

**Minutes of the Rotherham System Resilience Group
Wednesday 30 March 2016, 9.00am in room G.04, Oak House**

Attendees	<p>RCCG: Chris Edwards – Chair (CE), Julie Kitlowski (JK), Sue Cassin (SC), Ian Atkinson (IA), Tim Douglas (TD), Gordon Laidlaw (GL), Lydia George (LG), Becci Chadburn (BCh), Jacqui Tufnell (JT), Joanne Martin (JMar), Claire Smith (CS)</p> <p>TRFT: Maxine Dennis (MD), Collette Booth (CB)</p> <p>RMBC: Sam Newton (SNew), Sarah Farragher (SF), Jo Abbott (JA)</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:</p>
Apologies	Sharron Nelson, David Clitherow, Giles Radcliffe, Chris Holt (CH), John Miles (JMi), Louise Barnett, Dominic Blaydon
Conflicts of Interest	None registered
1	Clinical Referrals Management Committee (CRMC) Update
	<p>IA reported that work is progressing well, particularly in relation to the introduction of clinical thresholds. An event took place last week for SCE GPs and TRFT consultants to talk through key areas for the next 12 months and aspirations around the pace to introduce clinical thresholds. 7 key areas have been chosen initially and a framework of how these will be taken forward will be produced over the next 2-3 weeks. SRG noted that Nationally there are around 150 clinical thresholds being introduced.</p> <p>CRMC meetings are likely to move to 2 weekly to ensure a robust structure for taking forward the work.</p> <p>CE added that the Right Care analysis identifies around £4m of savings opportunities, Rotherham has the lowest opportunities in South Yorkshire. Action: CE to share with SRG at a future meeting.</p>
2	Urgent Care Position
	<p>A&E Performance and Front end/Back end report</p> <p>MD reported that there had been significant pressure at A&E over the last 2 months. Last week TRFT ran a 'hybrid' of the perfect week and managed to de-escalate the flex beds.</p> <p>Acuity is high, with high numbers of children, frail elderly and respiratory. Currently staffing is not the issue and there are no social care delays. S New confirmed that the 7 day pilot for social workers will continue. Ambulance turnarounds have been 1 hour plus and a HALO has been in place. Over the bank holiday weekend attendance has been 210/220 with 230 yesterday.</p> <p>CE reported that at one point over the weekend there were 4 ambulances waiting at Rotherham and on Monday 20 at STH. He added that he will raise the Divert Policy at LHRP and that the issue will need to be addressed by the Urgent and Emergency Care Network.</p> <p>MJ added that there is similar pressure across the patch, particularly over the Easter period. He is attending Sheffield SRG this afternoon and will follow up questions around ambulance hand over times. Work is taking place to implement the Manchester Triage system with Care UK which will move patients away from A&E where it is safe to do so.</p>

	<p>JK added that it would be useful to get messages to the public about correct use of the ambulance service. JMar confirmed that this was an area that needed work. JK queried how we would know if there had been patient harm due to ambulance waits. SC confirmed that YAS would raise such cases as a serious incident and link to the relevant CCG, this would then be raised via the contracting route. SRG noted the issues and following discussion agreed that the level of assurance and quality is picked up at the Quality Surveillance Group, where SC would raise any issues as necessary.</p> <p>Care UK Activity report – noted</p> <p>Feedback from A&E Visit</p> <p>BCh reported that on Tuesday 22 March she, along with DB, SC and Alun Windle undertook a visit to TRFT. SC and Alun Windle undertook a ‘walk around’ with clinicians and, BCh and DB met with Adam Andrews. The aims of the visit were to gain assurance around the actions currently being taken by TRFT. Assurances were asked in relation to the consultant workforce, vacancies within some of the general management, nursing in A&E and the delay around triage and implementation of RATS. The findings informed the ‘extraordinary’ A&E meeting the following day.</p> <p>SC reported that in her observation whilst staff are under significant pressure, all were keen to do a good job. She added that the most notable difference from the visit she and DC undertook in December was the level of stress and dip in morale.</p> <p>A further meeting is to take place in 4 weeks and there are weekly telephone calls between BCh and Adam Andrews.</p> <p>MJ commented that this was a fortuitous visit following the 12 hour trolley breach. IA explained that the choreography for the visit had been that the decision to visit had been made at the Operational Executive meeting on the 14 March, the 12 hour breach took place the following day.</p> <p>CE asked MD if there were any actions that TRFT or partners could be taking to support the current situation. MD did not identify any actions but asked for the overall system pressures to be acknowledged.</p>
3	Ambulance Performance
	<p>The 8 minute response time for Rotherham in February was 63.2%. It was noted that performance appeared to have dipped across the board, Julia Massey will be asked if she is aware of any reasons for this. The Escalation Plan was noted.</p>
4	Delayed Transfers of Care (DTC) Memorandum of Operations
	<p>CS reported that the joint MoU was almost complete and ready to be agreed by all the relevant organisations engaged in its development. The MoU is aimed to be fluid and focus on the MDT and will prove to be a very useful operational document.</p> <p>SRG members confirmed that they are happy to support the MoU, the next step is implementation. It was agreed that progress would be reported at the May meeting. Action: DB</p>
5	Readmission Rates: Deep Dive
	<p>MD explained that in December there appeared to be a slight increase in the number of readmissions (<i>‘readmissions within 7 days with anything’</i>) in general medicines, with 20 compared to 15 in the period January to March. As a result 10 patient notes were chosen from December and 10 from the period January to March to be audited. The findings showed that 70% of the readmissions were not linked to the original admission. Action: MD will share further information at the next meeting.</p>

6	TRFT Waiting List Update
	<p>MD updated on the 52 week waits. TRFT have embarked on a significant piece of work to validate 13,000 patients on an active monitoring code. A risk assessment has taken place on the validation work to identify those at high risk. Of the high risk patients, those at 48-52 weeks, there are 4 at 52 weeks, all found to be with no patient harm. Validation will be complete by 8 May and an educational piece of work is being done on the outcome.</p> <p>MD added that it is disappointing to be in this position given the work undertaken with ECIST. TRFT have already introduced steps to improve assurance in this area. It was agreed that, at an appropriate time, TRFT would share with SRG any future assurance that goes to the TRFT Trust Board.</p>
7	Communications
	<p>GL and Collette Booth, from TRFT, presented Enc 7 which provided SRG with an update on communications activity for the new Emergency Centre, it details work undertaken by the Communication and Engagement Task and Finish Group to date and work planned for the coming months.</p> <p>Communication activity is concentrated in to three key areas:</p> <ul style="list-style-type: none"> • Right Care, First Time – messages aimed at public and patients to encourage them to use the most appropriate service for their illness. • Build/Service Model – communication on the progress of the construction and promotion of it as best practice nationally. • Internal (staff) communications – ongoing communication to ensure front line members of staff at the emergency department and walk –in-centre are aware of changes. <p>In terms of Future plans, the communication plan is currently being updated to reflect future needs of the emergency centre, this includes; promotion of the centre as best practice, potential involvement of local school children in creation of artwork to be displayed in the centre, development of animations to describe the pathways and progression around the official opening ceremony.</p> <p>SRG members were happy with the activity so far and future plans.</p>
8	NHS England Correspondence
	<p>Enc 8.1 Escalation arrangements: CE reported that he has supported the adoption of the 4 levels of the escalation plan on behalf of the SRG. The plan has been adopted by other areas across Yorkshire and the Humber and aims to improve consistency across the patch.</p> <p>Enc 8.2 The National ambulance Resilience Unit: Resource escalation action plan was noted</p>
9	Risks and Items for Escalation
	<p>SRG reviewed the risk log, and made several amendments, a revised version will be brought to the next meeting:</p> <ul style="list-style-type: none"> • Risks 1 – 5 will move to amber • Risks 11 and 14 will be removed • Risk 13 will move to yellow • Risk 15 will move to red <p>Additional risks added will be:</p> <ul style="list-style-type: none"> • Medical workforce in ED will be amber • Nursing workforce in ED will be yellow
10	Minutes of the Meeting held 3 February 2016
	The minutes were accepted as a correct record.

11	Outstanding Matters Arising not covered in the Meeting
	All actions were complete other than: <ul style="list-style-type: none"> • JT, MD and CH to meet to discuss learning from practices who have moved to the ANP model.
12	Standard Agenda Items
	<p>April Meeting</p> <ul style="list-style-type: none"> • Update from 4 QIPP Committees (Community Transformation in April) • Urgent Care Performance • Ambulance Performance • Communications • Urgent and Emergency Care Minutes for information <p>Future meeting:</p> <ul style="list-style-type: none"> • TRFT Delayed Transfers of Care: progress with implementation of MoU - May • Escalation Tool Next Steps – tbc • SRG Action Plan – April / May • Right Care Analysis – May • Readmission rates - April
13	Date of Next Meeting
	25 May 2016, 9.00am in room G.04 Oak House

Minutes approved at 27 April meeting.