

**Minutes of the Rotherham System Resilience Group
Wednesday 16 September 2015, 9.00am in room G.04, Oak House**

Attendees	<p>RCCG: Chris Edwards - Chair, Julie Kitlowski (JK), Ian Atkinson (IA), Sue Cassin (SC), Rebecca Chadburn (RCh), Dominic Blaydon (DB), David Clitherow (DC), Jo Martin (JMa), Lydia George (LG), Alex Henderson-Dunk (AHD), Jacqui Tufnell (JT)</p> <p>TRFT: Jon Miles (JMi), Maxine Dennis (MD), Conrad Wareham (CW), Chris Holt (CH), Louise Barnett (LB)</p> <p>RMBC: Michaela Cox (MC), Richard Hart (RH)</p> <p>RDASH: Debbie Smith (DS)</p> <p>NHSE: -</p> <p>YAS: Sharron Nelson (SN)</p> <p>Care UK: Fran Robinson (FR)</p> <p>In attendance: Claire Smith (CS)</p>
Apologies	Graeme Betts, Gordon Laidlaw, Kathryn Singh
Conflicts of Interest	None registered
1	<p>Community Transformation Update</p> <p>DB presented enc 1 which provides a progress report and key issues for Community Transformation around the 4 new priorities of:</p> <ol style="list-style-type: none"> 1. Emergency access and admissions 2. Management of beds (acute and intermediate care) 3. Embedding admission and discharge pathways 4. Partnerships with social care and mental health <p>The key issues were discussed in turn:</p> <p>1 Maintain focus on recruitment and retention</p> <p>JK raised the issue of the shortage of nurses resulting in practices and hospitals seeking recruitment from the same cohort of staff.</p> <p>LB responded that TRFT have built good relationships with Universities and seek to make early offers where possible. The risk is replacing experienced nurses with student/newly qualified nurses and the overall loss of experience within teams. TRFT are going out to overseas recruitment again.</p> <p>There has been positive feedback from hospital nurses who have experienced working in the community and TRFT are seeking to make both hospital and community nursing equally attractive. There has been an upturn in morale and sickness absence within the community nursing team who are now very positive in driving forward the actions.</p> <p>2 Visibility of care plans</p> <p>TRFT are still unable to access GP care plans, the IT Strategy Group has been asked to set up a task and finish group to address the issue. The new TRFT IT lead, James Rawlinson, has been asked to work on the interoperability issue and will link with Andrew Clayton. Action: request an update in 3 / 4 months.</p> <p>3 Sign up to ward rounds</p> <p>The aim is to replicate the Barnsley/Sheffield model. Following discussion it was agreed that RDASH and RMBC would be involved in the monthly ward rounds, these would</p>

		<p>include; TRFT (consultant, therapy and community), RDaSH (officer and clinician), CCG (officer and GP), RMBC and voluntary sector. Action: an update would be received in 4 months.</p> <p>4 End of Life Care Consideration is needed in relation to where EOLC sits within the meeting structure to ensure correct governance. A meeting is taking place with Fiona Hendry to understand where the challenges and pressures exist and to define the roles between the hospice and community nurses. IA added that strategic discussions will continue and operational links with community transformation. Action: DB, CH and MD will consider and discuss with Fiona Hendry in the first instance.</p> <p>5 Integrated health and social care in localities There was a discussion around a hub and locality base model, alignment to the 7 localities and the importance of ensuring all partners work towards the same integrated health and social care vision.</p> <p>MC reported that RMBC are in the early stages of ‘Customer Journey’ mapping and advised on early discussions with Graeme Betts who is leading this piece of work. IA added that RMBC had reported to the CCG Governing Body that there would be a proposal for consultation with partners within 4-6 weeks. It was suggested that JK, MC, LB and CH visit the vanguard site at Wakefield.</p> <p>6 Number of patients seen by GP at A&E Changes have been made from the 1 September, these will need to be monitored.</p> <p>7 Weekend discharges The changes within priority 2 do not commence for a while and there needs to be a discussion on whether we want to change or delay these further as they depend upon multi-disciplinary working over 7 days and social care input. Action: CH to link with GB.</p> <p>Members thanked DB, the next update is due in January.</p>
2	Urgent Care Performance	<p>MD reported that TRFT had not met the Q2 A&E target. Performance for August was 88.63%. 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. A number of issues have been tackled resulting in improvements in September.</p> <p>CE asked if there were any actions that SRG members could take to support improved performance. LB reported that resilience is being built into the Winter Plan. RCh added that there is a formal meeting within the next 2 weeks regarding A&E.</p> <p>FR presented enc 2.2. The Walk in Centre saw a slight increase in July and decrease in August. ‘Immediate and Necessary’ was implemented on only 1 occasion in September. There have been a few internal changes to signpost patients to the enhanced pharmacy services.</p> <p>JK reported that she recently met with the LPC who reported that there was capacity within their sector and that they would be happy to discuss utilisation.</p>

<p>3</p>	<p>Ambulance Performance, Including 8 Minute Performance Report</p>	<p>SN provided an update on YAS performance, which is still struggling to reach the 75% target in all except 3 CCGs. There are YAS wide plans to address the issue, and actions for Rotherham include monitoring of mobilisation plans, additional capacity where calls are being missed, crew days and self-handovers.</p> <p>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. SN is visiting Hull next week to do a ‘walk through’ processes to identify any blockages / gaps. Hull, York and Scarborough remain the lowest performers for hospital handovers.</p> <p>SN informed SRG that as part of winter planning YAS would like to base a locality manager in each emergency department. Action: SN to discuss implementation with MD and CH.</p> <p>The enclosed report on 8 minute response times showed Rotherham under target at 68.3% for July 2015.</p>																		
<p>4</p>	<p>Emergency Centre Update</p>	<p>DC presented enc 4 which provides an update on the Emergency Centre which is currently in the implementation phase. The update covered capital development, workforce redesign, service model, communications and IT.</p>																		
<p>5</p>	<p>TRFT De-cant Plans</p>	<p>MD presented enc 5 which sets out an update on the planned ward moves at TRFT as a consequence of both the Emergency Centre build and TRFTs wider Unscheduled Care Transformation Programme. The programme has 5 key workstreams:</p> <ul style="list-style-type: none"> • Emergency Access and Provision • Structured Management of the Acute Bed Base • Admission and Discharge pathways • Integration of Acute and Community Pathways • Partnership Working <p>The decant plans are summarised below and will take place between mid-October and the end of November. The timeframe for the ward moves has been scheduled to facilitate the ED decant in line with the EC works programme by 23rd November 2015. Action: a further update will be received at the next SRG.</p> <table border="1" data-bbox="532 1373 1403 1705"> <thead> <tr> <th>Ward / Department</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>Fitzwilliam Ward</td> <td>Ward A2</td> </tr> <tr> <td>Ward B3</td> <td>Fitzwilliam Ward</td> </tr> <tr> <td>Surgical Assessment Unit</td> <td>Ward B5</td> </tr> <tr> <td>ED Consultants and Admin staff</td> <td>Portacabin</td> </tr> <tr> <td>AMU (Ward B1)</td> <td>Ward B2/3 to create expanded AMU</td> </tr> <tr> <td>CDU</td> <td>Ward B2</td> </tr> <tr> <td>Discharge Lounge</td> <td>Ward B10</td> </tr> <tr> <td>ED</td> <td>AMU (Ward B1)</td> </tr> </tbody> </table> <p>MD added that this will be a significant piece of work taking place alongside the challenges of winter. She confirmed that the reduction in bed stock is part of the transformation programme and that the winter ward will be operational from the 2 November.</p>	Ward / Department	To	Fitzwilliam Ward	Ward A2	Ward B3	Fitzwilliam Ward	Surgical Assessment Unit	Ward B5	ED Consultants and Admin staff	Portacabin	AMU (Ward B1)	Ward B2/3 to create expanded AMU	CDU	Ward B2	Discharge Lounge	Ward B10	ED	AMU (Ward B1)
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		It is likely that TRFT will request from NHSE to be 'stood down' for a short period of time during the moves, MD will report the outcome at the next SRG.
6	SRG Assurance Framework	<p>LG explained that enc 6.1 was a copy of the SRG Assurance Framework submissions made on the 2 September as discussed at the last meeting.</p> <p>Enc 6.2 is the SRG Assurance Self-Assessment. It was agreed that LG would request the necessary information from SRG members, collate responses and then send out the full document for comment in time for submission on the 30 September. Members were happy with the approach and input.</p>
7	Communications Update	<p>Deferred.</p> <p>GL will be requested to bring a paper on winter communications to the next meeting.</p>
8	Minutes of the Meeting held 19 August 2015	<p>The minutes were accepted as a true record, with the following amendments:</p> <ul style="list-style-type: none"> • <i>Attendance:</i> Ian Atkinson was present. • <i>A&E:</i> In relation to achievement of Q2 A&E, MD had reported at the meeting that the target was highly unlikely. • <i>62 Day Cancer Standard:</i> with regards to the TRFT Board considering undertaking a review of the system and processes in place, this was actually agreed at the outset as a result of the IST and is already being taken forward.
9	Outstanding Matters Arising	All actions were met.
10	Standard Agenda Items	<p>Standard Agenda items:</p> <ul style="list-style-type: none"> • Update from 4 QIPP Committees (in rotation) • Urgent Care Performance • Ambulance Performance • Communications Update • Delayed Transfers of Care (TRFT and RDASH) - quarterly <p>October</p> <ul style="list-style-type: none"> • NHSE Urgent Care Modelling Tool • Reconfiguration of Intermediate Care and Local Authority Residential Provision • Winter Plan • Mental Health Crisis Concordat
11	Risks and Items for escalation	None
12	Date of next meeting	Wednesday 14 October 2015, 9.00am in the Elm Room Oak House