

**Action Points of the Rotherham System Resilience Group  
Wednesday 27 April 2016, 9.00am in room G.04, Oak House**

<b>Attendees</b>	<p><b>RCCG:</b> 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), Dominic Blaydon (DB)</p> <p><b>TRFT:</b> Maxine Dennis (MD), Louise Barnett (LB), Chris Holt (CH), Michelle Hutchinson (MH)</p> <p><b>RMBC:</b> Sam Newton (SNew), Sarah Farragher (SF), Jo Abbott (JA)</p> <p><b>RDASH:</b> Tracey Clark (TC)</p> <p><b>NHSE:</b> Jodie Deadman (JD)</p> <p><b>YAS:</b> -</p> <p><b>Care UK:</b> -</p> <p><b>VAR:</b> Janet Wheatley (JW)</p> <p><b>LMC:</b> Bipin Chandran (BCh)</p>
<b>Apologies</b>	Jo Martin, Michelle Teague, Debbie Smith, Jon Miles (stood down due to Industrial Action)
<b>Conflicts of Interest</b>	None registered
<b>1</b>	<b>Community Transformation Update – Julie Kitlowski / Dominic Blaydon</b>
<b>Enc</b>	<p>See presentation from DB, comments of note were:</p> <ul style="list-style-type: none"> <li>• <b>Action: to get a sense of Rotherham against the national position and to support taking work forward across the patch within the STP it was agreed that comparisons for KPIs against national averages would be provided</b></li> <li>• A ‘One Estate’ Group for Rotherham was being set up.</li> <li>• Community Transformation mirrors the new national ‘multi-speciality community provider’ model.</li> <li>• Some issues highlighted in regards to the impact of locality teams in primary. Community Transformation needs to ensure that the perfect locality model does not build unrealistic expectations. <b>Agreed: this will be a key message that IA will give out to localities when he visits in May.</b></li> <li>• TRFT’s vision is to provide a ‘multi-speciality community provider’ model, to provide patients with a better experience at home. The forthcoming event will ensure primary care engagement.</li> <li>• <b>Action: Agreed that DB will update GPs regularly.</b></li> <li>• SRG recognised that the level of ambition is significant. The model includes GPs, voluntary sector (inc social prescribing), acute and community, social care, hospice and RDASH and CH confirmed that fire and police have been invited to the launch event.</li> </ul>
<b>2</b>	<b>Review of Industrial Action – All</b>
<b>Enc</b>	<ul style="list-style-type: none"> <li>• TRFT reported that planning went well and there were sufficient consultants available.</li> <li>• An assessment will be made at 11.00am today whether to stand down some of the consultants and prepare for the bank holiday weekend.</li> <li>• Attendance was 157 yesterday.</li> <li>• Learning for future industrial action would be to plan more for the day before and to identify points where staff may be stood down.</li> <li>• The ambulance service had reported normal activity.</li> <li>• Primary care reported a spike on Monday afternoon, but nothing of note.</li> </ul>
<b>3</b>	<b>Urgent Care Position – Maxine Dennis, Becci Chadburn</b>
<b>Enc x 2</b>	<ul style="list-style-type: none"> <li>• 92.46% Q1 and year to date. Significant improvement made over the past 2 weeks, with performance up to 98% last week.</li> <li>• Agreed local ambition is to achieve 95% by the end of Q2.</li> <li>• Locum consultant cover has been good.</li> <li>• A number of service models for the new emergency centre are running.</li> <li>• RATs is operational Monday to Friday.</li> </ul>

	<ul style="list-style-type: none"> <li>• TRFT and Care UK are working well together and the Manchester Triage is beginning to take effect.</li> <li>• TRFT and Care UK are sharing ANPs.</li> <li>• Flow has improved and the number of delayed discharge days is decreasing.</li> <li>• Positive performance is providing a real boost to staff.</li> <li>• Focus to continue on identified priorities and actions, aiming to be in a good position going in to Winter.</li> <li>• TRFT are working through a competency framework with staff to identify any gaps in training.</li> <li>• <b>Action: JD to feedback when Sheffield will begin to record and share their A&amp;E position.</b></li> <li>• <b>Action: DB to liaise with Care UK to ensure 'immediate and necessary' is included in their report.</b></li> </ul>		
<b>4</b>	<b>Ambulance Performance '8 minute' report – Sharron Nelson</b>		
	Noted.		
<b>5</b>	<b>Readmission Rates – Maxine Dennis</b>		
	<ul style="list-style-type: none"> <li>• Report produced as a response to concern raised over readmission rates over the winter period.</li> <li>• Last SRG meeting received a verbal report on 10 sets of case notes, this report includes a further set of 14.</li> <li>• The audit has not identified any particular issues in relation to failure of the discharge planning process</li> <li>• There is an expectation that the readmission trajectory will continue to fall during Spring and Summer.</li> <li>• Similar reviews will be undertaken quarterly and reported to the TRFT Readmissions Group.</li> <li>• As part of the 16/17 contract there will be a joint audit in Q3. This will be reported to SRG and will link to the work undertaken to ensure the same process is taken.</li> <li>• The audit did not include 'assessments' that lead to readmissions, but MD agreed that it should.</li> <li>• TD agreed that this is a good piece of work with good results and questioned whether there could be any joint secondary and primary care work. <b>Agreed: JMi will be invited to GPMC to discuss</b></li> <li>• SRG discussed 'frequent flyers', led by YAS. DC will discuss with MD how the CCG can get involved in the work. MD confirmed that some of the issues are non-medical and reported that she has discussed with VAR how work can be triangulated. The MH Liaison Team also need to be engaged in any future work.</li> <li>• <b>Action: CH would bring a proposal back to the next meeting on how this work might be taken forward.</b></li> </ul>		
<b>6</b>	<b>Communications Update – Gordon Laidlaw</b>		
	<ul style="list-style-type: none"> <li>• GL reported that there has been significant social media around ambulance backlogs.</li> <li>• He has liaised with YAS around the appropriate use of messages and is awaiting feedback.</li> <li>• Communications around appropriate ambulance use is the next significant piece of work.</li> </ul>		
<b>7</b>	<b>For Information - All</b>		
	The Urgent and Emergency Care Network Key Messages were shared for information.		
<b>8</b>	<b>Risks and items for escalation (inc SRG Risk Log) - All</b>		
	<ul style="list-style-type: none"> <li>• No items for escalation were identified.</li> <li>• The risk log was reviewed and agreed.</li> </ul>		
<b>9</b>	<b>Minutes of the meeting held on 30 March 2016 - All</b>		
	<ul style="list-style-type: none"> <li>• Agreed</li> </ul>		
<b>10</b>	<b>Outstanding matters arising not covered in the meeting - All</b>		
	<ul style="list-style-type: none"> <li>• DB reported that SRGs are required to have Urgent Care Plans. <b>Action: DB and CH to bring a proposal back to the next meeting.</b></li> </ul>		
<b>11</b>	<b>Forward Agenda Items - All</b>		
	<table border="0"> <tr> <td> <ul style="list-style-type: none"> <li>• TRFT Delayed Transfers of Care: progress with implementation of MoU - July</li> <li>• Escalation Tool Next Steps – June</li> <li>• Proposal for an SRG Urgent Care Plan – May</li> <li>• Right Care Analysis – May</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Frequent Flyer Proposal – May</li> <li>• Evaluation of 7 day working for social care – June</li> <li>• Update on Emergency Centre – tbc (BCh to discuss with JMa)</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• TRFT Delayed Transfers of Care: progress with implementation of MoU - July</li> <li>• Escalation Tool Next Steps – June</li> <li>• Proposal for an SRG Urgent Care Plan – May</li> <li>• Right Care Analysis – May</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent Flyer Proposal – May</li> <li>• Evaluation of 7 day working for social care – June</li> <li>• Update on Emergency Centre – tbc (BCh to discuss with JMa)</li> </ul>
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<b>12</b>	<b>Date of next meeting</b>		
	25 May 2016, 9.00am in room G.04 Oak House		

**Minutes approved at 25 May meeting.**