



## Agenda

Title of Meeting:	<b>Rotherham Place Board: ICB Business</b>
Time of Meeting:	<b>10.45am – 11.30am</b>
Date of Meeting:	Wednesday 21 January 2026
Venue:	<b>Committee Room 1, Town Hall, Rotherham</b>
Chair:	<b>Claire Smith</b>
Contact for Meeting:	Lydia George: <a href="mailto:lydia.george@nhs.net">lydia.george@nhs.net</a> / Wendy Commons: <a href="mailto:wcommons@nhs.net">wcommons@nhs.net</a>

Apologies:	W. Allott, Rotherham Place, NHS SY ICB 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 Quality, Patient Experience and Safety Report	10 mins	Andrew Russell	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
<b>Standard Items</b>				
5	Minutes, Action Log and Assurance Report from 21 January 2026 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"> <li>• Place Integrated Performance Report (monthly)</li> <li>• Risk Register (monthly for information)</li> <li>• Place Prescribing Report</li> <li>• Quality, Patient Safety and Experience Dashboard</li> <li>• Quarterly Medical Director Update</li> </ul>			
9	Date of Next Meeting: Wednesday <b>18 March 2026</b> at 10:45am in <b>John Smith Room, Rotherham Town Hall</b>			

**GLOSSARY**

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



# NHS Rotherham Place Integrated Performance Report (IPR) February 2026



Contact  
[syicb.datainsyghts@nhs.net](mailto:syicb.datainsyghts@nhs.net)



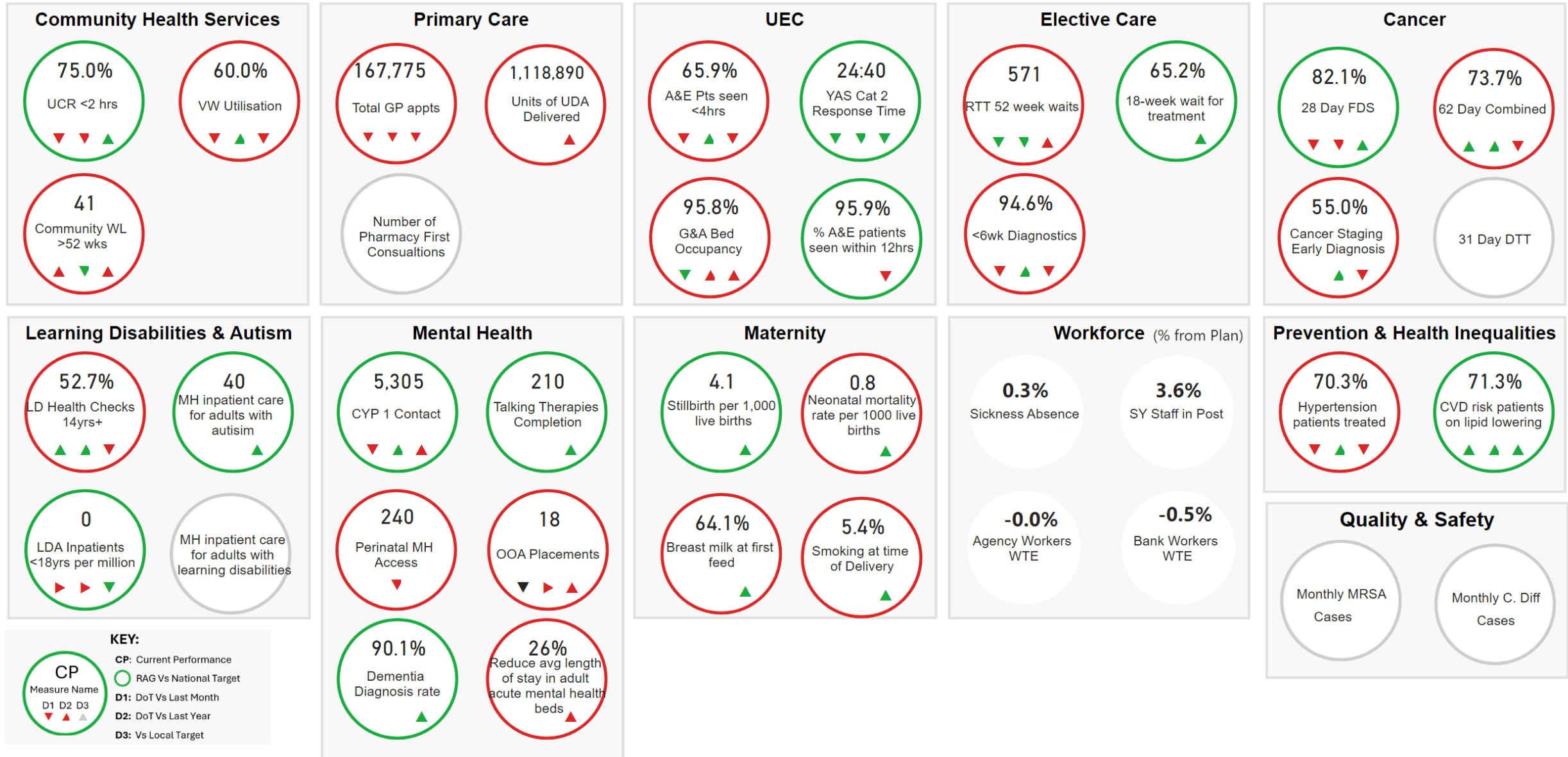


This table provides an overview of any quality issues, notes, caveats related to the measures within the IPR report.





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. Urgent Community Referrals(UCR)- SWYPFT data not available for November, this may be affecting the SY figure
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	18 week wait for treatment / 52 week waits- STH data is not currently available as a result of ongoing data validation following their recent installation of their Electronic Patient Record system. This is affecting aggregated South Yorkshire position, these figures have been removed. 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.

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



# Population Health Outcomes

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









	What We are trying to Achieve	How we are measuring this	Where We Started	Where We Are Now	Where We Are Aiming	Annual Trend Over Time
 <b>GOALS</b>	Healthier & Longer Life	1 Life Expectancy (Female)	81.5	81.2	84.5	
		1 Life Expectancy (Male)	77.8	77.6	80.8	
		1 Healthy Life Expectancy (Female)	60.1	56.5	61.9	
		1 Healthy Life Expectancy (Male)	59.6	56.6	61.5	
 <b>BOLD AMBITIONS</b>	Focus on development in early years, so that every child is school ready	4 School Readiness (%)	64.8	66.2	67.5	
		2 4 Gap in School Readiness between those with FSM & all children (pp)	15.0	14.6	11.2	
	Strengthen & accelerate our focus on prevention	1 2 Adult Smoking Prevalence (%)	16.1	13.6	5.0	
		4 Economic Inactivity Rate (%)	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 

  
**SHARED OUTCOMES**

## Urgent & Emergency Care

<p><b>1</b> <b>3</b></p> <p><b>% A&amp;E patients seen within 4hrs</b></p> <p>Improve A&amp;E waiting times compared to 2024/25, with a minimum of 78% of patients seen within 4 hours by March 2026</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Dec-25</td> <td>65.9%</td> <td>78.0%</td> </tr> </tbody> </table>		Actual	Target	Dec-25	65.9%	78.0%	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>69.5%</td> <td>69.1%</td> <td>89.2%</td> <td>71.6%</td> <td>71.3%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	69.5%	69.1%	89.2%	71.6%	71.3%	
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<p><b>1</b> <b>3</b></p> <p><b>% A&amp;E patients seen within 12hrs</b></p> <p>Increase the proportion of ED patients admitted, discharged or transferred within 12 hours in 25/26 vs 24/25. NOTE: Plan are Trust-specific, based on 24/25 baselines.</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Dec-25</td> <td>96.0%</td> </tr> </tbody> </table>		Actual	Dec-25	96.0%	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>97.6% (97.0%)</td> <td>94.7% (93.9%)</td> <td>100.0% (100.0%)</td> <td>94.8% (91.5%)</td> <td>95.9% (100.0%)</td> </tr> </tbody> </table> <p>(Trust - specific plan figures)</p>	BHFT	DBTHFT	SCH	STH	SYICB	97.6% (97.0%)	94.7% (93.9%)	100.0% (100.0%)	94.8% (91.5%)	95.9% (100.0%)			
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<p><b>1</b> <b>3</b></p> <p><b>% Discharged on Discharge Ready Date</b></p> <p>Percentage of patients discharged on discharge ready date</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Dec-25</td> <td>83.4%</td> </tr> </tbody> </table>		Actual	Dec-25	83.4%	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>NA*</td> <td>87.7%</td> <td>70.9%</td> <td>85.1%</td> </tr> </tbody> </table> <p>*BHFT use a slightly different method of calculating this indicator, which limits how comparable it is to other hospitals.</p>	BHFT	DBTHFT	STH	SYICB	NA*	87.7%	70.9%	85.1%					
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<p><b>1</b></p> <p><b>Total general and acute bed occupancy</b></p> <p>* 2024/25 target is to reduce adult general and acute bed occupancy to 92% or below. Note, there is no 2025/26 plan figure within the planning guidance.</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target*</th> </tr> </thead> <tbody> <tr> <td>Dec-25</td> <td>95.8%</td> <td>92.0%</td> </tr> </tbody> </table>		Actual	Target*	Dec-25	95.8%	92.0%	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>94.4%</td> <td>88.8%</td> <td>91.8%</td> <td>92.1%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	94.4%	88.8%	91.8%	92.1%			
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### % A&E patients seen within 4hrs

In December, TRFT's performance was 65.9%, which failed to meet the National Target of 78%. It was a decline on the previous periods performance of 70.4% and was an improvement on the same period in the previous year of 57.9%.

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

In December, TRFT's performance was 96%. It was:

### % Discharged on Discharge Ready Date

In September, TRFT's performance was 83.1%.

### Total general and acute bed occupancy

In December, TRFT's performance was 95.8%, which failed to meet the National Target of 92%. It was an improvement on the previous periods performance of 96% and was a decline on the same period in the previous year of 94.8%.

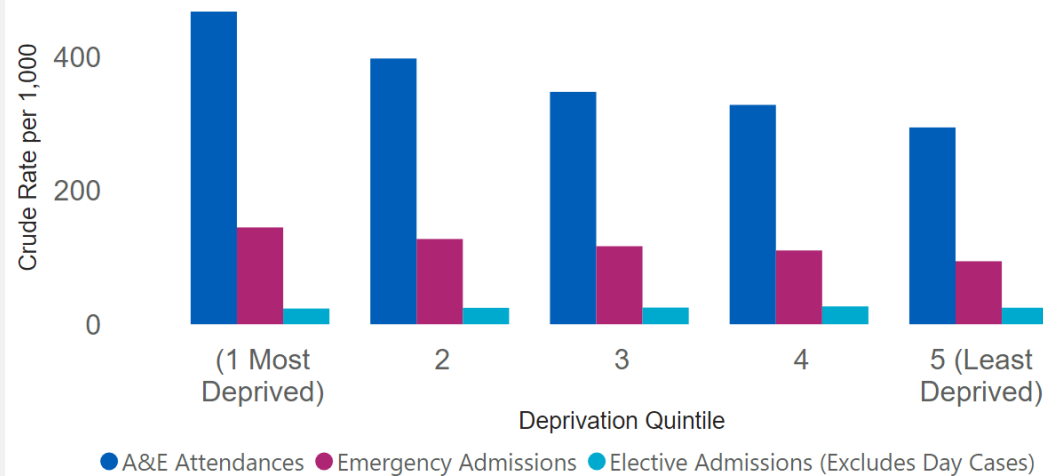
## Urgent & Emergency Care Continued

<p><b>1</b> <b>Category 2 Ambulance Response Time</b></p> <p>Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26.</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Dec-25</td> <td>24:40</td> <td>30:00</td> </tr> </tbody> </table>		Actual	Target	Dec-25	24:40	30:00	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>28:53</td> <td>28:29</td> <td>24:31</td> <td>26:16</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	28:53	28:29	24:31	26:16			
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<p><b>1</b> <b>Average Handover Time</b></p> <p>Every Trust is aiming to reduce the time it takes for Ambulance Handovers to an average of 15 Minutes by March 26 (except SCH who are aiming for &lt;10 minutes)</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Ambition</th> </tr> </thead> <tbody> <tr> <td>Dec-25</td> <td>16:14</td> <td>15:00</td> </tr> </tbody> </table>		Actual	Ambition	Dec-25	16:14	15:00	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>16:13</td> <td>18:33</td> <td>08:58</td> <td>16:00</td> <td>16:31</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	16:13	18:33	08:58	16:00	16:31	
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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 December, Rotherham's performance was 00:24:40, which met the National Target of 00:30:00. It was an improvement on the previous periods performance of 00:26:08 and was an improvement on the same period in the previous year of 00:37:02.

#### Average Handover Time

In December, TRFT's performance was 00:16:14, which failed to meet the National Target of 00:15:00. It was a decline on the previous periods performance of 00:14:03 and was an improvement on the same period in the previous year of 00:34:34.

## Community Health Services

<p><b>1</b> <b>3</b></p> <p><b>Urgent Community Referrals seen within 2 hours</b></p> <p>* 2024/25 target was to increase the % of Urgent Community Referrals seen within 2 hours to 70% . Note, there is no 25/26 plan figure in the planning guidance.</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard*</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td>*</td> <td><b>70.0%</b></td> </tr> </tbody> </table>		Actual	Standard*	<b>Nov-25</b>	*	<b>70.0%</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>RDASH</th> <th>STH</th> <th>SWYPFT</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>67%</b></td> <td><b>78%</b></td> <td>*</td> <td><b>79%</b></td> </tr> </tbody> </table> <p><small>*SWYPFT data not available for November, this may be affecting the SY figure</small></p>	RDASH	STH	SWYPFT	SYICB	<b>67%</b>	<b>78%</b>	*	<b>79%</b>							
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<p><b>3</b></p> <p><b>Placeholder: Community Beds Occupancy</b></p> <p>Number of beds occupied as a proportion of total available for ICB</p>																							
<p><b>1</b> <b>3</b></p> <p><b>Community Waiting List over 52 weeks</b></p> <p>Number of patients on community waiting lists for over 52 weeks</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td><b>Oct-25</b></td> <td><b>41</b></td> <td><b>0</b></td> </tr> </tbody> </table>		Actual	Standard	<b>Oct-25</b>	<b>41</b>	<b>0</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <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><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>9,470</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>9,511</b></td> </tr> </tbody> </table>	BHFT	DBTHFT	RDASH	SHPU	SHSC	STH	SYICB	<b>0</b>	<b>0</b>	<b>0</b>	<b>9,470</b>	<b>0</b>	<b>0</b>	<b>9,511</b>	
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<p><b>1</b> <b>3</b></p> <p><b>Virtual Ward Utilisation</b></p> <p>Increase Virtual Ward utilisation to consistently be above 80%</p> <p><b>*Note: This is a Snapshot as at 4th December 2025</b></p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td><b>Dec-25</b></td> <td><b>60.0%</b></td> <td><b>79.6%</b></td> </tr> </tbody> </table>		Actual	Plan	<b>Dec-25</b>	<b>60.0%</b>	<b>79.6%</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>RDASH</th> <th>Sheffield</th> <th>SWYPFT</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>72.0%</b></td> <td><b>66.7%</b></td> <td><b>81.0%</b></td> <td><b>69.0%</b></td> </tr> </tbody> </table> <p><small>Sheffield includes data for STHT &amp; SCFT. TRFT includes adults and CYP</small></p>	RDASH	Sheffield	SWYPFT	SYICB	<b>72.0%</b>	<b>66.7%</b>	<b>81.0%</b>	<b>69.0%</b>							
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<b>72.0%</b>	<b>66.7%</b>	<b>81.0%</b>	<b>69.0%</b>																				

### Urgent Community Referrals seen within 2 hours

In November, TRFT's performance was 75%, which met the National Target of 70%.

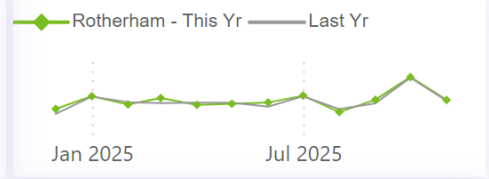
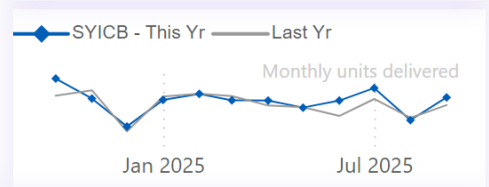

### Community Waiting List over 52 weeks

In October, TRFT's performance was 41, which failed to meet the National Target of 0. It was a decline on the previous periods performance of 40 and was an improvement on the same period in the previous year of 50.

### Virtual Ward Utilisation

In December, TRFT's performance was 60%, which failed to meet the National Target of 79.6%. It was a decline on the previous periods performance of 72% and was an improvement on the same period in the previous year of 50.4%.

## Primary Care

<p><span style="color: red;">1</span> <span style="color: green;">3</span> <b>Number of GP appointments</b></p> <p>Total Number of Appointments in General Practice (rate per 1,000 practice population).</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>167,775 (607)</td> <td></td> </tr> </tbody> </table>		Actual	Plan	Nov-25	167,775 (607)		<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>129,882 (480)</td> <td>168,602 (495)</td> <td>347,587 (545)</td> <td>813,846 (534)</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Nov-25	129,882 (480)	168,602 (495)	347,587 (545)	813,846 (534)	 <p>Rotherham - This Yr (green line with diamonds) and Last Yr (grey line with squares). The chart shows a general upward trend in appointments per 1,000 population, with a notable peak in late 2025.</p>
	Actual	Plan																	
Nov-25	167,775 (607)																		
	Barnsley	Doncaster	Sheffield	SYICB															
Nov-25	129,882 (480)	168,602 (495)	347,587 (545)	813,846 (534)															
<p><span style="color: red;">1</span> <span style="color: green;">3</span> <b>Patient experience of access to general practice</b></p> <p>Increase the percentage of people saying it was 'Very easy' or 'Easy' to contact their GP practice, as measured by the ONS Health Insights Survey.</p>	<p><b>SYICB</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Nov/Dec</td> <td>76.3%</td> <td>71.1%</td> </tr> </tbody> </table>		Actual	Target	Nov/Dec	76.3%	71.1%												
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Nov/Dec	76.3%	71.1%																	
<p><span style="color: red;">1</span> <span style="color: green;">3</span> <b>Improve access to NHS dentistry</b></p> <p>Increase dental activity by increasing the units of dental activity (UDAs) delivered.</p>	<p><b>SYICB</b></p> <table border="1"> <thead> <tr> <th></th> <th>YTD Actual</th> <th>September YTD target</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>1,118,890</td> <td>1,051,683</td> </tr> </tbody> </table>		YTD Actual	September YTD target	Sep-25	1,118,890	1,051,683		 <p>SYICB - This Yr (blue line with diamonds) and Last Yr (grey line with squares). The chart shows monthly units delivered, with a significant dip in early 2025 followed by a recovery towards the target.</p>										
	YTD Actual	September YTD target																	
Sep-25	1,118,890	1,051,683																	
<p><b>Placeholder: Number of urgent dental appointments</b></p> <p>Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more</p>																			
<p><span style="color: red;">1</span> <span style="color: green;">3</span> <b>Number of Pharmacy First interventions</b></p> <p>Count of the clinical pathways element of Pharmacy First alone, plus the hypertension case finding and contraception service activity.</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>3,340</td> </tr> </tbody> </table>		Actual	Sep-25	3,340	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>3,786</td> <td>3,875</td> <td>7,714</td> <td>18,715</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Sep-25	3,786	3,875	7,714	18,715	 <p>Rotherham - This Yr (green line with diamonds). The chart shows a fluctuating but generally increasing number of Pharmacy First interventions, with a peak in late 2025.</p>		
	Actual																		
Sep-25	3,340																		
	Barnsley	Doncaster	Sheffield	SYICB															
Sep-25	3,786	3,875	7,714	18,715															

### Number of GP appointments

In November, Rotherham's performance was 167,775, which met the National Target of . It was an increase on the previous periods performance of 215,778 and was an increase on the same period in the previous year of 165,841.

### Patient experience of access to general practice

In January, SYICB's performance was 76.3%, which met the local ambition of 71.1%.


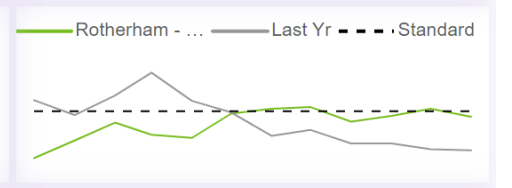
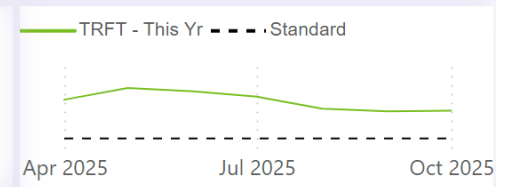
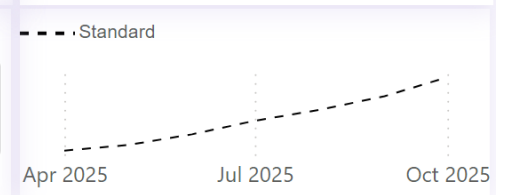
### Improve access to NHS dentistry

In September, SYICB's performance was 1,118,890, which failed to meet the National Target of 1051683.

### Pharmacy First Interventions

In September, Rotherham's performance was 3340. It was a decline on the previous periods performance 2868.

## Elective Care

<p><b>1</b> <b>3</b></p> <p><b>Total waiting over 52 weeks -%</b></p> <p>Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026.</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>1.7%</b></td> <td><b>1.0%</b></td> </tr> </tbody> </table> <p><small>*STH not available due to data quality issues re EPR implementation - this is affecting the SY figure</small></p>		Actual	Target	<b>Nov-25</b>	<b>1.7%</b>	<b>1.0%</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>0.8%</b></td> <td><b>2.1%</b></td> <td><b>2.0%</b></td> <td><b>*</b></td> <td><b>1.7%</b></td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	<b>0.8%</b>	<b>2.1%</b>	<b>2.0%</b>	<b>*</b>	<b>1.7%</b>	
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<p><b>1</b> <b>3</b></p> <p><b>18-week wait for treatment</b></p> <p>Improve the percentage of patients waiting no longer than 18 weeks for treatment to 60% by March 2026, with every trust to deliver a minimum 5% point improvement</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>64.9%*</b></td> <td><b>66.3%</b></td> </tr> </tbody> </table> <p><small>*STH not available due to data quality issues re EPR implementation - this is affecting the SY figure</small></p>		Actual	Plan	<b>Nov-25</b>	<b>64.9%*</b>	<b>66.3%</b>	<p><b>Actual</b></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><b>65.8%</b> <b>(67.2%)</b></td> <td><b>60.7%</b> <b>(63.6%)</b></td> <td><b>*</b> <b>)</b></td> <td><b>100.0%</b> <b>(62.6%)</b></td> <td><b>63.2%</b> <b>(65.3%)</b></td> </tr> </tbody> </table> <p>(Plan)</p>	BHNFT	DBTHFT	SCH	STH	SYICB	<b>65.8%</b> <b>(67.2%)</b>	<b>60.7%</b> <b>(63.6%)</b>	<b>*</b> <b>)</b>	<b>100.0%</b> <b>(62.6%)</b>	<b>63.2%</b> <b>(65.3%)</b>	
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### Total waiting over 52 weeks

In November, TRFT's performance was 1.7%. It was a decline on the previous periods performance of 1.9%.

### %patients receiving diagnostic test within 6 weeks

In November, Rotherham's performance was 94.6%, which failed to meet the National Target of 95%. It was a decline on the previous periods performance of 95.2% and was an improvement on the same period in the previous year of 92.2%.

### 18-week wait for first appointment

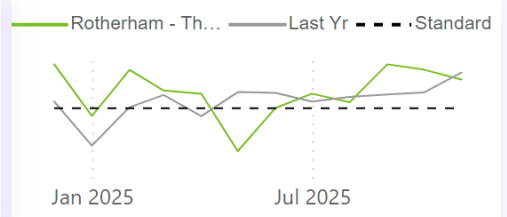
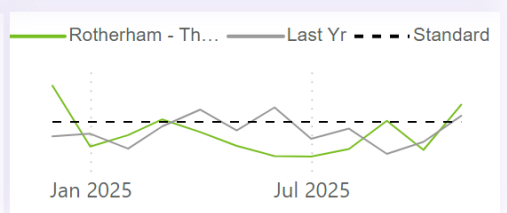
In November, TRFT's performance was 73.4%, which failed to meet the National Target of 67%. It was an improvement on the previous periods performance of 74.2%.

### 18-week wait for treatment

In November, TRFT's performance was 64.9%. It was a decline on the previous periods performance of 64.7%.

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><b>1</b> % patients with cancer diagnosis communicated within 28 days</p> <p><b>3</b></p> <p>Meet the faster diagnosis standard of 77% by March 2025—ensuring patients receive a diagnosis or have cancer ruled out within 28 days—and improve this performance to 80% by March 2026.</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>82.1%</b></td> <td><b>80.0%</b></td> </tr> </tbody> </table>		Actual	Target	<b>Nov-25</b>	<b>82.1%</b>	<b>80.0%</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>83.4%</b></td> <td><b>83.0%</b></td> <td><b>74.9%</b></td> <td><b>79.6%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Nov-25</b>	<b>83.4%</b>	<b>83.0%</b>	<b>74.9%</b>	<b>79.6%</b>	
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<p><b>1</b> 62-day referral to treatment standard - combined</p> <p><b>3</b></p> <p>Ensure patients diagnosed after an urgent referral or screening start treatment within 62 days, meeting 70% by March 2025 and improving to 75% by March 2026</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>73.7%</b></td> <td><b>75.0%</b></td> </tr> </tbody> </table>		Actual	Target	<b>Nov-25</b>	<b>73.7%</b>	<b>75.0%</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>69.6%</b></td> <td><b>62.7%</b></td> <td><b>55.3%</b></td> <td><b>63.4%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Nov-25</b>	<b>69.6%</b>	<b>62.7%</b>	<b>55.3%</b>	<b>63.4%</b>	
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### % patients with cancer diagnosis communicated within 28 days

In November, Rotherham's performance was 82.1%, which met the National Target of 80%. It was a decline on the previous periods performance of 83.8% and was a decline on the same period in the previous year of 83.3%.

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

In November, Rotherham's performance was 73.7%, which failed to meet the National Target of 75%. It was an improvement on the previous periods performance of 64.1% and was an improvement on the same period in the previous year of 71.3%.

## Cancer

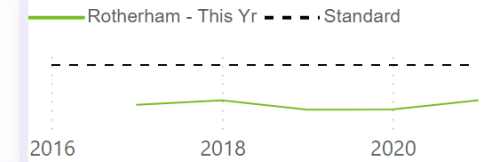
### 1 Cancer Diagnosis at stage 1 or 2

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%



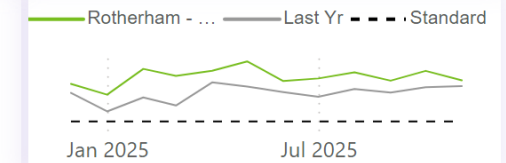
### 1 31-Day diagnosis to treatment

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
Nov-25	88.6%	96.0%

#### Actual

Barnsley	Doncaster	Sheffield	SYICB
82.7%	87.0%	83.7%	85.2%



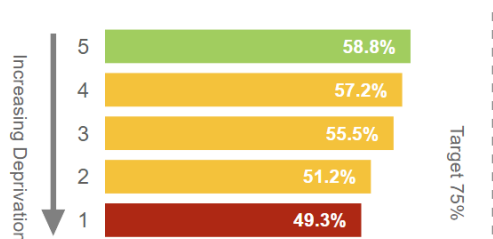
## CORE20 PLUS

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

### Early Diagnosis

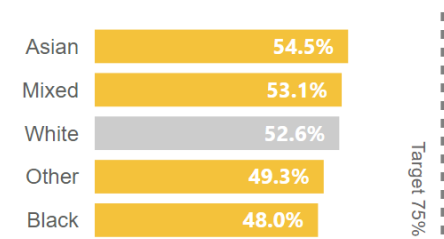
Cancer Diagnosis at stage 1 or 2 (South Yorkshire)

#### 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%

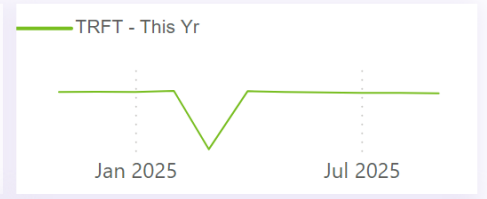


### 31 Day Diagnosis to Treatment

In November, Rotherham's performance was 88.6%, which failed to meet the National Target of 96%. It was a decline on the previous periods performance of 91.3% and was an improvement on the same period in the previous year of 87%.

known capacity pressures across several pathways including Urology.

## Maternity

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

1 2	Metric	TRFT		Actual				TRFT - This Yr	
		Actual	Target	BHFT	DBTHFT	STH	SYICB		
1 2	<b>Stillbirth per 1,000 live births</b> Make progress towards the national safety ambition to reduce stillbirths (by 50%)	Sep-25	4.1	1.8	2.4	4.8	3.4		
1 2	<b>Neonatal mortality rate per 1000 live births</b> Make progress towards the national safety ambition to reduce stillbirths (by 50%)	2023/24	0.8	1.5	2.4	1.2	2.7	1.8	
1 2	<b>Preterm Birth Rate</b> Preterm is defined as babies born alive before 37 weeks of pregnancy are completed.	Sep-25	9.3%	6.0%	7.0%	4.8%	4.8%	6.1%	

### 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 September, TRFT's performance was 9.3%.

## Maternity

<p><b>1 Breast milk at first feed</b></p> <p>This measure shows the number of new mothers known to have initiated breastfeeding</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Sep-25</td> <td>64.1%</td> <td>71.7%</td> </tr> </tbody> </table>		Actual	Target	Sep-25	64.1%	71.7%	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>69.8%</td> <td>63.1%</td> <td>72.0%</td> <td>67.6%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	69.8%	63.1%	72.0%	67.6%	 <p>TRFT - This Yr</p>
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<p><b>2 Smoking at time of Delivery</b></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><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Aug-25</td> <td>5.4%</td> <td>6.0%</td> </tr> </tbody> </table>		Actual	Target	Aug-25	5.4%	6.0%	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>3.6%</td> <td>8.5%</td> <td>2.9%</td> <td>5.2%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	3.6%	8.5%	2.9%	5.2%	
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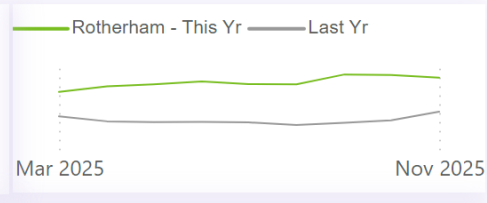
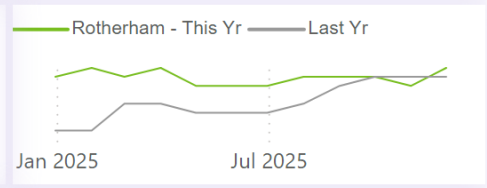
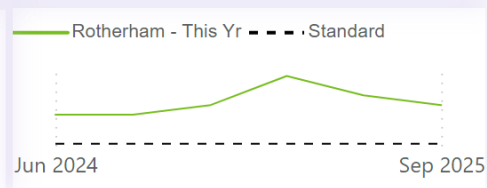
### Breast milk at first feed

In September, TRFT's performance was 64.1%, which failed to meet the Local Target of 71.7%

### Smoking at time of Delivery

In 2025/26 TRFT's performance was 5.4%, which failed to meet the National Target of 6%

## Mental Health

<p><b>1</b> <b>3</b> <b>Increase Number of CYP (0-17yrs) receiving at least one contact in reporting period</b></p> <p>Increase the number of Children &amp; Young People under 18 supported through NHS mental health services receiving at least 1 contact</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>5,305</b></td> <td><b>4,760</b></td> </tr> </tbody> </table>		Actual	Plan	<b>Nov-25</b>	<b>5,305</b>	<b>4,760</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>4,650</b></td> <td><b>4,505</b></td> <td><b>5,265</b></td> <td><b>19,645</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Nov-25</b>	<b>4,650</b>	<b>4,505</b>	<b>5,265</b>	<b>19,645</b>	
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<p><b>1</b> <b>3</b> <b>Perinatal Access</b></p> <p>Number of women accessing specialist Perinatal Mental Health services</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>240</b></td> <td><b>373</b></td> </tr> </tbody> </table>		Actual	Plan	<b>Nov-25</b>	<b>240</b>	<b>373</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>290</b></td> <td><b>475</b></td> <td><b>300</b></td> <td><b>1,310</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Nov-25</b>	<b>290</b>	<b>475</b>	<b>300</b>	<b>1,310</b>	
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<p><b>1</b> <b>2</b> <b>SMI Health Checks</b></p> <p>Proportion of people with Severe Mental Illness receiving a full annual physical health check and follow up interventions</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td><b>Sep-25</b></td> <td><b>68%</b></td> <td><b>60.0%</b></td> </tr> </tbody> </table>		Actual	Plan	<b>Sep-25</b>	<b>68%</b>	<b>60.0%</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>Sep-25</b></td> <td><b>57%</b></td> <td><b>68%</b></td> <td><b>61%</b></td> <td><b>63%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Sep-25</b>	<b>57%</b>	<b>68%</b>	<b>61%</b>	<b>63%</b>	
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**Increase Number of CYP (0-17yrs) receiving at least one contact in reporting period**

In November, Rotherham's performance was 5,305, which met the local ambition of 4760. It was a decline on the previous periods performance of 5,355 and was an improvement on the same period in the previous year of 4,670.

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

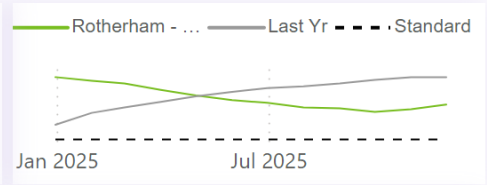
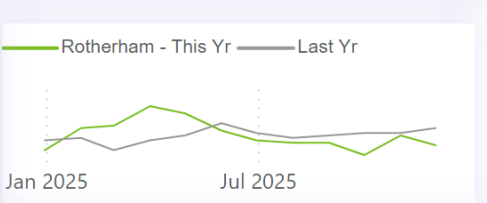
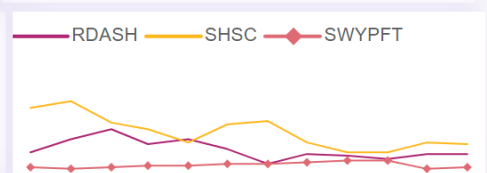
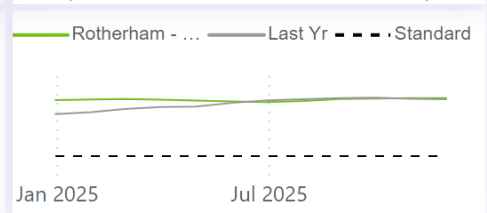
In November, Rotherham's performance was 240, which failed to meet the National Target of 373. It was a decline on the previous periods performance of 240 and was a decline on the same period in the previous year of 245.

**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%

care.

## Mental Health

<p><b>1</b> <b>3</b> <b>Individual Placement and Support</b></p> <p>People with Severe Mental Illness (SMI) supported to find and keep their employment through the IPS scheme (*NOTE: target is for rolling 12-month value)</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>190</b></td> </tr> </tbody> </table>		Actual	<b>Nov-25</b>	<b>190</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>190</b></td> <td><b>220</b></td> <td><b>420</b></td> <td><b>1,020</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Nov-25</b>	<b>190</b>	<b>220</b>	<b>420</b>	<b>1,020</b>			
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<p><b>1</b> <b>3</b> <b>Reduce avg length of stay in adult acute mental health beds</b></p> <p>Reduce the number discharged from adult acute mental health beds aged 18-64 with a length of stay of 60+ days'</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>26%</b></td> </tr> </tbody> </table>		Actual	<b>Nov-25</b>	<b>26%</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>31%</b></td> <td><b>24%</b></td> <td><b>26%</b></td> <td><b>26%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Nov-25</b>	<b>31%</b>	<b>24%</b>	<b>26%</b>	<b>26%</b>			
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<p><b>3</b> <b>Out of area placements(inappropriate only)</b></p> <p>Improve patient flow and work towards eliminating inappropriate out of area mental health placements</p>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th></th> <th>RDASH</th> <th>SHSC</th> <th>SWYPFT</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>12</b></td> <td><b>18</b></td> <td><b>4</b></td> </tr> </tbody> </table>			RDASH	SHSC	SWYPFT	<b>Nov-25</b>	<b>12</b>	<b>18</b>	<b>4</b>									
	RDASH	SHSC	SWYPFT																
<b>Nov-25</b>	<b>12</b>	<b>18</b>	<b>4</b>																
<p><b>1</b> <b>Dementia Diagnosis rate</b></p> <p>Improve the number of people aged 65 and over diagnosed with dementia as a proportion of estimated prevalence. Note, there is no 2025/26 plan figure within the planning guidance, *target is 24/25 plan figure.</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target*</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>90.1%</b></td> <td><b>66.7%</b></td> </tr> </tbody> </table>		Actual	Target*	<b>Nov-25</b>	<b>90.1%</b>	<b>66.7%</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>Nov-25</b></td> <td><b>74.3%</b></td> <td><b>70.2%</b></td> <td><b>75.6%</b></td> <td><b>77.0%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Nov-25</b>	<b>74.3%</b>	<b>70.2%</b>	<b>75.6%</b>	<b>77.0%</b>	
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### Individual Placement and Support

In November, Rotherham's performance was 190, which met the National Target of . It was a decline on the previous period's performance of 165.

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

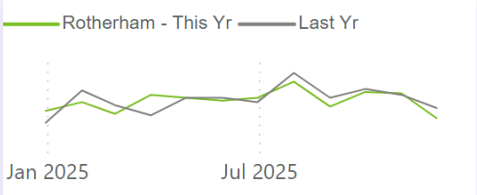
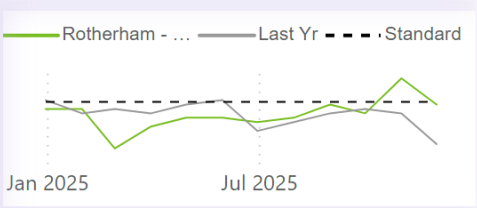
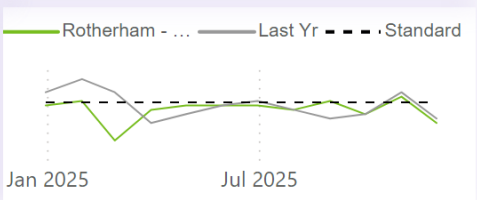
In November, Rotherham's performance was 26%. It was a decline on the previous period's performance of 30%.

### Out of area placements

### Dementia Diagnosis rate

In November, Rotherham's performance was 90.1%, which met the National Target of 66.7%. It was a decline on the previous period's performance of 90%.

## Mental Health Continued

<p>3 <b>Talking Therapies Completion</b></p> <p>Number of people completing Talking Therapies Treatment in reporting period</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>210</td> <td>178</td> </tr> </tbody> </table>		Actual	Plan	Nov-25	210	178	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>240</td> <td>255</td> <td>515</td> <td>1,215</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	240	255	515	1,215	 <p>Rotherham - This Yr (green line), Last Yr (grey line)</p>
	Actual	Plan															
Nov-25	210	178															
Barnsley	Doncaster	Sheffield	SYICB														
240	255	515	1,215														
<p>1 <b>Talking Therapies Reliable Recovery</b></p> <p>Improve the number in Talking Therapies that achieve reliable recovery</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>48%</td> <td>48.6%</td> </tr> </tbody> </table>		Actual	Plan	Nov-25	48%	48.6%	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>47%</td> <td>50%</td> <td>50%</td> <td>49%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	47%	50%	50%	49%	 <p>Rotherham - ... (green line), Last Yr (grey line), Standard (dashed line)</p>
	Actual	Plan															
Nov-25	48%	48.6%															
Barnsley	Doncaster	Sheffield	SYICB														
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<p>1 <b>Talking Therapies Reliable Improvement</b></p> <p>Improve the number in Talking Therapies that achieve reliable improvement</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>63%</td> <td>67.7%</td> </tr> </tbody> </table>		Actual	Plan	Nov-25	63%	67.7%	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>73%</td> <td>71%</td> <td>65%</td> <td>68%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	73%	71%	65%	68%	 <p>Rotherham - ... (green line), Last Yr (grey line), Standard (dashed line)</p>
	Actual	Plan															
Nov-25	63%	67.7%															
Barnsley	Doncaster	Sheffield	SYICB														
73%	71%	65%	68%														

### Talking Therapies Completion

In November, Rotherham's performance was 210, which met the National Target of 178. It was a decline on the previous period's performance of 295.

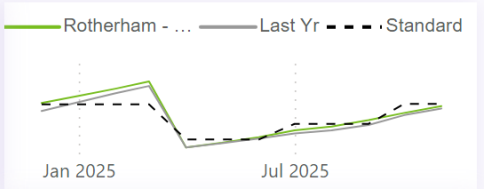
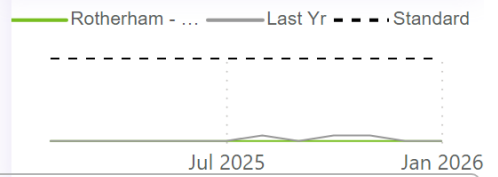
### Talking Therapies Reliable Recovery

In November, Rotherham's performance was 48%, which failed to meet the National Target of 48.6%. It was a decline on the previous period's performance of 54%.

### Talking Therapies Improvement

In November, Rotherham's performance was 63%, which failed to meet the National Target of 67.7%. It was a decline on the previous period's performance of 69%.

## 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><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Q3 Target</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>52.7%</td> <td>55.5%</td> </tr> </tbody> </table>		Actual	Q3 Target	Nov-25	52.7%	55.5%	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>50.6%</td> <td>42.4%</td> <td>46.1%</td> <td>47.4%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Nov-25	50.6%	42.4%	46.1%	47.4%	
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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><b>SYICB</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Sept Plan</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>40</td> <td>25</td> </tr> </tbody> </table>		Actual	Sept Plan	Nov-25	40	25												
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<p>1 2 3 Reliance on mental health inpatient care for adults with a learning disability</p> <p>Count of mental health inpatients with a learning disability (rounded to the nearest 5)</p>	<p><b>SYICB</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Sept Plan</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>20</td> <td>23</td> </tr> </tbody> </table>		Actual	Sept Plan	Nov-25	20	23												
	Actual	Sept Plan																	
Nov-25	20	23																	
<p>1 2 3 Inpatients with a learning disability and/or autism (under 18)</p> <p>Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 12-15 Under 18's for every 1 million population</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Jan-26</td> <td>0</td> <td>4</td> </tr> </tbody> </table>		Actual	Target	Jan-26	0	4	<p>Place figures have been suppressed due to counts under 5</p>											
	Actual	Target																	
Jan-26	0	4																	

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

In November, Rotherham's performance was 52.7%, which failed to meet the Q2 Target of 55.5%. It was an improvement on the previous periods performance of 44.9% and was an improvement on the same period in the previous year of 50%.

### Reliance on mental health inpatient care for autistic adults

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

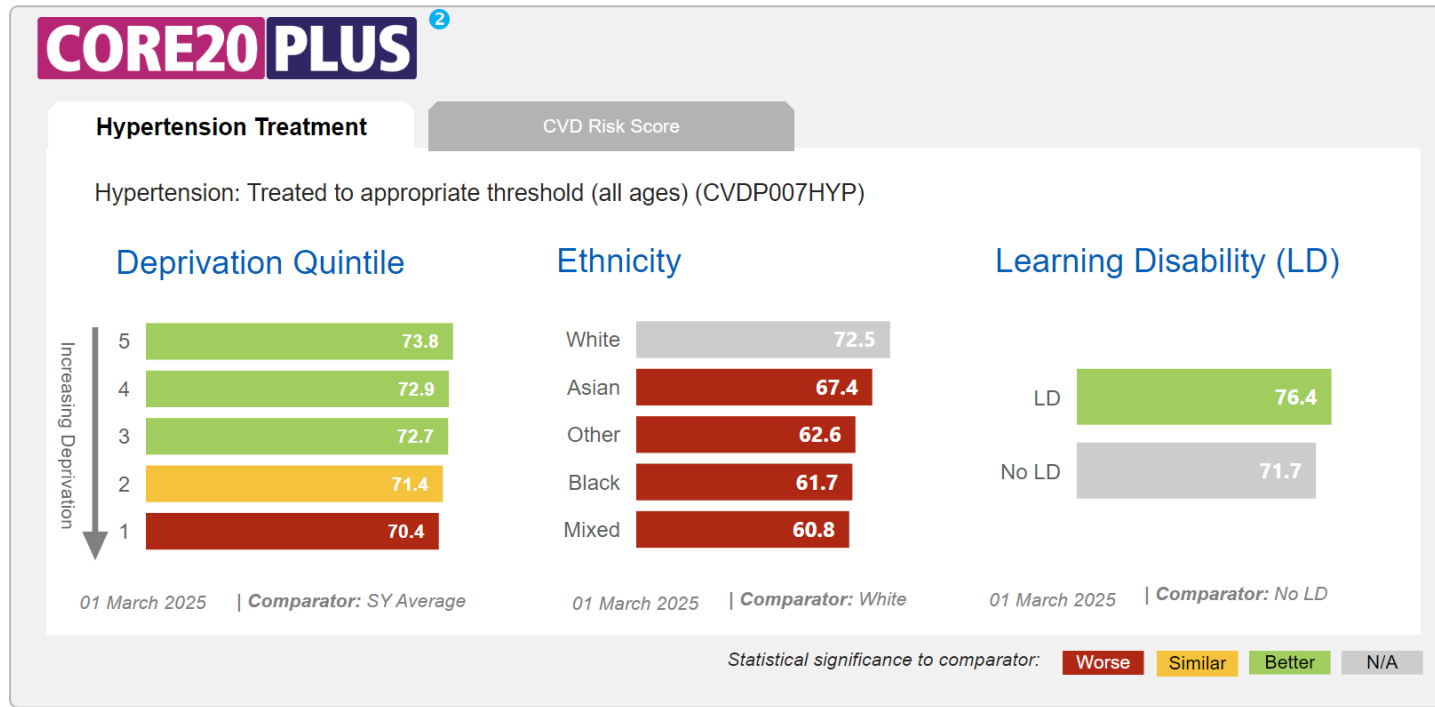
### Inpatients with a learning disability and/or autism (under 18)

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

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 2 3 <b>% of patients with hypertension treated to NICE guidance</b></p> <p>Increase the proportion of patients with hypertension treated according to NICE guidance to 80% by March 2025</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td><b>Jun-25</b></td> <td><b>70.3%</b></td> <td><b>80.0%</b></td> </tr> </tbody> </table>		Actual	Target	<b>Jun-25</b>	<b>70.3%</b>	<b>80.0%</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>Jun-25</b></td> <td><b>68.6%</b></td> <td><b>72.5%</b></td> <td><b>71.4%</b></td> <td><b>70.8%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Jun-25</b>	<b>68.6%</b>	<b>72.5%</b>	<b>71.4%</b>	<b>70.8%</b>	
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<p>1 2 3 <b>% of patients aged 25-84 years with a CVD risk score greater than 20% on lipid lowering therapies</b></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><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td><b>Jun-25</b></td> <td><b>71.3%</b></td> <td><b>65.0%</b></td> </tr> </tbody> </table>		Actual	Target	<b>Jun-25</b>	<b>71.3%</b>	<b>65.0%</b>	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th></th> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td><b>Jun-25</b></td> <td><b>70.7%</b></td> <td><b>70.2%</b></td> <td><b>67.6%</b></td> <td><b>69.7%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Jun-25</b>	<b>70.7%</b>	<b>70.2%</b>	<b>67.6%</b>	<b>69.7%</b>	
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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	6 in 1 Vaccine (Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Whooping Cough) (12m)	95%	93.0%	92.9%	93.5%
	Meningitis B (12m)	95%	93.1%	92.9%	93.1%
	Pneumococcal (Meningitis / Sepsis / Pneumonia) (12m)	95%	94.8%	95.2%	95.6%
	Rotavirus	95%	91.2%	91.0%	90.9%
Coverage measured at 24 months	6 in 1 Vaccine (Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Whooping Cough) (24m)	95%	94.4%	94.4%	94.4%
	Measles / Mumps / Rubella	95%	91.1%	90.7%	92.0%
	Hib / Meningitis C (12m)	95%	91.0%	90.8%	92.0%
	Pneumococcal (Meningitis / Sepsis / Pneumonia) (24m)	95%	90.7%	90.1%	91.3%
	Meningitis B (24m)	95%	90.2%	89.8%	90.7%
Coverage measured at 5 years	6 in 1 Vaccine (Diphtheria / Polio / Tetanus / Whooping cough/ Hepatitis B / Hib) (5y)	95%	94.8%	94.7%	94.7%
	Hib / Meningitis C (5y)	95%	89.8%	89.2%	88.5%
	4 in 1 Vaccine (Diphtheria / Polio / Tetanus / Whooping cough)	95%	85.7%	85.1%	85.6%
	Measles / Mumps / Rubella 1	95%	94.1%	94.3%	94.1%
	Measles / Mumps / Rubella 2	95%	87.2%	86.9%	87.3%

[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 1<sup>st</sup> Sep 24 to 31<sup>st</sup> 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

next page

## 3 Winter Vaccinations

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

	Over 65 Years			Pregnant			Under 65yrs at Risk		
	Registered patients	Number vaccinated	%	Registered patients	Number vaccinated	%	Registered patients	Number vaccinated	%
NHS South Yorkshire integrated care board	147,094	99,493	67.6%	11,560	4,024	34.8%	120,473	34,151	28.3%
Barnsley	28,847	19,822	68.7%	1,887	691	36.6%	20,542	5,990	29.2%
Doncaster	36,201	23,667	65.4%	2,707	878	32.4%	25,676	6,280	24.5%
Rotherham	28,697	19,786	68.9%	2,648	953	36.0%	23,810	6,722	28.2%
Sheffield	53,349	36,218	67.9%	4,318	1,502	34.8%	50,445	15,159	30.1%

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

	Primary School			Secondary School		
	Number eligible	Numbers vaccinated	%	Number eligible	Numbers 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 Worker		
	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 7<sup>th</sup> 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.

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

February 2026 (data from December 2025 & January 2026)

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

The following RAG ratings and descriptor have been applied.

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

## Summary Table

Provider	Level of Surveillance					CQC Overall Rating	CQC inspection date
	Sep 2024	Nov 2025	Jan 2026	NOF (1-5)			
<b>NHS Foundation Trusts</b>							
Rotherham, Doncaster & South Humber NHS Foundation Trust	Routine	Routine	Routine	3	Requires Improvement	Oct/Nov 2019, published February 2020.	
The Rotherham NHS Foundation Trust	Routine	Routine	Routine	3	Requires Improvement	March 2022, published June 2022.	
<b>Non-NHS Trust</b>							
Yorkshire Ambulance Service			Routine	1	Good	May/June 2019, published October 2019	
<b>Primary Care</b>							
Crown Street Surgery, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement	August 2023, published November 2023.	
Swallownest Heath Centre, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement	June 2023, published September 2023.	
<b>Independent Providers/Specialised Mental Health Providers</b>							
Waterside Grange, Rotherham	Routine	Routine	Routine		Requires Improvement	December 2024, published March 2025, remains RI. There have been no further concerns reported to the ICB.	
The STAR Foundation	Routine	Routine	Routine		Requires Improvement	May 2025 published August 2025. Remains RI. There have been no further concerns reported to the ICB.	
Byron Lodge			Intensive		Inadequate	December 2025 published January 2026.	
Kingswood House (Elysium Healthcare Ltd)			Enhanced		Inadequate	October 2025 published December 2025.	

## Rotherham Place

Issue	Key Status/ Risks / Concerns / Good Practice
<b>The Rotherham NHS Foundation Trust</b>	
<b>SHMI – Summary Hospital Mortality Indicator</b>	<p>“TRFT is a Trust which adhered to the original July 2024 deadline for NHSE’s mandated change (moving SDEC activity from the inpatient to the A&amp;E data set). Many Trusts are adhering to the extended July 2025 deadline. NHSE informed that the SHMI of early adopters would likely be adversely effected, until all Trust had complied. This is because the expected number of deaths decreases more than the observed, when SDEC activity is removed. This effect will be felt until at least June 2026*, publication date Nov 2026. TRFT’s SHMI will likely remain in the As Expected band (although close to the limit) and will have more alerts” – TRFT Board paper July 2025.</p> <p>*SDEC – same day emergency care*</p> <p>NHSE will now not mandate the SHMI data set changes. It remains unclear at this time what impact this will have/mean for early adopters. Further national guidance is awaited.</p> <p>Slight increase as expected to 115.5. (remains within the expected band) Clinical coding and SJRs outcome's to be reviewed regarding areas highlighted within alerts and to be reviewed at the Mortality group who would clarify if further investigation required.</p> <p>No concerns noted from the ICB other than NHSE change of direction.</p>
<b>Maternity Services</b>	Trust achieved outstanding results in the recent CQC maternity survey, ranking in the top five nationally. This was attributed to strong teamwork, multidisciplinary collaboration, and engagement with service users.
<b>Quality priorities</b>	26/27 Quality priorities agreed which align with national guidance and local priorities.
<b>HMRA Blood Transfusion Inspection</b>	A previously uninspected service received positive verbal feedback with only a few minor findings. Full report awaited.

Issue	Key Status/ Risks / Concerns / Good Practice
<b>RDaSH</b>	
<b>Mental Health Act</b>	<p>On 18 December, the Mental Health Act 2025 received Royal Assent, the most significant change to mental health legislation in more than 40 years. Its implementation will take place over eight to ten years to enable services to prepare for the changes.</p> <p>Although the 2025 Act amends rather than replaces the 1983 Act, the scale of change it introduces is significant. Long term the Act will help ensure that people with severe mental illness receive better, more personalised treatment. It directly addresses longstanding disparities, including the experiences of people with a learning disability and autistic people, and the unacceptable racial inequalities that see black people detained at more than three times the rate of white people. This Act helps to ensure that crisis care is safer, more effective and centred on people's needs, giving detained patients genuine input into their treatment and timely care plans. From February supervised discharge arrangements for conditionally discharged restricted patients, will come into force. Over the next months a robust Code of Practice will be developed, training and workforce plans and support services built to adapt safely</p> <p>Removing Learning disability and autism from Part II of the Act, will only be enacted when safe, community-based alternatives are in place. This is essential to avoid unintended harm.</p> <p>The government have agreed to full reviews for the areas of Section 135 and 136 due to concerns raised by professional groups. Clinicians, providers and people with lived experience will be key in these. Community Treatment Orders remain in the Act with tightened criteria and will be reviewed once it is understood how the revised powers work in practice.</p> <p>RDaSH will coordinate the transition through the Mental Health Act Committee and the Mental Health Operational Group, both of which hold responsibility for overseeing policy and practice changes. Amendments to the Act would require updates to Trust policies and internal processes, and that these would be reviewed and incorporated through established governance routes and would be reported back to CQRG (Clinical Quality Review Group) for oversight and assurance.</p>
<b>CQC</b>	<p>The July 2025 inspection has been reinstated on the CQC webpage following withdrawal related to a factual accuracy issue concerning medicines management. This was incorrect, has been amended within the report and republished on the CQC web page. No changes were made to rating of Requires Improvement.</p>
<b>SY ICB</b>	
<b>Quality and Patient Safety Directorate</b>	<p>The Organisation Change consultation has closed. Voluntary Redundancy has been agreed with the ICB waiting for colleagues' final intentions. Work continues to address the business continuity plan across our team's function as part of the mitigation to ensure due diligence for statutory functions, capacity, recruitment holds and sickness whilst managing fragile teams and staff wellbeing as individuals start to leave the organisation around the 31<sup>st</sup> of March.</p>

Issue	Key Status/ Risks / Concerns / Good Practice	
<b>Primary Care</b>		
<b>Rotherham's 28 General Practices CQC ratings:</b>		
Outstanding	1	The Gate
Good	25	
Requires Improvement	2	Crown Street, Swallownest Health Centre
Inadequate	0	
<p>The Senior Manager for Primary Care has requested CQC times frames for re inspection visits for the two practices with ratings of RI (Requires Improvement). The practices will remain RI, until re inspected and will continue to have PLACE performance and quality oversight. Considerable improvement has been noted at Swallownest.</p>		
<p><b>Crown Street Surgery</b> has a new partner joining on the 1<sup>st</sup> of April which will increase practice resilience.</p>		
<p><b>Woodstock Bower Surgery</b> is awaiting their CQC inspection outcome. This will be published on the practice and CQC webpage after final accuracy has been agreed. ICB support and escalation as appropriate dependant on rating.</p>		
<p>Patients across the country are set to benefit from a new life-saving safety campaign raising awareness of <b>Jess's Rule</b>.</p> <p>All GP surgeries in England will receive Jess's Rule posters from this week 21<sup>st</sup> January, displaying the safety drive to GPs, primary care staff and patients in thousands of consultation rooms.</p> <p>Jess's Rule asks GPs take a "fresh eyes" approach and think again if, after three appointments, they have been unable to offer a patient a substantiated diagnosis or their symptoms have escalated.</p> <p>The initiative, announced in September 2025, is named in honour of Jessica Brady, who died of cancer in December 2020 at the age of 27. It will help avoid tragic, preventable deaths as GPs are supported to catch potentially deadly illnesses sooner.</p> <p>In the five months leading up to her death, Jessica had more than 20 appointments at her GP surgery but was eventually forced to seek private healthcare. She was later diagnosed with stage four adenocarcinoma – a type of cancer - which was so advanced there was no available treatment, and she died in hospital three weeks later.</p> <p>Displaying Jess's Rule posters in consultation rooms will boost patient safety by prompting doctors to revisit patient records, challenge initial assumptions and remain alert to warning signs that might otherwise be missed.</p>		

<b>Care Homes/Domiciliary Care</b>	
<b>Care Home Equality</b>	All work on the Quality Assurance Framework and PLACE-based SOP has now been discontinued due to the organisational structure changes
<b>Care Home Contract Concerns/Defaults</b>	<p>The Multiagency 6 weekly Risk meeting to discuss, share and address concerns for care settings remains with escalation as appropriate.</p> <p>A capacity tracker of available care home beds and embargos is shared to Rotherham PLACE twice a week.</p> <p>There is currently 1 Residential home, 1 Dementia Nursing Home and 1 complex needs home in 'Organisational Safeguarding.'</p> <p>As of the 30<sup>th</sup> of January, across seven homes there are 72 beds out of commission due to refurbishment. One home has 28 beds closed due to a management decision.</p> <p>One complex needs home and one dementia nursing home are closed to admissions due to an informal embargo. One home is only accepting 2 admissions only per week due to staffing levels, acuity and complexity.</p> <p>Four homes have outbreaks.</p> <p>A new Care Home Clinical Quality Advisor has been appointed as is due to start end of March.</p>
<b>Byron Lodge</b>	Has a temporary embargo in place and under organisational safeguarding following several significant events. Managed across PLACE as appropriate and escalated with input from statutory and regulatory bodies. MDT meetings continue with ICB involvement.
<b>Kingswood House (Elysium Healthcare Ltd)</b>	Complex care provider for autism and learning disabilities. Voluntary embargo in place and under organisational safeguarding. Escalated and managed across PLACE as appropriate. MDT meetings ongoing with the ICB
<b>Laureate Court</b>	There has been an increase in contract concerns. Their PAMMS (Provider Assessment and Market Management Solution) Is an online tool designed to help local authorities assess the quality of care provided by adult social care services. It is due to be completed in February 2026. Awaiting further information and direction from RMBC.
<b>Layden Court</b>	The Contracting Compliance Officers visited January 2026 due to an increase in contracting concerns. Awaiting further information and direction RMBC.

Patient Safety																																																																																																							
<b>Notification to prevent future deaths – Regulation 28</b>	Nil to report this paper.																																																																																																						
<b>LFPSE – Learning from Patient Safety Events</b>	<p>General practice are to be reminded to sign up to the LFPSE, an incident recording system, as their previous system NRLS (National Reporting and Learning System) is no longer in use.</p> <p>RDaSH's RADAR system is now recording onto LFPSE.</p> <p>The updated version of LFPSE (6) is now live to which TRFT's DATIX system can link directly allowing PSII's to be recoded here. Awaiting a start date due to minor IT changes within DATIX from TRFT.</p> <p>The need to record on StEIS for PSII's will be discontinued.</p>																																																																																																						
<b>PSII's/ Serious Incidents and Never Events</b>	<p>All Serious Incidents now closed on StEIS.</p> <p>No Never Events.</p>																																																																																																						
IPC																																																																																																							
<b>HCAI's – (Health care associated infections)</b>	<p>Work continues to be ongoing around HCAI's, reviewing the processes and the themes and trends to enable improvement and reduction strategies. Linking in with TRFT and plans to look at SY wide strategies.</p> <p><b>RDaSH:</b> There have been no cases of Health Care Associated Infection so far this year (2025/26).</p> <p><b>Hospice:</b> There have been no cases of Health Care Associated Infection so far this year (2025/26)</p> <table border="1" data-bbox="436 1005 2094 1388"> <thead> <tr> <th>HCAI TRFT</th> <th>Annual threshold for 25/26</th> <th>April Actual</th> <th>May Actual</th> <th>June Actual</th> <th>July Actual</th> <th>August Actual</th> <th>Sept Actual</th> <th>Oct Actual</th> <th>Nov Actual</th> <th>Dec Actual</th> <th>Total to date 25/26</th> <th>Comparison to date 24/25</th> </tr> </thead> <tbody> <tr> <td>MRSA</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>MSSA</td> <td>Not set</td> <td>1</td> <td>2</td> <td>1</td> <td>6</td> <td>1</td> <td>0</td> <td>2</td> <td>1</td> <td>1</td> <td>15</td> <td>14</td> </tr> <tr> <td>C Diff</td> <td>44</td> <td>3</td> <td>6</td> <td>2</td> <td>8</td> <td>7</td> <td>3</td> <td>4</td> <td>2</td> <td>4</td> <td>39</td> <td>63</td> </tr> <tr> <td>E Coli</td> <td>46</td> <td>10</td> <td>6</td> <td>5</td> <td>6</td> <td>8</td> <td>4</td> <td>6</td> <td>5</td> <td>8</td> <td>58</td> <td>51</td> </tr> <tr> <td>Klebsiella Spp</td> <td>13</td> <td>1</td> <td>2</td> <td>2</td> <td>4</td> <td>4</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>23</td> <td>15</td> </tr> <tr> <td>Pseudomonas Aeruginosa</td> <td>9</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> <td>1</td> <td>3</td> <td>2</td> <td>1</td> <td>1</td> <td>9</td> <td>16</td> </tr> </tbody> </table>												HCAI TRFT	Annual threshold for 25/26	April Actual	May Actual	June Actual	July Actual	August Actual	Sept Actual	Oct Actual	Nov Actual	Dec Actual	Total to date 25/26	Comparison to date 24/25	MRSA	0	0	0	0	0	0	0	0	0	0	0	1	MSSA	Not set	1	2	1	6	1	0	2	1	1	15	14	C Diff	44	3	6	2	8	7	3	4	2	4	39	63	E Coli	46	10	6	5	6	8	4	6	5	8	58	51	Klebsiella Spp	13	1	2	2	4	4	4	3	2	1	23	15	Pseudomonas Aeruginosa	9	0	0	1	0	1	3	2	1	1	9	16
HCAI TRFT	Annual threshold for 25/26	April Actual	May Actual	June Actual	July Actual	August Actual	Sept Actual	Oct Actual	Nov Actual	Dec Actual	Total to date 25/26	Comparison to date 24/25																																																																																											
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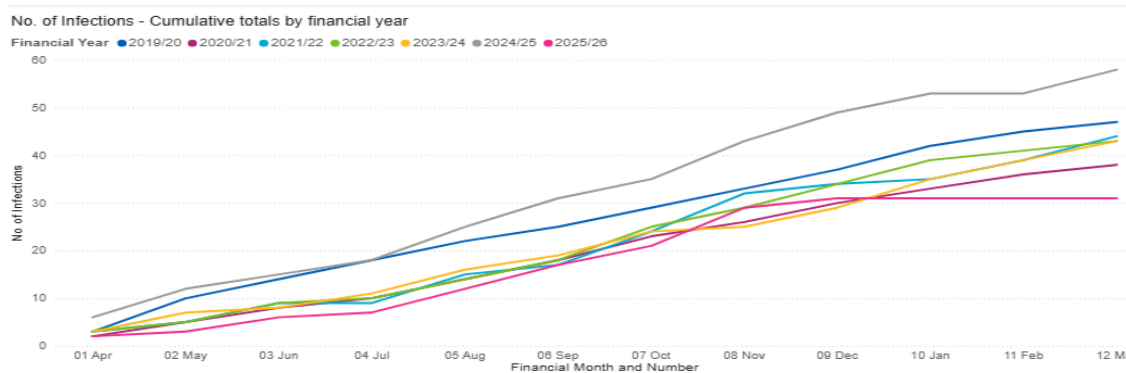
HCAI NHS R PLACE	Annual threshold for 25/26	April Actual	May Actual	June Actual	July Actual	August Actual	Sept Actual	Oct Actual	Nov Actual	Dec Actual	Total to date 25/26	Comparison to date 24/2
MRSA	0	0	0	1	0	1	0	0	0	0	2	0
MSSA	Not set	7	5	5	16	4	7	5	6	8	63	50
C Diff	97	5	10	4	10	9	5	7	2	7	59	96
E Coli	203	22	23	20	14	24	19	19	17	26	184	179
Klebsiella Spp	45	5	9	7	8	8	8	5	6	6	62	41
Pseudomonas Aeruginosa	28	1	0	1	0	3	4	2	5	1	17	28

The chart above shows:

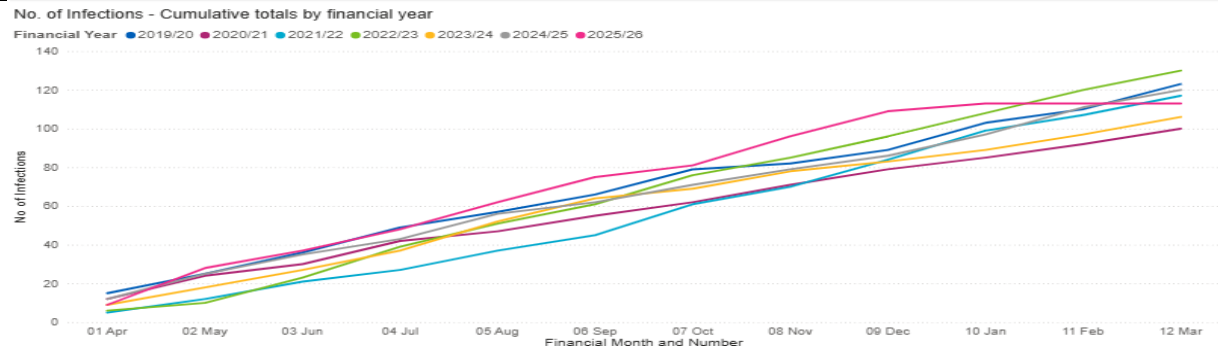
- The annual thresholds for 2025/6 with traffic light colour coding to show how performance against these currently stands.
- The total to date for 2025/6 with a comparison to date for 2024/5.

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

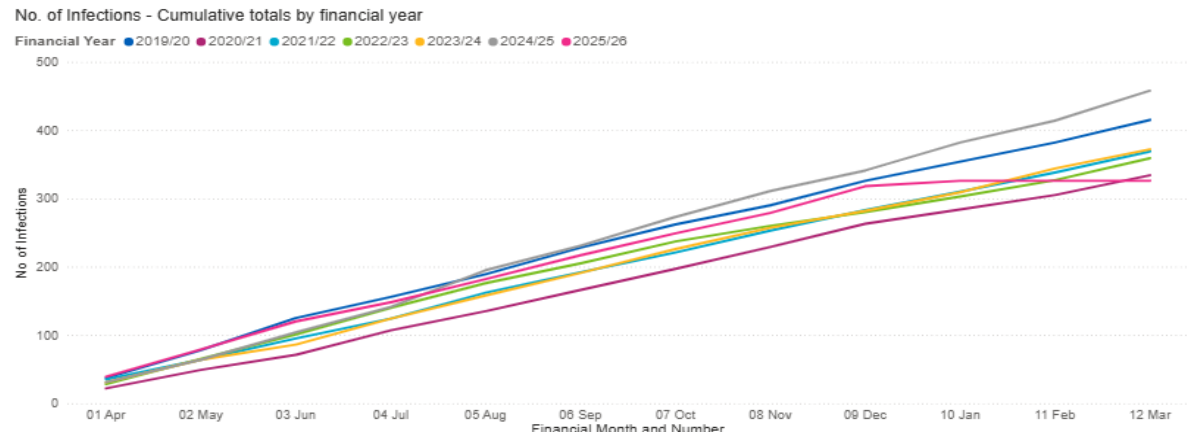
*Pseudomonas reductions Rotherham Place*



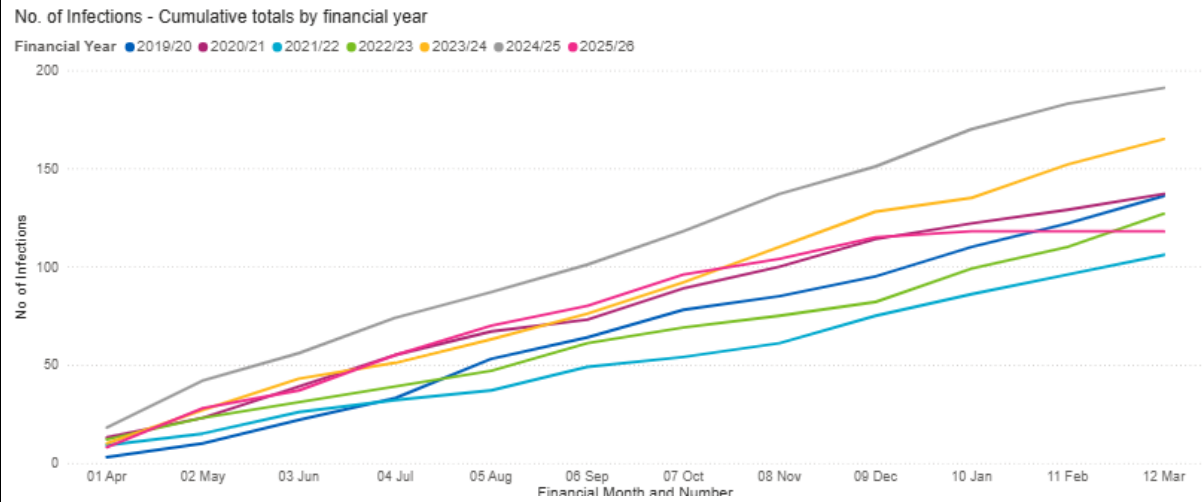
*Klebsiella increase Rotherham place.*



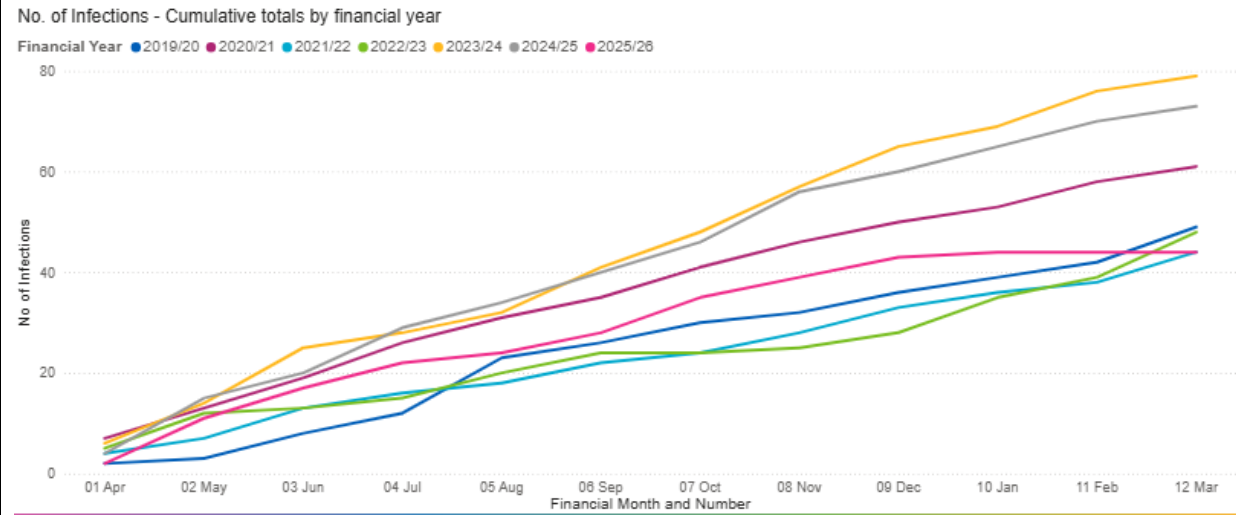
*E Coli reduction Rotherham place*



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

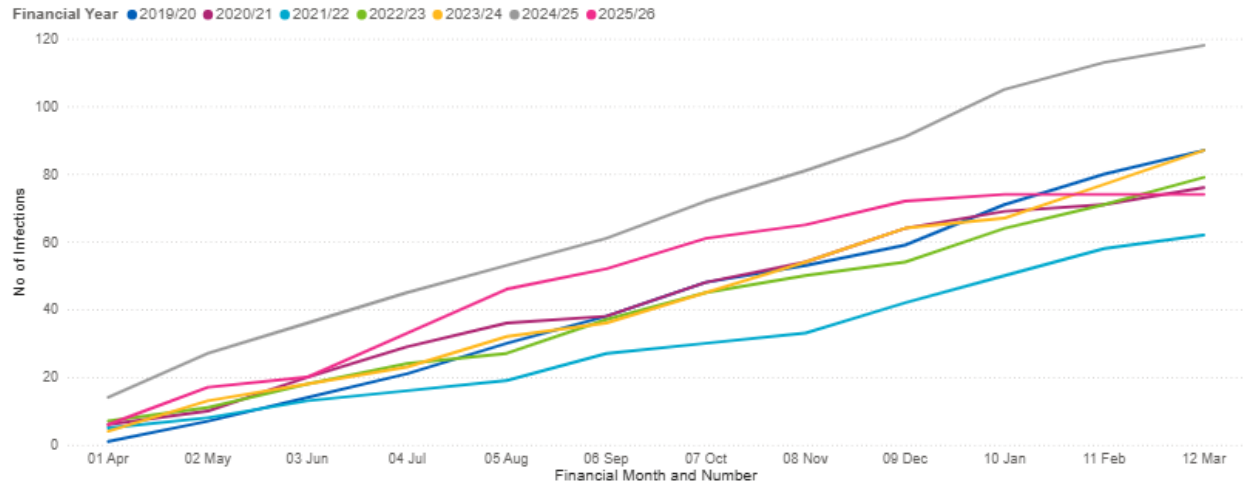


Community cases significant reduction.



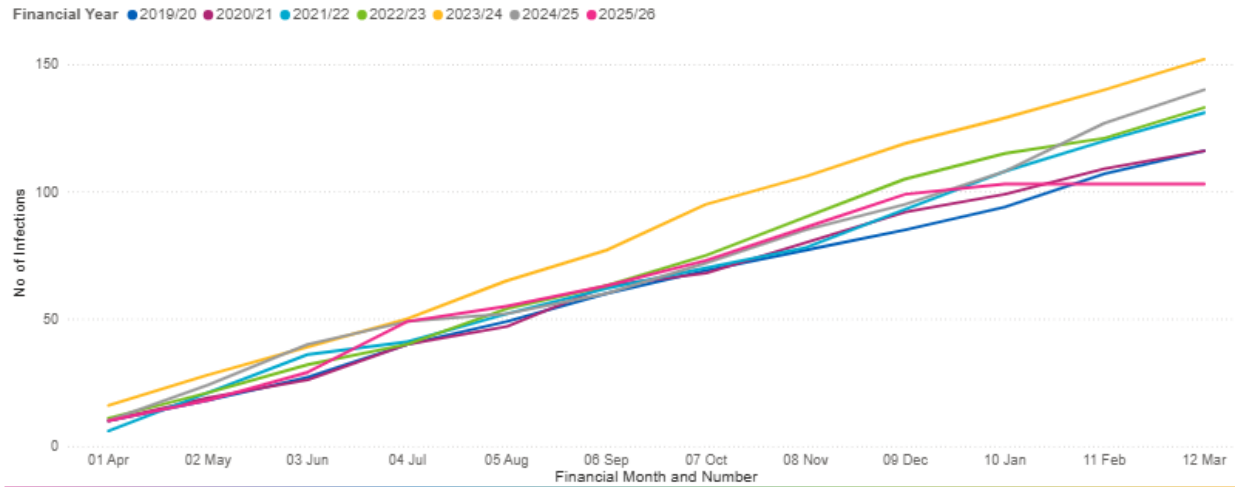
TRFT cases reduction

No. of Infections - Cumulative totals by financial year

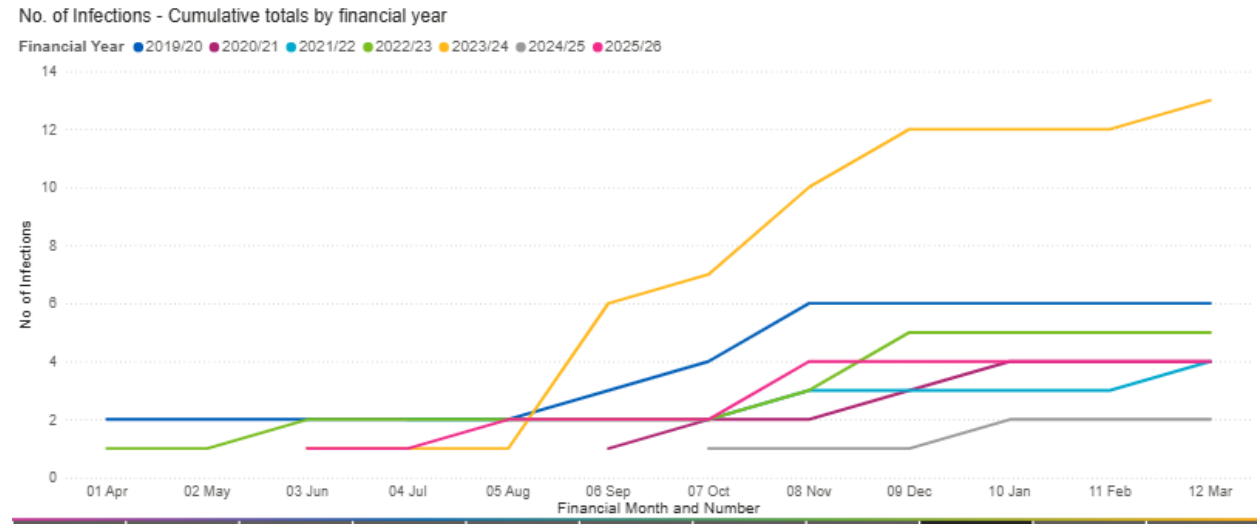


MSSA Rotherham Place increase

No. of Infections - Cumulative totals by financial year



**MRSA Rotherham Place increase (compared to last yr)**



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

As a Rotherham PLACE and at provider level we can see significant reductions in numbers compared to this time last year in Pseudomonas, however Klebsiella appears to have increased significantly. There does seem to be a considerable increase in Klebsiella at Place, which fits the national increase seen previously and the ask from NHSE for a 'Klebsiella plan on a page'. The data being reviewed in further detail (deep dive) to understand the themes, and the formulation of an action plan which is being shared with Primary Care, LA and TRFT.

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

**C-difficile - Clostridioides Difficile Infection**

As a Rotherham PLACE and at provider level there has been a considerable decrease in comparison to this time last year. The prioritisation of improvement strategies and targeted work by microbiology and antimicrobial pharmacists is evident and continues as an improvement initiative, with antimicrobial prescribing as one of the quality priorities for TRFT.

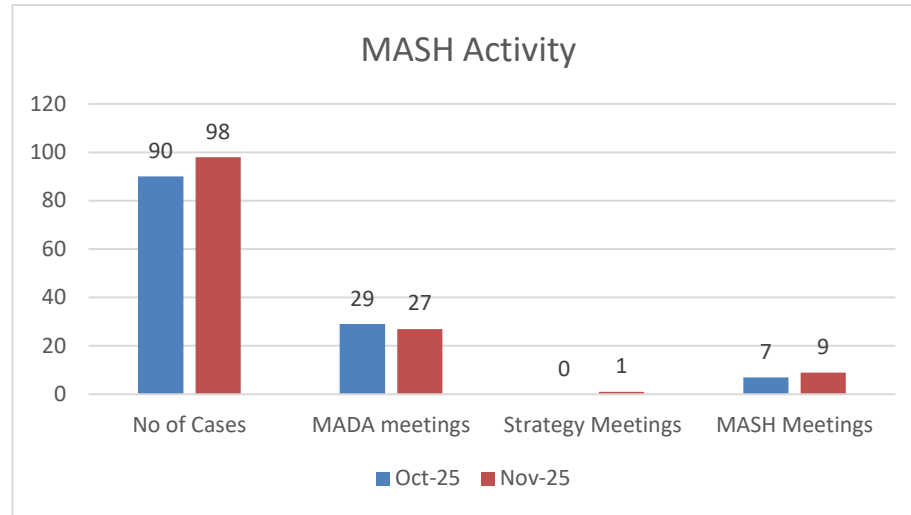
The reduction is significant in community cases. Prior to this, a C Diff improvement briefing was shared with primary care highlighting the themes and actions that can help with reducing cases. Reviews continue with monitoring of themes and trends and any further strategies required. PSIRF is used within TRFT to identify themes with actions in place. Links to share information and understand impacts of themes and actions between ICB (Rotherham) and TRFT are in place via the Antimicrobial Stewardship group.

The South Yorkshire acute federation SIGHTED improvement plan for C Diff continues and in TRFT there has been visual posters, screensavers and face to face education in clinical areas relating to C Diff.

<b>MSSA - Methicillin Sensitive Staphylococcus Aureus</b>	Although there is no national set threshold the figures indicate an increase in community cases. This will be monitored and reviewed into next year.															
<b>MRSA -</b>	The national ambition for MRSA is zero tolerance. There has been an increase in cases compared to last year, however the numbers remain lower than previous years. If further cases are seen, then a review to look at combined themes and trends will be completed to develop an action plan.															
<b>CHC</b>																
Delays and backlogs to the CHC outcomes and other associated processes	<p>Unfortunately, there have been limited data reports due to team absences and vacancies, which means there is no change to the previous report for Rotherham Place CHC team, which continues to experience significant staffing issues. At present there are risks due to the capacity of the clinical team. Escalation as appropriate, risk mitigation in place and the impact noted.</p> <ul style="list-style-type: none"> <li>• The neurotypical team is reduced by 3 WTE nurses/Support workers which means that caseloads for each nurse is over 50 patients. We continue to prioritize new assessments, duty and fast track, therefore it is likely that the number of reviews that are out of date will increase. A 0.8 WTE agency nurse has been employed to address the backlog of FT reviews and there are ongoing discussions regarding options for further support.</li> <li>• The neurodiverse caseload was transferred back from RDASH April 2025, with a significant backlog of over 40 new cases, case management issues that need to be prioritized, and most eligible cases already requiring a review. 2 WTE agency nurses have been employed to begin to address the new cases and manage the immediate concerns.</li> <li>• The Children's/transitions caseload has also seen an increase in referrals and at present there are 53 children eligible for CHC, and approximately 25 neurodiverse young people under the age of 26 years. Rotherham Place employs a 0.7 WTE senior nurse and 1 WTE Transitions lead to manage this case load. There are ongoing issues with absence within the team.</li> </ul>															
LD placements/provisions	There has been no change to the position on this issue -The limited number of LD/MH placements/provisions in the local area continues to be problematic, particularly for young people who are transitioning from Children's services to Adults. CHC continue to work with RMBC, RDASH and SYICB colleagues to address this issue and source appropriate care provisions.															
Quality Standards	<p>The table below identifies that significantly less assessments have been completed within 28 days and the number of referrals exceeding 28 days by 12 weeks or more has also seen an increase. We continue to work with partnership organisations to identify the delays and address any disputes including providing system training and national benchmarking to raise awareness and knowledge regarding CHC</p> <table border="1" data-bbox="443 1235 2134 1455"> <thead> <tr> <th data-bbox="443 1235 1384 1310">Quality CHC Standards (2024/25)</th> <th data-bbox="1384 1235 1570 1310">Quarter 1</th> <th data-bbox="1570 1235 1776 1310">Quarter 2</th> <th data-bbox="1776 1235 1946 1310">Quarter 3</th> <th data-bbox="1946 1235 2134 1310">Quarter 4</th> </tr> </thead> <tbody> <tr> <td data-bbox="443 1310 1384 1385">Percentage of cases meeting 28 days metric &gt; 80%</td> <td data-bbox="1384 1310 1570 1385">52</td> <td data-bbox="1570 1310 1776 1385">64</td> <td data-bbox="1776 1310 1946 1385">62</td> <td data-bbox="1946 1310 2134 1385"></td> </tr> <tr> <td data-bbox="443 1385 1384 1455">No incomplete referral's exceeding 28 days by &gt; 12 weeks +</td> <td data-bbox="1384 1385 1570 1455">47</td> <td data-bbox="1570 1385 1776 1455">45</td> <td data-bbox="1776 1385 1946 1455">57</td> <td data-bbox="1946 1385 2134 1455"></td> </tr> </tbody> </table>	Quality CHC Standards (2024/25)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Percentage of cases meeting 28 days metric > 80%	52	64	62		No incomplete referral's exceeding 28 days by > 12 weeks +	47	45	57	
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<b>Safeguarding</b>	
<b>Adult</b>	<p>The SYICB Safeguarding Team has delivered Adults Safeguarding Level 3 Training across the PLACES. Feedback has been positive.</p> <p>Rotherham Place continues to deliver Safeguarding supervision sessions.</p> <p>Rotherham PLACE remains an active member at the RSAB and all subgroups.</p> <p>Primary Care Safeguarding Conference took place 20th November and was well attended with initial feedback being positive.</p> <p>Statutory Organisational safeguarding processes continue within several care homes to which the ICB are engaged partners.</p>
<b>Children</b>	<p>SY ICB has had two meetings with providers regarding the Child Protection Information System (CP-IS) and asked providers to sight phase 2 on their own internal governance processes and workplans. There has been some barriers and challenges to the roll out, due to NHS England changing the position statement around the roll out of CP-IS and the types of providers they wish to roll out too, which it expected to change again. Another challenge is the roll out to Primary care as many services already have robust internal flagging systems. These services may question the need for phase 2. At present, the risks and benefits cannot be clearly articulated. Further guidance from a regional peer support group has been requested to NHS England. SY ICB, continue to outline the risks of the Rotherham Acute outside of the home pathway, and this resulting in children who might be at acute risk of exploitation not being on a child protection plan and thus not identifiable on the CP-IS system. The ICB continues to monitor any potential impact of this through the partnership delivery groups.</p> <p>The RSCP Family First Partnership programme delivery group continues. Rotherham continue to express that they are in a strong position to deliver on the programme due to the well-established partnerships and service development. There are difficulties, in recruiting the health secondee to the programme, and the delivery group are trying to address this.</p>
<b>MASH - Multi Agency Safeguarding Hub – children</b>	<p>There is no current staff member from RDaSH (Health Practitioner Service Specification) in post. RDaSH safeguarding Head of service has indicated that the recruitment processes have started, but that recruitment due to some potential changes with organisational change, is a challenge. This is a concern, given that for over a year, there has only been a period of a few weeks when RDaSH was fulfilling the agreed service specification.</p> <p>Therefore, they are using the named nurse function to 'cover' information sharing as and when necessary. Liaison with the service manager for MASH indicates that involvement is limited to RDaSH sharing information if services are involved, and there is little input from health practitioners around any health expertise or analysis that might help contribute to decision making. This has been communicated to contract and quality leads.</p> <p>Update from January 2026's Contract performance – It is RDaSH's intention to recruit to the MASH worker role.</p>

**Mash Activity October 2025 – November 2025**



	October 2025	November 2025
No of Cases	90	98
MADA Meetings	29	27
Strategy Meetings	0	1
MASH Meetings	7	9

**LAC/CL – Looked after Children/Care Leavers**

The Initial Health Assessment Key performance data has been negatively impacted by the retirement of the Designated Dr and the arrangements to cover the work, and an influx of children in care. Rotherham when placing looked after children in other areas of South Yorkshire, were still undertaking the IHA, but given recent difficulties, an arrangement has been agreed that if a Rotherham child is placed in Doncaster, Barnsley or Sheffield then that area will undertake. This will hopefully release the pressure and increase key performance indicators. A new Designated Dr has been appointed and commenced. Rotherham Place Health Leads continue to work towards a health priority plan as outlined by the corporate parenting board. A tracker has been designed to track actions and monitor the quality improvement projects outlined in the plan. These actions are progressing well.

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

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

**Court of Protection -  
CoP**

**Court of Protection and Organisational Change** - The ICB continues to face increasing demand, complexity, and scrutiny in relation to Court of Protection (CoP) activity, including Community Deprivation of Liberty (DoL) cases, Section 21A objections, and Section 16 welfare proceedings. These cases arise where individuals lack capacity and are deprived of their liberty, placing a statutory duty on the ICB, as Responsible Commissioner for fully health-funded individuals, to initiate and manage proceedings lawfully and in a timely manner.

The caseload for CoP Leads remains substantial, with renewals accumulating and a full system-wide identification of individuals requiring Community DoL authorisation still incomplete. Each case is time-critical and requires specialist expertise to ensure compliance with the Mental Capacity Act, protection of individuals' human rights, and adherence to Court directions.

**Since the last report:**

- All renewal cases have been addressed, with one current case due for renewal before 25 March 2026.
- Two cases are actively progressing through Stage 2 of Court proceedings and will move to Stage 4 once approved, resulting in 10 Community DoL renewals to be completed.
- No renewals have expired, maintaining the ICB's compliance position at Rotherham Place.
- The CoP Lead has also shared evidence of cost savings achieved by having skilled internal staff managing these cases. Without a CoP Lead, the ICB faces significant organisational, reputational, and financial risk.

Since the last Board report, two renewals have progressed to Stage 4 following Court hearings, reducing demand and financial impact due to timely submissions by the CoP Lead. As previously highlighted, cases can remain before the Court for extended periods, representing ongoing financial risk.

**MCA Subgroups and Training**

MCA Subgroups were reinstated but have paused due to organisational change. CoP Leads across all four places have provided consultation feedback for Board consideration. Outstanding work includes:

- Standardisation of mental capacity assessment and best interest decision forms across NHS South Yorkshire ICB.
- Development of refreshed internal training for CHC, Safeguarding, and Section 117 professionals on MCA and CoP processes.

**Data and Activity – December 2025**

Stage	Total
COP - Stage 1	37
COP - Stage 2	2
COP - Stage 4	8
Grand Total	47

	<ul style="list-style-type: none"> <li>• 37 individuals have been identified as requiring formal Community DoL authorisation (Stage 1). This number is expected to rise as reviews continue for the Learning Disability and physical health cohorts.</li> <li>• Two cases are awaiting Court approval (Stage 2) and will progress to Stage 4 once authorised.</li> <li>• Eight reviews are due next year, rising to 10 once Stage 2 cases are approved.</li> </ul> <p>Rotherham Place is managing four potential S21A challenges and two confirmed Section 21A cases where the ICB is the applicant. Two additional cases have been reviewed, and the ICB determined it need not be joined. Two Section 16 welfare cases are currently at Court (Stage 2), representing complex, resource-intensive work requiring significant staff input, time, and financial investment.</p>
<b>LD &amp; Autism –</b>	
<b>Capacity</b>	<p>Capacity constraints across RDaSH and RMBC community teams continue to limit timely identification and progression of appropriate community placements closer to home, particularly supported living. This is impacting both inpatient and community pathways and has contributed to delayed discharges and extended lengths of stay. Market limitations remain significant, with few specialist community placements available locally, particularly for individuals with forensic-informed or higher complexity needs. For one forensic patient, the placement search has now been ongoing for approximately one year.</p>
<b>C(E)TRs</b>	<p>There are currently ten individuals admitted to hospital with a diagnosis of autism or a learning disability, representing a slight decrease since the previous reporting period. Between November 2025 and January 2026, eight CTRs and one community CETR have been completed, bringing the financial-year totals to three community C(E)TRs, nineteen CTRs and five LAEPs, with a further four CTRs in progress.</p> <p>Although CTRs provide essential oversight to support safe discharge and reduce the risk of readmission, four individuals were discharged in the past month before a CTR could be undertaken, and recent readmissions have necessitated new CTRs. There has been a notable increase in CTR activity across SYICB in recent months, and in Rotherham the recommended 28-day timescale is currently not being met, with waits of approximately 1½ to 2 months and four additional CTRs awaiting scheduling. These delays are attributable to capacity constraints within the team, including a vacant business support role, increased demand, and limited panel, chair, and ward availability, despite the successful recruitment of new independent panel members.</p>
<b>Dynamic support register - DSR</b>	<p>A self-referral pathway, supported by standardised documentation for all four localities and hosted on the ICB website, is in place to facilitate referrals in accordance with NHSE guidance and policy. Despite this, several adults continue to be admitted to inpatient wards without referral to the Dynamic Support Register (DSR) and without a corresponding CTR or LAEP being undertaken.</p> <p>The adult autism and learning disability DSRs convene fortnightly; however, RDaSH attendance at the adult autism DSR has been inconsistent and has required repeated escalation, though attendance has recently improved. Significant gaps remain in community provision for adults with an autism-only diagnosis, resulting in individuals with low-level social or support needs becoming overwhelmed and subsequently presenting to mental health services in the absence of specialist preventative support. While the adult Keyworker service has provided valued input for both adults and children, its impact is dependent on timely referral to the DSR or Key working</p>

pathway. The Home Treatment Team is currently exploring the feasibility of offering low-level, preventative support to reduce avoidable admissions.

The Children and Young People's DSR is held weekly; however, there have been recurrent gaps in CAMHS attendance, which have again been escalated. In addition, the Quality and Monitoring for Residential School Settings meeting continues to operate on an eight-weekly basis, providing coordinated multi-agency oversight for children and young people in 38- and 52-week residential school placements as part of the National Pathfinder programme led by the Deputy Director of Nursing in Doncaster.

### Mental Health and Section 117

Section 117 reviews remain out of date; however, both RDaSH and RMBC intend to commence these shortly, and recruitment is underway for two non-recurrent Section 117 Practitioners to support clearance of the current backlog.

The jointly developed Section 117 Standard Operating Procedure, produced collaboratively by the ICB, RDaSH and RMBC, is now complete and progressing through each organisation's governance processes.

There are currently eleven individuals in rehabilitation placements, with five anticipated to be discharged within the next year. For two individuals, discharge planning is being delayed due to Ministry of Justice restrictions. Referrals for rehabilitation placements have increased since the opening of the RDaSH High Dependency Rehabilitation Unit (HDRU). One individual has received funding approval and is awaiting admission, and there are two further cases where ward rounds are pending to determine the appropriateness of HDRU as a discharge pathway.

### CLINICALLY READY FOR DISCHARGE (CRFD)

<b>CRFD (but delayed) - Rotherham - AMHS</b>	<b>Apr-25</b>	<b>May-25</b>	<b>Jun-25</b>	<b>Jul-25</b>	<b>Aug-25</b>	<b>Sep-25</b>	<b>Oct-25</b>	<b>Nov-25</b>	<b>Dec-25</b>	<b>SUB TOTAL</b>
Delay Days - <b>NHS</b>	89	124	164	149	103	131	173	187	111	<b>1231</b>
Number of patients - <b>NHS</b>	6	4	9	8	6	6	7	9	6	
Delay Days - <b>Social Care</b>	0	0	0	0	0	16	31	11	0	<b>58</b>
Number of patients - <b>Social Care</b>	0	0	0	0	0	1	1	1	0	
Delay Days - <u>jointly</u> to <b>NHS &amp; Social Care</b>	0	0	0	0	0	0	0	0	0	<b>0</b>
Num of patients - <u>jointly</u> to <b>NHS &amp; Social Care</b>	0	0	0	0	0	0	0	0	0	
Delay Days - <b>Housing</b>	0	0	0	0	0	0	0	0	0	<b>0</b>
Number of patients - <b>Housing</b>	0	0	0	0	0	0	0	0	0	

<b>Total Delay Days</b>	<b>89</b>	<b>124</b>	<b>164</b>	<b>149</b>	<b>103</b>	<b>147</b>	<b>204</b>	<b>198</b>	<b>111</b>	<b>1289</b>
<b>Total Number of Patients</b>	<b>6</b>	<b>4</b>	<b>9</b>	<b>8</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>10</b>	<b>6</b>	
<b><u>CRFD (but delayed) - Rotherham - OPMHS</u></b>	<b>Apr-25</b>	<b>May-25</b>	<b>Jun-25</b>	<b>Jul-25</b>	<b>Aug-25</b>	<b>Sep-25</b>	<b>Oct-25</b>	<b>Nov-25</b>	<b>Dec-25</b>	<b>SUB TOTAL</b>
Delay Days - <b>NHS</b>	29	5	18	31	72	75	63	78	99	<b>470</b>
Number of patients - <b>NHS</b>	2	1	2	1	3	4	4	3	6	
Delay Days - <b>Social Care</b>	90	68	60	73	64	29	21	30	30	<b>465</b>
Number of patients - <b>Social Care</b>	3	3	2	4	3	2	2	1	2	
Delay Days - <u>jointly</u> to <b>NHS &amp; Social Care</b>	0	0	0	0	0	0	0	0	0	<b>0</b>
Num of patients - <u>jointly</u> to <b>NHS &amp; Social Care</b>	0	0	0	0	0	0	0	0	0	
Delay Days - <b>Housing</b>	0	0	0	0	0	0	0	0	0	<b>0</b>
Number of patients - <b>Housing</b>	0	0	0	0	0	0	0	0	0	
<b>Total Delay Days</b>	<b>119</b>	<b>73</b>	<b>78</b>	<b>104</b>	<b>136</b>	<b>104</b>	<b>84</b>	<b>108</b>	<b>129</b>	<b>935</b>
<b>Total Number of Patients</b>	<b>5</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>4</b>	<b>8</b>	

#### Other Key Updates

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

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

**LeDeR -**  
*Learning Disability Mortality Reviews*  
An ICB centralised team commenced on the 1st July 2023.  
Q3 update due next reporting cycle.

## GLOSSARY

CoP	Court of Protection
CL	Care Leavers
CTR	Care and Treatment Review
CETR	Care, Education and Treatment Reviews
CSPR	Children's Safeguarding Practice Reviews
CQC	Care Quality Commission
DHR	Domestic Homicide Reviews
DSR	Dynamic Support Register
DToc	Delayed Transfer of Care
LFPSE	Learning From Patient Safety Events
ICB	Integrated Care Board
ICS	Integrated Care System
LAC	Looked After Children
LAEP	Local Area Emergency Protocol
LeDeR	Learning Disability Mortality Review Programme
LFPSE	Learning from Patient Safety Events
MASH	Multi-Agency Safeguarding Hub
PSIRF	Patient Safety Incident Response Framework
TRFT	The Rotherham Foundation NHS Trust
RDaSH	Rotherham Doncaster and South Humber NHS Trust
SAR	Safeguarding Adult Reviews
SHMI	Summary Hospital-level Mortality Indicator





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

Rotherham Place Committee

18 February 2026

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

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

## Purpose of Paper

For members to have oversight of the current Risk Management Framework including Board Assurance Framework, Risk Register and Issues Log, following exception reporting on the 5 February 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

The risk raised at QPIE on the 2 September 2025 regarding the delivery of transformation workstreams, has now been added to the Corporate Risk Register (ref: SY143). The Chief Finance Officer has been assigned as Lead Risk Owner, as previously agreed.

A risk has been raised regarding the Optometry workforce. The South Yorkshire Primary Care Team identified this risk following the Executive Team's decision in November 2025 to recruit to the Optometry Advisor role on a fixed-term basis only until March 2026. Due to recruitment timescales, this meant the post could not be successfully appointed to. The risk entry has been approved by the Executive Director with responsibility for optometry. (Ref: SY144)

An issue relating to inaccurate baseline data has been proposed for inclusion on the Corporate Issues Log. Following review, the designated Issue Owner has approved its entry (ref. IL25).

### Reporting Development

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

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

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

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

### System Risk Register

Development is currently paused during the Organisation change process.

Whilst these are live links it is to be acknowledged the cover paper provides the position as of **5 February 2026 at 12:50**.

## 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.	✓	Priority 2 - Tackling inequalities in outcomes, experience, and access.	✓
Priority 3 - Enhancing productivity and value for money.	✓	Priority 4 - Helping the NHS to support broader social and economic development.	✓

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

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

**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: 18 February 2026**

RPET Meeting Date	Item Discussed	Outcome
22.01.26	<b>Social Prescribing Service Contract Variation</b>	<p>The Rotherham Place Executive Team reviewed the contract arrangements regarding a service provided within the mental health pathway by Voluntary Action Rotherham.</p> <p>Duplication had been identified between that offered through the Social Prescribing Service (VAR) and similar provision offered by RMBC Enablement Team, and the SMI Community Connector service, resulting in consistent underuse.</p> <p>Following discussion with VAR, it was agreed to reduce the overall contract value for this element but to ensure continuity and stability for the service, the VAR contract would be extended until March 2029.</p>
22.01.26	<b>Quality Contract and Estates Spend</b>	<p>RPET received a briefing on the plan for estates spend of monies held within the Rotherham Quality Contract for 2024/25 and 2025/26. Following discussion and noting the agreements and commitments in place RPET agreed to continue with the plan to invest Quality Contract Funds in Estates Feasibility Studies. Members acknowledged that RPET approval is subject to approval by ICB Executive's.</p>
29.01.26	<b>IESO/Mindler Talking Therapies Service Contract Review</b>	<p>RPET received a paper to review the talking therapies contract with a view to extending the existing one-year contract for the Mindler/IESO talking therapies service within the existing national framework. The current service configuration advises that RDaSH remains the main provider, supported by the IESO digital service, Sign Health, and some out-of-area provision. The benefit review showed Rotherham as consistent with Yorkshire.</p> <p>Following discussion, opportunities for efficiencies and improvements in productivity will be explored, including the possibility of case mix. As no new funding is needed, approval can be given by RPET, also noting that longer-term considerations are required for consistency across SY. However, if efficiencies cannot be identified, RPET agreed the approval of the requested one-year extension to IESO.</p>
29.01.26	<b>Dementia Carers Resilience</b>	<p>RPET received a paper updating on the review of the Dementia Carers Resilience Service which is approaching the end of its initial contract period. Approval is being requested to exercise the option to extend the contract with Crossroads Care Rotherham for a further year up to 30 June 2027 through existing funding. The programme provides support for carers through a preventative approach, offering short-term interventions and outlining the range of support available. It was suggested that future discussions with the council may be beneficial, given the social value gains.</p> <p>RPET approved the extension of the Dementia Carers Resilience Service for one year from 1 July 2026 to 30 June 2027.</p>

<b>Minutes</b>	
<b>Title of Meeting:</b>	Rotherham Place Board: <b>ICB Business</b>
<b>Time of Meeting:</b>	10.45 – 11.30am
<b>Date of Meeting:</b>	Wednesday 21 January 2026
<b>Venue:</b>	John Smith Room, Rotherham Town Hall
<b>Chair:</b>	Claire Smith
<b>Contact for Meeting:</b>	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net

<b>Apologies:</b>	<p>W Allott, Director of Financial Transformation Rotherham, NHS SYICB            Cllr J Baker Rogers, H&amp;WB Board Chair, RMBC            M Cottle-Shaw, Chief Executive Officer, Rotherham Hospice            C Edwards, Executive Place Director (Rotherham) NHS South Yorkshire Integrated Care Board            J Edwards, Chief Executive, Rotherham Metropolitan Borough Council            A Fitzgerald, Place Director – Rotherham &amp; Doncaster, NHS SYICB            S Hussain, Chief Executive, Voluntary Action Rotherham            R Jenkins, Chief Executive, The Rotherham NHS Foundation Trust            B Kirton, Managing Director, The Rotherham NHS Foundation Trust            T Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust            A Russell, Director of Nursing – Rotherham &amp; Doncaster, NHS SY ICB            I Spicer, Deputy Chief Executive, Rotherham Metropolitan Borough Council</p>
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services.
<b>Quoracy: (Quorate)</b>	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

**Members:**

Claire Smith (**CS**), Director of Partnerships (Rotherham) NHS SY ICB (deputising)  
 Dr Jason Page (**JP**), Medical Director, (Rotherham), NHS SY ICB  
 Shahida Siddique (**SS**), Independent Non-Executive Member, NHS SY ICB

**Participants:**

Dr A Barmade (**AB**), Medical Director, Connect Healthcare Rotherham  
 Lydia George (**LG**), Transformation & Partnership Portfolio Manager (Rotherham), NHS SY ICB  
 Kym Gleeson (**KG**), Healthwatch Manager, Healthwatch Rotherham  
 Emily Parry Harries (**EPH**), Director of Public Health, RMBC  
 Christina Harrison (**CHa**), Rotherham Care Group Director, Rotherham, Doncaster and South Humber NHS Foundation Trust  
 Eloise Summerfield (**ES**), SY ICB Senior Pharmacist Rotherham Place

**In attendance**

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

Item Number	Discussion Items
178/01/26	<b>Place Integrated Performance Report</b>
<p>The report highlighted a snapshot of performance on ICB priorities which members noted for information.</p> <p>A brief discussion took place regarding the reporting requirements that the Place Partnership would like to see in light of the changes to the ICB's role. It was acknowledged that a refreshed version of the existing priorities report, along with clear metrics and outcomes, would be valuable.</p> <p>CS agreed to raise this within the ICB to support partners' understanding going forward and to enable them to contribute to the development of future reporting.</p> <p>Place Board noted this month's performance.</p>	
179/01/26	<b>Rotherham Place Prescribing Report</b>
<p>Eloise Summerfield presented the updated prescribing report, highlighting significant cost pressures from diabetes treatments such as Mounjaro, alongside ongoing work to reduce spending through medicine switches, incentives, and improved prescribing practices.</p> <p>Strong progress was noted across GP practices, including reductions in overuse of inhalers, safer management of high-risk medicines, and increased uptake of recommended treatments and equipment. Despite these improvements, the team continues to face staffing pressures and the impact of wider organisational budget reductions. Relationships with GP Practices remain positive and work includes developing plans to strengthen resilience and protect services.</p> <p>Partners were encouraged to respond to the ongoing consultation (extended to 31 January 2026). Further detailed discussion on sustaining the progress made with prescribing initiatives and achieving cost savings will take place at the Place Executive Team.</p> <p style="text-align: right;"><b>Action: CS/LG for agenda</b></p> <p>CS thanked ES and Members noted the update.</p>	
180/01/26	<b>ICB Board Assurance Framework, Risk Register and Issues Log</b>
<p>All members had received and reviewed the board assurance framework, risk register and issues log.</p> <p>There were no new risks to be added.</p>	
181/01/26	<b>Feedback from Rotherham Place Executive Team (RPET)</b>
<p>CS advised that RPET had considered the following items:</p> <p style="padding-left: 40px;">RPET had reviewed findings from a 360-degree assessment of collaborative behaviours carried out as part of the National Neighbourhoods Programme. The assessment showed positive progress in how local teams collaborate, offered insights into individual and collective behaviours, and included national comparisons. Key lessons will be shared with colleagues and Place partners.</p> <p>Place Board Members noted the business conducted through Rotherham Place Executive Team.</p>	

<b>182/01/26</b>	<b>Minutes and Action Log and Assurance Report from the last Meeting</b>
<p>The minutes from the meeting held on Wednesday 17 December 2025 were accepted as a true and accurate record.</p> <p>The action log was reviewed and up to date. No concerns were identified.</p> <p>The assurance report for the Integrated Care Board noted that there are no actions arising from the minutes to be escalated.</p>	
<b>183/01/26</b>	<b>Communication to Partners/Promoting Consultations &amp; Events</b>
<p>Members noted that the National Director for the Neighbourhoods Programme will be visiting Rotherham on the afternoon of Wednesday 28<sup>th</sup> January. Place Board Members were invited to meet with Minal Bakhai, after which she will attend a multi-disciplinary team meeting to see the proactive care in action followed by observing a social prescribing session at Clifton Park Museum.</p>	
<b>184/01/26</b>	<b>Risks and Items for Escalation</b>
<p>None.</p>	
<b>185/01/26</b>	<b>Forward Agenda Items</b>
<p>Standing Items</p> <ul style="list-style-type: none"> <li>– Rotherham Place Performance Report (monthly)</li> <li>– Risk Register (Monthly for information)</li> <li>– Place Prescribing Report (Quarterly)</li> <li>– Quality, Patient Safety and Experience Dashboard (Bi- monthly)</li> <li>– Quarterly Medical Director Update</li> </ul>	
<b>186/01/26</b>	<b>Date of Next Meeting</b>
<p>The next meeting will take place on <b>Wednesday 18 February 2026</b> in the Committee Room 1, Rotherham Town Hall.</p>	

### Membership

Chris Edwards/Anthony Fitzgerald (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

DRAFT

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

<b>Mtg Date</b>	<b>Item No.</b>	<b>Agenda Item Title</b>	<b>Action Description</b>	<b>Timescale for Completion by</b>	<b>Lead Officer</b>	<b>Action Status</b>	<b>Date Completed</b>	<b>Comments</b>
21.01.26	179/01/26	Rotherham Place Prescribing Report	Rotherham Place Executive Team will discuss sustaining the good progress made with prescribing initiatives and achieving cost savings within the new ICB model arrangements.	30.02.26	CS/LG	Green		Will be included in RPET agenda and discussions around organisational change.



## 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 21 January 2026.

### 2. Highlights

The Rotherham Place Committee received the following assurances:

Agenda Item	Assurance Level	Further Actions Agreed
<i>178/01/26 – Place Integrated Performance Report</i>	3	Members noted the performance position.
<i>179/01/26 – Rotherham Place Prescribing Report</i>	3	Members noted the noting the significant cost pressures as well as ongoing work to reduce costs.
<i>180/01/26 - ICB Board Assurance Framework, Risk Register &amp; Issues Log</i>	3	Place Board received and reviewed the report. There were no new risks to be added at this time.
<i>181/01/26 – Feedback from Rotherham Place Executive Team (RPET)</i>	3	Members noted the business conducted through RPET as detailed in the paper.
<i>182/01/26 – Minutes from Rotherham Place Board Partnership session – 17 December 2025</i>	3	The minutes from the public partnership session held in December were noted for information and openness.

#### Assurance Levels:

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

### 3. Items/Risks for Escalation

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

**Committee Chair**  
**31 January 2026**