NHS
Rotherham
Clinical Commissioning Group

Action Points of the Rotherham System Resilience Group
Wednesday 17 August 2016, 9.00am in room G.04, Oak House

Attendees	**RCCG:** Chris Edwards – Chair (CE), Ian Atkinson (IA), Julie Kitlowski (JK), Gordon Laidlaw (GL), Sue Cassin (SC), Sarah Lever (SL), Jacqui Tufnell (JT), Dominic Blaydon (DB), Lydia George (LG) **TRFT:** Maxine Dennis (MD), Jon Miles (JMi), Collette Booth (CB) **RMBC:** Sam Newton (SN), Sarah Farragher (SF) **RDASH:** Debbie Smith (DS) **NHSE:** Jodie Deadman (JD) **YAS:** Sharron Nelson (SNel) **Care UK:** - **VAR:** Janet Wheatley (JW)
In attendance	Robin Carlisle, Lesley Dabell, Julia Massey, Carrie Whitham (item 6), Robin Carlisle
Apologies	Giles Ratcliffe, Louise Barnett, Chris Holt, Anne-Marie Lubanski, Jo Martin, Mark Janvier, Tim Douglas, David Clitherow
Conflicts of Interest	Members were asked to register conflicts of interest at the beginning and then throughout the meeting as necessary, none were registered.

QIPP UPDATES

1 Community Transformation

- DB presented enc 1, providing an update on the work of the Community Transformation programme and sharing current issues.
- In terms of the integrated locality pilot, JMi added that work is progressing well, weekly MDT meetings are well attended and people beginning to work in different ways.
- Information sharing / information governance is a risk and will be a critical outcome measure for the pilot.
- Colleagues are supportive of the reablement hub; neuro rehab have agreement to advertise for a consultant; the board of directors visited the community unit; the ambition is for 10-20% of referrals to be from the community rather than from hospital and as a result one bed has been ring-fenced.
- To provide sufficient pace, A&E Delivery Group members suggested that the Community Transformation Board review its terms of reference and consider meeting more frequently than the current 2 month intervals.
- GL asked for consistency with the use of language / branding for projects and pilots to reduce confusion, particularly for the public.
- SL reiterated that pace of delivery is critical to delivery of QIPP.
- SF confirmed that guidance for the Netherfield Court transition is being produced and an integrated competency framework is being developed. A meeting is taking place next week.

CORE BUSINESS

2 Urgent Care Position

- SL reported that May, June and July was significantly challenged and in response an extra ordinary meeting was called. The position was 89.11% in July, 95.48% in August and Q2 91.06%. The national picture for Q2 is 90.3%. The year end target is on track.
- Key challenges are demand, man power and medical workforce, discharge, increase in medically fit and delayed transfers of care and system wide issues. Analysis is being undertaken to understand how people get to A&E, the time of day and where from. The position will continue to be monitored through contract meetings and reported to A&E Delivery Board.
- MD added that August began in a better position with demand back to normal levels and a positive junior doctor change over. The aim is to be in a better position for Winter.
- Conversion rates remain the same, and the winter ward has been closed.
- IA reported that monthly against our comparators, i.e. including the WIC, the current position is 94.6% equating to the best in South Yorkshire. As an urgent care network we need to take performance at all trusts into account and continue to challenge performance. MD added that data shows overnight attendance rates up by

32%.

- SL added that work is taking place to novate the WIC contract to TRFT by the end of September. Regardless of novation all actions stand and wider system reporting should reflect Barnsley, Doncaster, Sheffield etc.
- MD reported that ED medical staffing is slightly better since the August change over. There are still significant gaps, particularly middle grades overnight. TRFT are piloting an additional ANP overnight, early indications are positive and it will continue until the end of August when it will be evaluated.

3 TRFT Escalation Plan

- Agnes Young attended in July to talk through the escalation management tool currently used in East Midlands.
- As a result TRFT have worked towards implementation of an escalation plan and are very keen to progress as a health and social care community, this will include the development of partner action cards on how to respond when there is heightened escalation at the Trust.
- It was raised at U&EC Board that potentially South Yorkshire are interested in adopting.
- MD explained that Agnes is keen to work with us, there is a cost but it will be minimal. TRFT are adopting and it would be sensible for partners to adopt.
- The group agreed in principle but were not sure how it would work in practice.
- ***Action: A meeting will take place to discuss further with: JT, DB, SF, SNew, MD, DS, Leif Mobs (YAS) and Diane Graham (RDaSH).***
- There was a suggestion that it could be recommended for inclusion in the urgent care section of the STP.

4 Age UK Rotherham Proposal – Hospital Aftercare Service A&E Pilot

- Lesley Dabell presented enc 4, a proposal from Age Uk for a Hospital Aftercare A&E Pilot. She emphasised that this is a voluntary sector solution and not a volunteer solution.
- The proposal was developed following a discussion with AGEUK Leeds who have a pilot scheme that reduces admissions by 2-3 per day. Leeds had previously run a scheme using volunteers, this had not been effective due to the level of training and commitment required which doesn't lend itself to volunteers.
- Rotherham CCG has funded a successful Hospital Aftercare Service for 6 years, so there is already something to build on and elements of the proposal can be picked up through existing staff.
- The proposal outlines two levels of support dependent upon need. The hours of operation are 8am to 8pm, 7 days a week.
- The group were very supportive of the proposal and the benefits of a professional non-medical option but recognised that funding would be an issue.
- In summary the group supported the proposal in principle, but currently there is no funding available. Potential ways forward are; use of any non-recurrent funds that may become available later in the year, consider decommissioning a current service or bid against any potential national winter monies. The group agreed this would be a priority if resources can be identified.
- Other comments were for the CCG and RMBC to consider as part of BCF and for CE and IA to consider whether the proposal can fit with the STP.

5 IT

Deferred

6 Ambulance Performance

- Carrie Whitham provided the group with a presentation on the YAS 3 month pilot, see attached.

20160817 ARP 2 Presentation for SY S

- She confirmed that the pilot will continue following the initial period that ended on the 22 July.
- All data collected has been shared with NHSE and will be reviewed by the end of August/September.
- ***Action: SNel will bring the performance report to the next meeting.***
- ***Any specific issues / questions should be directed to SNel who will provide a response. Action All***
- SNel reported that as of Monday this week, all South Yorkshire ED colleagues are to ask crews for paramedic pathfinder outcomes. The information will be brought together in a month to support subsequent discussions.

7 NHS England

- The **2016/17 A&E Improvement Plan** letter of 26 July sets out NHS E plans to improve A&E waiting time performance. Nationally it has felt that the role and delivery of SRGs has been variable and has changed over time to include other areas such as planned care. The emphasis has now changed to a focus on A&E.
- As a result SRG's will now be known as Local A&E Delivery Boards, and will focus soley on urgent and emergency

care, initially on the recovery of the 4 hour target but then to work with the STP on the longer term delivery of the urgent and emergency care review.

- NHSE require confirmation on the following: confirmation of footprint for A&E Delivery Board, the chair (which is suggesting may be the CEO of acute trust) and to ensure executive level representation.
- In response the group agreed:
  - that Rotherham is the footprint.
  - they felt strongly that A&E is a system issue and as such the A&E Delivery Board should be chaired by the CCG, therefore CE will continue to chair the meeting subject to discussion with LB. If there is a contrary view it will be brought back to the next meeting.
  - Members reviewed the updated draft terms of reference including membership and agreed that the membership currently meets the requirement for executive level attendance with the following amendments: addition of Anne-Marie Lubanski (RMBC) and Leif Mobs (YAS) is to be invited to attend. In addition, JD confirmed that attendance from NHSE is still to be determined but currently stands as MJ, with JD as deputy.
- The group agreed that the Rotherham A&E Delivery Group should retain additional oversight responsibilities i.e. elective care, 18 weeks and continue to receive QIPP group updates.
- Any further amendments to be highlighted to LG, with a view to signing off at the next meeting. ***Action: all***
- The group requested feedback from NHSE to Rotherham A&E Delivery Board on the 2015/16 Winter Plan to understand why the plan was assessed as requiring improvement. ***Action: JD/ MJ***
- The link to the guide on **Managing Care Homes** was for information.

8	**Communications Update**

- GL/CB reported that they are moving away from general awareness raising to targeted work such as the top 10 conditions, inappropriate attendances and other targeted campaigns.
- Comms leads are looking at consistency of advice, websites etc
- An idea of producing a 'wish you were here' post card for the WIC was shared, that would outline what can be seen at the WIC and could be expanded to include pharmacy i.e. 'right care, first time', NHS 111, minor ailments.
- The group agreed in principle, however questioned if we would want to over promote the WIC.
- The first issue of the monthly emergency centre newsletter has gone out to all TRFT and Care UK staff. It was agreed that this would also be shared with GPs and RMBC.


UEC newsletter_issue1 FI!

9	**Risks**

- Risks were considered, no changes made.

10	**Minutes of the last meeting – 20 July**

- Agreed

11	**Outstanding matters arising not covered in the meeting**

- None

12	**Forward Agenda Items** - ***A***

• Winter Plan – September • Feedback from NHSE to Rotherham SRG on the 2015/16 Winter Plan - September • Emergency Centre IT - September	• Reconfiguration of Care Homes/Intermediate Care – October • A&E Delivery Board Urgent Care Strategy – October • Evaluation of 7 day working for social care – November

12	**Date of next meeting**

14 September 2016, 9.00am in room G.04 Oak House

Minutes approved at 14 09 2016 meeting