NHS
Rotherham
Clinical Commissioning Group

Minutes of the Rotherham System Resilience Group
Wednesday 19 August 2015, 9.00am in room G.04, Oak House

Attendees		**RCCG:** Chris Edwards - Chair, Julie Kitlowski (JK), Robin Carlisle (RCa), Sue Cassin (SC), Gordon Laidlaw (GL), Bipin Chandran (BC), Rebecca Chadburn (RCh), Jo Martin (JMa), Lydia George (LG), Alex Henderson-Dunk **TRFT:** Jon Miles (JMi), Maxine Dennis (MD) **RMBC:** Sarah Farragher (SF) **RDASH:** Debbie Smith (DS) **NHSE:** Garry Charlesworth (GC), Karen Chaplin (KC) **YAS:** Sharron Nelson (SN) **Care UK:** Fran Robinson (FR) **In attendance:** Anand Barmade (AB)
Apologies		David Clitherow, Dominic Blaydon, Graeme Betts, Gordon Laidlaw, Catherine Balazs, Conrad Wareham
Conflicts of Interest		None registered
1	**Clinical Referrals Management Committee**	RCa and AB provided the group with an update on the work of CRMC, this included performance against trajectory, challenges and risks. TRFT representation at CRMC was clarified. JK raised the issue of the discharge of category 3 patients and the potential capacity impact on GPs required to manage patients following test results. MD agreed this is not appropriate and will take back to TRFT and action. JMi added that the September PLT has the correct representation to facilitate an effective dialogue with general practice and that a report regarding referrals is to be discussed at CRMC next week. The group noted the small reduction in follow ups but not the 8% within the plan. Discussion at CRMC next week will re-invigorate the plan and hopefully get us back on track.
2	**Urgent Care Performance**	MD presented **enc 2.1**, and highlighted the following points: • July A&E performance was 93.65% and August had been difficult • Current performance was due to a number of factors resulting in a small increase in non-electives and peaks in attendance at A&E compounded by capacity issues to deal with the peaks • An increase in the number of frail elderly resulting in increased delayed transfers of care • 18 additional flex beds open for the past 6 weeks • Significant gaps on ED rotas since August rota change. Currently reliant on locums which is a similar picture across the patch MD reported that actions have been put in place and there had been improvements by the end of last week. AHD presented **enc 2.2**, the SRG activity report. Overall this presents a more positive picture, showing a drop in emergency admissions and assessments and a decrease in A&E compared to the same period last year. However, there is currently a coding issue which needs to be addressed which may change the overall position.

		Q2 A&E is at significant risk but still mathematically possible, YTD is recoverable. SF queried if it was possible to identify the number of patients likely to require social care input. MD agreed that going forward 'section 2's' can be raised early which will give a proxy number. JK queried why care packages end at 48 hours in the community. This was seen as a significant issue and MD, DB and SF agreed to discuss. ***Action: MD, DB, SF.*** FR presented **enc 2.3.** The Walk in Centre saw a decrease in numbers in June and slight increase in July, August had slowed down, with more cases for the GP stream than walk in. With regard to the performance report, FR reported the following key highlights: • Full rapid assessment and treatment at the front end with ANPs working with triage nurses will be in place from 1 October and is currently being tested. • Engagement with GPs to realign their resource more effectively in A&E includes focussed hours between Fridays and Mondays from the 1 September. • WIC to meet with Medix regarding direct referrals or booking with the pharmacy. • Full integration with WIC and OOH, to include blocked slots at OOH so that at peak times patients can be booked from WIC to OOH. This should avoid the use of 'immediate and necessary'. • WIC and OOH are currently on different systems, further work will take place to move OOH to SystmOne from October to ensure a full overview is available. JK reported that on a recent ward visit she had found that the ward round actions had slipped. Delays in transfers seem to be an issue, particularly in relation to social care assessments and access to equipment. She queried whether the care co-ordination centre was being used to maximum effect by all teams. MD added that the attendance of JK and BChad had been very positive. **Actions** agreed were: • **Social care back log** – SF to check that appropriate actions are being taken, adding that there are practical steps that can be taken. • **Care Co-ordination Centre** – MD to reive is this could potentially be used more effectively. • **Ward Round Action Plan** – ensure this is incorporated into Community Transformation phase 2 and to ensure that actions are being implemented. • **Equipment** – MD and DB will investigate. SRG thanked both the Trust and Care UK for the reports and agreed that the information was useful to enable a full overview of the position.
3	**Ambulance Performance, Including 8 Minute Performance Report**	CB provided an update on YAS performance. She outlined that despite a fall in demand, performance was struggling. Staff were spending more 'time on' scene and with 'wrap up time'. Conveyance rates had reduced. The main reason for poor performance was workforce issues, staff shortages and fewer hours on the road compared to last year. YAS was working to upskill current staff and a tendering exercise is taking place for private ambulance support.

		SN has been nominated YAS lead across the patch to address the issue around hospital handovers. Self handovers have been implemented at the Northern General with no issues identified so far. The enclosed report on 8 minute response times showed Rotherham under target at 67.1% for June 2015.
4	**62 Day Cancer Standard: Draft Baseline Information**	The remit of SRG groups has been explicitly expanded to include assurance around the 62 day cancer standard. Monitor, NHS TDA and NHSE are leading a national delivery group to improve 62 day performance. A requirement is for all acute trusts to complete a self-assessment of compliance against the 8 key priorities and produce a plan to achieve full compliance. The group noted the self-assessment and plan and that TRFT have a good track record of achievement. The group agreed that the ongoing monitoring of the standard should fall within the remit of the contract quality meetings with SRG receiving assurance at regular intervals and reports by exception. MD added that at their next meeting TRFT board are to consider requesting that the Intensive Support Team undertake a review of the system and processes currently in place.
5	**Mental Health Delayed Transfers of Care (DTOC)**	DS reported that DTOC have been the subject of internal and external audit over recent years which have noted that improvements were necessary, however, due to increasing concerns regarding the levels of delayed discharges within the Rotherham locality, which were pushing the Trust towards breaching the monitor threshold of 7.5%, an action plan was developed in December 2014 which set out a two phased approach to making the necessary improvements. Enc 5 details the actions taken at phases 1 and 2 and the performance management of DTOC including the joint work with RMBC. Overall the position is improving from its December/January peak.
6	**Urgent and Emergency Care Review Event Feedback**	JMa provided the group with the key points from the event which are: • Ensure an SRG strategy in place for the whole economy not just non electives • Can we do more about appropriate admissions from GPs • Promote out of hours services • 24/7 chronic disease management • Ability to flex acute care to meet winter demand • SRG detailed action plans to work through • Focus on mental health • Better use of the voluntary sector • Are we commissioning NHS111 in the most effective way • Good use of Winter Campaigns by Communication leads The group thanked JMa for the update.
7	**Winter Planning: Common Escalation Arrangements**	Following the Winter Lessons Learned event in April there had been an agreement to establish a common approach to system escalation across SRGs in the Y&H area. Encs 7.1, 7.2 and 7.3 detailed the Escalation Framework developed for Y&H based on learning from other areas. DB will incorporate the framework into the update of the

		winter plans and escalation mechanisms.
8	**Communications Update**	Deferred.
9	**NHS England 2015/16 Winter Readiness Letter 11 August 2015**	Monitor, NHS TDA and NHSE are assessing SRGs to ensure resilience planning is in a stronger position than last year. As part of the assurance, SRGs are asked to provide the following updates: • Progress on implementation of the eight high impact resilience interventions • A baseline assessment of plans to implement the nine high impact actions to improve ambulance performance • Acute and out of hospital capacity and demand projections ahead of winter, building on work already underway with regional teams • A baseline assessment of plans to implement 24/7 liaison mental health services in A&E departments • Key actions being taken to improve upon last year's resilience plan Assurance is through the submission of a template which has 6 sections in total. Five are to be submitted by 2 September with the remaining section by the 30 September. LG explained the requirements for each of the sections and the process for completing by the deadline.
10	**Minutes of the Meeting held 21 July 2015**	The minutes were accepted as a true record.
11	**Outstanding Matters Arising**	All actions were met with the following exception: **3 YAS:** CB to provide a brief update on how handover delays at other trusts impact on Rotherham are escalated and investigated at YAS. ***Action CB***
12	**Standard Agenda Items**	**Standard Agenda items:** • Update from 4 QIPP Committees (in rotation) • Urgent Care Performance • Ambulance Performance • Communications Update • Delayed Transfers of Care (TRFT and RDASH) - quarterly **September** • Emergency Centre Update • SRG Self-Assessment • Decamp Plans at TRFT • YAS update re: rotas **October** • NHSE Urgent Care Modelling Tool • Reconfiguration of Intermediate Care and Local Authority Residential Provision • Winter Plan • Mental Health Crisis Concordat
13	**Risks and Items for escalation**	None
14	**Date of next meeting**	Wednesday 16 September 2015, 9.00am in the Elm Room Oak House