials for early years staff/centres. Some areas continue to explore delivery through family/community hubs. Catch up of missing childhood vaccinations is included in the SAIS contract as an opportunistic offer, this is evidenced in both Barnsley and Sheffield, though this has been limited in Rotherham due to lack of data provided by CHIS (*Child Health Immunisation Service) - discussions are ongoing with both the CHIS and SAIS provider in Rotherham.

Work continues to engage with local community leaders etc to promote local voices/messaging to address vaccine hesitancy. NHSE Public Health place leads and CHIS continue to work with practices to review waiting lists and identify any actions to improve. Health Visitor pathfinder project is progressing in Rotherham and Doncaster - with training scheduled for January. Revised improvement plans are being developed with SAIS providers, focused on enhanced additionality/offer across all programmes, including vaccination status check at entry to primary school, transition to secondary school and on leaving Y11, to ensure registered GP is aware incomplete immunisations.

Winter vaccinations:

Uptake is generally in line with same period 2024/25, but with improvement noted in cohorts - under 65 at-risk, pregnant women and 3 year olds, as well as Front Line Healthcare workers. Uptake for covid vaccination has shown improvement on the previous season, and has met the national ambition. There has been some confusion early in the season re: eligibility, particularly with regards to covid vaccination, as this has changed from the previous autumn/winter season. Whilst uptake for flu in the 65+ cohort appears to show a slight decline on the previous year, there is a notable increase in the denominator for this age group, some of who may not be aware of their new eligibility and/or are likely to still be in employment and may find it difficult to access vaccination. Uptake among 2 year olds may be due to hesitancy among parents concerned about vaccinating young children, this also reflects the high decline rate for children in reception class (up to 10%). Decline rates are lower in secondary school cohorts, possibly due to these children being able to do 'self-consent'.

Place plans and oversight continue, as well as oversight via the SY vaccination board. There has been enhanced communication supported by the SY comms team, across a broad range of media, this has recently been enhanced to target uptake among children, following an number of school outbreaks. Access and Inequalities funding has supported enhanced delivery through community hubs, work which commenced towards the end of November. All care homes have planned dates (some rescheduled due to outbreaks) with 96% having been visited. There has been targeted work with SY trusts to deliver flu vaccination to long stay in-patients (STH have reduced this criteria from 21 to 7 days) and patients admitted and planned for discharge to care homes - models and activity have varied, depending on available workforce, though plans have been supported with additional funding from NHSE where requested. Plans are progressing with the procured outreach provider for SY to target immunosuppressed patients at BHFT (haematology and oncology) and Weston Park - this activity will commence 7th January at BHFT. SAIS (School Age Immunisation Service) providers have been encouraged to vaccinate 2 and 3 year olds opportunistically and Community Pharmacists have also been able to vaccinate 2 and 3 year olds as new initiative nationally. As of 1st December, SAIS providers have completed visits/first offer to 92.4% of primary schools and 76.7% of secondary schools.

Place Prescribing Report

Quarter 1 & 2 - 2025/26 – April to September 2025

Lead Executive	Dr David G Crichton - Chief Medical Officer NHS South Yorkshire
Lead Officer	Eloise Summerfield – Senior Pharmacist, Medicines Optimisation

Purpose
To update Place Board on Medicines Optimisation Rotherham Place activity for the first two quarters of 25/26 (April – September)
Background
<p>The Medicines Optimisation Team (MOT) monitors and advises on all aspects of prescribing that is attributed to Rotherham Place. The attached report details</p> <ul style="list-style-type: none"> • The financial performance incl. QIPP • Quality, financial & Safety initiatives that are being implemented • Staffing updates • Projects undertaken
Analysis of key issues and of risks
See attached report.
Patient, Public and Stakeholder Involvement
Not applicable.
Financial Implications
<p>Prescribing is the second largest area of expenditure for Place and the South Yorkshire Integrated Care Board (ICB). Whilst the financial risk of this area of expenditure resides with the ICB, we have little influence over the “prescribers” whose actions impact on prescribing expenditure.</p> <p>Prescribing costs are influenced by a wide range of factors that are often outside of the individual clinician’s control such as:</p> <ul style="list-style-type: none"> • National guidance (NICE etc) • New clinical evidence • Drug shortages – resulting in patients having to prescribing less cost-effective alternatives • Drugs not available at drug tariff price (NHS contract price) NCSO – No cheaper stock obtainable. <p>Drugs are global commodities and supply chains into the UK are international. The ever-increasing number of drug shortages/supply problems and the inability to obtain drugs at drug tariff prices, will all impact on prescribing costs.</p> <p>The MOT engages with prescribers to get them to accept ownership of the financial impact of their prescribing, even though increased prescribing costs will have little direct impact on the clinician.</p>
Approval history
Not applicable.
Recommendations
Rotherham Place Board is asked to note the 2025/26 Quarter 1 & 2 position and outcomes in the attached report.



NHS

South Yorkshire
Integrated Care Board

Rotherham Place Medicines Optimisation Strategy and Delivery Update

December 2025



Top Cost medicines for Rotherham Place

- **Diabetes**
 - New NICE-approved agents such as tirzepatide (Mounjaro) and continuous glucose monitoring systems
- **Respiratory**
 - Triple combination inhalers for COPD, and the use of GINA & MART regimens for asthma reducing the use of SABA inhalers and hospital admission
- Dapagliflozin is now off patent and due to drop in price – potential savings
- Linagliptin being reviewed to either sitagliptin or alternative NICE-approved agents

April – Sept 2025	Reason	Cost	Change
Tirzepatide	Diabetes	£1,142,054	500%
Empagliflozin	Diabetes / Heart Failure	£946,287	10%
Beclometasone	Asthma / COPD	£941,851	None
Continuous Glucose monitoring devices	Diabetes	£665,011	25%
Linagliptin	Diabetes	£567,937	- 10%
Dapagliflozin	Diabetes / Heart Failure	£525,991	28%
Beclometasone / Formoterol / Glycopyrronium	COPD	£486,629	31%
Colostomy Bags	Continece / stoma service	£437,945	12%
Sacubitril / valsartan	Hypertension / CVD	£442,150	15%
Fluticasone / umeclidinium / vilanterol	COPD	£405,044	1%



Key Achievements – MO/QIPP

- Gliptins
 - Switches restarted September
 - 11 practices completed work (Monotherapy, dual with GLP-1)
 - 3 practices refused – ongoing discussions
- DOACS
 - Currently best sub-ICB in England
 - Work being done in top 6 practices
- Work complete
 - Brand/generic - alimemazine, buprenorphine, Circadin, Sukkarto
- Work ongoing
 - Brand/generic – Utrogestan, Vagifem, ketoconazole, Cetraban



Key Achievements – MO/QIPP

- InSYghts dashboards for high cost, OTC, drugs not to prescribe & generics actioned
[SY ICB - Medicines Optimisation](#)
- BGTS swap shops – 2 completed & 2 planned, more being arranged
- Month 8: YTD £274,345 And Full Year Outturn £441,494
- Regular PCN/MOT meetings and bitesize comms to practices
- Other cost saving workstreams planned
 - Self-care reviews and de-prescribing (e.g. bath emollients)
 - Proxor reviews
 - Inappropriate wound drainage bags (£275k across SY)



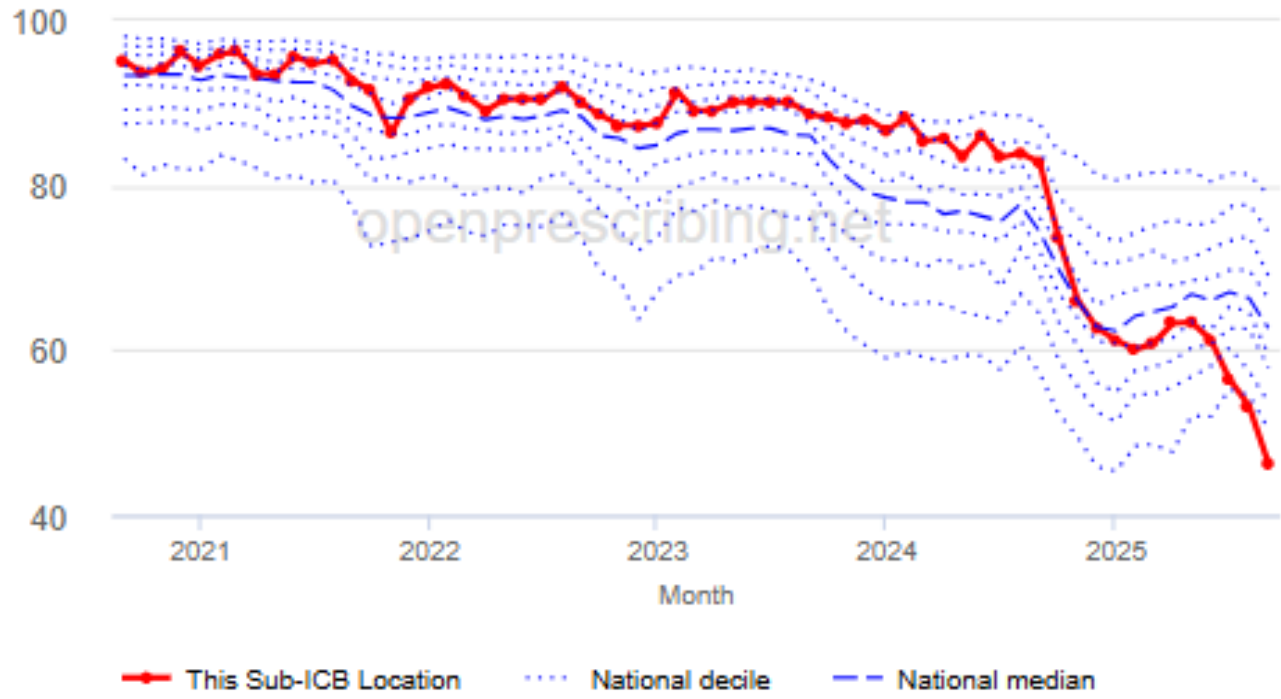
Key Achievements

Quality Incentive Scheme – 6 month data

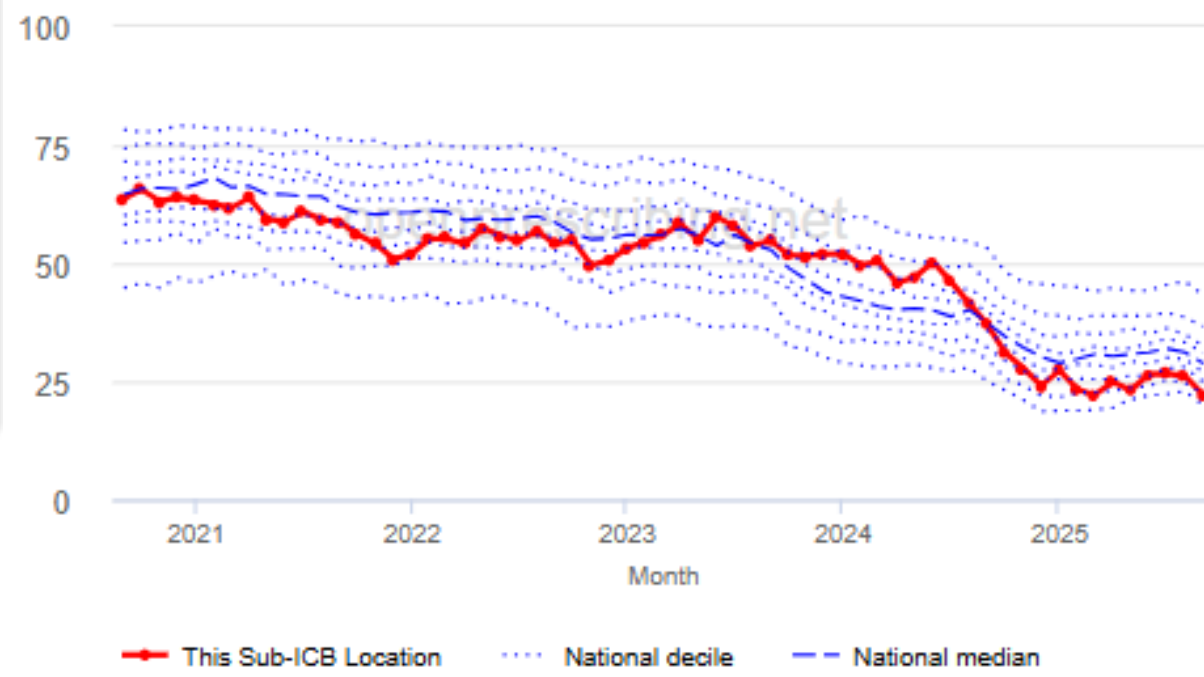
- **DOAC CrCl calculations**
 - Continuing compliance at 90%
- **Overuse of SABA inhalers**
 - Reduction from 31% to 27% for patients' collection >5 SABA in last 12 months
- **COPD reviews with steroid and Antibiotic use**
 - Now above 90%
- **Opioid reviews – all strong opioids**
 - Use of Ardens template now at 75%
- **Valproate & Topiramate Safety**
 - Number of patients requiring action reduced from 232 in April 25 to 144 currently
- **Treatments of patients with T2DM and HR with a flozin**
 - Increased from 50.8% to 54.0%
- **Doxycycline & Amoxicillin 5-day treatments**
 - See graph



Proportion of prescription items of doxycycline 100mg capsules with quantity greater than 6 capsules/dispersible tablets



Proportion of prescription items of amoxicillin 500mg capsules with quantity greater than 15 capsules





Key Achievements

Financial Incentive Scheme

- **Gliptins** (October data) - Sitagliptin usage has increased from 17 to 25%
- **Blood glucose testing strips** - 71% using a formulary meter
- **OptimiseRx savings** - YTD £593,030
 - Rotherham average acceptance rate 22.5%
vs national of 17.5%

• Safety Incentive Scheme

- **DOAC dose reduction with renal impairment**
- **Bisphosphonate 10yr reviews**
- **Dual antiplatelet reviews**
- **Eclipse Red alerts**
 - All 28 practices signed up
 - In October 14 practices had reviewed 100% Red alerts within a week



Staffing Resource/Capacity

- Vacancies within the current structure, particularly at Lead Pharmacists level, have required staff to cover several practices/PCNs simultaneously
- Several team functions are currently dependent on one individual, so we are proactively sharing knowledge and developing contingency plans to strengthen resilience within the team
- Release of the wider SY Model ICB consultation sets out a direction of travel to being a more strategic commissioner, and away from a Place based MO team. This comes with a 51% reduction of the operating budget requiring significant restructuring of the workforce
 - This is directly affecting the Rotherham Place MO colleagues



Summary

- The Rotherham Place MO team continue to work well progressing workstreams and maintaining good relations with the Rotherham GP practices despite the challenges faced
- Workforce gaps, especially when a function covered by one individual are currently challenging, but work is continuing to contingency plan and share knowledge
- Ongoing SY ICB organisational change is a significant challenge and impacting all MO staff both personally and professionally



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

Rotherham Place Committee

21 January 2026

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 exception reporting on the 8 January 2026 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 Committee 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 **18 December 2025 at 12:00**.

Is your report for Approval / Consideration / Noting

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

Recommendations / Action Required by the Committee

Members are asked to:

- Review the collated SY ICB Risk Register and Issues Log for Quarter 4;
- 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: 21 January 2026

RPET Meeting Date	Item Discussed	Outcome
11.12.25	Collaborative Behaviours - 360 Assessment Findings	<p>Members received the findings from a 360-degree assessment of collaborative behaviours in Rotherham undertaken as part of the National Neighborhoods Programme. It evaluated how collaboration is developing within local teams and provided insights into both individual and collective behaviours, with national comparisons included.</p> <p>The overall findings were positive, and there are valuable lessons learnt within the report, which will be shared with colleagues and Place partners.</p>

Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45 – 11.30am
Date of Meeting:	Wednesday 17 December 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:	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 C Harrison, Rotherham Care Group Director, Rotherham, Doncaster and South Humber NHS Foundation Trust 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 Shahida Siddique, Independent Non-Executive Member, NHS SY ICB
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)
Anthony Fitzgerald (**AF**), Place Director – Rotherham & Doncaster, NHS SYICB
Dr Jason Page (**JP**), Medical Director, (Rotherham), NHS SY ICB
Andrew Russell (**AR**), Director of Nursing – Rotherham & Doncaster, 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
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham

In attendance

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

Item Number	Discussion Items
I70/12/25	Place Integrated Performance Report
<p>JA presented the report and highlighted a snapshot of performance on ICB priorities:</p> <p>1. Urgent and Emergency Care</p> <ul style="list-style-type: none"> Performance against the A&E 4-hour target remains below the national standard of 78% at 67.9% reflecting the current challenges with ongoing pressures on capacity and flow. Escalations have been put in place Bed occupancy remained high is the highest seen for some time. Category 2 ambulance response times met the national target and was an improvement on last month. Handover times also met the national target at 14:37 but was decline on the previous month. <p>2. Community Health Services</p> <ul style="list-style-type: none"> Urgent community referrals seen within 2 hours exceeded the national target of 70% at 77.4%. Community waiting lists over 52 weeks have reduced, showing positive progress. Virtual ward utilisation was an improvement on last month at 66% but didn't meet the national target and is being closely monitored. <p>3. Primary Care</p> <ul style="list-style-type: none"> The number of GP appointments increased, exceeding the national target and an increase from the previous month. Patient experience of access to general practice was at 80% meeting the local ambition of 71.1%, improving satisfaction and access for Rotherham residents. <p>4. Elective Care</p> <ul style="list-style-type: none"> The number of patients waiting over 52 weeks for treatment was at 1.9% this month, a decline on last month. 18 week waits for first appointment was an improvement on the previous period. Efforts continue to reduce long waits and improve elective care pathways. <p>5. Cancer Services</p> <ul style="list-style-type: none"> The percentage of patients with a cancer diagnosis communicated within 28 days improved was above the national target at 84.8%. The 62-day referral to treatment standard saw some improvement, but further progress is needed to meet target. <p>JA confirmed that extensive efforts and targeted interventions are underway to support the achievement of performance targets and maintain ongoing improvements.</p> <p>Place Board noted this month's performance.</p>	
I71/12/25	ICB Board Assurance Framework, Risk Register and Issues Log
<p>All members had received and reviewed the board assurance framework, risk register and issues log.</p> <p>There were no new risks to be added.</p>	
I72/12/25	Feedback from Rotherham Place Executive Team (RPET)
<p>CS advised that RPET had considered the following items:</p>	

1. S117 Rotherham Local Standard Operating Procedure (SOP)

- The RPET approved a new SOP developed with RDaSH, RMBC, and SY ICB Rotherham place that provides local guidance for health and social care professionals supporting those entitled to Section 117 aftercare.

2. Long Covid Service – Options Paper

- The Long Covid service, based at Breathing Space since 2021, will be embedded into the Community Respiratory Rehabilitation Service for greater resilience and sustainability. Patients will continue to have access to a range of specialties (OT, physiotherapy, psychology, cardiac support).

3. Winter Pressures Funding

- Non-recurrent funding from declared savings was agreed to support winter capacity projects (Dec 2025–Mar 2026). Collaboration with PCNs will continue to adapt models to meet demand. Delivery will be monitored, with a full report due in Quarter 1 2026.

4. SEND Short Breaks Funding

- The ICB will continue to fund 20% of additional health support for children with complex medical needs during short breaks at Liberty House.
- Liberty House staff will have access to ICB-commissioned training and support, and specialist equipment will be funded as approved.

5. MH Community Connectors and S62 Peer Support Services – Future Commissioning

- The current contracts for VAR SMI and S62 Peer Support Service will be extended to 30 June 2026. In the meantime, a new integrated service model, financial plan, and service specification will be developed, with procurement to commence to allow for a shift from Rotherham-specific to South Yorkshire-wide arrangements over time, with phased contract alignment.

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

173/12/25

Minutes and Action Log and Assurance Report from the last Meeting

The minutes from the meeting held on Wednesday 19 November 2025 were accepted as a true and accurate record.

The action log was reviewed and up to date. No concerns were identified.

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

174/12/25

Communication to Partners/Promoting Consultations & Events

None.

175/12/25

Risks and Items for Escalation

None.

176/12/25

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

177/12/25 Date of Next Meeting

The next meeting will take place on **Wednesday 21 January 2026** 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-Harries	Director of Public Health	Rotherham Metropolitan Borough Council
Christina Harrison	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust
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
17.12.25			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 17 December 2025.

2. Highlights

The Rotherham Place Committee received the following assurances:

Agenda Item	Assurance Level	Further Actions Agreed
<i>170/12/25 – Place Integrated Performance Report</i>	3	Members noted the performance position.
<i>171/12/25 - ICB Board Assurance Framework, Risk Register & Issues Log</i>	3	Place Board received and reviewed the report. There were no new risks to be added at this time.
<i>172/12/25 – Feedback from Rotherham Place Executive Team (RPET)</i>	3	Members acknowledged the discussions and decisions taken as detailed in the paper.
<i>173/12/25 – Minutes from Rotherham Place Board Partnership session – 19 November 2025</i>	3	The minutes from the public partnership session held in November 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
31 December 2025