NHS
Rotherham
Clinical Commissioning Group

Minutes of the Rotherham System Resilience Group
Wednesday 3 February 2016, 9.00am in room G.04, Oak House

Attendees	**RCCG:** Chris Edwards – Chair (CE), Julie Kitlowski (JK), Sue Cassin (SC), Ian Atkinson (IA), Dominic Blaydon (DB), David Clitherow (DC), Tim Douglas (TD), Gordon Laidlaw (GL), Lydia George (LG), Rebecca Chadburn (RC), Jacqui Tufnell (JT), Jo Martin (JMa), Alex Henderson-Dunk (AHD), Alun Windle (AW) **TRFT:** Maxine Dennis (MD), Chris Holt (CH), John Miles (JMi),) **RMBC:** Sam Newton (SNew), Sarah Farragher (SF) **RDASH:** Debbie Smith (DS) **NHSE:** Karen Chaplin (KC) **YAS:** Sharron Nelson (SNel) **Care UK:** - **VAR:** Janet Wheatley (JW) **LMC:** Bipin Chandran (BCh) **In attendance:** Russell Brynes (RB), Kate Tufnell (KT)
Apologies	Louise Barnett, Mark Janvier, Graeme Betts
Conflicts of Interest	None registered

1	**Mental Health/ Learning Disability QIPP Update**
	KT/RB provided an update on the work of the MH/LD QIPP group. The update covered stakeholder engagement, service re-design proposals, Improved Access to Psychological Therapies, primary care dementia pathway and social prescribing. JW added that the social prescribing project had been slow to start and that the evaluation is not complete however anecdotal evidence is very positive. DS had nothing further to add and confirmed that she is happy with the progress of the group. SRG thanked KT/RB for the update.
2	**Urgent Care Position**
	A&E Performance - as at 3 February, performance for Q4 was 88.20% and YTD 92.38%. MD reported that performance in January had been mixed and the position remains challenging. The last two weeks have seen a slight increase in A&E attendances with the greatest cohort of patients being children and the over 65's. 8 additional flex beds have been opened in addition to the 26 winter beds. Rotherham benchmarks mid table nationally in terms of performance and conversion rates, although some days are high at around 20-22%. It was noted that acute admissions via Admissions Medical Unit and GP referrals are greater than by A&E. TRFT have asked the Emergency Care Intensive Support Team (ECIST) back to undergo further work, this will be acute focussed initially. However, it was agreed that CH and SNew would scope a next stage for ECIST to include RMBC. ***Action: CH / SN*** Long term locum consultants have been secured with the first commencing this month. MD added that GPs are not used to maximum impact and that there are issues in terms of effective triage.

	JMar explained that this is possibly a result of the current GPS in A&E being non-Rotherham GPs. A job description for the role is currently being finalised, but it is envisaged that the GPs who would be suitable for the role are currently working in the Walk-in-Centre. JK queried if there could be some rotation to address the issue. ***Action: DB and JMar to discuss.*** ***Enc 2.2 – SRG Activity Report*** AHD reported that, compared to the same period last year, overall emergency admissions are up 1.4% (emergency admissions have increased and emergency assessments have decreased considerably). A&E attendances are slightly down at TRFT and up at other trusts. The remainder of the report is a summary of NHS111 and YAS. **Enc 2.3 Care UK Performance Report** was noted. DB added that there were 2 occasions where 'immediate and necessary' had been implemented (14 and 26 January). DB will pick this up within the contract negotiations. ***Action: DB***
3	**Full review of the TRFT A&E High Level Action Plan**
	CH explained that there is a more detailed action plan used internally at TRFT which incorporates actions from the winter plan, 4 hour access actions and the contract query. CH briefed SRG on each of the actions within the plan. In terms of the 'red' rating: • ***AMU to 'pull' from ED to support timely transfer*** – CH explained that this action links to action 4 to '*implement a Transfer Team dedicated between ED and AMU*', which is dependent upon recruitment. CH assured SRG that all actions and process are in place. Following discussion, JK agreed to discuss with GL whether there is anything further that can be done in terms of self care and how to explore what other areas are doing. DC agreed that increased self- care and patient education is important. JMar added that work is to commence on the 'advice and guidance' pathway as part of the emergency centre. ***Action: JK to raise patient self- care with SCE***
4	**Ambulance Performance**
	The 8 minute response time for Rotherham in December was 66.8%. Progress has been made with regards to the HALO and it has been established that there is a presence from YAS at TRFT, however this needs to be embedded. The standard escalation plan for South Yorkshire has been shared with TRFT, all areas come under the same plan but with different trigger points. The HALO is included in the plan. ***Action: SNel to forward the plan to LG to share with SRG*** Hospital diverts remain an issue for South Yorkshire and handover times at Sheffield still require improvement, however there has been progress and Sheffield have adopted the escalation plan. Figures for the Pathfinder in Rotherham are very positive, 'see, treat and refer' is 83% compared to 17-20% in other areas. ***Action: SNel, MD and CH to finalise escalation plan with TRFT.*** ***Action: CE and MD to inform the Urgent and Emergency Care Network of the YAS escalation plan.***
5	**Delayed Transfers of Care**
	Continuing Healthcare (CHC) AW reported that the CCG recognised that there has been an increase in TRFT patients awaiting assessment for CHC. Currently TRFT are responsible for undertaking these assessments and those for community placed 'spot purchased beds'. The increasing difficulty in completing the assessments and delivering the current level of care has resulted in the standard of the assessments not being suitable for the CCG to make a care or funding decision.

In order to address the current delays, the CCG approved the recruitment of two nurses to undertake the assessments and make funding decisions once the DST has been undertaken. Recruitment should be completed in May, in the interim the current CHC service has identified 10 available slots for TRFT assessments.

There are approximately 620 CHC funded patients in Rotherham, of which there are approximately 15 in hospital and the remainder in the community.

MD added that the move to one panel a week is causing issues, there are 12 patients who need to go to panel and there needs to be sufficient capacity to address. SNew added that the decision to reduce the number of panels was made jointly and discussions are needed if the decision is to be redressed. AW suggested that previous agreement with SNew was that social work capacity would be shared between CHC panels and PUPoC Panels (PUPoC stands for Previously Unassessed Periods of Care – previously known as Retrospective Claims). AW suggested that he needed to discuss outside of the meeting the need of social care to attend both panels.

Action: AW, CH, SN and SF to meet to discuss the following and report back to the next meeting:

- Agree the process for recording DTOC using best practice
- Agree the 'number' of CHC patients using standard data set and availability of local authority for panels
- Agree a shared interpretation of the Care Act

TRFT Delayed Transfers of Care

CH presented enc 5.1 which aims to provide an overview of some of the current issues and challenges around the management of delayed discharges and delayed transfers of care and to provide suggested recommendations.

SNew reported that RMBC had not been engaged in the production of the paper or in the provision of the data. RMBC requested the opportunity to provide their perspective on the issues raised at the meeting. The issues require a more in-depth discussion to reach a shared understanding of fact and opinion.

CE concluded that SRG should not consider the recommendations today in their current form. He asked for an urgent meeting to take place within the next few weeks with relevant members of SRG to:

- consider the content and recommendations within the paper
- ensure that the final version of the paper takes RMBC's concerns into account
- provide RMBC with the opportunity to comment on the accuracy of the data and the opinions expressed in the paper.

A jointly agreed paper should then be produced for the next meeting.

Action: DB to set up the meeting to include the following attendees - DB, AW, SN, SF, CH, MD and Helen Green.

<u>Post meeting note</u> – meeting provisionally arranged for Monday 15 February.

Members were asked to involve partners in the production of any future papers, as appropriate.

RDaSH Delayed Transfers of Care

DS presented enc 5.2, the data shows that the issue that existed 15/16 months ago is now resolved.

6	**Summary of Escalation Tool**
	CH presented the TRFT Escalation Management System, the key aims of the system are to: • Establish a structured system that responds to and reflects pressures • Set an escalation level for organisations • Provide visibility to partners on pressures • Allow escalation plans to be developed to support action required • Allow focus on hotspot areas • Ability to be rolled out to partners JMar thought it was an excellent tool that would be useful for the Walk-in-Centre. DB added that he is working with CH to develop an escalation process for medically fit patients. KC pointed out that last year NHS England introduced a common escalation process for all SRGs and that this system has the potential to be a local approach to fit with that process. CH confirmed that it would take 6-12 months to build up the system and for it to be embedded. ***Action: It was agreed that Care Uk should be added to the list of partners to be engaged with the system and that CH would produce a work plan / next steps for taking forward the system and bring back to the next meeting.***
7	**Ward Rounds Strategic Summary**
	JK reported that enc 7 is for information, it provides an update against a number of strategic issues identified during the early implementation of the weekly 'MDT / GP ward rounds'. JMi added that output data from the MDTs is available and agreed to bring a sample of the data to the next meeting***. Action: JMi***
8	**Winter Communications**
	GL reported that the winter communications plan is on track. A weekly teleconference has been introduced for SRG communication leads to cover the system pressures. Head of Communications for each organisation met to develop a forward plan of joint campaigns for 2016 and to look at lessons learnt from past campaigns. The impact of the VAR work is to be evaluated. JK asked if there had been any cultural issues and JW explained that the volunteers included people from BME communities. The evaluation would identify any areas of concern from the project to be addressed going forward. GL confirmed that there is a separate piece of work around the emergency centre communications. It was agreed that the Communications Strategy for the emergency centre would be brought to a future meeting, this would include the plans for the future usage of RCHC. ***Action: GL***
9	**NHS England Correspondence**
	Enc 9.1 and 9.2 - KC explained that it is an NHS England expectation that local processes are reviewed to incorporate the timeline and roles and responsibilities set out in the updated guidance of the '12 hour breaches of A&E waiting time standard'. BCh reported that a discussion will take place on a local agreement at the contract quality meeting. ***Action: BCh***

	Enc 9.3 – the draft templates for the SRG Operational Resilience plan, required for submission on the 8 February, were shared for information.
10	**Risks and Items for Escalation**
	SRG reviewed the risk log, no changes were made. No items identified for escalation.
11	**Minutes of the Meeting held 6 January 2016**
	All actions were complete or picked up earlier in the minutes, with the following exception: • CE asked NHSE if they were aware of any CCG that had made decisions in relation to Avastin and Lucentis. ***Action: MJ to investigate and respond to AB/IA.***
12	**Outstanding Matters Arising not covered in the Meeting**
	SNel reported that the post code analysis showed relatively low numbers and nothing of significance that would impact on Rotherham performance. SNew reported that a sub-group has been established to focus on 7/7 working.
13	**Standard Agenda Items**
	March Meeting • Update from 4 QIPP Committees (MMC in March) • Urgent Care Performance - • Ambulance Performance – Sharron Nelson • Winter Communications – Gordon Laidlaw • TRFT Delayed Transfers of Care – Updated paper – sub-group • MDT Ward Round Data – John Miles • Escalation Tool Next Steps – Chris Holt **Future meeting:** Communication Strategy for Emergency Centre
14	**Date of Next Meeting**
	2 March 2016, 9.00am in room G.04 Oak House