



# NHS Rotherham Place Integrated Performance Report (IPR) April 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Page 14	Cancer	Cancer diagnosis at stage 1 or 2 - due to the way these metrics are calculated they are always quite out of date by the time they are released.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 18	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 25-26	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. Some providers set ambitions for 0 bank and agency spend in their plans, therefore variance to plan cannot be calculated. This includes some plans where substantive underspend was expected to offset bank and agency spend. All areas with 0 plans have spend against them and are therefore overspent. This overspend is not offset by substantive underspend.
Page 30	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 31	Quality - Advocacy score	No data is available for this metric for TRFT for the most recent quarter.
Page 31	Quality - Pressure Ulcers / VTE risk	The data for the rate of pressure ulcers and the proportion of patients risk assessed for VTE is only published on a quarterly basis and hasn't been updated for this report. The data displayed is the latest available.

# System Pathway Oversight Narrative



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

**Urgent and Emergency Care:** Performance across South Yorkshire against the 4-hour A&E target has dropped over the last 2 months as expected over the winter period with performance across Trusts around mid-sixties (except for Sheffield Children's which was over 93%). Against planned performance, there was only Rotherham and Sheffield Children's that were close to or achieving their projections. General and Acute bed occupancy has remained consistently high across South Yorkshire up to December, averaging between 93-96% across all trusts, for January this has increased across all Trusts reflected in the SY average for the month of 96%. This reflects sustained underlying demand, higher patient acuity, and constrained discharge flow rather than seasonal variation. Ambulance handover performance remains one of South Yorkshire's key strengths, with all Places consistently meeting the 45-minute standard. Category 2 ambulance response time remains ahead of the national standard, and in January 2026 the system average was 24:02 (vs 30:00).

**Elective Care:** SY ICB performance for the proportion of patients treated within 18 weeks of referral has remained around 63% for the last few months, with latest performance for January increasing to 65.5%. STH EPR (Electronic Patient Record) implementation has adversely affected RTT (Referral to Treatment) performance due to planned activity reductions and to some scheduling and validation tasks taking longer in the new EPR; NHSE is not currently publishing STH waiting list and RTT performance due to data quality issues.

Trusts continue to robustly track the longest waiting patients and are successfully reducing the volumes waiting over 52 and 65 weeks. The % of patients waiting over 52 weeks has improved to 1.4% of the total waiting list; however, this is still higher than the March 2026 target of 1%. The need to prioritise clinically urgent cases, coupled with workforce and financial pressures, are issues impacting this and the resident doctor strikes in Nov. and Dec. 2025 had an adverse impact on elective activity and RTT performance. The proportion of patients receiving a diagnostic test within 6 weeks deteriorated to 73.4% in Dec. 2025. Investment in specific elective activity, aimed at reducing elective and cancer waiting times, has increased diagnostic demand; demand continues to outstrip capacity, particularly at STH for NOUS, CT and MRI and at DBTH for audiology.

**Cancer:** At system level, performance against the 28-Day Faster Diagnosis Standard was strong in December and was just above the 80% target threshold for 2026/27. There was a small improvement in 62-Day performance in December, however, is well below the target threshold of 75%. BHNFT was the only Trust above its planning trajectory in Dec for 62 days, although DBTH showed improvement. TRFT was below trajectory and demonstrated a drop. This is considered mainly due to pressure in the Lower GI pathway with recent theatre and HDU capacity issues. Providers are working hard to meet H2 trajectories and now it is only STH that are projecting underperformance.

**Primary and community services:** Appointments in General Practice continue to exceed the annual trajectory, supported by local winter initiatives including Acute Respiratory Infection hubs, same-day urgent primary care services and winter pressures locally commissioned services to help manage increased winter demand within primary care. Improving patient experience of access to GP - This is an updated metric for 25/26, and reported performance is currently exceeding the 71% target, which is to improve versus the November-24 baseline.

In dentistry, performance against the plan to meet the baseline for 2025/26 is showing a position of having delivered over 1,328k units of treatment, which is above planned figure. Plans are in development utilising the investment plan for dental now the figures have been reviewed and updated.

# System Pathway Oversight Narrative - Continued



**Mental health:** There has been a further increase in access to CYP services since the previous report. The ICB continues to exceed the planned access rate of 19,335 delivering 19,645 contacts in December 2025. The access into perinatal mental health and maternal mental health services has been positive in December 2025 with 1,732 people accessing the service against a planned position of 1,609. The latest available data published is for September 2025, which shows the ICB achieving a 63% completion rate against a target of 60%.

Individual Placement and Support for people with Severe Mental Illness (IPS for SMI) is a model of employment support integrated within community mental health teams (CMHT) which helps people with SMI conditions into employment. In Dec 2025 the service saw a slight decrease on activity compared to the previous month with 980 people being seen against a planned position of 1,288. This increase is reflective of the provider instigating a recovery action plan at the request of NHS South Yorkshire ICB as the responsible commissioner. In Dec 2025 the ICB planned an average length of stay of 67.6 days, but the actual was 48. This is a positive position across the system and regionally South Yorkshire is no longer the highest outlier for this metric.

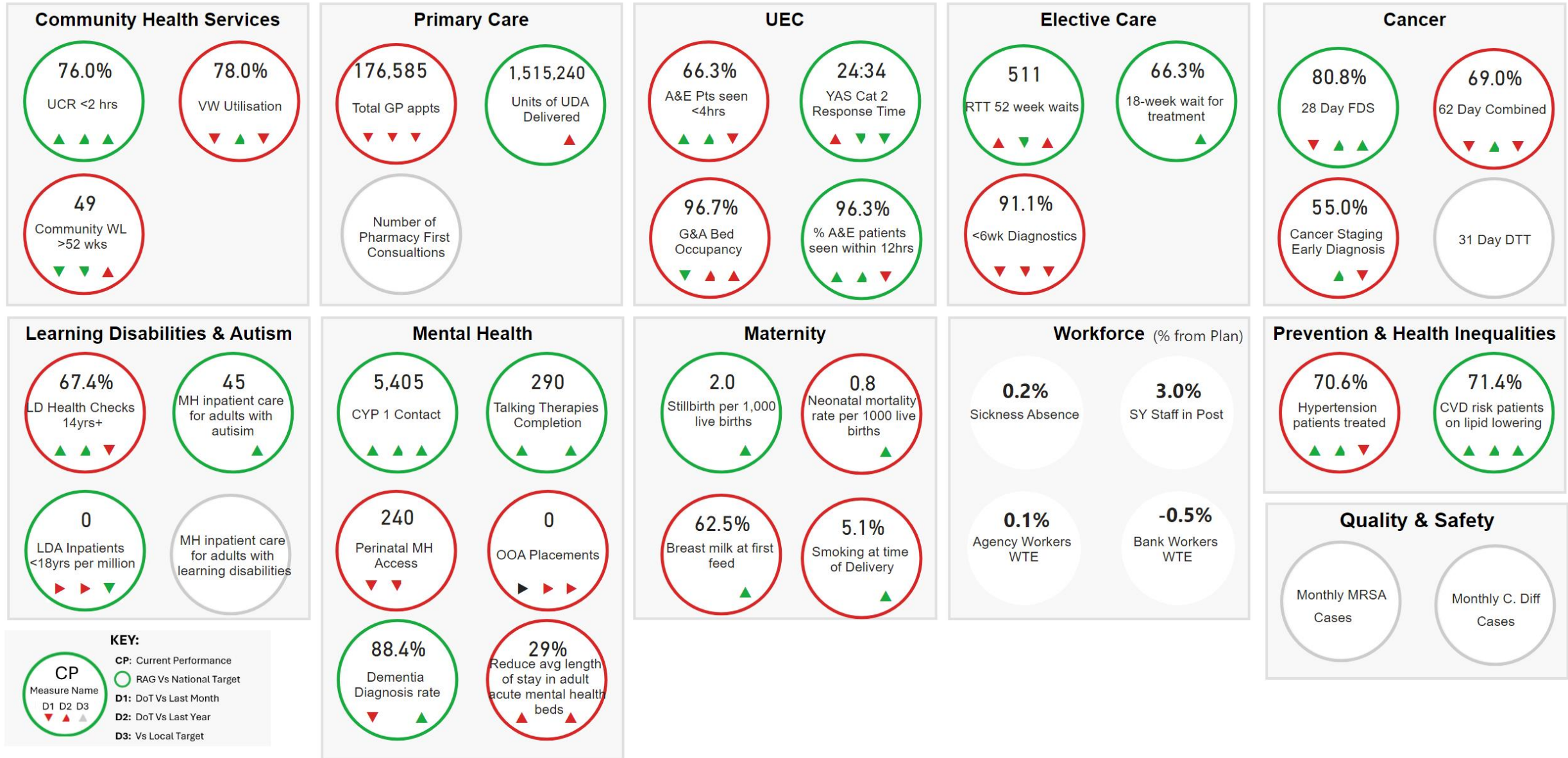
The latest snapshot data from the NHS England monthly inappropriate OAPs stocktake (January 2026) shows that the position in RDASH has increased by 3 patients to a total of 8 and in SHPU the position has decreased to 0. SWYPFT, continues to not have any OAPs for Barnsley, though it has 1 as a trust overall. The drivers behind OAPs are complex and interrelated with wider social care and housing issues. RDASH and SHPU continue with their dedicated programmes of work, with executive or director level oversight, which can be seen to be effective given the vastly improved position across both Trusts compared to the same month last year.

For NHS Talking Therapies the ICB has failed to meet the planned access rate of 1,201, with only 1,190 patients being seen in Dec 2025. The ICB, in Dec 2025, did however meet the required trajectory on reliable improvement and almost did on reliable recovery.

**Learning Disability and Autism:** Delivery of AHCs across SY continues to show steady improvement with performance for ICB in Dec at 53.6%. The metric for this indicator will change from 2026/27 to include Health Action Plans; based on current definitions, historical performance 24/25 would have been slightly lower at 42.72%. Place-based progress across South Yorkshire shows continued improvement in Annual Health Check (AHC) delivery and engagement. The ICB has reviewed its position against the NHS England requirement to reduce Learning Disability and Autism (LDA) inpatient numbers by 30% from the March 2022/23 outturn. Current activity shows significant increases in admissions across the system during 2024/25 and into 2025/26, driven by rising patient complexity and limited alternatives to admission.



South Yorkshire didn't achieve the Quarter 2 inpatient forecast; this was for Learning Disability and Autism (LDA) / adults and young people (YP) and Autistic people. However, this figure was adjusted to reflect the challenging baseline position at the start of the year.

Below summarises the NHS National Priorities at South Yorkshire ICB level. A breakdown of these measures (into Place/Provider performance - where applicable and also a 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.



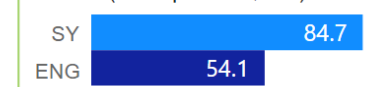

	What We are trying to Achieve	How we are measuring this	Where We Started	Where We Are Now	Where We Are Aiming	Annual Trend Over Time
 <b>GOALS</b>	Healthier & Longer Life	1 Life Expectancy (Female)	81.5	81.5	84.5	
		1 Life Expectancy (Male)	77.8	77.8	80.8	
		1 Healthy Life Expectancy (Female)	60.1	56.5	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	66.3	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 (%)	15.0	12.6	5.0	
		4 Economic Inactivity Rate (%)	23.6	24.2	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, including higher proportions of women smoking at delivery, 16–18 year-olds not in education, employment or training (NEET), adults who are obese, and higher rates of hospital admissions for violent crime (including sexual violence).

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
Smoking Status at Delivery (%)	16-17 Year Olds Not in Education, Employment or Training (%)	Hospital Admission for Violent Crime (Rate per 100,000)	Obesity Prevalence in Adults (%)
			

  
**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>Feb-26</td> <td>66.3%</td> <td>78.0%</td> </tr> </tbody> </table>		Actual	Target	Feb-26	66.3%	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>75.3%</td> <td>70.6%</td> <td>93.1%</td> <td>74.3%</td> <td>73.7%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	75.3%	70.6%	93.1%	74.3%	73.7%	
	Actual	Target																	
Feb-26	66.3%	78.0%																	
BHFT	DBTHFT	SCH	STH	SYICB															
75.3%	70.6%	93.1%	74.3%	73.7%															
<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>Feb-26</td> <td>94.6%</td> </tr> </tbody> </table>		Actual	Feb-26	94.6%	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>98.8% (98.3%)</td> <td>95.1% (96.0%)</td> <td>100.0% (100.0%)</td> <td>96.0% (93.0%)</td> <td>96.3% (100.0%)</td> </tr> </tbody> </table> <p>(Trust - specific plan figures)</p>	BHFT	DBTHFT	SCH	STH	SYICB	98.8% (98.3%)	95.1% (96.0%)	100.0% (100.0%)	96.0% (93.0%)	96.3% (100.0%)			
	Actual																		
Feb-26	94.6%																		
BHFT	DBTHFT	SCH	STH	SYICB															
98.8% (98.3%)	95.1% (96.0%)	100.0% (100.0%)	96.0% (93.0%)	96.3% (100.0%)															
<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>Feb-26</td> <td>84.5%</td> </tr> </tbody> </table>		Actual	Feb-26	84.5%	<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>76.4%</td> <td>80.1%</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%	76.4%	80.1%					
	Actual																		
Feb-26	84.5%																		
BHFT	DBTHFT	STH	SYICB																
NA*	87.7%	76.4%	80.1%																
<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>Feb-26</td> <td>96.7%</td> <td>92.0%</td> </tr> </tbody> </table>		Actual	Target*	Feb-26	96.7%	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>95.0%</td> <td>96.7%</td> <td>94.9%</td> <td>95.6%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	95.0%	96.7%	94.9%	95.6%			
	Actual	Target*																	
Feb-26	96.7%	92.0%																	
BHFT	DBTHFT	STH	SYICB																
95.0%	96.7%	94.9%	95.6%																

### % A&E patients seen within 4hrs

In February, TRFT's performance was 66.3%, which failed to meet the National Target of 78%. It was an improvement on the previous periods performance of 65% and was an improvement on the same period in the previous year of 63.7%.

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

In February, TRFT's performance was 94.6%. It was an improvement on the previous period's performance of 97.7% and was an improvement on the same period in the previous year of 94.7%.

### % Discharged on Discharge Ready Date

In September, TRFT's performance was 83.1%.

### Total general and acute bed occupancy

In February, TRFT's performance was 96.7%, which failed to meet the National Target of 92%. It was an improvement on the previous periods performance of 98.5% and was a decline on the same period in the previous year of 96.2%.

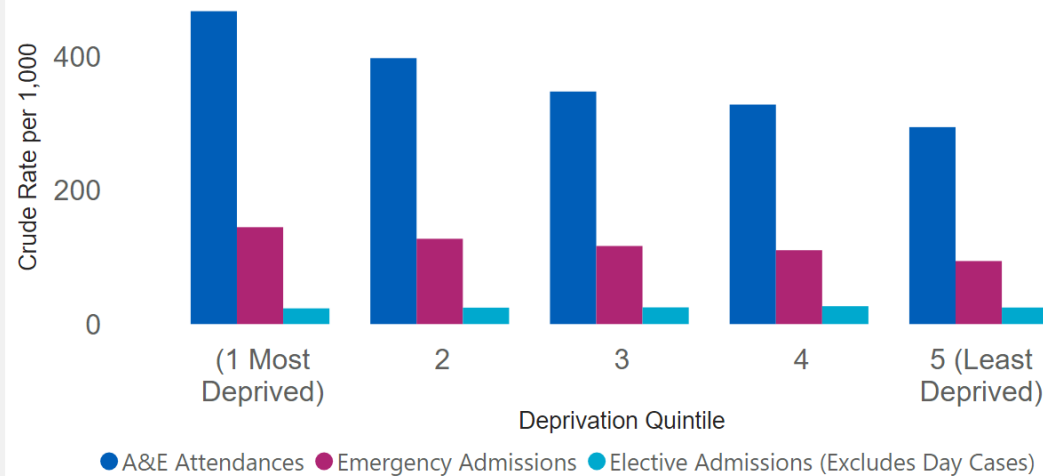
## Urgent & Emergency Care Continued

<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>Feb-26</td> <td>24:34</td> <td>30:00</td> </tr> </tbody> </table>		Actual	Target	Feb-26	24:34	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>29:39</td> <td>27:50</td> <td>22:32</td> <td>25:36</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	29:39	27:50	22:32	25:36			
	Actual	Target																	
Feb-26	24:34	30:00																	
Barnsley	Doncaster	Sheffield	SYICB																
29:39	27:50	22:32	25:36																
<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>Feb-26</td> <td>16:07</td> <td>15:00</td> </tr> </tbody> </table>		Actual	Ambition	Feb-26	16:07	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>15:32</td> <td>18:12</td> <td>09:35</td> <td>14:31</td> <td>15:51</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	15:32	18:12	09:35	14:31	15:51	
	Actual	Ambition																	
Feb-26	16:07	15:00																	
BHFT	DBTHFT	SCH	STH	SYICB															
15:32	18:12	09:35	14:31	15:51															

### CORE20 PLUS <sup>2</sup>

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

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



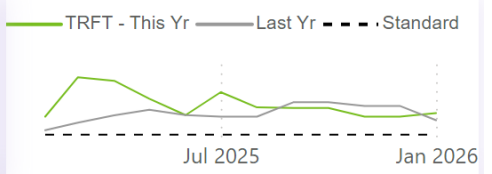
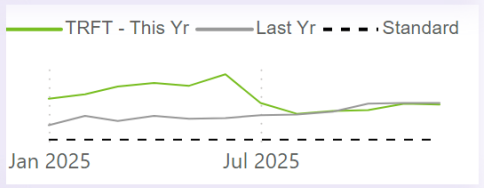
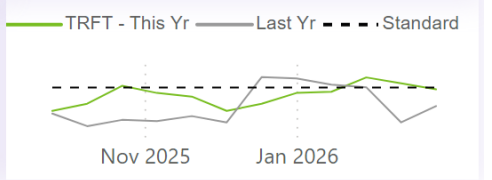
#### Category 2 Ambulance Response Time

In February, Rotherham's performance was 00:24:34, which met the National Target of 00:30:00. It was a decline on the previous periods performance of 00:21:49 and was an improvement on the same period in the previous year of 00:24:35.

#### Average Handover Time

In February, TRFT's performance was 00:16:07, which failed to meet the National Target of 00:15:00. It was an improvement on the previous periods performance of 00:16:46 and was an improvement on the same period in the previous year of 00:27:14.

## Community Health Services

<p>1 3 <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>Jan-26</td> <td>76.0%</td> <td>70.0%</td> </tr> </tbody> </table>		Actual	Standard*	Jan-26	76.0%	70.0%	<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>80%</td> <td>88%</td> <td>0%</td> <td>82%</td> </tr> </tbody> </table> <p>— *SWYPFT data not available for January, this may be affecting the SY figure</p>	RDASH	STH	SWYPFT	SYICB	80%	88%	0%	82%							
	Actual	Standard*																					
Jan-26	76.0%	70.0%																					
RDASH	STH	SWYPFT	SYICB																				
80%	88%	0%	82%																				
<p>3 <b>Placeholder: Community Beds Occupancy</b></p> <p>Number of beds occupied as a proportion of total available for ICB</p>																							
<p>1 3 <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>Dec-25</td> <td>49</td> <td>0</td> </tr> </tbody> </table>		Actual	Standard	Dec-25	49	0	<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>0</td> <td>0</td> <td>0</td> <td>9,739</td> <td>0</td> <td>0</td> <td>9,788</td> </tr> </tbody> </table>	BHFT	DBTHFT	RDASH	SHPU	SHSC	STH	SYICB	0	0	0	9,739	0	0	9,788	
	Actual	Standard																					
Dec-25	49	0																					
BHFT	DBTHFT	RDASH	SHPU	SHSC	STH	SYICB																	
0	0	0	9,739	0	0	9,788																	
<p>1 3 <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 26th February 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>Feb-26</td> <td>78.0%</td> <td>79.6%</td> </tr> </tbody> </table>		Actual	Plan	Feb-26	78.0%	79.6%	<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>77.0%</td> <td>75.0%</td> <td>80.0%</td> <td>78.0%</td> </tr> </tbody> </table> <p>Sheffield includes data for STHT &amp; SCFT. TRFT includes adults and CYP</p>	RDASH	Sheffield	SWYPFT	SYICB	77.0%	75.0%	80.0%	78.0%							
	Actual	Plan																					
Feb-26	78.0%	79.6%																					
RDASH	Sheffield	SWYPFT	SYICB																				
77.0%	75.0%	80.0%	78.0%																				

### Urgent Community Referrals seen within 2 hours

In January, TRFT's performance was 76%, which met the National Target of 70%.

### Community Waiting List over 52 weeks

In December, TRFT's performance was 49, which failed to meet the National Target of 0. It was an improvement on the previous periods performance of 50 and was an improvement on the same period in the previous year of 51.

### Virtual Ward Utilisation

In February, TRFT's performance was 78%, which failed to meet the National Target of 79.6%. It was a decline on the previous periods performance of 83% and was an improvement on the same period in the previous year of 64.1%.

## Primary Care

<p><b>1</b> <b>3</b></p> <p><b>Number of GP appointments</b></p> <p>Total Number of Appointments in General Practice (rate per 1,000 practice population).</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Jan-26</td> <td>176,585 (639)</td> <td>176,091</td> </tr> </tbody> </table>		Actual	Plan	Jan-26	176,585 (639)	176,091	<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>Jan-26</td> <td>141,107 (521)</td> <td>176,255 (518)</td> <td>367,098 (576)</td> <td>861,045 (565)</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jan-26	141,107 (521)	176,255 (518)	367,098 (576)	861,045 (565)	<p>Rotherham - ... Last Yr - - - Standard</p>
	Actual	Plan																	
Jan-26	176,585 (639)	176,091																	
	Barnsley	Doncaster	Sheffield	SYICB															
Jan-26	141,107 (521)	176,255 (518)	367,098 (576)	861,045 (565)															
<p><b>1</b> <b>3</b></p> <p><b>Patient experience of access to general practice</b></p> <p>Increase the percentage of people saying it was 'Very easy' or 'Easy' to contact their GP practice, as measured by the ONS Health Insights Survey.</p>	<p><b>SYICB</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Dec/Jan</td> <td>71.8%</td> <td>71.1%</td> </tr> </tbody> </table>		Actual	Target	Dec/Jan	71.8%	71.1%												
	Actual	Target																	
Dec/Jan	71.8%	71.1%																	
<p><b>1</b> <b>3</b></p> <p><b>Improve access to NHS dentistry</b></p> <p>Increase dental activity by increasing the units of dental activity (UDAs) delivered.</p>	<p><b>SYICB</b></p> <table border="1"> <thead> <tr> <th></th> <th>YTD Actual</th> <th>December YTD target</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>1,515,240</td> <td>1,585,871</td> </tr> </tbody> </table>		YTD Actual	December YTD target	Nov-25	1,515,240	1,585,871		<p>SYICB - This Yr - - - Last Yr</p> <p>Monthly units delivered</p>										
	YTD Actual	December YTD target																	
Nov-25	1,515,240	1,585,871																	
<p><b>Placeholder: Number of urgent dental appointments</b></p> <p>Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more</p>																			
<p><b>1</b> <b>3</b></p> <p><b>Number of Pharmacy First interventions</b></p> <p>Count of the clinical pathways element of Pharmacy First alone, plus the hypertension case finding and contraception service activity.</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>3,846</td> </tr> </tbody> </table>		Actual	Nov-25	3,846	<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>3,983</td> <td>3,992</td> <td>8,025</td> <td>19,846</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Nov-25	3,983	3,992	8,025	19,846	<p>Rotherham - This Yr</p>		
	Actual																		
Nov-25	3,846																		
	Barnsley	Doncaster	Sheffield	SYICB															
Nov-25	3,983	3,992	8,025	19,846															

### Number of GP appointments

In January, Rotherham's performance was 176,585, which met the National Target of 176,091. It was an increase on the previous periods performance of 168,036 and was an increase on the same period in the previous year of 175,782.

### Patient experience of access to general practice

In February, SYICB's performance was 71.8%, which met the local ambition of 71.1%.


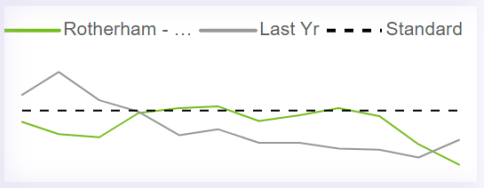
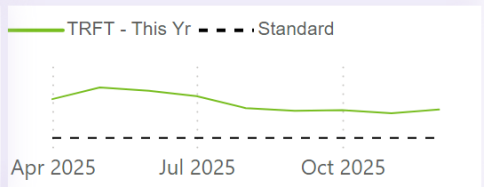
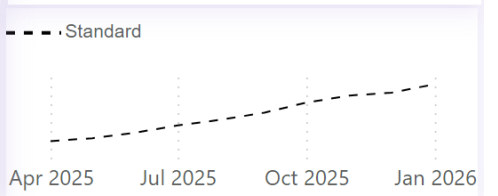
### Improve access to NHS dentistry

In November, SYICB's performance was 1,515,240. The cumulative target for the end of the quarter is of 1585871.

### Pharmacy First Interventions

In November, Rotherham's performance was 3846. It was a decline on the previous periods performance 3763.

## 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>Jan-26</td> <td>1.7%</td> <td>1.0%</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	Jan-26	1.7%	1.0%	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>BHFT</th> <th>DBTHFT</th> <th>SCH</th> <th>STH</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>0.6%</td> <td>2.0%</td> <td>1.5%</td> <td>*</td> <td>1.4%</td> </tr> </tbody> </table>	BHFT	DBTHFT	SCH	STH	SYICB	0.6%	2.0%	1.5%	*	1.4%	
	Actual	Target																	
Jan-26	1.7%	1.0%																	
BHFT	DBTHFT	SCH	STH	SYICB															
0.6%	2.0%	1.5%	*	1.4%															
<p><b>1</b> <b>3</b></p> <p><b>%patients receiving diagnostic test within 6 weeks</b></p> <p>Increase the percentage of patients that receive a diagnostic test within six weeks</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>Jan-26</td> <td>91.1%</td> <td>95.0%</td> </tr> </tbody> </table>		Actual	Standard	Jan-26	91.1%	95.0%	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>Barnsley</th> <th>Doncaster</th> <th>Sheffield</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>85.7%</td> <td>63.4%</td> <td>59.3%</td> <td>68.3%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	85.7%	63.4%	59.3%	68.3%			
	Actual	Standard																	
Jan-26	91.1%	95.0%																	
Barnsley	Doncaster	Sheffield	SYICB																
85.7%	63.4%	59.3%	68.3%																
<p><b>1</b> <b>3</b></p> <p><b>18-week wait for first appointment</b></p> <p>Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 67% by March 2026, with every trust to deliver a minimum 5% point improvement</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Jan-26</td> <td>77.4%</td> <td>67.0%</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	Jan-26	77.4%	67.0%	<p><b>Actual</b></p> <table border="1"> <thead> <tr> <th>BHNFT</th> <th>DBTH</th> <th>SCH</th> <th>STHT</th> <th>SYICB</th> </tr> </thead> <tbody> <tr> <td>76.1%</td> <td>72.0%</td> <td>*</td> <td>54.1%</td> <td>65.3%</td> </tr> </tbody> </table>	BHNFT	DBTH	SCH	STHT	SYICB	76.1%	72.0%	*	54.1%	65.3%	
	Actual	Target																	
Jan-26	77.4%	67.0%																	
BHNFT	DBTH	SCH	STHT	SYICB															
76.1%	72.0%	*	54.1%	65.3%															
<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><small>*STH not available due to data quality issues re EPR implementation - this is affecting the SY figure</small></p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Jan-26</td> <td>66.2%*</td> <td>67.1%</td> </tr> </tbody> </table>		Actual	Plan	Jan-26	66.2%*	67.1%	<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>67.2% (78.5%)</td> <td>59.5% (64.7%)</td> <td>*</td> <td>100.0%* (64.2%)</td> <td>65.7% (66.6%)</td> </tr> </tbody> </table> <p>(Plan)</p>	BHNFT	DBTHFT	SCH	STH	SYICB	67.2% (78.5%)	59.5% (64.7%)	*	100.0%* (64.2%)	65.7% (66.6%)	
	Actual	Plan																	
Jan-26	66.2%*	67.1%																	
BHNFT	DBTHFT	SCH	STH	SYICB															
67.2% (78.5%)	59.5% (64.7%)	*	100.0%* (64.2%)	65.7% (66.6%)															

### Total waiting over 52 weeks

In January, TRFT's performance was 1.7%. It was a decline on the previous periods performance of 1.6%.

### %patients receiving diagnostic test within 6 weeks

In January, Rotherham's performance was 91.1%, which failed to meet the National Target of 95%. It was a decline on the previous periods performance of 92.6% and was a decline on the same period in the previous year of 92.9%.

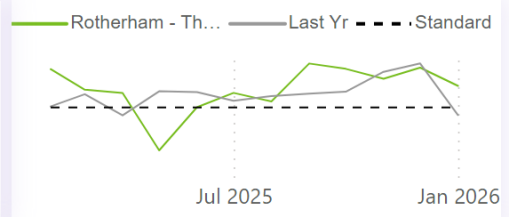
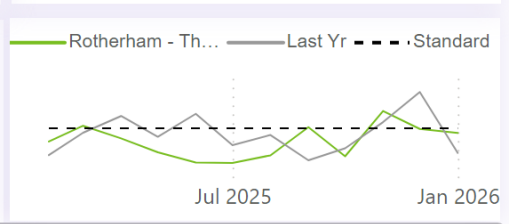
### 18-week wait for first appointment

In January, TRFT's performance was 77.4%, which failed to meet the National Target of 67%. It was a decline on the previous periods performance of 74.4%.

### 18-week wait for treatment

In January, TRFT's performance was 66.2%. It was a decline on the previous periods performance of 65.2%.

## 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>Jan-26</b></td> <td><b>80.8%</b></td> <td><b>80.0%</b></td> </tr> </tbody> </table>		Actual	Target	<b>Jan-26</b>	<b>80.8%</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>Jan-26</b></td> <td><b>73.7%</b></td> <td><b>80.5%</b></td> <td><b>72.3%</b></td> <td><b>76.0%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Jan-26</b>	<b>73.7%</b>	<b>80.5%</b>	<b>72.3%</b>	<b>76.0%</b>	
	Actual	Target																	
<b>Jan-26</b>	<b>80.8%</b>	<b>80.0%</b>																	
	Barnsley	Doncaster	Sheffield	SYICB															
<b>Jan-26</b>	<b>73.7%</b>	<b>80.5%</b>	<b>72.3%</b>	<b>76.0%</b>															
<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>Jan-26</b></td> <td><b>69.0%</b></td> <td><b>75.0%</b></td> </tr> </tbody> </table>		Actual	Target	<b>Jan-26</b>	<b>69.0%</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>Jan-26</b></td> <td><b>60.7%</b></td> <td><b>71.3%</b></td> <td><b>55.0%</b></td> <td><b>62.6%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Jan-26</b>	<b>60.7%</b>	<b>71.3%</b>	<b>55.0%</b>	<b>62.6%</b>	
	Actual	Target																	
<b>Jan-26</b>	<b>69.0%</b>	<b>75.0%</b>																	
	Barnsley	Doncaster	Sheffield	SYICB															
<b>Jan-26</b>	<b>60.7%</b>	<b>71.3%</b>	<b>55.0%</b>	<b>62.6%</b>															

### % patients with cancer diagnosis communicated within 28 days

In January, Rotherham's performance was 80.8%, which met the National Target of 80%. It was a decline on the previous periods performance of 84.1% and was an improvement on the same period in the previous year of 75.7%.

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

In January, Rotherham's performance was 69%, which failed to meet the National Target of 75%. It was a decline on the previous periods performance of 69.9% and was an improvement on the same period in the previous year of 64.8%.

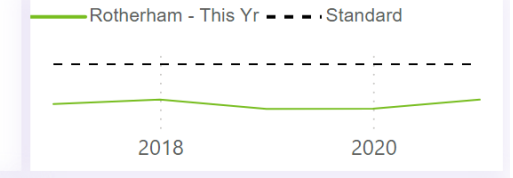
## Cancer

**1** **Cancer Diagnosis at stage 1 or 2**

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

Rotherham		
	Actual	Standard
2021	55.0%	75.0%

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

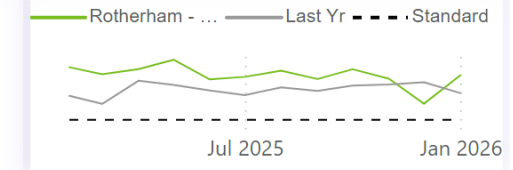


**1** **31-Day diagnosis to treatment**

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

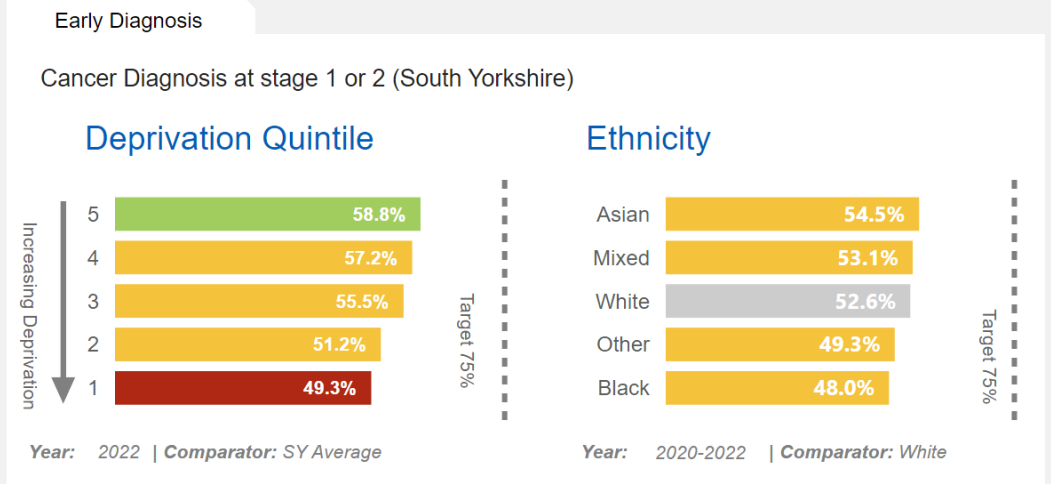
Rotherham		
	Actual	Standard
Jan-26	89.5%	96.0%

Actual				
Barnsley	Doncaster	Sheffield	SYICB	
81.7%	87.8%	84.3%	85.6%	



## CORE20 PLUS

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



Statistical significance to comparator: Worse Similar Better N/A

### Cancer Diagnosis at stage 1 or 2

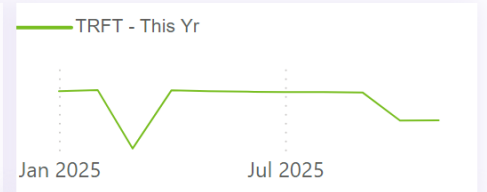


In 2021, Rotherham's performance was 55%, which failed to meet the National Target of 75%. It was a decline on the previous periods performance of 49.9%

### 31 Day Diagnosis to Treatment

In January, Rotherham's performance was 89.5%, which failed to meet the National Target of 96%. It was an improvement on the previous periods performance of 81.5% and was an improvement on the same period in the previous year of 84.6%.

## Maternity

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

<p>1 <b>Stillbirth per 1,000 live births</b></p> <p>2 Make progress towards the national safety ambition to reduce stillbirths (by 50%)</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Nov-25</td> <td>2.0</td> </tr> </tbody> </table>		Actual	Nov-25	2.0	<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>1.8</td> <td>3.7</td> <td>4.0</td> <td>3.1</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	1.8	3.7	4.0	3.1			
	Actual																
Nov-25	2.0																
BHFT	DBTHFT	STH	SYICB														
1.8	3.7	4.0	3.1														
<p>1 <b>Neonatal mortality rate per 1000 live births</b></p> <p>2 Make progress towards the national safety ambition to reduce stillbirths (by 50%)</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>2023/24</td> <td>0.8</td> <td>1.5</td> </tr> </tbody> </table>		Actual	Target	2023/24	0.8	1.5	<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>2.4</td> <td>1.2</td> <td>2.7</td> <td>1.8</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	2.4	1.2	2.7	1.8	
	Actual	Target															
2023/24	0.8	1.5															
BHFT	DBTHFT	STH	SYICB														
2.4	1.2	2.7	1.8														
<p>1 <b>Preterm Birth Rate</b></p> <p>2 Preterm is defined as babies born alive before 37 weeks of pregnancy are completed.</p>	<p><b>TRFT</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Oct-25</td> <td>7.0%</td> <td>6.0%</td> </tr> </tbody> </table>		Actual	Target	Oct-25	7.0%	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>6.5%</td> <td>4.2%</td> <td>6.5%</td> <td>5.9%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	6.5%	4.2%	6.5%	5.9%	
	Actual	Target															
Oct-25	7.0%	6.0%															
BHFT	DBTHFT	STH	SYICB														
6.5%	4.2%	6.5%	5.9%														

### Stillbirth per 1,000 live births

In 2025/26, TRFT's performance was 2.0.



### Neonatal mortality rate per 1000 live births

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

### Preterm Birth Rate

In October, TRFT's performance was 7%.

## 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>Oct-25</td> <td>62.5%</td> <td>71.7%</td> </tr> </tbody> </table>		Actual	Target	Oct-25	62.5%	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>57.8%</td> <td>60.8%</td> <td>77.8%</td> <td>66.3%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	57.8%	60.8%	77.8%	66.3%	 <p>TRFT - This Yr</p>
	Actual	Target															
Oct-25	62.5%	71.7%															
BHFT	DBTHFT	STH	SYICB														
57.8%	60.8%	77.8%	66.3%														
<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>Oct-25</td> <td>5.1%</td> <td>6.0%</td> </tr> </tbody> </table>		Actual	Target	Oct-25	5.1%	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>6.4%</td> <td>4.6%</td> <td>1.3%</td> <td>3.9%</td> </tr> </tbody> </table>	BHFT	DBTHFT	STH	SYICB	6.4%	4.6%	1.3%	3.9%	 <p>TRFT - This Yr</p>
	Actual	Target															
Oct-25	5.1%	6.0%															
BHFT	DBTHFT	STH	SYICB														
6.4%	4.6%	1.3%	3.9%														

### Breast milk at first feed

In October, TRFT's performance was 62.5%, which failed to meet the Local Target of 71.7%

### Smoking at time of Delivery

In 2025/26 TRFT's performance was 5.1%, which failed to meet the National Target of 6%

## Mental Health

<p><b>1</b> <b>3</b></p> <p><b>Increase Number of CYP (0-17yrs) receiving at least one contact in reporting period</b></p> <p>Increase the number of Children &amp; Young People under 18 supported through NHS mental health services receiving at least 1 contact</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr> <td><b>Jan-26</b></td> <td><b>5,405</b></td> <td><b>4,760</b></td> </tr> </tbody> </table>		Actual	Plan	<b>Jan-26</b>	<b>5,405</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>Jan-26</b></td> <td><b>4,665</b></td> <td><b>4,565</b></td> <td><b>5,170</b></td> <td><b>19,725</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Jan-26</b>	<b>4,665</b>	<b>4,565</b>	<b>5,170</b>	<b>19,725</b>	
	Actual	Plan																	
<b>Jan-26</b>	<b>5,405</b>	<b>4,760</b>																	
	Barnsley	Doncaster	Sheffield	SYICB															
<b>Jan-26</b>	<b>4,665</b>	<b>4,565</b>	<b>5,170</b>	<b>19,725</b>															
<p><b>1</b> <b>3</b></p> <p><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>Jan-26</b></td> <td><b>235</b></td> <td><b>230</b></td> </tr> </tbody> </table>		Actual	Plan	<b>Jan-26</b>	<b>235</b>	<b>230</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>Jan-26</b></td> <td><b>300</b></td> <td><b>470</b></td> <td><b>265</b></td> <td><b>1,270</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Jan-26</b>	<b>300</b>	<b>470</b>	<b>265</b>	<b>1,270</b>	
	Actual	Plan																	
<b>Jan-26</b>	<b>235</b>	<b>230</b>																	
	Barnsley	Doncaster	Sheffield	SYICB															
<b>Jan-26</b>	<b>300</b>	<b>470</b>	<b>265</b>	<b>1,270</b>															
<p><b>1</b> <b>2</b></p> <p><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>Dec-25</b></td> <td><b>71%</b></td> <td><b>60.0%</b></td> </tr> </tbody> </table>		Actual	Plan	<b>Dec-25</b>	<b>71%</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>Dec-25</b></td> <td><b>60%</b></td> <td><b>69%</b></td> <td><b>61%</b></td> <td><b>64%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Dec-25</b>	<b>60%</b>	<b>69%</b>	<b>61%</b>	<b>64%</b>	
	Actual	Plan																	
<b>Dec-25</b>	<b>71%</b>	<b>60.0%</b>																	
	Barnsley	Doncaster	Sheffield	SYICB															
<b>Dec-25</b>	<b>60%</b>	<b>69%</b>	<b>61%</b>	<b>64%</b>															

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

In January, Rotherham's performance was 5,405, which met the local ambition of 4760. It was an improvement on the previous periods performance of 5,345 and was an improvement on the same period in the previous year of 4,825.

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

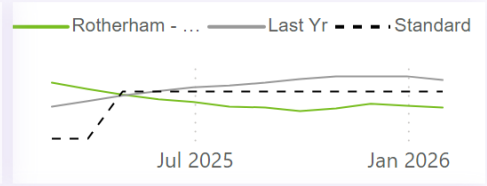
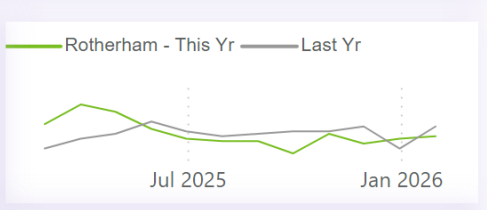
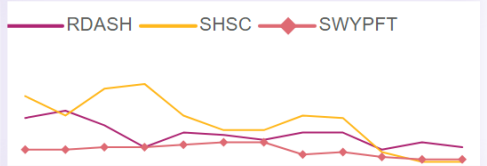
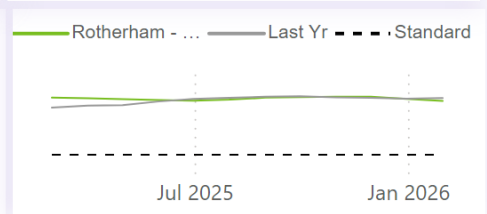
In January, Rotherham's performance was 235, which met the National Target of 230. It was a decline on the previous period's performance of 245.

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

In December, Rotherham's performance was 71%, which met the National Target of 60%

care. Specifically in Barnsley Place a number of system partners are working together to develop a bid to submit to Social Finance to enhance dementia care pathways across the town.

## 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> <th>Plan</th> </tr> </thead> <tbody> <tr> <td>Jan-26</td> <td>170</td> <td>257</td> </tr> </tbody> </table>		Actual	Plan	Jan-26	170	257	<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>Jan-26</td> <td>165</td> <td>195</td> <td>375</td> <td>905</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jan-26	165	195	375	905	
	Actual	Plan																	
Jan-26	170	257																	
	Barnsley	Doncaster	Sheffield	SYICB															
Jan-26	165	195	375	905															
<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>Jan-26</td> <td>29%</td> </tr> </tbody> </table>		Actual	Jan-26	29%	<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>Jan-26</td> <td>28%</td> <td>10%</td> <td>28%</td> <td>23%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jan-26	28%	10%	28%	23%			
	Actual																		
Jan-26	29%																		
	Barnsley	Doncaster	Sheffield	SYICB															
Jan-26	28%	10%	28%	23%															
<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>Feb-26</td> <td>6</td> <td>0</td> <td>1</td> </tr> </tbody> </table>			RDASH	SHSC	SWYPFT	Feb-26	6	0	1									
	RDASH	SHSC	SWYPFT																
Feb-26	6	0	1																
<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>Jan-26</td> <td>88.4%</td> <td>66.7%</td> </tr> </tbody> </table>		Actual	Target*	Jan-26	88.4%	66.7%	<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>Jan-26</td> <td>74.1%</td> <td>69.1%</td> <td>75.8%</td> <td>76.5%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jan-26	74.1%	69.1%	75.8%	76.5%	
	Actual	Target*																	
Jan-26	88.4%	66.7%																	
	Barnsley	Doncaster	Sheffield	SYICB															
Jan-26	74.1%	69.1%	75.8%	76.5%															

### Individual Placement and Support

In January, Rotherham's performance was 170, which failed to meet the National Target of 257. It was a decline on the previous period's performance of 180.

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

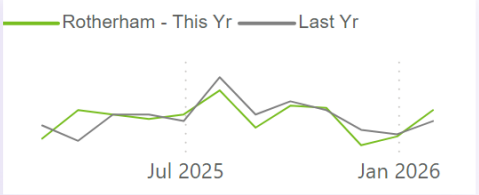
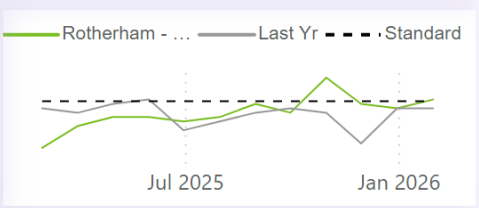
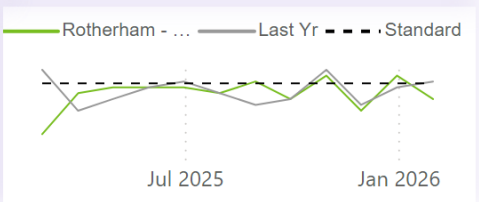
In January, Rotherham's performance was 29%. It was a decline on the previous period's performance of 28%.

### Out of area placements

### Dementia Diagnosis rate

In January, Rotherham's performance was 88.4%, which met the National Target of 66.7%. It was a decline on the previous period's performance of 89.2%.

## 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>Jan-26</td> <td>290</td> <td>213</td> </tr> </tbody> </table>		Actual	Plan	Jan-26	290	213	<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>200</td> <td>300</td> <td>570</td> <td>1,360</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	200	300	570	1,360	
	Actual	Plan															
Jan-26	290	213															
Barnsley	Doncaster	Sheffield	SYICB														
200	300	570	1,360														
<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>Jan-26</td> <td>49%</td> <td>48.6%</td> </tr> </tbody> </table>		Actual	Plan	Jan-26	49%	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>52%</td> <td>48%</td> <td>49%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	47%	52%	48%	49%	
	Actual	Plan															
Jan-26	49%	48.6%															
Barnsley	Doncaster	Sheffield	SYICB														
47%	52%	48%	49%														
<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>Jan-26</td> <td>65%</td> <td>67.7%</td> </tr> </tbody> </table>		Actual	Plan	Jan-26	65%	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>66%</td> <td>66%</td> <td>69%</td> <td>67%</td> </tr> </tbody> </table>	Barnsley	Doncaster	Sheffield	SYICB	66%	66%	69%	67%	
	Actual	Plan															
Jan-26	65%	67.7%															
Barnsley	Doncaster	Sheffield	SYICB														
66%	66%	69%	67%														

### Talking Therapies Completion

In January, Rotherham's performance was 290, which met the National Target of 213. It was an improvement on the previous period's performance of 230.


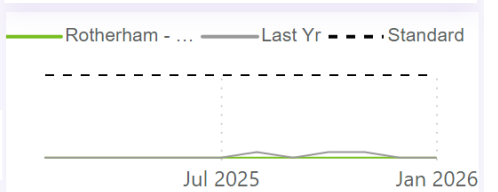
### Talking Therapies Reliable Recovery

In January, Rotherham's performance was 49%, which met the National Target of 48.6%. It was an improvement on the previous period's performance of 47%.

### Talking Therapies Improvement

In January, Rotherham's performance was 65%, which failed to meet the National Target of 67.7%. It was a decline on the previous period's performance of 69%.

## Learning Disabilities & Autism

<p>1 2 3 <b>% people aged 14+ with a learning disability in the GP register receiving an annual health check</b></p> <p>Ensure 81% of people aged over 14 on GP learning disability registers receive an annual health check in the year to 31 March 2026</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Q4 Target</th> </tr> </thead> <tbody> <tr> <td>Jan-26</td> <td>67.4%</td> <td>81.4%</td> </tr> </tbody> </table>		Actual	Q4 Target	Jan-26	67.4%	81.4%	<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>Jan-26</td> <td>69.0%</td> <td>58.4%</td> <td>60.5%</td> <td>62.8%</td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	Jan-26	69.0%	58.4%	60.5%	62.8%	
	Actual	Q4 Target																	
Jan-26	67.4%	81.4%																	
	Barnsley	Doncaster	Sheffield	SYICB															
Jan-26	69.0%	58.4%	60.5%	62.8%															
<p>1 2 3 <b>Reliance on mental health inpatient care for autistic adults</b></p> <p>Count of mental health inpatients with a learning autism (rounded to the nearest 5)</p>	<p><b>SYICB</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>March Plan</th> </tr> </thead> <tbody> <tr> <td>Jan-26</td> <td>45</td> <td>20</td> </tr> </tbody> </table>		Actual	March Plan	Jan-26	45	20												
	Actual	March Plan																	
Jan-26	45	20																	
<p>1 2 3 <b>Reliance on mental health inpatient care for adults with a learning disability</b></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>March Plan</th> </tr> </thead> <tbody> <tr> <td>Jan-26</td> <td>20</td> <td>20</td> </tr> </tbody> </table>		Actual	March Plan	Jan-26	20	20												
	Actual	March Plan																	
Jan-26	20	20																	
<p>1 2 3 <b>Inpatients with a learning disability and/or autism (under 18)</b></p> <p>Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 12-15 Under 18's for every 1 million population</p>	<p><b>Rotherham</b></p> <table border="1"> <thead> <tr> <th></th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Jan-26</td> <td>0</td> <td>4</td> </tr> </tbody> </table> <p>Place figures have been suppressed due to counts under 5</p>		Actual	Target	Jan-26	0	4												
	Actual	Target																	
Jan-26	0	4																	

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

In January, Rotherham's performance was 67.4%, which failed to meet the Q2 Target of 81.4%. It was an improvement on the previous periods performance of 58.5% and was an improvement on the same period in the previous year of 64.6%.

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

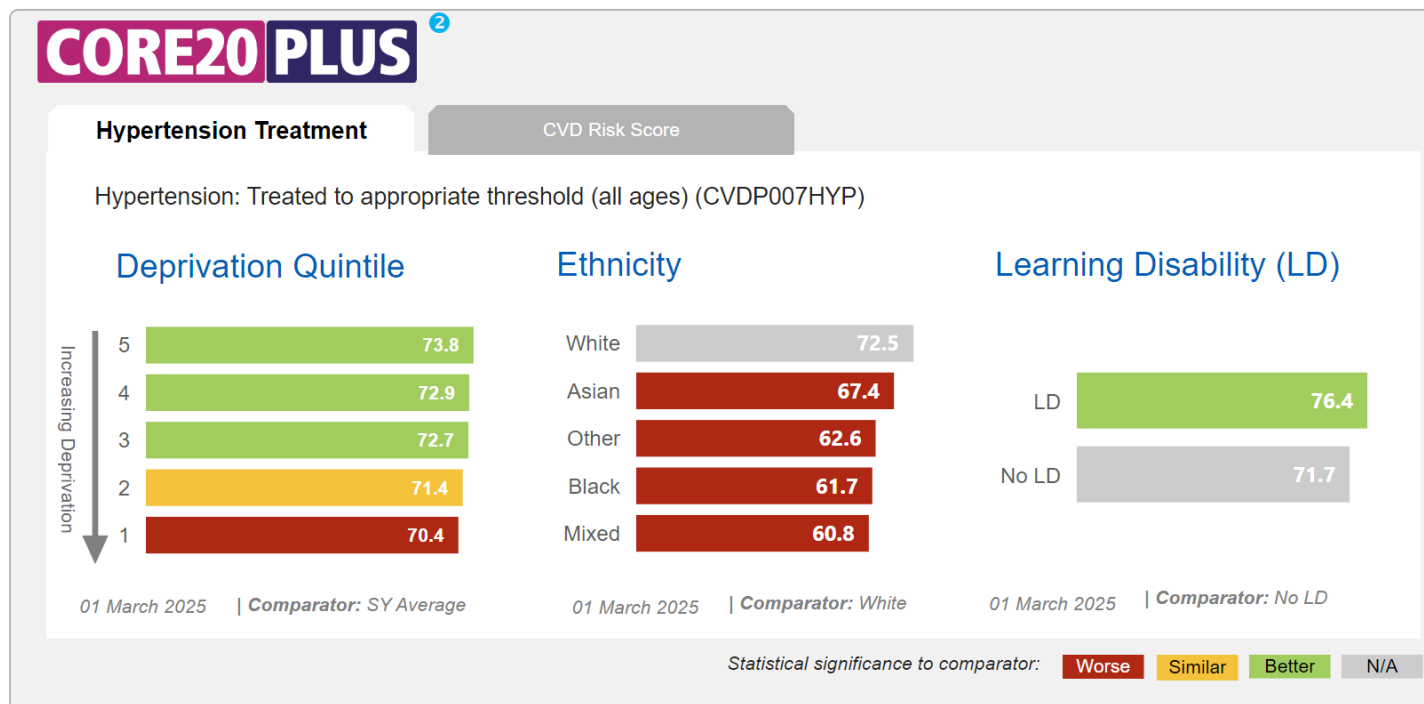
### Reliance on mental health inpatient care for adults with a learning disability

### 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.

## Prevention & Health Inequalities (HI)

<p><b>1</b> % of patients with hypertension treated to NICE guidance</p> <p><b>2</b></p> <p><b>3</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>Sep-25</b></td> <td><b>70.6%</b></td> <td><b>80.0%</b></td> </tr> </tbody> </table>		Actual	Target	<b>Sep-25</b>	<b>70.6%</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>Sep-25</b></td> <td><b>69.4%</b></td> <td><b>73.0%</b></td> <td><b>72.1%</b></td> <td><b>71.5%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Sep-25</b>	<b>69.4%</b>	<b>73.0%</b>	<b>72.1%</b>	<b>71.5%</b>	
	Actual	Target																	
<b>Sep-25</b>	<b>70.6%</b>	<b>80.0%</b>																	
	Barnsley	Doncaster	Sheffield	SYICB															
<b>Sep-25</b>	<b>69.4%</b>	<b>73.0%</b>	<b>72.1%</b>	<b>71.5%</b>															
<p><b>1</b> % of patients aged 25-84 years with a CVD risk score greater than 20% on lipid lowering therapies</p> <p><b>2</b></p> <p><b>3</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>Sep-25</b></td> <td><b>71.4%</b></td> <td><b>65.0%</b></td> </tr> </tbody> </table>		Actual	Target	<b>Sep-25</b>	<b>71.4%</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>Sep-25</b></td> <td><b>70.8%</b></td> <td><b>70.2%</b></td> <td><b>67.7%</b></td> <td><b>69.7%</b></td> </tr> </tbody> </table>		Barnsley	Doncaster	Sheffield	SYICB	<b>Sep-25</b>	<b>70.8%</b>	<b>70.2%</b>	<b>67.7%</b>	<b>69.7%</b>	
	Actual	Target																	
<b>Sep-25</b>	<b>71.4%</b>	<b>65.0%</b>																	
	Barnsley	Doncaster	Sheffield	SYICB															
<b>Sep-25</b>	<b>70.8%</b>	<b>70.2%</b>	<b>67.7%</b>	<b>69.7%</b>															



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

In September, Rotherham's performance was 70.6%, which failed to meet the National Target of 80%. It was an improvement on the previous periods performance of 70.3% and was an improvement on the same period in the previous year of 68.5%.

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

In September, Rotherham's performance was 71.4%, which met the National Target of 65%. It was an improvement on the previous periods performance of 70.5% and was an improvement on the same period in the previous year of 69.1%.

## Prevention & Health Inequalities (HI) Continued

### 1 Increase vaccination uptake in Children

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

	Vaccination	Target	Latest quarter (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%
Coverage measured at 5 years	Meningitis B (24m)	95%	90.2%	89.8%	90.7%
	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 \(UKHSA\)](#)

Data is taken from UKHSA national COVER data, UKHSA annual adolescent vaccination data collection/report and local reporting (non published) to the NHSE public health programme team.

Adolescent vaccination programmes continue to demonstrate a positive trend, though in general still not at pre-pandemic levels, though Rotherham and Doncaster have achieved the 80% threshold for HPV Females in Y8. HPV uptake among males continues to improve. Catch up for all adolescent programmes (as well as missing MMR) is continued through to Y11, with year-on-year improvement. Catch up/Community clinics are offered for children who missed vaccination in school. Vaccination is also routinely offered to children not in mainstream education e.g. home education. Rotherham Federation have recently supported work around HPV catch up for 19-25 year olds, with a grant from MSD, this entailed identifying individuals with no HPV recorded, contacting them and offering vaccination.

For 0-5 vaccination programmes Q3 data is not yet available - as per previous report Q2 data remains stable, with many elements across all ICB places above the 90% minimum threshold. The main challenge remains within the 3yr4month schedule, where uptake of the preschool booster (DTaP/IPV) and MMR 2 remain below 90% (with the exception of Barnsley). Childhood vaccination programmes remain a priority on the SY/place improvement plans, supported by collaborative working with LA partners and School Imms Providers. Rotherham and Doncaster HV services continue to progress the HV vaccination pathfinder project to provide vaccination for vulnerable/underserved children with missing vaccinations. Rotherham and Barnsley have recently been highlighted by the national team for the Health Select Committee due to their high rates of MMR.

## 3 Winter Vaccinations

### Seasonal influenza vaccine uptake in GP patients, 1 September to 31 January 2026- 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	281,169	215,232	76.5%	14,744	5,638	38.2%	257,458	107,413	41.7%
Barnsley	54,728	42,040	76.8%	2,394	977	40.8%	45,707	19,848	43.4%
Doncaster	67,696	50,846	75.1%	3,386	1,237	36.5%	57,319	22,586	39.4%
Rotherham	55,126	42,711	77.5%	3,296	1,287	39.0%	50,856	21,315	41.9%
Sheffield	103,619	79,635	76.9%	5,668	2,137	37.7%	103,576	43,664	42.2%

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 31 January 2026 - Place level data

	Primary School			Secondary School		
	Number eligible	Numbers vaccinated	%	Number eligible	Numbers vaccinated	%
NHS South Yorkshire integrated care board	113,188	63,916	56.5%	86,179	41,548	48.2%
Barnsley	19,812	11,782	59.5%	14,298	6,243	43.7%
Doncaster	26,295	14,524	55.2%	19,619	9,777	49.8%
Rotherham	22,583	13,280	58.8%	18,345	9,548	52.0%
Sheffield	44,498	24,330	54.7%	33,917	15,980	47.1%

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 31 January 2026 - Trust-level data

	Health Care Worker		
	Number of HCWs	Number vaccinated	%
NHS South Yorkshire integrated care board	32,059	16,036	50.0%
Barnsley Hospital NHS Foundation Trust	3,825	1,985	51.9%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	4,957	1,822	36.8%
Rotherham, Doncaster and South Humber NHS Foundation Trust	3,329	1,742	52.3%
Sheffield Teaching Hospitals NHS Foundation Trust	12,775	6,546	51.2%
The Rotherham NHS Foundation Trust	4,261	2,458	57.7%

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

### Flu vaccinations:

As of 9th February, overall uptake 55.76%, an increase on same period 2024/25 (53.21%). Whilst the national minimum ambitions have not been met for any of the patient cohorts, there has been significant improvement in all of the under 65 at-risk cohorts, including immunosuppressed, 3-year-olds, school aged, pregnant women and care homes. Whilst there has been a slight drop in uptake among those aged 65+ compared to 2024/25, uptake remains above the WHO target of 75%. Also to note, there has been an increase in the denominator for this cohort (ie there are more people that are included in the group that require a vaccination).

Trust engagement in supporting the offer of vaccination to patient cohorts has been good, and this work will continue to be developed. The 5% increase ambition for FLCWs (front line care workers) has been achieved by most Trusts across SY, though all Trusts have seen an increase. As FDP reporting relies on mapping clinical record and ESR (using a pseudonymisation process) it can be significantly higher as it is impacted by validation errors. The rates of errors have been shared with each trust, to try and improve reporting/data quality going forward.

All schools completed first visits by the end of December, with catch-up sessions/opportunistic offers are planned through to Mid-February for those children who missed their vaccination offer for any reason. Whilst activity has continued, it has significantly decreased over recent weeks. The offer continues to the 31st of March.

### COVID-19 vaccinations:

The programme was completed on 31st January. All care homes have been visited, though 23 required re-scheduling due to non-covid outbreaks. Performance has continued in line with other NEY ICBs, with improved uptake for care home residents compared to previous campaign. An outreach session was held on 7th January at BHFT, targeting haematology and solid cancer patients who are immunosuppressed, however uptake was low due to many patients already having received vaccination, this will be reviewed with planning for earlier sessions in future campaigns, and also exploring similar with Weston Park. Awaiting evaluation. Looking to do similar with Weston Park Hospital. Delivery via community hubs commenced in November, with evaluation currently being undertaken. The national minimal ambitions have been exceeded for all cohorts.