

**Minutes of the Rotherham System Resilience Group
Wednesday 9 December 2015, 9.00am in room G.04, Oak House**

Attendees	<p>RCCG: Chris Edwards – Chair (CE), Julie Kitlowski (JK), Sue Cassin (SC), Ian Atkinson (IA), Dominic Blaydon (DB), David Clitherow (DC), Gordon Laidlaw (GL), Tim Douglas (TD), Lydia George (LG), Alex Henderson-Dunk (AHD), Jacqui Tufnell (JT)</p> <p>TRFT: Maxine Dennis (MD), Chris Holt (CH)</p> <p>RMBC: Graeme Betts (GB), Jo Abbott (JA), Sarah Farragher (SF)</p> <p>RDASH: Debbie Smith (DS)</p> <p>NHSE: Mark Janvier (MJ)</p> <p>YAS: -</p> <p>Care UK: -</p> <p>VAR: Janet Wheatley (JW)</p> <p>LMC: Bipin Chandran (BCh)</p> <p>In attendance: Anand Barmade (AB) Item 1</p>
Apologies	Michelle Teague (CUK), Conrad Wareham (TRFT), Rebecca Chadburn (CCG), Sharron Nelson (YAS), Jo Martin (CCG/TRFT), Louise Barnett (TRFT)
Conflicts of Interest	None registered
1	Clinical Referrals Management Committee Update
	<p>IA provided the group with an update of the work of Clinical Referrals Management Committee including performance against the activity trajectories.</p> <p>CRMC are currently prioritising specific areas, totally 10 projects, with the aim of completing each project within approximately 16 weeks (as shown in appendix 1 of enc 1).</p> <p>Evidenced based restrictions for 4 areas were introduced from 1 April 2015, CRMC are currently in the process of reviewing further procedures of limited clinical value.</p> <p>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.</p>
2	Urgent Care Position
	<p>2.1 A&E Performance</p> <p>MD reported that as at 8 December, performance for Q3 was 91.81% and YTD 93.45%.</p> <p>December is proving equally difficult. Attendance is similar to last year, experiencing peaks and troughs. There is a significant increase in ‘medically fit for discharge’ patients. Locum doctor rotas continue to be difficult to fill. A Contract Query has been raised as a result of performance.</p> <p>CH added that up to Friday the position had been relatively positive, however the weekend had proved challenging. In addition, the ED decant had added an additional pressure and performance had dipped. As a result Silver Command was implemented on Monday, earlier than planned (original plan was 2 weeks before Christmas) and up to mid January.</p> <p>CE asked if there was anything members of the SRG could do to support. CH confirmed that he is in contact with most organisations daily. MD added that whilst there are effective discussions with partners, not all actions within the winter action plan discussed at the last meeting were complete.</p>

MD reported that changes had been made to the **TRFT High Impact Actions to Support the Winter Plan** received at the last meeting. It will be further consolidated after the extra-ordinary contract meeting CCG on Thursday and will then be on the agenda for January. **Action: MD/CH to forward updated action plan for agenda**

The following updates were reported:

Action	SRG discussion: 11 November meeting	Update at 9 December meeting
RMBC		
Access to 7-day social work services	Named social worker for every Ward Mon to Fri – agreed. TRFT and RMBC to progress. 2 x social workers available Sat and Sun – pilot starting soon.	The pilot had gone well and had received positive feedback. GB reported that RMBC are working towards the introduction of 7 day working moving forward.
Flexible use of Intermediate Care beds	It was agreed that the criteria needed to be reviewed to be flexible enough to meet the needs of the hospital and social care services. Work was also ongoing to understand demand and how to streamline assessments. A meeting was scheduled for 26 November 2015 to discuss. It was agreed that this also needs to form part of the escalation process work. CS added that the Intermediate Care service was also undergoing a full review.	See actions and recommendations within the paper to be discussed later on the agenda
Primary Care Services		
Weekly GP and MDT Ward Rounds	These had started and had proved helpful, focussing on facilitating discharges.	As discussed under item 2.2 on today's agenda CH, DB and SF to discuss the remit of the ward rounds and how they can best support the discharge process of patient medically fit for discharge.
GP Clinics running into the evening up to 7.00pm and at weekends	CE reported that the following GP cover was in place: <ul style="list-style-type: none"> - Walk in Centre open 8.00am to 9.00pm 7 days - 24 out of 34 GP practices offer extended access - A new extended access Local Enhanced Service had been put out to GPs to provide additional GP appointments in 3 locations. 	The LES did get some interest but not sufficient to open 3 hubs. There is additional capacity at the walk in centre above normal capacity. Action: DB to confirm. No pharmacies open in Rotherham on Christmas Day. This was seen as a risk and MJ agreed to take forward. MJ reported that urgent dental services are available throughout the Christmas holiday period except for Christmas Day. Action: MJ agreed to share information regarding dental and pharmacy openings. Post meeting note – Lo's pharmacy is open restricted hours on Christmas Day.
YAS		
Allocation of	SN to discuss with locality director at YAS; it	Action SN: TRFT are still awaiting the

HALO on site at Rotherham hospital	would be difficult to provide this 24/7 but there could be some compromise.	allocation of a HALO.
RDaSH		
7-day access to the Adult Mental Health Liaison Service	Some recent issues with the Adult Mental Health Liaison Service had been resolved and the service was now working well. There were some ongoing concerns regarding response times from CAMHS. SS commented that RDaSH acknowledged these problems and that there was a separate group and action plan in place to address these.	The issues are part of the whole CAMHS reconfiguration.
Rotherham CCG		
Commission generic step-down beds for spot purchase	It was agreed that a process for purchasing spot purchase needed to be developed and agreed. Intelligence on how care homes would be selected was available and would be used to inform this. Communications to GPs also needed to be improved and considered as part of this process.	Actioned.

2.2 SRG Activity Report

AHD reported that in comparison to the same period last year there has been an increase in admissions of 1.8%, this does not include activity where there is a coding issue, if this is added back in the increase is more like 3.8%. There is a notable increase in admissions in the 80+ year olds. Emergency assessments are down by 18.9% compared to last year. Overall, combined assessments and admissions are down by 3.6% compared to last September's figures.

CH reported that Care UK had implemented 'immediate and necessary' last night. **Action: DB to contact Care UK and understand the rationale**

CH raised a concern that currently there are 55 patients at TRFT who are medically fit for discharge, this is equivalent to 2 wards.

Discussion took place over the remit of the ward rounds whether it is a strategic meeting to identify and understand barriers to discharge, an operational meeting to facilitate discharge or whether it is both. All agreed that the ward rounds are important.

CH felt that the barriers to discharge can already be articulated and that if the remit of the meeting is not operational then another mechanism is needed to support the flow of patients. Frequency of such a meeting is also important

Other members believed that the position around the current '55' will continue until issues are addressed at a strategic level.

Action: CH, DB and SF to progress and develop a firm proposal to be discussed at the next meeting. Proposal to include a system to provide TRFT with clarity over escalation.

2.3 TRFT Front-End/Back-End Pressures Report

MD talked through the report at enc 2.2.

	<p>2.4 Update on Decant Decant of ED to B1 successfully took place on 2 December 2015 at 4.00am.</p> <p>2.5 Care UK Performance Report Apologies for the meeting had been received from Care UK, members received enc 2.3.</p>
3	Ambulance Performance
	Enc 3 was received by members.
4	Care UK Winter Plan
	Enc 4 was received by members
5	Assurance on Dental and Pharmacy Arrangements for Winter Period
	MJ agreed to forward the schedule outlining opening times for dental and pharmacy. <i>Post meeting note:</i> Lo's Pharmacy would be open Christmas Day, for a restricted number of hours. Dental services are available throughout the Christmas and new year period with enhanced dental response in NHS111.
6	Update on Intermediate Care
	DB explained that work had taken place as a result of concerns raised at the last SRG, where it was agreed that the criteria needed review to ensure it is flexible enough to meet the needs of the hospital and social care services and to understand demand and how to streamline assessments. <p>Members noted the concerns raised and the immediate actions identified and that a further report would be received in February 2016.</p>
7	Development of a Rotherham 'hub' for access to Health and Social Care services
	Deferred to January.
8	Winter Communications
	GL reported that the winter communications plan is on track. A substantial amount of work has taken place to promote self-care. Health information/advice will be made available within the usual places next week, such as the press, radio and on the NHS Choices website. This will include pharmacy and dental opening hours once confirmed. Following lessons learned in previously, this year communication leads have taken the work forward together. <p>Members made the following suggestions:</p> <ul style="list-style-type: none"> • Develop a standard script for all practice and pharmacy answer machines • Messages for assessment direct and on RMBC website • Posters in supermarkets
9	Christmas and New Year Resilience
	AK explained that following media pressure last week, Ministers were concerned that local systems may not have sufficient resilience in place over the Winter holiday period. As a result 55 systems nationally were identified as needing further actions, Rotherham being one of the 55. The three letters received as agenda items explain this in detail. <p>CH confirmed that TRFT are working on this request, directed through Monitor, who have sought additional guarantees. CH added that actions have been pulled together, but not shared wider at this stage.</p> <p>GB questioned the rationale for Rotherham being identified in the 55. AK confirmed that the decision was based primarily on the A&E position as at the end of Q2 and the declining trend since August.</p> <p>AK explained that a written assurance is required that each system is prepared, assurance needs to include that the out of hospital system has sufficient capacity, that there is additional primary care capacity and availability of pharmacy and dental services.</p>

	<p>AK requested that SRG formally respond to NHSE giving assurance that plans are in place to address all known risks in the system.</p> <p>Following discussion, SRG members were comfortable to respond positively in terms of being assured that sufficient services are in place to deal with current performance and known key risks in the system. Members identified the additional capacity in place.</p> <p>Post meeting note: from the assurance given by SRG members and the additional capacity identified at the meeting, the following is the response sent on behalf of SRG to NHSE on the 10th December</p> <p><i>At their meeting on the 9th December, SRG members reviewed plans for the Christmas and peak winter period. The SRG were assured that the services commissioned are sufficient to meet expected demand and that appropriate actions and mitigations are in place to deal with current performance and known key risks within the system. On reviewing the actions SRG members confirmed those that are complete and those that are ongoing.</i></p> <p><i>Additional capacity identified:</i></p> <ul style="list-style-type: none"> • <i>8 additional residential beds.</i> • <i>8-10 additional Discharge to Assess beds (potential).</i> • <i>Additional capacity at the walk in centre (for weekends and bank holidays based on previous years activity combined with recent trend analysis). Over the 4 day period services are covered based on last year's activity with an average of a15% uplift on the OOH. Rotherham Walk in Centre will be closed on 25th December, but open every other day from 8.00am to 9.00pm, including 26, 27, 28, 29 December 2015 and 2 January 2016. Rotherham Walk in Centre and GP OOHs service are co-located and are provided by the same organisation (Care UK). This allows flexibility of staff to help manage unpredicted demand across both services. The OOH service is available at all times outside of GP core hours.</i> • <i>Care UK have completed the attached template, and pointed out that the walk in centre and Out of Hours services are integrated services able to flex GP and ANP resource across both service streams, hence the increase disparity across the two services with the Out of Hours service being the highest in terms of increased capacity as this service is GP led and able to provide GP support to the walk in centre as required. Care UK continually monitor daily activity against capacity for both the WIC and OOHs particularly at this time of year, and liaise with the CCG accordingly.</i> • <i>All GP practices will be open core hours on Tuesday 29 December 2015 and will be providing additional capacity, with all clinicians deployed, to reflect anticipated additional demand. Eight practices will also be offering extended hours on this day.</i> • <i>Dental services available throughout the Christmas and new year period with enhanced dental response in NHS111.</i> • <i>Pharmacy – NHSE to confirm.</i> • <i>Surge beds at TRFT – 26 (phase 1), 11 (phase 2)</i>
10	Minutes of the Meeting held 11 November 2015
	Agreed
11	Outstanding Matters Arising not covered in the Meeting
	<p>All actions were complete or included in the table below at item 3.</p> <p><u>Item 2.2 – Escalation process between TRFT and RMBC on how services deal with patients who do not need acute medical care but continue to need support:</u></p> <p>GB confirmed that a meeting had taken place, however, the issue is still ongoing and further work is needed. He added that the pressures last weekend had highlighted where systems are not sufficiently robust under pressure. Action: GB will pick up the issues internally at RMBC.</p>

	<p>MJ asked what tangible changes had been made, the following was reported:</p> <ul style="list-style-type: none"> • MD reported that TRFT had agreed to review the discharge to assess process. • GB added that there are 8 additional residential beds. • There are some issues in relation to length of time for CHC assessments. MD is meeting with Jane Newton (CHC manager). Action: DB to also discuss with Alun Windle. • GB reported that RMBC are looking to increase the bed capacity by 8-10 (not the same as above). • DB reported that significant progress had been made with regard to moving patients into discharge to assess beds at Waterside Grange. • Further discussions are taking place with regard to allocation of social workers and use of Section 2 and section 5 on medical wards.
12	Standard Agenda Items
	<p>January Meeting</p> <ul style="list-style-type: none"> • Update from 4 QIPP Committees • Urgent Care Performance • Ambulance Performance • Winter Communications • DTOCs (quarterly)
13	Risks and Items for Escalation
	No additional risks identified.
14	Any Other Business
	None
15	Date of Next Meeting
	6 January 2016, 9.00am in room G.04 Oak House