

NHS Rotherham CCG Governing Body – September 2021

CHIEF OFFICER'S REPORT

Lead Director:	Chris Edwards	Lead Officer:	n/a
Job Title:	CCG Chief Officer	Job Title:	n/a

Purpose

This report informs the Governing Body about national/local developments in the past month.

2020/21 CCG Annual Assessment

At the beginning of August, Richard and I, received a letter from Sir Andrew Cash and Alison Knowles (attached as appendix 1) outlining the outcome of the 2020/21 CCG assessment.

The approach to the 2020/21 assessment was simplified due to the continued impact of Covid-19 and the change in priorities to respond. This approach means that CCGs will no longer be given an overall rating, as this has been replaced by a narrative assessment of CCG performance.

The 2020/21 narrative assessment was based on the operational priorities set out in July and December 2020, focussing on CCGs' contribution to local delivery of the overall system plan for recovery, with emphasis on the effectiveness of working relationships in local systems.

This letter summarises the key points of the discussion at the year-end assessment review meeting for Rotherham CCG, that focussed around the following five priority areas.

- Improve the quality of service
- Reduce health inequalities
- Involve and consult the public
- Comply with financial duties
- Leadership and governance

Integrated Care Systems – Announcement on Boundary Decisions

Earlier this year, Ministers asked NHS England to set out options for boundary alignment in integrated care systems in specific geographies where upper-tier local authorities currently have to work across more than one ICS footprint and to assess the impact of changes to deliver alignment in each case. Over the last six months NHS England has worked with stakeholders to develop advice and analysis for each of the affected areas to inform the final decision.

Of the six areas under review, one affects the SY+B ICS.

- Bassetlaw – The decision has been taken to move the area of Bassetlaw from South Yorkshire and Bassetlaw ICS into Nottingham and Nottinghamshire ICS thus delivering coterminous boundaries for the area.

We will be working with Bassetlaw CCG and the ICS to understand these changes and how we take this forward. The full statement can be found [here](#).

Integrated Care Systems – Appointment of Independent Chair

Attached as appendix 2 is a letter I received informing us of the appointment of the Independent Chair for

the South Yorkshire and Bassetlaw Integrated Care System and Chair Designate of the South Yorkshire Integrated Care Board.

Pearse Butler, who recently moved to the area, has been appointed and is very keen to join the SY ICS, (expected start date 1st September) having previously held chair positions at Blackpool Teaching Hospitals NHS Foundation Trust and University Hospitals of Morecambe Bay NHS Foundation Trust.

Integrated Care Systems – Guidance

As previously mentioned, we have been anticipating the publication of the HR Framework to support the transition. It has now been published along with a range of other guidance and can be found on the NHS England website – see links below:

[Interim guidance on the functions and governance of the integrated care board](#)

- [Draft model constitution](#) - available on the FutureNHS Collaboration Platform
- [List of statutory CCG functions to be conferred on ICBs](#) - available on the FutureNHS Collaboration Platform

This interim guide covers the expected governance requirements for Integrated Care Boards as outlined in the Health and Care Bill and the ICS Design Framework. The guidance is designed for all ICS partners involved in the establishment of Integrated Care Boards, particularly ICS leads, CCG AOs and their teams as well as NHSEI regional teams.

[HR Framework for developing Integrated Care Boards](#)

The HR Framework provides national policy ambition and practical support for NHS organisations affected by the proposed legislative changes as they develop and transition towards the new statutory ICBs. The guidance is designed for all ICS partners and ICS leads, CCG AOs and in particular those leading on people/workforce/HR&OD.

[Building strong integrated care systems everywhere: guidance on the ICS people function](#)

The ICS People Function guidance builds on the priorities set out in the People Plan. It is intended to help NHS system leaders and their partners support their 'one workforce' by delivering key outcome-based people functions from April 2022. The guidance is designed for all ICS partners and ICS leads and in particular those leading on people/workforce/HR&OD.

[ICS implementation guidance: ICB readiness to operate statement \(ROS\) and checklist](#) - available on the FutureNHS Collaboration Platform

This document provides a template ICB Readiness to Operate Statement (ROS) and accompanying ROS checklist. It describes how the checklist will be used to enable system leaders to assess progress and transition towards the establishment of ICBs. The guidance is designed for ICS leads, ICS Implementation Programme Directors, CCG AOs and their teams across all functions as well as NHSEI regional teams. An Excel version of the ROS checklist is available to download as a working document [ROS Checklist](#)

[ICS Implementation Guidance: Due Diligence, Transfer of People and Property from CCGs to ICBs and CCG Close Down](#) - available on the FutureNHS Collaboration Platform

This guidance outlines the due diligence process which underpins the legal transfer of people (staff), property and liabilities to ICBs, the legal establishment of ICBs and abolition of CCGs, and close-down activity for CCGs. The guidance is designed for CCG AOs and their teams across all functions, ICS leads and NHSEI regional teams. An Excel version of the [due diligence checklist](#) is available to download as a working document.

The ICS have created a dedicated [ICS Guidance workspace](#) on the Future NHS Collaboration Platform where we can find all policy documents and resources, as well as opportunities to share learning with peers.

About the HR Framework

This HR Framework for Developing Integrated Care Boards applies to NHS organisations affected by the proposed legislative changes as they develop and transition towards the new statutory Integrated Care Boards (ICBs). These organisations will include CCGs and other NHS employers hosting ICS staff or shared services.

This guidance provides national policy ambition and practical support to complement regional and ICB approaches and local employer policies for dealing with the change processes required to affect the transfer and the transition.

Key points

- A clear national change approach and principles for the handling of this transition, where the direction and expectations are to be met by all relevant parts of the NHS.
- Establishing ICBs in a way that minimises uncertainty and limits employment changes, to achieve this those responsible for designing and planning the change must approach it with a different mindset to that for previous structural changes.
- Endorsing a 'one NHS Workforce' approach that facilitates the movement of our people and increasing collaboration in a movement away from the traditional organisational change approach.

Action required

- Ensure the safe transfer of people and to the new integrated care board on 1 April 2022.
- Take steps to plan and implement the transition in line with this guidance and the Employment Commitment, encouraging best people practices throughout the transitional arrangements and enabling the right conditions for these new significant organisations to start to deliver their ambitions.
- Ensure that where possible our NHS talent is retained and deployed to support systems in an agile way driving forward the 'one NHS workforce' ambition.

COVID Pandemic Inquiry

The prime minister reported that he intends to launch the inquiry in Spring 2022. He told MPs the delay was necessary to avoid putting too much stress on the NHS, advisers and government while there was the risk of a winter surge later this year. The exact aims and remit - known as the terms of reference - will be announced closer to the start of the inquiry next year.

We have started our preparations, the executive lead for the Inquiry is the Executive Place Director, supported operationally by the Assistant Chief Officer who will hold the action plan, reporting into the Information Governance Group.

Rotherham Adult Autism Spectrum Disorder (ASD) Pathway Expansion

In July 2021 Operational Executive (OE) supported a proposal for additional recurrent investment in the Rotherham Adult Autism Pathway. The proposal related to both RDaSH Adult Autism Diagnostic Service and the Rotherham Parent Carer Forum Post-Diagnostic Peer Support Service and was in response to increased demand on the Pathway and the risk that waiting lists would lengthen. A Voluntary EX-Ante Transparency (VEAT) notice for the additional investment in the Post Diagnostic Peer Support Service was issued on 23rd July 2021 (for 35 days). The investment (see table 1 below) will balance capacity and demand on the pathway and allow for further development of the post-diagnostic service.

Table 1: Summary of Pathway funding*

Provider	Original 2021/22 Allocations	Proposed 2021/22 Allocations	Proposed 2022/23 Allocations
RDaSH	£279,700	£364,459	£398,700

RPCF	£89,008	£134,008	£179,008
Total Pathway	£368,706	£498,467	£577,708

* This table does not include adult ASD activity commissioned from Healios or Sheffield Health and Social Care Trust (SHSC).

The total cost of pathway will be £498,467 in 2021/22 and in 22/23 this will raise to £577,708 full year cost.

The proposed funding to support this expansion of the pathway capacity has been considered and agreed, as part of the 2021/22 Planning negotiations.

Roaming Nights Care Service

In December 2020, the Operational Executive approved the request to extend the contract for the current Roaming Nights Care Service provider for a further 6 months to allow for a competitive procurement process to take place utilising the RMBC Dynamic Purchasing System.

The procurement exercise has subsequently been undertaken in line with the Light Touch Regime and in accordance with the Public Contract Regulations 2015. The procurement made use of a Flexible Purchasing System (FPS) also known as a Pseudo Dynamic Purchasing System. This procurement exercise was undertaken jointly with Rotherham Metropolitan Borough Council (RMBC) and RCCG and was carried out via the YORTender e-tendering portal.

The outcome of this tender process, taking into account all questions asked and answered through all ITT submissions, resulted in Comfort Call Ltd being the recommended bidder. The Operational Executive supported the outcome of the procurement process on 16 July.

The standstill period in relation to this procurement has now concluded and the company have received formal notification that Comfort Call Ltd is to be party to the agreement for NHS Rotherham CCG Roaming Nights Service via an NHS Standard Contract. The contract will commence on 1st October 2021 with a contract term of 3 years plus an option to extend for a further 2 years subject to mutual agreement between the successful Bidder and the CCG.

Proposal to Extend Non-Emergency Patients Transport Service (NEPTS) Contracts

Patient transport services across the country have been significantly impacted by COVID both in terms of the requirement for social distancing and the move to virtual rather than face to face service delivery. Providers and commissioners (both locally and nationally) are in now the process of developing models and pathways of care which will best support patients reflecting current requirements and moving forward. Given the continued impact of COVID the discussions regarding potential requirements (both delivery model and volumes) for PTS have yet to conclude.

Detailed forecasts of demand activity for the 5 years (intended future contract term to be let) from 1st September 2022, and agreement of the service delivery model would need to be completed across the SYB footprint within the next few months to enable sufficient time for completion of a formal procurement process, post award negotiations and provider mobilisation against a new service specification before current arrangements expire. Given the continuing impact of COVID and the work currently being undertaken by commissioners and providers regarding any future model it is felt that to attempt to forecast demand and a future service model in the coming months would create the risk of requiring significant changes to both the service model and volumes delivered during the lifetime of the contract. It should also be noted that YAS is currently part of the block contract arrangements put in place with NHS providers until at least 30 September 2021. Whilst it is likely that these arrangements will not continue for the remaining lifecycle of the current contract; future contracting arrangements will need to be

understood and any implications on this contract considered prior to any tender process commencing.

Operational Executive (OE) was asked to support a proposal for a 12-month extension of the current SY&B Patient Transport Service contracts delivery by Yorkshire Ambulance Service (YAS), First4Care, and Premier Care Direct (PCD). Sheffield and Doncaster CCG's lead on the commissioning of these services for SYB. All the contracts are due to expire by 30 September 2022. At its meeting on 6 August OE was asked to:

- Support the decision made by NHS Sheffield CCG, as lead to the Yorkshire Ambulance Service (YAS) contract to extend this contract by 12 months and publish a VEAT notice.
- Support the decision made by NHS Doncaster CCG, as lead to the Premier Care Direct (PCD) contract to extend this contract by 11 months and publish a VEAT notice.
- Support the extension of the First4Care on the day discharge contract for 12 months.
- Support the SYB CCG's Contracting Teams working with the procurement team to publish a VEAT notice to the marketplace and work with the current providers to extended service provision.

The original procurement was undertaken as a joint procurement across Rotherham, Doncaster, Sheffield, Barnsley and Bassetlaw CCGs with Lots for different elements of the contract. A lead commissioner was identified for each of the Providers awarded the lots. Therefore one VEAT notice from the lead commissioner for each element/Provider is legally allowed and can be done by the lead commissioner on behalf of the other CCGs.

South Yorkshire and Bassetlaw Primary Care Capital Schemes.

In August 2019 South Yorkshire and Bassetlaw Integrated Care System (SYB) was 'awarded' £57.5million of new Department of Health & Social Care, Sustainability and Transformation Partnership (STP) capital funding to improve primary care facilities in the locality. An SYB ICS Estates Programme Board was established to oversee the delivery of the programme which currently has circa 21 projects in development. Two of those projects are based in Rotherham. The Rotherham projects are:

- Waverley Medical Centre development; and
- Broom Lane Medical Centre reconfiguration & extension

Project Initiation Documentation is now being finalised for both projects for submission following initial support of NHSE/I of the Programme Business Case and which is now on its journey through the Treasury. This is really positive news for Rotherham primary care.

Covid 19 Incident Control Team (ICT)

You may remember at our last GB meeting a paper outlining the work of the ICT throughout the pandemic and how the command and control system that was in place had been closed down. Unfortunately due to demands on the system, Rotherham Place took the decision to stand up command and control for a period of time to help the system focus on the issues it was having to deal with. In line with this NHS Rotherham CCG stood up its own ICT from the 6th to the 20th August and facilitated "Silver" command discussions for the Rotherham Place. Since the step down and move back to Business as usual a channel on MS teams has been created at silver command level to help with urgent communications during pressured periods. The ICT log for this period is included as appendix 3.

Communications Update

- The COVID-19 vaccination campaign continues to encourage eligible groups to take up their opportunity to have the vaccine. Currently, the campaign aims to encourage young adults and

those 16 to 17 years old to have the vaccine at our local centres, which offer walk-in clinics. In August, the CCG's Chief Nurse was interviewed live on the Toby Foster breakfast show (BBC Radio Sheffield) about the vaccine programme and encouraged young people to 'grab a jab'. We continue to work with the Rotherham Advertiser to provide regular updates to their readers.

- Following the relaxation of national COVID-19 restrictions, communications activity has taken place to inform residents of continued infection control requirements when accessing health settings across the borough. This activity also encourages people to continue to follow hands, face, space guidance wherever possible.
- As local health services continue to be extremely busy during the pandemic, campaign messages are being communicated across Rotherham to help residents access the most appropriate health service/support for their illness or condition. Messages are focussed on encouraging people to use pharmacy and NHS 111 as their first point of access for health needs.
- The CCG is working with local partners to develop an anxiety campaign for Rotherham to help people get support and advice when they need it. The campaign is seen as an important tool in helping people during the pandemic with official restrictions no longer in place.

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Becky Howard: 07876 851849**

02 August 2021

Richard Cullen, Chair - Rotherham CCG
Chris Edwards, Accountable Officer - Rotherham CCG

Dear Richard & Chris,

2020/21 CCG annual assessment

NHS England and NHS Improvement have a legal requirement to undertake an annual assessment of CCG performance. The approach to the 2020/21 assessment has been simplified due to the continued impact of Covid-19 and the change in priorities to respond. This approach means that CCGs will no longer be given an overall rating, as this has been replaced by a narrative assessment of CCG performance.

The 2020/21 narrative assessment is based on the operational priorities set out in July and December 2020, focussing on CCGs' contribution to local delivery of the overall system plan for recovery, with emphasis on the effectiveness of working relationships in local systems.

This letter summarises the key points of the discussion at the year-end assessment review meeting for Rotherham CCG, that focussed around the following five priority areas.

Improve the quality of service

Rotherham CCG has effectively supported the local Place, and wider South Yorkshire & Bassetlaw System throughout 20/21, and has:

- responded to Covid-19 demand including taking enabling actions to ensure the effective use of resources;
- supported the system to ensure a return to delivery of near-normal levels of non-Covid-19 health services;
- maintained systems and processes to ensure oversight of quality and patient experience;

-
- taken account of lessons learned during the first Covid-19 peak, in a way that locks in beneficial changes and explicitly tackles fundamental challenges including support for staff, and action on inequalities and prevention;
 - supported the system to respond to other emergency demands and manage winter pressures; and
 - taken effective action to support the health and wellbeing of its workforce

The strength of the place-based partnership in Rotherham is notable and the work through the pandemic has really provided “proof of concept” with staff working flexibly across and within organisations to meet the needs of patients and residents. The provider partnership will move into shadow-form from September with a number of services already being delivered by the collaboration.

The CCG also worked hard with general practice over the last year to support the PCNs with many staff now working within the Federation to facilitate front-line care. We noted that access to general practice has been strong throughout the pandemic with rapid establishment of hubs (building on your existing extended hours model) and continued good access for patients to GPs and their teams.

We acknowledged the improvements in Rotherham Hospital under the new leadership team and the continued work of the CCG in supporting quality improvements across all services.

Reduce health inequalities

Rotherham CCG has supported the delivery the eight urgent actions to address inequalities in NHS provision and outcomes – as identified in the Phase three response to Covid-19 pandemic.

The CCG has provided a robust set of evidence that the CCG is responding to all aspects of the national request to deliver the eight urgent actions to address inequalities in NHS provision and outcomes. A strong point is the work undertaken on preventative programmes with a real focus on deprived communities within this work, where learning could be shared with other CCG areas.

Your work on digital services continues to be a strength for Rotherham in ensuring access to services for the different communities you serve. The development of RotherHive has proved invaluable in ensuring timely access to mental health and well-being information. It is providing invaluable support to primary care as it sees increasing numbers of people with mental health needs and is an approach that we will share with other places.

Similarly, the use of on-line IAPT and digital assessments for autism has maintained access to these services through the pandemic.

The approach in primary care to maintaining access to cancer services through the pandemic was also strong with a focus on individual patients and on ensuring that specific pathways were maintained. Rotherham cancer services have recovered well from the impact of COVID-19 as you continue to reflect on what is the “new normal” for service delivery and patients.

Involve and consult the public

Rotherham CCG has described how it identifies and engages with deprived communities, Black, Asian and Minority Ethnic communities, inclusion health populations and people with disabilities (people with Learning Disabilities/ autism or both, people experiencing mental ill health and people experiencing frailty) and the full diversity of the local population.

Details on how the CCG uses Health population data to support understanding the differential impact of health issues on different communities is included. The CCG is working with partners and have established a Place Health Inequalities Meeting within its Place governance structure.

You have used the insights from your on-going work to great effect in the vaccination campaign leading to the point where Rotherham has the highest uptake for vaccination across South Yorkshire.

Comply with financial duties

Rotherham CCG has delivered its break-even target in year and contributed to the reduction of system deficits, as confirmed in the CCG 20/21 Annual Accounts.

The CCG has delivered the Mental Health Investment Standard; and the CCG’s administrative costs are within its running cost allocation.

Leadership and governance

Rotherham CCG continued to demonstrate effective leadership and governance throughout 20/21, including:

- effective systems and processes for monitoring, analysing and acting on a range of information about quality, performance and finance, from a variety of sources including patient feedback, analyses of access to services and experiences of service users, so that it can identify early warnings of a failing service;
- effective system leadership and progressed partnership working, underpinned by governance arrangements and information-sharing processes, including evidence of multi-professional leadership; and
- supported the maintenance of established joint commissioning arrangements, although the CCG continued to focus on arrangements at place.

The CCG has continued to work with partners on the impact from Operation Stovewood. This continues to be a unique issue for Rotherham and is providing learning to national bodies and regional colleagues about the impact of CSE on individuals, families and services.

Overall

The CCG has played a key role in supporting the NHS in South Yorkshire and Bassetlaw to respond so effectively to the COVID-19 Pandemic; the effective leadership of the CCG is also fundamental to the local Place – and wider ICS – recovery plan.

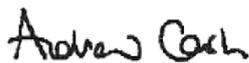
Thank you for the whole CCG team's dedication and commitment throughout a period of unprecedented challenge.

Alongside the work of the wider team in Rotherham, you have both provided significant leadership to the system in South Yorkshire & Bassetlaw focussed on our digital strategy, maternity services and, importantly, bringing the system business case for primary care estates to fruition.

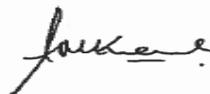
The CCG may also wish to publish a summary of the 2020/21 annual assessment.

I look forward to working with you and continuing to support your CCG through this transitional year, in improving healthcare for your local population and system.

Yours sincerely,



Sir Andrew Cash
System Leader
South Yorkshire & Bassetlaw
Integrated Care System



Alison Knowles
Locality Director – South
Yorkshire & Bassetlaw

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27th July 2021

Letter to: South Yorkshire and Bassetlaw Integrated Care System Partners

Appointment of Independent Chair for the South Yorkshire and Bassetlaw Integrated Care System and Chair Designate of the South Yorkshire Integrated Care Board

Dear Colleague

As you may know, the draft Health and Care Bill has now passed from the House of Commons to the Committee stage and ICSs are on track to become statutory bodies from April 2022. As a result, we are seeing a quickening of the pace to put transition measures in place to ensure that Integrated Care Systems are ready.

Last week, I wrote to let you know about the decision to align the district of Bassetlaw with Nottingham and Nottinghamshire Integrated Care System and with the boundary matters now complete, this means the national process to appoint independent chairs can progress.

There are 42 Integrated Care Systems and 17 of these are still to advertise and appoint an Independent Chair of current systems and Chair Designate for the future. These 17 posts will be advertised nationally today. In the remaining 25 Integrated Care Systems, there have been local processes to appoint an Independent Chair/Chair Designate. This process has been undertaken in South Yorkshire. All 25 Chair Designates have now been approved by the Secretary of State and I am therefore now in a position to inform you that the South Yorkshire and Bassetlaw Integrated Care System Independent Chair (current arrangements) and South Yorkshire Integrated Care Board (SY ICB) Chair Designate (future arrangements) will be Pearse Butler.

Pearse, who recently moved to the area, will bring a broad range of experience to the role, having previously held chair positions at Blackpool Teaching Hospitals NHS Foundation Trust and University Hospitals of Morecambe Bay NHS Foundation Trust.

I will keep you updated on Pearse's exact start date, which is yet to be confirmed. I know that he is very keen to join the SY ICS and continuing the great work of the partnership.

I am sure you will join me in welcoming Pearse into the SY Partnership and we look forward to working with him.

Kind regards,



Sir Andrew Cash
System Lead
South Yorkshire & Bassetlaw Integrated Care System

Coronavirus Issues Log

Open Issues										
ID	Status Urgent (U) or normal (N)	Date identified	Issue Logged by	Issue description	Current / Potential Impact	Mitigation/Actions Taken	OE Owner	Priority rating	Date Reviewed by ICT	Status Actions by whom, by when
Closed Issues										
ID	Status Urgent (U) or normal (N)	Date identified	Issue Logged by	Issue description	Current / Potential Impact	Mitigation/Actions Taken	OE Owner	Priority rating	Date Reviewed by ICT	Status Actions by whom, by when
CV1	N	13.03.20	RN	Lack of PPE to primary care and Hospice areas causing issues with patient pathways and packages of care.	The ability of patients to be seen by primary care practitioners and packages of care within hospice provision	Calls put into NHSEI escalation line – response : PHE/NHSE have now issued an initial national contingency quantity of PPE to 7,000 GP Practices. The deliveries comprised 300 Facemasks, 300 pairs of Gloves and 400 Aprons. There is no cost for these items, they form part of the Health Emergency ‘push’ response. Larger practices will receive further deliveries in due course. Practices who did not receive any should contact the contact centre below;	RN	3	18.03.20	Closed

						<u>National Supply Disruption line on 0800 915 9964, or email supplydisruptionsservice@nhsbsa.nhs.uk.</u>				
CV2	N	16.03.20	RN	Expected self-isolation of over 70's may cause issues for social care and mental health services	Impact on partners delivering services, including CHC. Over 70's without family/carers requiring support – possible 3 rd sector. Impact going forward on MH services	Not happened as yet IA to pick up action	IA	3	18.03.20 23.03.20	Closed
CV3	N	16.03.20	RN	Reduce in CCG staffing due to Self-isolating staff as per the guidance and staff members working from home	Potential impact on staffing levels within the CCG if the number of staff unable to work increases	Currently 3 staff members self-isolating no issues reported from teams Teams to test BCM plans – access to IT and Zoom from home Most staff working from home – some still in work due to IT problems – awaiting resolution	RN	2	18.03.20	Closed
CV4	N	16.03.20	RN	Issues around homecare	Potential increased risk to vulnerable people due to lack of staff	Jane Newton attended the council re Home care procurement – new provider to start 01.04.20, 20 packages to safely transfer to new provider	SC	2	18.03.20	Closed

					providing homecare					
CV5	N	18.03.20	RN	mutual aid	Potential risk to CCG staff	All staff working on a mutual aid project are being logged with AH, re duty of care to staff. Sheet was sent round and has been updated. No update.	RN	2	18.03.20 23.03.20 30.03.20 03.04.20 06.04.20 09.04.20 14.04.20 17.04.20 20.04.20 24.04.20 27.04.20 01.05.20 04.05.20 07.05.20 11.05.20 15.05.20 18.05.20	Closed
CV6	U	13.03.20	CE	Lack of PPE to the system	The ability of patients to be seen across the system and to keep staff safe	Recognition that PPE is not getting through to Primary Care. Army have been called in to assist in distribution. The guidance around PPE has been changed nationally which is causing additional pressure. Updated 06.04.20 and risk priority changed from 3 to 5 and risk broadened across the whole system. This is the biggest issue we have at the moment. Updated 14.04.20, New process for ordering through the LRF delivery network due mid-week. Impacting on other areas re urgent surgery cancellations due to lack of gowns. Also impact felt in social care. Updated 01.05.20 current issues compounded by lack of stock to care home and social care providers. 04.05.20 – Lack of surgical gowns and FFP3 masks causing problems. 07.05.20 Issues with ventilated/complex patients in the community requiring suction etc.	CE	2	23.03.20 30.03.20 03.04.20 06.04.20 09.04.20 14.04.20 17.04.20 20.04.20 24.04.20 27.04.20 01.05.20 04.05.20 07.05.20 11.05.20 15.05.20 18.05.20 22.05.20 26.05.20 29.05.20 01.06.20 05.06.20	Closed

					<p>some may have several visits over the course of a day.</p> <p>18.05.20 – PPE has now stabilised</p> <p>26.05.20 Clipper system starting this week for primary care.</p> <p>05.06.20 – situation much improved in the hospital. Discussions with federation to take control of PPE for PC. – Priority rating reduced from 4 -3.</p> <p>08.06.20 – new issue re masks/face coverings to be worn for all hospital staff and visitors at all times. Lack of clarity re applications for community/Primary care/care homes</p> <p>12.06.20 – Guidance currently for Hospitals only awaiting further clarity.</p> <p>15.06.20 – score reduced to 2</p> <p>26.06.20 lack of availability of FFP3 masks being reported.</p> <p>03.07.20 – reportedly 2 weeks supply of FFP3 masks remaining currently</p> <p>06/10.07.20 – no change</p> <p>13.07.20 risk retired.</p> <p>MDA received re recall of Face masks – Williams medical who supplied the masks contacted customers and recalled the masked and replaced with suitable product.</p>			<p>08.06.20</p> <p>12.06.20</p> <p>15.06.20</p> <p>19.06.20</p> <p>22.06.20</p> <p>26.06.20</p> <p>29.06.20</p> <p>03.07.20</p> <p>06.07.20</p> <p>10.07.20</p> <p>13.07.20</p>		
CV7	N	27.03.20	JT	Ongoing work of the Covid 19 Hub at CHC	Problems with provision of a service out of the Hub due to number of issues	Staffing issue – need to monitor the situation with staff working the previous week.	JT	3	<p>30.03.20</p> <p>03.04.20</p> <p>06.04.20</p> <p>09.04.20</p>	Closed
CV8	N	27.03.20	OE	On call silver rota	SY+B CCG on call rota requires a CCG silver on call rota to be in	CCG silver on call rota in place for this week to be discussed at OE Friday 03.04. Discussion to include the weekend Rotherham Place calls.	CE	2	<p>30.03.20</p> <p>03.04.20</p> <p>06.04.20</p>	Closed

					place to support calls.					
CV9	N	27.03.20	OE	Annual leave	Impact of any annual leave coming up and cover over Easter Bank Holiday	Annual leave to be kept to a minimum of 1 or 2 days during this period.	CE	1	30.03.20 03.04.20	Closed
CV10	N	27.03.20	OE	Cancer	How to handle Cancer – system is currently not aligned to the cancer alliance	Jason as cancer lead is looking at the current Barn door concept guidance and how that will work. SCE issue not for the issues log	JT	3	30.03.20	Closed
CV11	N	03.04.20	OE	Home Visiting Service	Lack of Community strategy for home visiting and transformation	Emma, Claire, Jacqui to lead on this transformational work from the CCG. Questions re DN's hospice at home, OOH home visiting. Risk to the CCG of not getting it set up. Rotherham Valley South GPs in conjunction with the care co-ordination centre rolling out next week. Numbers of home visits are low. Extending to the wider system.	CE	2	03.04.20 06.04.20 09.04.20 14.04.20 17.04.20 20.04.20 24.04.20 27.04.20	Closed
CV12	N	06.04.20	ICT	IT issues relating to outlook and access via the TRFT network	Staff returning to work due to lack of IT accessibility from home, lack of communications between teams due to IT issues	TRFT working with Virgin media to broaden the bandwidth. Some work arounds given e.g. using the NHS Mail portal instead of outlook. Andy C, Wendy L working on other options. May also affect primary care access to clinical records. Update work still planned to take place this week. Update completed Thursday night 9 th April	WA	2	06.04.20 09.04.20 14.04.20 17.04.20	Closed
CV13	N	09.04.20	ICT	Testing of staff	Lack of testing availability for staff	Lack of reagent for testing has led to a limited number of tests being available system wide for staff, which is causing problems re returning staff to work.	IA	2	09.04.20 14.04.20 17.04.20	Closed

		Re-opened 16.10.20				<p>Update 14.04.20 – additional capacity came on line Good Friday evening. Work started to develop a testing cell for Rotherham. Queried RHADS suitability as a location, 120 tests available over next 48/72 hours. Actions – JT/IA to reflect on the CCG lead, and CE and IA to set up Rotherham wide testing cell.</p> <p>Availability of tests have increased. No issues with capacity</p> <p>16.10.20 – Possible issue with shortage of appointments for testing and triage of staff</p> <p>23.10.10 – no change – Rotherham moving into Tier 3 Saturday so increase requirements for testing NHS and care staff</p> <p>30.10.20 – no change</p> <p>06/13.11.20 – no change</p> <p>20.11.20 – Lateral Flow testing expected to come on line soon</p> <p>27.11.20 – LFT coming into primary care next week as we are tier 3.</p> <p>04/11/18.12.20 no change</p> <p>08.01.21 no change</p> <p>15.01.21 no longer an issue – closed</p>	IA	3	<p>16.10.20</p> <p>23.10.20</p> <p>30.10.20</p> <p>06.11.20</p> <p>13.11.20</p> <p>20.11.20</p> <p>27.11.20</p> <p>04.12.20</p> <p>11.12.20</p> <p>18.12.20</p> <p>08.01.21</p> <p>15.01.21</p>	Closed
CV14	N	09.04.20	ICT	Community Pharmacy opening over the Easter Holidays	Risk of lack of service provision by community pharmacies	Lack of clarity around which sites are opening could lead to issues with GP's sending electronic prescriptions through to pharmacies that are closed. SL to update by COP	SL	2	<p>09.04.20</p> <p>14.04.20</p>	Closed
CV15	N	14.04.20	ICT	Shielded Patients	Guidance published may cause an issue re sharing data.	Discussion in ICT by Siro and Caldicott guardian who both acknowledged the guidance and confirmed support with the CCG stance on sharing information with partners.	IA/SC	1	14.04.20	Closed

CV16	N	14.04.20	ICT	Care Home support	Increasing requests for support to care homes	Training, advice and guidance for care homes to be produced within the next 72 hours in the form of on line training. Training is being rolled out PPE is still an issue.	IA	3	14.04.20 17.04.20 20.04.20 24.04.20 27.04.20	Closed
CV17	N	14.04.20	ICT	Excess Deaths	Issues around expected volume and verification process.	Plan in place for numbers expected, original plan was based on hospital numbers not taking into account community deaths. Discussion around verification of death in the community and who can carry that out. Coroner has been part of the discussion and is happy with funeral directors being able to verify death, along with Police and Ambulance Service. SC suggested a tiered approach. CE confirmed the LA are legally accountable for this. Actions in place awaiting confirmation from GP fed. Paramedic hot visiting service now verifying death	IA	2	14.04.20 17.04.20 20.04.20 24.04.20 27.04.20 01.05.20	Closed
CV18	N	14.04.20	ICT	Paediatric surgery	Transfer of Paediatric Surgery to STH for the duration of the pandemic resulting in no local service in Rotherham for Paed surgery	Discussion around the transport scheme in place, confirmed the current transport scheme is capable of dealing with this. Communications is required. Happened 16.04.20	CE	2	14.04.20 17.04.20	Closed
CV19	N	17.04.20	ICT	Testing	Lack of clarity re pathways for staff and community patients to be tested and lack	Pathways in place need to get suitable people tested. Testing capacity is now available.	JT	2	17.04.20 20.04.20	Closed

					of volume of people being tested					
CV20	N	17.04.20	ICT	Recovery	<p>Planning required to come out of the first wave pandemic</p>	<p>Planning required around the recovery of services "Reset" Meeting tomorrow re recovery in hospital services on a SY basis – Out of Hospital Care on a Rotherham basis. National comms received Letter received from Simon Stevens 01.05.20 issues with PPE will cause problems for recovery/reset. Further letter to GPs expected. Letter received – 6-12 weeks implementation plan. Turn on 80% non-elective services. Modelling ongoing re inpatient areas and social distancing. Lot of work taking place in this area. 26.05.20 – AHD produced information re comparison re March/April 19/20. Admission steady. A&E steady. Trust to share plans on recovery. 15.06.20 – plans to be submitted on Friday 19.06.20 – financials around the plans to be submitted by Monday and capital plan to be submitted today 26.06.20 – no change 03.07.20 – resubmitted our approach on capital for primary care. Also re submitted activity plans at SY level. 06/10/13/17/20.07.20 – no change 24/27.07.20 – no change 07.08.20 – Trust increased performance. 14/21.08.20 – no change 28.08.20 – closed as we move into Phase 3 – new risk added to cover phase 3</p>	CE	4	17.04.20 20.04.20 24.04.20 27.04.20 01.05.20 04.05.20 07.05.20 11.05.20 15.05.20 18.05.20 22.06.20 26.05.20 29.05.20 01.06.20 05.06.20 08.06.20 12.06.20 15.06.20 19.06.20 22.06.20 26.06.20 29.06.20 03.07.20 06.07.20 10.07.20 13.07.20 17.07.20 20.07.20 24.07.20 27.07.20 07.08.20 14.08.20 21.08.20 28.08.20	Closed

CV21	N	17.04.20	ICT	Care homes/ Social Care/ Testing and GP Alignment	Significant impact on care homes, domiciliary care and social care.	<p>Number of patient deaths and high proportion of positive patients in care homes, domiciliary care and community settings, causing significant impact on care homes and social care providers. Significant issue with a number of outbreaks. Updated 01.05.20 letter expected that may have implications for CCGs</p> <p>Return completed re train the trainers in Rotherham.</p> <p>Comprehensive Rotherham Care home action plan formulated for assurance. Training has been offered to all care home and re offered to those homes which refused.</p> <p>Training is going well to care homes. SitRep to be completed twice weekly. PH role to be clarified. Agree to have three separate headings.</p> <p>Training, Testing, GP Alignment split into categories. Gp alignment has been completed, testing is still an issue</p> <p>Risk retired and replaced</p>	CE	4	17.04.20 20.04.20 24.04.20 27.04.20 01.05.20 04.05.20 07.05.20 11.05.20 15.05.20 18.05.20	Closed
CV22	N	24.04.20	ICT	Non-Covid Serious Illnesses	1. late or no presentations of serious illnesses via clinical pathways not related to Covid	<p>Numbers of patients presenting to clinicians with serious illnesses that would have normally presented earlier, causing heightened number of admissions from A+E and more serious complications of treatments.</p> <p>National campaign launched re open for business.</p> <p>Updated 01.05.20 presentations have increased this week.</p> <p>Locally focussing on Maternity and Cancer services. Video by Jason going out this afternoon.</p> <p>Attendances are improving at A&E. Hard to compare to last years – work ongoing.</p>	IA	2	24.04.20 27.04.20 01.05.20 04.05.20 07.05.20 11.05.20 15.05.20 18.05.20 22.05.20 26.05.20 29.05.20 01.06.20 05.06.20 08.06.20 12.06.20 15.06.20 19.06.20 22.06.20	Closed

					<p>26.05.20 - Admission steady. A&E steady. Trust to share plans on recovery.</p> <p>12.06.20 awaiting change in 111 dispositions in line with new campaign “talk before you walk”.</p> <p>26.06.20 – no change</p> <p>03.07.20 reduced score to 2 numbers through A+E back at 250/270 daily attendances</p> <p>06/10/13/17/20/24/27.07.20 – no change</p> <p>07.08.20 – No change</p> <p>14/21.08.20 – wording changed to reflect current situation.</p> <p>28.08.20 – no change</p> <p>04/11/18/25.09.20 - No change</p> <p>02/09/16/23/30.10.20 – no change</p> <p>06/13/20.11.20 – no change</p> <p>27.11.20 – people attending A+E have acute acuity but are not accessing other pathways. 2WW is back to normal numbers.</p> <p>04/11.12.20 – no change</p> <p>18.12.20 – score reduced to 1. Cancer and other services are returning to pre covid levels e.g. 2WW etc.</p> <p>08.01.21 – upgraded to a 2, more people seem reluctant to go to hospital due to the lockdown.</p> <p>15.01.21 – risk of urgent surgery being cancelled.</p> <p>22/29.01.21 – no change</p> <p>05.02.21 – no change</p> <p>12.02.21 – early anecdotal indicators that people are not presenting with serious illnesses – could be attributable to the inclement weather.</p> <p>26.02.21 – no change</p> <p>05/12/19/26.03.21 – no change</p> <p>09.04.21 – better position than previous</p> <p>16/23.04.21 – no change</p>			<p>26.06.20</p> <p>29.06.20</p> <p>03.07.20</p> <p>06.07.20</p> <p>10.07.20</p> <p>13.07.20</p> <p>17.07.20</p> <p>20.07.20</p> <p>24.07.20</p> <p>27.07.20</p> <p>07.08.20</p> <p>14.08.20</p> <p>21.08.20</p> <p>28.08.20</p> <p>04.09.20</p> <p>11.09.20</p> <p>18.09.20</p> <p>25.09.20</p> <p>02.10.20</p> <p>09.10.20</p> <p>16.10.20</p> <p>23.10.20</p> <p>30.10.20</p> <p>06.11.20</p> <p>13.11.20</p> <p>20.11.20</p> <p>27.11.20</p> <p>04.12.20</p> <p>11.12.20</p> <p>18.12.20</p> <p>08.01.21</p> <p>15.01.21</p> <p>22.01.21</p> <p>29.01.21</p> <p>05.02.21</p> <p>12.02.21</p> <p>26.02.21</p> <p>05.03.21</p> <p>12.03.21</p> <p>19.03.21</p> <p>26.03.21</p> <p>09.04.21</p> <p>16.04.21</p> <p>23.04.21</p> <p>30.04.21</p>	
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						30.04.21 – Issue Closed down with the ICT will be managed going forward in the A+E Operational group				
CV22	N	24.04.20	ICT	Non-Covid Serious Illnesses	2. Lack of availability of urgent surgical capacity	Due to lack of availability of PPE, more confident of the PPE flowing through the system. PPE is currently being shared across the system and wider NHS 26.05.20 – PPE was limiting factor but no longer an issue this week.	IA	3	07.05.20 11.05.20 15.05.20 18.05.20 22.05.20 26.05.20 01.06.20 05.06.20	Closed
CV23	N	04.05.20	ICT	Testing	1. Communications and pathways for test and trace for covid	3 pathways for people to receive tests. Mobile testing unit is in Rotherham today for 3 days – PH notified yesterday. Confusion as to Comms messages required and what pathways are available and how they are accessed. Situation still evolving comms to be further clarified. Available pathways have become more confusing and complicated with the addition of a pathway for care homes (CV26 2) and an antibody test (3. Below) 12.06.20 – slightly clearer, not quite there yet. 22.06.20 Comms plan drafted – pathways clearer – reduce to 4 26.06.20 – no change 03.07.20 – messaging from council going out today. 06.07.20 – no change Risk retired. No further issues.	GL	4	04.05.20 07.05.20 11.05.20 15.05.20 18.05.20 22.05.20 26.05.20 29.05.20 01.06.20 05.06.20 08.06.20 12.06.20 15.06.20 19.06.20 22.06.20 26.06.20 29.06.20 03.07.20 06.07.20 10.07.20	Closed.
					2. The implications of tracing on	Issues around workforce needing to isolate due to being in contact with a positive patients, could remove a whole team from a service if one patient is positive.	IA	4	29.05.20 01.06.20 05.06.20 08.06.20 12.06.20 15.06.20 19.06.20 22.06.20 26.06.20	Closed

					<p>the workforce</p> <p>3. Pathways for Antibody test</p>	<p>3rd line added stating if wearing PPE you are not taken out – implications as yet unknown</p> <p>26.06.20 – no change – possible implication of pubs re-opening on workforce.</p> <p>03.07.20 – no change</p> <p>06.07.20 – no change</p> <p>Risk retired. No further issues.</p> <p>26.05.20 – anti body test and care home test – message still confusing.</p> <p>Capacity is there, 1000 tests a day available – prioritisation is an issues, to Gold command Wednesday .</p> <p>08.06.20 Antibody test is a research project. Need strong messaging.</p> <p>12.06.20 Testing lead is the DPH this is not a CCG risk – it’s a system risk. Lead is not clear – to be raised at Gold Command.</p> <p>26.06.20 pathway agreed reduce risk to 3</p> <p>03.07.20 pathway in place and tests occurring reduce score to 1</p> <p>06.07.20 – no change</p> <p>Risk retired. No further issues.</p>	CE	1	<p>29.06.20</p> <p>03.07.20</p> <p>06.07.20</p> <p>10.07.20</p> <p>01.06.20</p> <p>05.06.20</p> <p>08.06.20</p> <p>12.06.20</p> <p>15.06.20</p> <p>19.06.20</p> <p>22.06.20</p> <p>26.06.20</p> <p>29.06.20</p> <p>03.07.20</p> <p>06.07.20</p> <p>10.07.20</p>	Closed
CV24	N	15.05.20	ICT	Secondary to Primary care interface issues.	<p>Movement of work from secondary to primary care</p>	<p>Issues with capacity in primary care due to movement of work including tests and prescribing from secondary care to primary care work streams, discussion tomorrow.</p> <p>19.06.20 – meeting the Trust today.</p> <p>26.06.20 – no change</p> <p>03.07.20 – no major issues, some anecdotal issues being looked into – reduce to 1</p> <p>06/10/13/17/20.07.20 – no change</p> <p>24.07.20 – Opening Phlebotomy service at breathing service – outpatient bloods.</p> <p>27.07.20 – no change</p> <p>07.08.20 – no date for breathing space opening</p>	JT	1	<p>15.05.20</p> <p>18.05.20</p> <p>22.05.20</p> <p>26.05.20</p> <p>29.05.20</p> <p>01.06.20</p> <p>05.06.20</p> <p>08.06.20</p> <p>12.06.20</p> <p>15.06.20</p> <p>19.06.20</p> <p>22.06.20</p> <p>26.06.20</p> <p>29.06.20</p> <p>03.07.20</p> <p>06.07.20</p> <p>10.07.20</p>	Close

						<p>14/21.08.20 – no change 28.08.20 – Incident upgraded to a 2, due to conversations in LMC and GPMC. 04.09.20 - phlebotomy not open as yet. 11/18/25.09.20 – no change 02.10.20 – no change 09.10.20 – Phlebotomy service opened at Breathing Space 16.10.20 – No change 23.10.20 – incident reduced to 1, Breathing Space phlebotomy service now opening removing some of the pressure. 30.10.20 - close</p>			<p>17.07.20 20.07.20 24.07.20 27.07.20 07.08.20 14.08.20 21.08.20 28.08.20 04.09.20 11.09.20 18.09.20 25.09.20 02.10.20 09.10.20 16.10.20 23.10.20</p>	
CV25	N	15.05.20	ICT	Pulse Oximeters	Pulse oximeters given to CN to give to colleagues	16 pulse oximeters received by the CN for the CCG to give out to the system. They are to be given to NHS where there are clinical staff. The issues include lack of Governance, lack of GP involvement, training requirements, could be detrimental to patients	SC	3	<p>15.05.20 18.05.20</p>	Closed
CV26	N	18.05.20	ICT	Care Homes	<p>1. Sustainability of care homes</p> <p>2. Care home testing</p>	<p>Risk of care home failure due to lack of patients and outbreak issues. Joint work taking place with the council re sustainability No change, is expected to worsen. 26.06.20 – joint working taking place re outbreaks 03.07.20 – no change 06.07.20 – no change Risk Has not materialised</p>	<p>IA</p> <p>IA</p>	<p>4</p> <p>4</p>	<p>18.05.20 22.05.20 26.05.20 29.05.20 01.06.20 05.06.20 08.06.20 12.06.20 15.06.20 19.06.20 22.06.20 26.06.20 29.06.20 03.07.20 06.07.20 10.07.20</p> <p>18.05.20 22.05.20 26.05.20 29.05.20</p>	<p>Closed</p> <p>Closed</p>

					<p>Care home testing pathway complex, logistically not delivering. CE is the ICS care home testing lead</p> <p>26.05.20 - CQC testing still confusing</p> <p>Pathway still isn't clear</p> <p>08.06.20 – remit has been widened re testing.</p> <p>Issue still around Mental Capacity Act re LD/MH patients</p> <p>12.06.20 Still ongoing – issues being addressed with multi agency solution. Issue has moved on and is not a CCG risk. Flagged as a risk in the care home cell and care home cell to escalate to Gold Command.</p> <p>26.06.20 – Pathway is complex – progress is being made on being able to test in care homes</p> <p>03.07.20 – no change</p> <p>06.07.20 – no change</p>			<p>01.06.20</p> <p>05.06.20</p> <p>08.06.20</p> <p>12.06.20</p> <p>15.06.20</p> <p>19.06.20</p> <p>22.06.20</p> <p>26.06.20</p> <p>29.06.20</p> <p>03.07.20</p> <p>06.07.20</p> <p>10.07.20</p>	
CV27	N	22.05.20	ICT	Finance	<p>Increased risk of financial pressures</p> <p>Changes in allocations and expenditure profiles as a result of covid 19 and the covid 19 financial regime, puts the CCG at an increased risk of financial pressure.</p> <p>03.07.20 - no change</p> <p>06.07.20 – reduce score to 2 Net Covid spend for 2 months has been reimbursed.</p> <p>10/13/17/20/24/27.07.20 – No change</p> <p>07/14.08.20 – no change</p> <p>21.08.20 risk increased a 4. Increased information from NHSE re possible information to month 12, (not published or definite)</p> <p>Increasingly hard to manage the cost spend.</p> <p>28.08.20 – no change</p> <p>04/11/18.09.20 - No change</p> <p>25.09.20 Now received the financial plans and allocations.</p> <p>02.10.20 – Likely to have a deficit position and unresolved system/ICS gap</p> <p>09/16/23/30.10.20 – no change</p>	WA	3	<p>22.05.20</p> <p>26.05.20</p> <p>29.05.20</p> <p>01.06.20</p> <p>05.06.20</p> <p>08.06.20</p> <p>12.06.20</p> <p>15.06.20</p> <p>19.06.20</p> <p>22.06.20</p> <p>26.06.20</p> <p>29.06.20</p> <p>03.07.20</p> <p>06.07.20</p> <p>10.07.20</p> <p>13.07.20</p> <p>17.07.20</p> <p>20.07.20</p> <p>24.07.20</p> <p>27.07.20</p> <p>07.08.20</p> <p>14.08.20</p> <p>21.08.20</p> <p>28.08.20</p>	Closed

						<p>06.11.20 – risk reduced to 4 due to further clarity from national team around funding, risk is still there, there is a credible plan in place.</p> <p>13.11.20 – no change</p> <p>20.11.20 – score reduced to a 3 – some risks have reduced during last week.</p> <p>27.11.20 – no change</p> <p>04/11/18.12.20 - no change</p> <p>08.01.21 – downgraded to a 2 – everything is covered by funding at the moment.</p> <p>15.01.21 – no change</p> <p>22.01.21 downgrade to a 1 – covered at the moment.</p> <p>29.01.21 – no change</p> <p>05/12/26.02.21 – no change</p> <p>05/12/19/26.03.21 – no change</p> <p>09.04.21 – Risk level increase to 3, financial allocation not clear, expectation around recovery from the pandemic not clear.</p> <p>16.04.21 – clarity in certain areas has now been received but possible issue around sufficiency of allocation.</p> <p>23.04.21 – Ongoing identified system pressures – maintain level 3</p> <p>30.04.21 – Issue closed down WA to being back to OE any further issues.</p>			<p>04.09.20</p> <p>11.09.20</p> <p>18.09.20</p> <p>25.09.20</p> <p>02.10.20</p> <p>09.10.20</p> <p>16.10.20</p> <p>23.10.20</p> <p>30.10.20</p> <p>06.11.20</p> <p>13.11.20</p> <p>20.11.20</p> <p>27.11.20</p> <p>04.12.20</p> <p>11.12.20</p> <p>18.12.20</p> <p>08.01.21</p> <p>15.01.21</p> <p>22.01.21</p> <p>29.01.21</p> <p>05.02.21</p> <p>12.02.21</p> <p>26.02.21</p> <p>05.03.21</p> <p>12.03.21</p> <p>19.03.21</p> <p>26.03.21</p> <p>09.04.21</p> <p>16.04.21</p> <p>23.04.21</p> <p>30.04.21</p>	
CV28	N	29.05.20	ICT	Tracing	The establishment of the tracing system	The system of contact tracing is being set up, the communications need to be clear and consistent.	GL	4	<p>29.05.20</p> <p>01.06.20</p> <p>05.06.20</p>	Closed
CV29	N	29.05.20	ICT	System Capacity	Asylum Seeking patients	Implications for the system due to a potential increase in the numbers if asylum seekers residing in Rotherham	IA	3	<p>29.05.20</p> <p>01.06.20</p> <p>05.06.20</p> <p>08.06.20</p> <p>12.06.20</p>	Closed

CV30	N	03.07.20	ICT	Outbreak risk	Increased risk of outbreak occurring following hospitality industry re-opening on the 4th July and PHE update re Leicester	Assurance on preparations for the 4th July are underway, TRFT are adding additional resourcing to meet expected exceptional demand, RDaSH have added additional crisis support and YAS are up-crewing. 06.07.20 – Outbreak Board set up including pathways for local information to flow into local system. 10.07.20 – No change 13.07.20 – testing for Asymptomatic people started in Rotherham. 17.07.20 – testing in Rotherham is increasing. 20.07.20 – no change 24.07.20 – no change 27.07.20 – no change 07.-8.20 – figures have come down take off	IA	3	03.07.20 06.07.20 10.07.20 13.07.20 17.07.20 20.07.20 24.07.20 27.07.20	Closed
CV31	N	03.07.20	ICT	Media issues	Challenging media situation linked to PHE outbreak information	Numbers of media enquiries linked to 4 th July weekend and PHE outbreak information for Rotherham. Lead on media for outbreaks confirmed as DPH office. 06/10.07.20 – no change 13.07.20 Media coverage yesterday and today – more expected. 17/20.07.20 – No change 24.07.20 – Flu vaccination - developing communications re flus vacs programme. 27.07.20 – no change Walk in centre – now at Forge Island 07/14/21/28.08.20 – no change 04/11/18/25.09.20 - No change 02/09/16/23/30.10.20- no change 06/13/20/27.11.20 – no change 04.12.20 – no change 11.12.20 – Complexity of messaging re community vaccine raised to a 3 18.12.20 – no change 08/15.01.21 – no change	GL	3	03.07.20 06.07.20 10.07.20 13.07.20 17.07.20 20.07.20 24.07.20 27.07.20 07.08.20 14.08.20 21.08.20 28.08.20 04.09.20 11.09.20 18.09.20 25.09.20 02.10.20 09.10.20 16.10.20 23.10.20 30.10.20 06.11.20 13.11.20 20.11.20 27.11.20	Closed

						<p>22.1.21 – Challenge around vaccine supply chain specific issue around supply of vaccine –raised to a 4</p> <p>29.01.21 – no change</p> <p>05/12.02.21 – no change</p> <p>26.02.21 – reduce to a 3 as not as much media interest – becoming more routine.</p> <p>05.03.21 – no change – receiving quite a lot of challenge from cohort 6.</p> <p>12.03.21 – Reduce score to a 2 as we have consistent positive view in the media with no significant concerns at the moment.</p> <p>19.03.21 – issue raised to a score of 3 due to the mixed communication messages re the Vaccine position with more issues expected.</p> <p>26.03.21 no change</p> <p>09.04.21 – no change messages around second doses and challenging issues around AZ.</p> <p>16.04.21 – no change.</p> <p>23.04.21 – Monday expected national campaign for booking onto the system for covid vaccine.</p> <p>30.04.21 – no further issues to be closed down.</p>			<p>04.12.20</p> <p>11.12.20</p> <p>18.12.20</p> <p>08.01.21</p> <p>15.01.21</p> <p>22.01.21</p> <p>29.01.21</p> <p>05.02.21</p> <p>12.02.21</p> <p>26.02.21</p> <p>05.03.21</p> <p>12.03.21</p> <p>19.03.21</p> <p>26.03.21</p> <p>09.04.21</p> <p>16.04.21</p> <p>23.04.21</p> <p>30.04.21</p>	
CV32	N	10.07.20	ICT	Antigen Testing	NHS Rotherham CCG to provide support for the antigen testing programme	<p>Due to the increased prevalence of Covid 19 in SY the CCG needs to move resources to support antigen testing.</p> <p>13/17/20.07.20 – no change</p> <p>24.07.20 –no change</p> <p>27.07.20 – no change</p> <p>07.08.20 – no change</p> <p>14.08.20 – closed – test centres are established and outbreak board set up.</p>	CE	3	<p>10.07.20</p> <p>13.07.20</p> <p>17.07.20</p> <p>20.07.20</p> <p>24.07.20</p> <p>27.07.20</p> <p>07.08.20</p> <p>14.08.20</p>	Closed
CV33	N	17.07.20	ICT	Infection Rate	2. Workforce Issues	<p>Implications on workforce retesting and shielding of patients.</p> <p>25.09.20 – no change</p> <p>02.10.20 – slight increase in workforce absences across Rotherham place – no change in the CCG</p>	IA	2	<p>18.09.20</p> <p>25.09.20</p> <p>02.10.20</p> <p>09.10.20</p> <p>13.11.20</p> <p>16.10.20</p>	Closed

						<p>09.10.20 – Workforce absence across the place continues to rise, still no change to the CCG risk level raised to 3.</p> <p>16.10.20 – no change</p> <p>23.10.20 – Starting to see an increase in providers including primary care due to isolation, and track and trace.</p> <p>30.10.20 – no change</p> <p>06.11.20 – no change</p> <p>13.11.20 – upgraded to 4 staff absences have increased across all providers affecting nursing and care home staff.</p> <p>20/27.11.20 - no change</p> <p>04/11/18.12.20 – no change</p> <p>08/15/21/29.01.21 – no change</p> <p>05.02.21 reduce score to 3 – improving picture all staff received first vaccination.</p> <p>12.02.21 – no change</p> <p>26.02.21 – getting better.</p> <p>05/12.03.21 – No change.</p> <p>19.03.21 – improving position.</p> <p>26.03.21 – no change.</p> <p>09.04.21 – risk score reduced from 3 to 2 due to improving workforce attendance and reduced absence rates.</p> <p>16.04.21 – no change.</p> <p>26.04.21 – no noise in the system close down.</p>			<p>23.10.20</p> <p>30.10.20</p> <p>06.11.20</p> <p>20.11.20</p> <p>27.11.20</p> <p>04.12.20</p> <p>11.12.20</p> <p>18.12.20</p> <p>08.01.21</p> <p>15.01.21</p> <p>22.01.21</p> <p>29.01.21</p> <p>05.02.21</p> <p>12.02.21</p> <p>26.02.21</p> <p>05.03.21</p> <p>12.03.21</p> <p>19.03.21</p> <p>26.03.21</p> <p>09.04.21</p> <p>16.04.21</p> <p>23.04.21</p>	
CV33	N	17.07.20	ICT	Infection Rate	<p>1. Increased Infection Rate in Rotherham</p>	<p>Rotherham has an increased infection rate, with an R rate of 2.5-3 currently. This is resulting in a heightened activity and media interest as per previous risks.</p> <p>20.07.20 – No change</p> <p>24.07.20 – Infection rate increased on back of additional testing.</p> <p>27.07.20 – Still coming down.</p> <p>07.08.20 – Still coming down.</p> <p>14.08.20 risk reduced to a score of 1.</p>	CE	3	<p>17.07.20</p> <p>20.07.20</p> <p>24.07.20</p> <p>27.07.20</p> <p>07.08.20</p> <p>14.08.20</p> <p>21.08.20</p> <p>28.08.20</p> <p>04.09.20</p> <p>11.09.20</p> <p>18.09.20</p> <p>25.09.20</p>	Closed

					<p>21/28.08.20 – no change 04.09.20 - No change 11.09.20 – numbers are going up – risk raised accordingly. 25.09.20 – increasing – but very slowly. 02.10.20 – Rotherham has just been added to the national watch list 09.10.20 – Infection rate is rising risk level increased to 4. 16.10.20 – no change 23.10.20 – Rotherham moves to Tier 3 on Saturday. Infection rate continues to rise, risk level increased to 5. 30.20.20 – Infection rate plateauing but still high 06/13.11.20 – no change 20.11.20 – Infection rates have decreased over the last 2 weeks from circa 500 to 300 per 100K continuing trend. 27.11.20 – no change 04/11.12.20 – still in tier 3 rate continues to decrease. 18.12.20 – no change 08.01.21 - currently plateaued with slight upward trend. 15.01.21 – 283 this morning 22/29.01.21 – no change 05.02.21 – Still above 200 with a slight downward trend 12.02.21 – trend is levelling off. 26.02.21 – trend is flatlining. 05.03.21 – no change 12.03.21 – downwards trend but not very fast. 19.03.21 – score reduced to a 3, infection rate is coming down, not as fast as we would like still 5th in the country. 26.03.21 – no change</p>			<p>02.10.20 09.10.20 16.10.20 23.10.20 30.10.20 06.11.20 13.11.20 20.11.20 27.11.20 04.12.20 11.12.20 18.12.20 08.01.21 15.01.21 22.01.21 29.01.21 05.02.21 12.02.21 26.02.21 05.03.21 12.03.21 19.03.21 26.03.21 09.04.21 16.04.21 23.04.21 30.04.21</p>	
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						<p>09.04.21 – currently at 90 with the national average at 50, not moving very much with high numbers of asymptomatic illnesses.</p> <p>16.04.21 – awaiting impact of school returning and Easter Bank holiday impact.</p> <p>23.04.21 – PH confident view that we have not been affected by the Easter BH. Rate is reducing slowly, but the rate of decline is not as fast as surrounding areas.</p> <p>30.04.21 Currently at 50 with a national rate at 25. Will be picked up by the Local Outbreak Board and Health Protection Board.</p>				
CV34	N	24.07.20	ICT	Flu Vaccination Programme	Use of CCG resources	<p>24.07.20 added - Flu plan may use CCG resource in planning process to ensure successful campaign. Providing robust process for staff vaccination offer.</p> <p>27.07.20 – Appears ask is double to achievement of 19/20 campaign.</p> <p>07.08.20 – progressing to plan.</p> <p>14.08.20 – no change</p> <p>21.08.20 – no seeking assurance from individual GP Practices re the flu plan and have an overall Rotherham Place flu plan.</p> <p>28.08.20 – no change</p> <p>04/11/18.09.20 - No change</p> <p>25.09.20 – Increased issue with the supply of flu vaccinations</p> <p>02.10.20 – no change</p> <p>09.10.20 – Gp practices delivering flu vaccinations drive through in place risk level reduced to 2</p> <p>16.10.20 – no change</p> <p>23.10.20 – Issue raised to a level 3 due to issues with vaccine supply chain.</p> <p>30.10.20 – no change</p> <p>06.11.20 – no change</p>	IA	2	<p>24.07.20</p> <p>27.07.20</p> <p>07.08.20</p> <p>14.08.20</p> <p>21.08.20</p> <p>28.08.20</p> <p>04.09.20</p> <p>11.09.20</p> <p>18.09.20</p> <p>25.09.20</p> <p>02.10.20</p> <p>09.10.20</p> <p>16.10.20</p> <p>23.10.20</p> <p>30.10.20</p> <p>06.11.20</p> <p>13.11.20</p> <p>20.11.20</p> <p>27.11.20</p> <p>04.12.20</p> <p>11.12.20</p> <p>18.12.20</p>	Closed

						<p>13.11.20 – downgraded to a 2 – numbers really good have already reached the target of 75%</p> <p>20.11.20 – The cohort of over 50's now need vaccinating – raised level to 4.</p> <p>27.11.20 – no change</p> <p>04.12.20 – going well – positive picture</p> <p>11.12.20 – Coming to the end of a successful campaign score reduced to 2.</p> <p>18.12.20 – 50-64 year old programme coming to an end, practices will pick up any further vaccinations on an adhoc basis.</p>				
CV35	N	28.08.20	ICT	Phase 3 recovery planning	The ability of the CCG (and system) to recover services to phase 3 requirements.	<p>28.08.20 – First cut of Phase 3 recovery plan submitted, key challenges include:</p> <ul style="list-style-type: none"> - Recovery of elective care to national expectation - Cancer performance - Mental Health performance and Investment Standard - Delivery of Primary Care re-set expectations - Focus on Support for Social Care and Care Homes. <p>04.09.20 - No change.</p> <p>11.09.20 – Impact of issues/delays with testing following children going back to school.</p> <p>18/25.09.20 – no change</p> <p>02.10.20 – no change</p> <p>09.10.20 – AY met the September target for electives risk level reduced to 3.</p> <p>16.10.20 – no change</p> <p>23.10.20 – Due to covid pressures there has been some cancellation of non-urgent elective procedures – risk level raised to 4. Also impact on CHC recovery and return to normal.</p> <p>30.10.20 – Increased to a 5. Electives stopped apart from P1 and 2 patients Cancer.</p> <p>06/13/20/27.11.20 – no change</p> <p>04/11/18.12.20 – no change</p>	IA	<p>28.08.20</p> <p>04.09.20</p> <p>11.09.20</p> <p>18.09.20</p> <p>25.09.20</p> <p>02.10.20</p> <p>09.10.20</p> <p>16.10.20</p> <p>30.10.20</p> <p>06.11.20</p> <p>13.11.20</p> <p>20.11.20</p> <p>27.11.20</p> <p>04.12.20</p> <p>11.12.20</p> <p>18.12.20</p> <p>08.01.21</p> <p>15.01.21</p> <p>22.01.21</p> <p>29.01.21</p> <p>05.02.21</p> <p>12.02.21</p> <p>26.02.21</p> <p>05.03.21</p> <p>12.03.21</p> <p>19.03.21</p>	Closed	

					<p>08.01.21 – same 15.01.21 – real concern escalated to cancer alliance and NHSE. 22/29.01.21 – no change 05.02.21 – no change – starting to work on the “Rotherham Reset”, and how to get the elective ward back on track. 12.02.21 – expecting to convert at the end of March. 26.02.21 – still on plan to open an elective ward next week. 05.03.21 – start of elective ward next week, no clear plans as yet. 12.03.21 – seeing movement – focus on recovery in the acute setting. 19.03.21 – issue split into Acute sector recovery and community sector recovery.</p>				
				1.Acute system recovery	<p>2 elective wards now open – putting a bit of pressure on the hospital. 26.03.21 – bed state improving – goods signs to get back on track take stock next week. 09.04.21 – risk score reduced from 5-4 contract performance meeting yesterday TRFT overachieved in March against the plan. Not expected to be as good in April, wards are open. 16.04.21 – score moved from 4 to 3. 7 covid positive patients in hospital, best position for a while. 23.04.21 – remain at 3 – looking positive. 30.04.21 – Issue ongoing will be picked up by the ICS.</p>	3	<p>26.03.21 09.04.21 16.04.21 23.04.21 30.04.21</p>		
				2. Community system recovery	<p>Still pressured in community with invisible waiting lists e.g. shielded patients not seen for a year, diabetic reviews etc.</p>	4	<p>26.03.21 09.04.21 16.04.21 23.04.21 30.04.21</p>		

						<p>26.03.21 further commitment from community to complete the roll out of the vaccine programme, possibly impacts on community system recovery.</p> <p>09.04.21 – risk score reduced from 5-4. Backfill of workforce using expansion fund money. People on waiting lists, waiting much longer than normal.</p> <p>16.04.21 – Still pressure on some parts of the system – no change</p> <p>23.04.21 – no change</p> <p>30.04.21 – Issue ongoing, will be picked up by the community performance meeting.</p>				
CV36	N	30.10.20	ICT	Significant System Pressure	Impact on delivering services	<p>30.10.20 –System pressures increasing.</p> <p>06.11.20 – staffing levels causing issues across all services</p> <p>13/20.11.20 – no change</p> <p>27.11.20 – Rest of system doing better, but TRFT still struggling due to patient acuity, winter pressures plus covid</p> <p>04.12.20 – no change</p> <p>11.12.20 – hospital flow has improved risk score reduced to a 4</p> <p>18.12.20 – no change</p> <p>08.01.21 – no change</p> <p>15.01.21 – Critical care becoming more of an issue</p> <p>22/29.01.21 – no change</p> <p>05.02.21 - reduce score to 3 this is a much improved picture.</p> <p>12.02.21 – Critical care still very busy</p> <p>26.02.21 – score reduced from 3 to a 2 covid levels in hospital decreased, critical care back to normal levels.</p> <p>05.03.21 – change in emphasis – pressure reducing in the hospital whilst increasing in other areas – PC, MH etc.</p>	JT	<p>30.10.20</p> <p>06.11.20</p> <p>13.11.20</p> <p>20.11.20</p> <p>27.11.20</p> <p>04.12.20</p> <p>11.12.20</p> <p>18.12.20</p> <p>08.01.21</p> <p>15.01.21</p> <p>22.01.21</p> <p>29.01.21</p> <p>05.02.21</p> <p>12.02.21</p> <p>26.02.21</p> <p>05.03.21</p> <p>12.03.21</p> <p>19.03.21</p>	Closed	

					<p>12.03.21 – no change. 19.03.21 – Issue split into acute system pressure and community system pressure.</p> <p>1.Acute system pressure Pressure in the hospital is improving. 26.03.21 – no change 09.04.21 – still under pressure possibly due to the impact of Easter – not a trend change. RDaSh have no Adult beds pressured MH services. 16.04.21 - Still pressure on some services e.g. MH, eating disorders, some issues not caused by covid but impacted by covid. 23.04.21 – no change 30.04.21 – Issue ongoing, will be picked up by the A+E operational group.</p> <p>2.Community system pressure The wider system is still challenged. 26.03.21 – no change 09.04.21 – no change 16.04.21 – No change – ACTION: Look at how we describe the pressures. 23.04.21 – no change 30.04.21 – Issue ongoing – will be picked up by the A+E operational group and PCN Directors.</p>		2	26.03.21 09.04.21 16.04.21 23.04.21 30.04.21		
CV37	N	13.11.20	ICT	Covid Vaccine	System delivery of the Covid vaccine	Preparations for the covid vaccine delivery. Currently so many unknowns to form a proper delivery plan. 20/27.11.20 – no change 04.12.20 – uncertainty around availability of vaccine, storage and cohorting of patients. 11/18.12.20 – no change 08.01.21 – no change 15.01.21 – reduced from a 5 to a 3 – on plan to meet the prime minister’s projection, public perception is really good.	IA	3	13.11.20 20.11.20 27.11.20 04.12.20 11.12.20 18.12.20 08.01.21 15.01.21 22.01.21 29.01.21 05.02.21 12.02.21 26.02.21 05.03.21	Closed

					<p>22.01.21 – increased risk due to uncertainty around supply chain changed to 4.</p> <p>29.01.21 – no change, enough vaccine coming into system to hit first National target. Currently planning for second dose.</p> <p>05.02.21 – all vaccines promised, have been received, expected to hit first national target, reduce score to 3</p> <p>12.02.21 – no change.</p> <p>26.02.21 – new targets received for further cohorts for first vaccine supplies reduced for first couple of weeks in March, making it challenging.</p> <p>05.03.21 – no change</p> <p>12.03.21 – High risk around 2nd doses score increased to 5 to reflect this risk.</p> <p>19.03.21 – really tricky situation, second dose notification for the 29th</p> <p>26.03.21 - no change</p> <p>09.04.21 – some positive stories but still challenges around second vaccines and added AZ effect.</p> <p>16.04.21 – changing guidance and changing issues, staffing centre and vaccine deliveries etc.</p> <p>23.04.21 – The programme is progressing really well, reduce to 3 with increased control over 2nd dose vaccinations. Future first dose not to the level originally planned.</p> <p>30.04.21 – issue ongoing – already considered by the SY Vaccination group and Rotherham Vaccination group.</p>			<p>12.03.21</p> <p>19.03.21</p> <p>26.03.21</p> <p>09.04.21</p> <p>16.04.21</p> <p>23.04.21</p> <p>30.04.21</p>	
CV38	N	13.11.20	ICT	Covid Virtual Ward (Pulse Oximetry)	<p>System delivery of the Covid virtual ward</p> <p>Model in place which is supported across the system – issue is around staffing to deliver the model.</p> <p>20.11.20 – no change</p>	JT	2	<p>13.11.20</p> <p>20.11.20</p> <p>27.11.20</p> <p>04.12.20</p> <p>11.12.20</p> <p>18.12.20</p> <p>08.01.21</p>	Closed

						<p>27.11.20 priority increased to 5 – notification from TRFT that they won't provide support for pulse oximetry.</p> <p>04.12.20 – still not implemented, should be implemented Monday with a non-compliant pathway.</p> <p>11.12.20 – no change</p> <p>18.12.20 – reduce score to a 4, system and process in place.</p> <p>08.01.21 – reduced from 4 to 2 full arrangements in place to start Wednesday.</p> <p>15.01.21 – closed – now fully implemented.</p>			15.01.21	
CV39	N	15.01.21	ICT	Implementing Oximetry monitoring	Impact of oximetry guidelines on secondary care	<p>SOP's published Wednesday confirming peoples attending A+E with COVID not significant enough for Admission to be sent home with pulse oximetry monitoring in place. Process already in place for discharges via breathing space, possible issue with UECC.</p> <p>22/29.01.21 – no change</p> <p>05.02.21 – no change</p> <p>12.02.21 – scheme going really well, 45 oximeters circulating – risk closed.</p>	JT	3	15.01.21 22.01.21 29.01.21 05.02.21 12.02.21	Closed
CV40	N	30.07.21	OE	Vaccination Programme Phase 2		Non issue	IA		06.08.21	Closed
CV41	N	30.07.21	OE	Vaccination Programme Phase 3	1. 16/17 yrs Booster programme	<p>Potential decision around 16/17 and booster programme – decision from JCVI expected, issues with mobilisation timing with Winter and flu season</p> <p>Had the directive through now. Attending open sessions final PCNS pulling plans together.</p> <p>1. 20.08.21 – programme has started and is progressing well – vaccination update</p>	IA	3	06.08.21 13.08.21 20.08.21	Closed IA/SC

						<p>meeting will pick up this action going forward</p> <p>2. 20.08.21 – Not commenced yet, awaiting guidance from JCVI. Vaccination Update meeting will pick up going forward</p>				
CV42	N	30.07.21	OE	Communications		Non issue	CE		06.08.21	Closed
CV43	N	06.08.21	OE	Staffing	Lack of staff due to sickness and track and trace	<p>Services have changed the exclusion criteria for staff who have been pinged by NHS Track and trace. NHS workforce further depleted due to annual leave</p> <p>Track and trace less of an issue – reduce to 3. Issue now but will deescalate next week.</p> <p>20.08.21 - Slightly improved position following the changes on the 16.08.21. Will be picked up by OE and other internal provider organisation meetings.</p>	JT	3	06.08.21 13.08.21 20.08.21	JT Closed
CV44	N	06.08.21	OE	System demand pressures	Demand on the system causing pressures across all services	<p>43 covid patients in TRFT, Primary Care is busy. Electives including cancer have been cancelled. P1 patients are significantly high in Rotherham than any other area. JT to request mutual aid. No obvious exit point from this scenario.</p> <p>Number of patients gone up. Silver discussion this is going to be the norm. Request step down will go to Gold and create MS teams to communicate significant issues if they arise. System pressure at level where they will stay.</p>	JT	5	06.08.21 13.08.21 20.08.21	JT Closed

						20.08.21 – teams channel created for the system to be able to report any concerns to the previous silver command group for support				
EE1	N	20.11.20	ICT	EU Exit transition agreement	Impact of lack of trade agreements	<p>Supply chain for medicines may slow or stop, opportunity for market fluctuations – possible finance pressure.</p> <p>27.11.20 – no change</p> <p>04/11/18.12.20 – no change</p> <p>08/15/22/29.01.21 – no change</p> <p>05/12.02.21 – no change</p> <p>26.02.21 – Price pressures expected to come through from suppliers e.g. mediquip – score raised to a 1.</p> <p>05/12.03.21 – no change.</p> <p>19.03.21 – taken up to a 2 due to the national issues with infusion pumps affecting TRFT.</p> <p>26.03.21 – decision to close as partners are standing down their responses and deadlines have been pushed back – note this may be re-opened at a later date if required.</p>	SL/WA	2	<p>20.11.20</p> <p>27.11.20</p> <p>04.12.20</p> <p>11.12.20</p> <p>18.12.20</p> <p>08.01.21</p> <p>15.01.21</p> <p>22.01.21</p> <p>29.01.21</p> <p>05.02.21</p> <p>12.02.21</p> <p>26.02.21</p> <p>05.03.21</p> <p>12.03.21</p> <p>19.03.21</p> <p>26.03.21</p>	Closed

Enc 2. Actions from Rotherham Place Silver Meeting

Ref	Action	Who	Status
16th August (Monday)			
1.	JT to discuss with GB any hospital transference of Covid infection that is occurring.	JT	Complete
13th August (Friday)			
1.	GB requested Comms to go out to PC to inform of current situation within the system. JT agreed to take forward.	JT	Complete
11th August (Wednesday)			
1	The group discussed stepping down Silver meetings as there were no actions to support place that were not already completed in other meetings. It was suggested to meet by exception and use MS Teams channel for updates – JT to raise at ICT to ascertain agreement.	JT	Complete
9th August (Monday)			
1.	Discussion with Sheffield/Rotherham re P1 patients	MH	On-going
2nd August (Monday)			
No Actions			
30th July (Friday)			
No Actions			
28th July (Wednesday)			
1.	IA/GB to try to make the information on Covid admissions available where possible	IA / GB	
2.	SN to feedback to the group on staffing and locum position	SN	
26th July (Monday)			
1.	Adult MH 136 beds – to update on progress	RDASH	
2.	CS to speak to Paul Theaker to arrange meeting with RMBC/CCG/TRFT/PC re Children's Services.	CCG	
22nd July (Thursday)			
1.	Data around patients in hospital.	TRFT/CCG/RMBC	Complete
2.	Discharge Planning – continuation of discharge planning. Designated red beds conversation	TRFT/RMBC	On-going
3.	PTS Transport – discharge look to other resources	TRFT/CCG	On-going
4.	Guidance agreed across partners in Rotherham and will come out this afternoon for implementation. Use of PCR and Lateral Flow tests for staff.	TRFT/RMBC	On-going
5.	PCN Hot site set up.	CCG/PC	On-going
6.	Social Prescribing MH support – enhance.	VAR/CCG	Complete
7.	RDASH Children's to write to CCG re Tier 4 beds.	RDASH	On-going
8.	Hospice – Palliative Care expedite discharge.	TRFT	On-going