

Action Points of the Rotherham A&E Delivery Board
Wednesday 1 February 2017, 9.00am in room G.04, Oak House

Attendees	<p>RCCG: Ian Atkinson (IA)– Chair, Julie Kitlowski (JK), David Clitherow (DC), Tim Douglas (TD), Sue Cassin (SC), Gordon Laidlaw (GL), Jacqui Tufnell (JT), Sarah Lever (SL), Lydia George (LG),</p> <p>TRFT: Louise Barnett (LB), Chris Holt (CH), Maxine Dennis (MD)</p> <p>RMBC: Sarah Farragher (SF)</p> <p>RDASH:</p> <p>NHSE: Mark Janvier (MJ)</p> <p>YAS: -</p> <p>Care UK: -</p> <p>VAR: LMC: -</p>
Apologies	Chris Edwards, Janet Wheatley, Angela Harris, Claire Smith, Phil Foster, Sam Newton, Giles Ratcliffe, Debbie Smith, Bipin Chandran
Conflicts of Interest	Members were asked to register conflicts of interest at the beginning and then throughout the meeting as necessary, none were registered.

1 Urgent and Emergency Care Position

A & E Performance

TRFT reported:

- The position remains challenging and a number of actions are in progress to manage the situation.
- Issues are mostly in terms of internal ED performance, shortage of locums and ambulance numbers.
- Currently 50+ medically fit patients waiting to be discharged.
- Volume of work for social care is significant.
- There are 13 additional flex beds open which brings the total to 39.
- Still experiencing peaks in demand, 84 non-elective patients admitted on Monday.
- Looking at alternatives to locum cover but these are limited.
- Consultants have covered night shifts but this detracts from their availability during the day.
- At its peak the position was very difficult to manage, support from partners has been very good.
- LB reported that the level of 'non-admitted' patients is an issue, which could be the result of how teams are working together within the department.
- Actions include increased ongoing leadership and the development of an ED recovery plan.
- Discussions have taken place with NHSI, and targeted clinical support from the Intensive Support Team (IST) has been requested, particularly around the Manchester triage model. TRFT are hoping for a response from NHSI within the next few days.
- The position is worse than last year, although staffing and issues are comparable.
- A key factor is that, when under pressure, the layout of the department is not fit for purpose.
- Teams are trained in the new triage model and NHSI will provide support to expedite the learning to improve and refine the model.
- Really good work has taken place to reduce length of stays, which are now significantly reduced.

CCG added:

- JK supported the action to ask for help from NHSI/IST to maximize actions that can be taken.
- Discussions have taken place with MD, but a conversation with Shaun Nakash is still needed in relation to accelerating actions that can be taken in primary care to improve patient flow.
- SL reported that an extra-ordinary A&E meeting took place on 16 January.
- Current position is 79.6% which is an improvement, the figure includes WIC from 10 January.
- Further dialogue is needed at a SY level around robust support to partners.
- Some funds have come down centrally, which has been used to provide additional primary care support

in A&E. However, feedback from the GP Members Committee is that primary care are also experiencing an increase in demand.

- **DC** shared that ambulatory care meetings have been cancelled by TRFT. **Action: LB to look in to this.**
- **TD** queried if an A&E consultant should be a member of the A&E Delivery Board. **Action: LB to consider.**

RMBC position:

- Additional resource has been put in place, but there are vacancies across the system.
- System is still under pressure, 250 calls per day to the single point of access and a waiting list for community support.
- The hospital social work team, based in A&E a few days a week, are well resourced in comparison to other areas. However, there is potential to change the way they work to improve efficiency, managers are open to this.
- OOH service moved to A&E, management provided support, including weekends.
- Very little take up from staff on the offer of overtime.
- IT changed from 13 December which has caused some delays while staff get used to it.
- Enabling service is a weak point in terms of capacity.
- It was highlighted that there are some issues for Rotherham repatriating Out of Area patients, for example, there has been up to 11 patients at times waiting to go back to their place of residence. This does not appear to be a reciprocal issue. Thoughts were that this is fundamentally linked to the number of Ambulances.
- IA responded that dialogue had taken place between A&E Delivery Board chairs around a resolution to this issue. SF added that, if there are issues in relation to social care, RMBC could address with their counterparts in other areas.
- SF reported that all actions were complete, including implementation of the trusted assessor for Ackroyd.
- The Intermediate Rapid Response team are bridging care packages, and it has identified a need for further therapy for patients at home to support independence. **Action: to review therapy in intermediate care.**

CHC position:

- There has been additional input in to CHC over the month.
- There are 5 slots per week as standard which can be flexed to 10 at any time, slots are not being filled.
- SC confirmed that checklists are still be undertaken and CHC are attending the multi-disciplinary ward meetings, nothing has been flagged as an issue.
- MD added that there are still a significant number of patients being assessed in hospital that do not need to be done in a hospital setting. A discussion will take place outside the meeting.
- Interim funding is being offered.

CH recognized the need for TRFT to make internal changes and to put more focus on medium to long term plans, however, the trust are currently in a recovery position and need to put an immediate plan in place for next few weeks. **Following a discussion over what actions can be taken immediately to support recovery the following actions were agreed:**

Primary Care – JK/DC/CH to action

- Immediate discussion in relation to a revised pathway to support flow. CH committed to ensure that Shaun Nakash would be available this afternoon to meet with JK or DC.
- Rotherham GPs to be informed of opportunities to support A&E with a view to agreeing a rota of GPs to support ED and AMU. Noted this is not to take resource out of primary care as GPs are under pressure. TRFT agreed to ensure that ED has a room set up for GPs.

CHC – CH/SC to action

- Produce a common agreed version of the numbers/list of CHC patients for all organisations to work from.
- All organizations to agree actions / trigger points.

Social Care – SF/SN

- Sustain current level of input.

CCG – JK/DC/IA/CS

- Review of GP practice patients in acute setting, agreed that JK/DC to review their patients and to consider whether they could be managed within primary care. Findings to be reported to a future meeting.
- MD and SF confirmed that currently there is a weekly Rotherham teleconference each Monday ahead of the weekly NHSE winter teleconference, in addition CS, MD and SF have daily calls. The daily Rotherham teleconference will be re-established, and remain in place while the system is at level 3 / 4.

NHSE added:

- Highlighted that the system ranked 44 out of 45 over the last few weeks, as such there is an expectation that the A&E Delivery Board continue to provide an emergency response.
- On a recent teleconference, system partners came across very well, providing a co-ordinated response when challenged at both Regional and National level.

Contract Novation

- The contract novation is complete and has been signed by all parties.

Care UK Activity Report

For information

Ambulance Performance

Month	Total Responses	Category1	Category1 Under 8	Category2 T	Category2 T Under 19
WTD	125	21	66.7%	64	56.3%
MTD	3259	393	53.7%	1762	58.7%
YTD	11087	1228	57.0%	5907	62.1%

There are spikes around 8-9pm and it is unclear if this is caused by handover times. **Action: TRFT to provide further information to the CCG who will then take forward the issue. MJ to be copied in to the report.**

NHS 111

- December activity is up 12.4% compared to December 16 however it remains below the contract ceiling.
- 27th December was the most challenging day, as it appears patients were unaware that the GP practices were still closed.
- Performance (answered within 60 seconds) of 95% was maintained most days.
- The overall rate of 111 calls resulting in an ambulance dispatch dropped by 9% to 8.8%.
- YAS were ranked 5th top in the country week ending 25 December and 4th top week ending 4th January.

2 Winter Planning/System Resilience

2.1 Update on current Winter Planning

See above.

2.2 Update on System wide Escalation Management System

- LB reported that the overarching Urgent and Emergency Care Board are considering rolling out EMS across SY&B.
- IA reported that GPMC had challenged the CCG to develop the EMS for primary care by next winter.

The following update was provided by CS:

- The following organisations update their escalation level; TRFT, YAS, Integrated Rapid Response and Community Nursing Services.
- Care UK will update for the OOH's provider and the WIC. Users are to be set up on the system once the technical triggers are set up, at which point they will start to update.

- Mental Health would like access to EMS to view pressures across other organisations and to access to the communication elements that EMS offers but are not in a position to update an Escalation level. Further conversations will take place in a few months. There is an action try and link EMS with their in-house systems to reduce data input.
- Social Care have worked on their triggers and actions, but have concerns that the pressure level is visible to users outside of TRFT and need further discussions with their governance team.
- A discussion with Community Beds is still to take place.
- All agreed that implementation of EMS has been very positive. **Action: CS to contact Kay Goodwin to provide a high level project plan so that progress can be monitored.**

3 Communications

3.1 NHSE Communications

Covered above.

3.2 Rotherham Communications Update

- GL reported that he had a request from NHSE comms team to provide some narrative on the position in the system. **Action: GL/IA to discuss and share with MJ**
- Work is continuing with VAR volunteers to support messages to the public.
- There has been a lot of social media and media coverage in the local press, including an article about TRFT last week.
- SL raised the importance of communications in relation to the new Urgent and Emergency Care Centre and the closure of the WIC. Work is ongoing to finalise a communication plan. Public communications will start end February/ March.
- Communications will be agreed by the U&EC governance group and sponsor group. **Agreed that these will come to the A&E Delivery Board for sign off.**
- TRFT are holding a recruitment day on the 11 February which has been widely publicised.

4 Standard Business

4.1 Risks / items for escalation, including review of Risk Log

Following the consideration of each risk, members agreed to increase the risk for 'successful implementation of the Urgent and Emergency Care' Centre to 'orange'.

4.2 Minutes and matters arising of the meeting held on 9 November 2016 - agreed.

Minutes were approved, and all actions completed, noting the following:

Age UK supporting discharge element – consideration was given to what support could be given to A&E. However it was felt a big undertaking for Age UK given the pressure the department is experiencing. Age UK were asked to continue to focus on discharge.

Extended opening for Care UK – whilst there was the potential for Care UK to extend their opening hours it was thought on reflection that this would not significantly improve the position and was therefore not taken forward.

4.3 Outstanding matters arising not covered in the meeting – none

4.4 Future Agenda items - Review Winter Planning, Review A&E Delivery Plan, Feedback from GP Ward Rounds in the Acute Setting.

4.5 Date of next meeting - 1 March 2017 at 9.00am in G.04, Oak House

Notes approved at 01 03 2017 meeting