

Action Points of the Rotherham System Resilience Group
Wednesday 12 October 2016, 9.00am in room G.04, Oak House

Attendees	RCCG: Chris Edwards – Chair (CE), Julie Kitlowski (JK), David Clitherow (DC), Tim Douglas (TD), Ian Atkinson (IA), Sue Cassin (SC), Gordon Laidlaw (GL), Jacqui Tufnell (JT), Dominic Blaydon (DB), Lydia George (LG) TRFT: Louise Barnett (LB), Jon Miles (JMi), Chris Holt (CH), Maxine Dennis (MD) RMBC: Sarah Farragher (SF), Giles Ratcliffe (GR) RDASH: - NHSE: Mark Janvier (MJ) YAS: Angela Harris (AH) Care UK: - VAR: Janet Wheatley (JW) LMC: Bipin Chandran (BC)
Apologies	Sarah Lever, Anne-Marie Lubanski, Sam Newton, Phil Foster, Debbie Smith
Conflicts of Interest	Members were asked to register conflicts of interest at the beginning and then throughout the meeting as necessary, none were registered.

1	Urgent and Emergency Care Position	9:00am (30 mins)
1.1	Current Performance	
	A & E Performance <ul style="list-style-type: none"> Current performance is 92.76%, which is 92.2% for Q2 and 91.42% YTD. Performance is challenged by fluctuations in and high volumes of attendance, issues with locum medical staff and gaps on rotas. Recruitment remains ongoing with the use of open days and recruitment agencies. Some analysis has been produced on A&E attendances which shows an increase in attendances by children, 75-85 year olds and by ambulance. AH reported that YAS have undertaken work around care home admissions and Rotherham is particularly high, with 70% being in hours admissions. Action: AH to share the data. Action: DB and JT to look at the information. JT to liaise with outlying practices and liaise with SF with regard to outlying care homes who will involve the contract compliance team as appropriate. JK commented that this ties in to community transformation work. Action: discuss at the community clinicians forum on 7 November. CH reported low ambulance conversion rates, AH suggested looking at how many had clinical interventions before conveyance. DB added that there is an increase in the number of 111 and increase in numbers resulting in an ambulance. Action: AH will draw data to see how many 999 calls are from 111. JK queried if we could have a Rotherham protocol for care home responses. AH added that this has been developed in other areas and she would share examples. It was agreed that DB would liaise with paramedics around the use of the care co-ordination centre. CH suggested that a separate meeting takes place to look at issues/suggestions raised above from today's meeting. Action: DB, CH, JT and AH would meet to discuss. 	
	Progress with A&E Action Plan <ul style="list-style-type: none"> SL presented the action plan and highlight report, and suggested that they come to each A&E Delivery Board. 	
	Contract Novation <ul style="list-style-type: none"> Current target date is 1 November. 	
	Care UK Activity Report <ul style="list-style-type: none"> WIC activity has remained reasonably static. There have been 5 'immediate and necessities', all taking place at the end of the day. OOH activity seems to be going down, which is consistent with earlier conversations. 	

Ambulance Performance

- Members noted the performance reports at enc 1.1d and noted the workforce issues raised by AH.

2 Winter Planning

2.1 Draft 2016/17 Rotherham Winter Plan

CH provided the group with a presentation, which covered actions from last winter, key messages and the 'known knowns'. He explained that ultimately to address the gap we need to work as a system to increase bed capacity or manage/reduce bed demand.



Winter Plan
1617.pptx

Members thanked CH for the in-depth analysis, the following comments were made:

- JMi reported that there is a significant opportunity for community physicians to support the spikes seen on Mondays through a rapid access clinic. **Action:** JMi and JK are to meet to discuss.
- A further conversation is needed around requests for domiciliary visits.
- We need to understand what systems would be useful in primary care and to ensure these are in place by early November.
- IA and CH are visiting Woodlands today and meeting with RMBC regarding Horizon on Monday in relation to additional beds.
- LB reported that TRFT are taking actions to address the spikes seen on different days.
- Members recognised that it is a system issue.
- AH reported that in York they have direct admission to step up beds and in Bradford there is work around direct phone calls with geriatricians. She agreed to share the innovations.
- Action:** CH, DB, JT and AH will meet to discuss by the end of next week.

Winter plan

- DB reported that the plan was submitted on 30 September along with the A&E Delivery Board Plan, comments received at the last meeting had been incorporated.
- MJ added that the plan is robust and presentation ally excellent. He suggested adding learning from last year and to expand on the additional actions agreed.
- Action:** DB will share the latest iteration with MJ, who is happy to continue the dialogue with DB.

2.2 A&E Delivery Plan / System Resilience Monies

- DB reported that the A&E Delivery Plan and the schedule for system resilience monies had been submitted alongside the Winter Plan.
- The A&E Delivery Plan outlines how the five 'must dos' will be addressed.
- Members endorsed the plan.
- MJ confirmed that there are discussions nationally around the system resilience monies.

2.3 System wide Escalation and Implementation Plan

- IA reported that organisations are working jointly to co-ordinate the implementation of the escalation plan.
- Key to its success will be senior level input and the identification of super-users in each organisation to own the tool.
- Nominations for super-users to be forwarded to DB by the end of the week.
- Senior level leads are; CCG(Ian Atkinson), RMBC (Anne Marie –Labanski), RDASH (Debbie Smith) and TRFT (Chris Holt).

3 Communications

3.1 NHS England Communications

MJ reported that:

- NHSI have written to trust executives regarding sitrep reports.
- A letter from NHSI and NHSE regarding winter reporting arrangements is expected.

MJ thanked DB for the winter plan and the transparency observed in its development.

3.2 Rotherham Communications Update, including Winter Comms

- GL had circulated the draft communications plan for comment
- Flu vaccines starts today.
- A&E Delivery Board communications leads are meeting in Leeds on Monday.
- There are two key areas to highlight in the plan; vulnerable patient needing to be in A&E and flu vaccine / the 'catch it, bin it, kill it' campaign.
- We will be reinforcing local messages with national messages over the winter.
- We want to do more targeted work and will look at the top 10 conditions presenting at A&E and co-ordinate activity accordingly.
- JW added that VAR would be interested in supporting the targeted work.
- We will use existing materials and will ensure consistent messages are used on websites etc, across all partners.

4 **Standard Agenda Business** **10:20am (20 mins)**

4.1 Risks / items for escalation, including review of Risk Log

The risk log was reviewed and the following amendments made:

- Removed: Junior doctors strike
- Added: Risk of delivering the winter plan and insufficient bed capacity for winter

4.2 Minutes and matters arising of the meeting held on 17 August 2016 / Terms of Reference

- The notes were agreed.
- The updated terms of reference were noted

4.3 Outstanding matters arising not covered in the meeting

None

4.4 Future Agenda items:

- Evaluation of 7 day working for social care – November
- Reconfiguration of Care Homes / Intermediate Care - November

4.5 Date of next meeting – 7 December 2016 at 9.00am in G.04, Oak House

Minutes approved at 09 11 2016 meeting