

**Action Points of the Rotherham A&E Delivery Board
Wednesday 8 November 2017, Seminar Room, U&ECC, TRFT**

Attendees	<p>RCCG: Chris Edwards - (CE), David Clitherow (DC), Tim Douglas (TD), Ian Atkinson (IA), Sue Cassin (SC), Claire Smith (CS), Becci Chadburn (BC), Jacqui Tuffnell (JT), Adele Taft (AT)</p> <p>TRFT: Louise Barnett (LB), Chris Holt (CH), Maxine Dennis (MD), Jon Miles (JM), Collette Booth (CB)</p> <p>RMBC: Giles Ratcliffe (GR)</p> <p>RDASH: Dianne Graham (DG)</p> <p>NHSE: Mark Janvier (MJ)</p> <p>YAS: Steve Rendi (SR), Matt Sandford (MS)</p> <p>VAR: Janet Wheatley (JW)</p> <p>LMC: Bipin Chandran (BCh)</p> <p>In attendance: Ross Grant, NHS Graduate Scheme Trainee</p>
Apologies	Gordon Laidlaw (GL) RCCG.
Conflicts of Interest	Members were asked to register conflicts of interest at the beginning and then throughout the meeting as necessary, none were registered.

Abbreviations:

ACS = Accountable Care System	UECC = Urgent and Emergency Care Centre	ED = Emergency Department
NHSE = NHS England	AMU = Acute Medical Unit	NHSI = NHS Improvement
IST = Intensive Support Team	DTOC = Delayed Transfers of Care	WIC = Walk in Centre
U&EC = Urgent and Emergency Care		

1 Urgent and Emergency Care Position

1.1 Current Performance

A&E Performance

- A written summary on the UECC and performance had been enclosed.
- There had been some improvement in performance during September but this was still below target.
- The main challenges were bed pressures, particularly between Sunday and Wednesdays, internal issues working from the new building, and middle grade shortages.
- Workforce pressures were more challenging out of hours, however there were 2 new consultants now in post and rotas had been revised to have less reliance on locums. The new consultants should also help improve leadership.
- It was felt that the system within A&E was working better than performance suggested.
- Trust staff was committed to improving quality and performance, and the recent A&E summit had resulted in specialties across the Trust committing to improving pathways from A&E.
- There were a high number of ambulance attendances at A&E on Monday 6 November (88) and SR agreed to do some further analysis on any reasons for this and also whether there had been any communication and/or actions agreed between TRFT and YAS on this day. **Action: SR**
- It was agreed that discussions should take place between TRFT, YAS and other local Trusts to look at how to work more supportively during periods of significant demand (eg when conveying border patients). LB to discuss with SR. **Action: LB/SR**
- The need to trust current plans and see them through to delivery was agreed by the Board.

1.2 YAS System pressure dashboard

Members noted the YAS dashboard. It was agreed that it would be more useful for the A&E Delivery Board to receive information regarding conveyance rates and escalation plans. **Action: SR to look at including this in future reports.**

It was also noted that the report showed a dip in performance for Category 1 Red performance. MS

commented that this was due to a change in reporting methodology following the pilot scheme (sorry don't know what the pilot scheme is). This was across Yorkshire and Humber and not particular to Rotherham. MJ agreed to provide an overview of performance for YAS – Rotherham and YAS wide – to provide assurance going into winter at the next meeting. **Action: MS**

2 System Resilience / Winter Planning

2.1 Weekly Operational A&E Delivery Board meetings

- It had been nationally mandated that areas set up a local cross-system winter operations team to operate joint local arrangements to ensure winter plans are delivered. MJ offered support from NHSE. **Action: MD/CS to set up weekly meetings**
- In addition to the above, Rotherham services had scheduled multi-agency winter telephone conferences every Monday morning to discuss issues/pressure within the system and to look at quick solutions to resolve. These calls will then feed into the NHSE winter telephone conferences scheduled for Monday lunchtimes.
- LB and MJ agreed to look at which NHSE/NHSI nationally mandated meetings it was sensible for TRFT to attend. **Action: LB/MJ**

2.2 Winter Planning RMBC

- CS talked through the enclosed report and gave an update on progress against the winter schemes funded by IBCF.
- *Social work capacity and the recruitment of 3 temporary social workers* – on track – posts recruited to.
- *DTOC Project Manager Role* – on track – advert to go out shortly and business case to RMBC done. The need to ensure joined up working between TRFT, RMBC and RDaSH was noted.
- *Reablement capacity (c 1,000 additional hours per week)* – on track – starting this week and 2 OTs will be working in the SPA to work alongside staff as a lead professional.
- **Action: CS to ask for RMBC to provide a summary with more detail of how the above work streams are progressing ie how utilised, impact, timescales for implementation**

2.3 Further assurance of the Rotherham System Wide Escalation Plan (Includes Winter Plan and A&E Delivery Plan)

- *Nursing Home beds* – IA reported that 39 beds nursing home beds had been secured to be in the system during January and February in periods of escalation. Further discussion was needed to work through pathways, medical cover and geographical location. Scheme was on track for 1 January 2018. The importance of hospital medical cover to support the impact on workload of GPs and to negate hospital readmission was highlighted. **Action: JT to discuss with GP colleagues**
- *Continuing Health Care Decision Support in Acute Setting* – early results showed that this was on track with no DST being undertaken recently in the acute trust. RMBC was working to having 1 team to undertake DSTs.
- *Maintaining Length of Stay Position* – partially on track as this was still a risk to the system. Analysis had been done and work would concentrate on LoS 1-2 days on Mondays, LoS 3-7 days over Saturday and Sunday and LoS 7days+ were having weekly PLT reviews. **Action: CH to provide a summary paper for the next meeting**
- *Age UK Project* – on track. **Action: AT to ask RCCG colleagues for an update for the next meeting**
- *Hospital Bed Configuration* – on track to be in place by 4 December 2017. Need to ensure changes are communicated to partners.
- **Action: CE/LB to discuss how to receive summary for A&EDB updates for all the winter schemes discussed.**

3 Delayed Transfers of Care

3.1 Delayed Transfers of Care Action Plan

- Plans were on track and work to co-locate staff and implement integrated working was proving positive. CH reported that numbers were reducing and agreed to circulate October performance to the group later that day. **Action: CH to circulate DTOC performance for October**
- Work was in train to be able to flag on the hospital IT system when a care package had been agreed and was in place for patients.

4 Communications

4.1 Rotherham Place Communications

- Self-care and the Right Care, First Time, campaign were ongoing through local press, social media and other media.
- Communications were also concentrating on promoting the flu vaccine.
- Regarding flu, partner organisations gave an update on flu vaccination and generally this was higher than previous years:
 - GPs reported that uptake was high for their patients.
 - TRFT staff uptake was current 62%.
 - RDaSH had actions in place to increase uptake.
 - YAS staff uptake was 55%.
- National funding had been announced to provide flu vaccination for care home staff and further guidance was awaited. **Action: GR agreed to chase guidance and update partners as appropriate**

4.2 SY&B Accountable Care System Communications

- The enclosed letter was noted by the Board and a response was awaited.
- JT reported that work was ongoing to look at joint posts for 45 Physician Associates. **Action: LB to discuss with Conrad Wareham**

4.2 NHS England Communications

- The enclosed letters were noted by the group.
- MJ reported that the usual winter arrangements were in place regarding winter assurance and scrutiny. He added that Warren Brown would be the Winter Director across the North of England and would provide a single response for NHSE/NHSI. Sally Bell would be the Yorkshire and Humber NHSE Winter Lead.

5 Standard Business

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

Members reviewed the risk log and no changes were made.

5.2 Minutes of 13 September 2017 - agreed.

5.3 Outstanding matters arising not covered in the meeting

1.1 *Bed Analysis Tool* – GPs working in A&E – DC had arranged to work in A&E the first 2 Wednesdays in January.

2.1 *Winter Planning Update from RMBC* – there was concern that there was no provider representation from RMBC to provide assurance/risks for its winter plan. **Action: CE to discuss with Anne Marie Lubanski**

5.4 Future Agenda items:

- YAS Performance – summary report – MS
- DTOC Action Plan
- Winter Planning from RMBC perspective, pressures faced, issues, risks
- Winter Plan further assurance and summary reports on:
 - IBCF winter funded schemes – CS/RV
 - Nursing Home Beds – CS/RV
 - CHC DST – SC
 - Holding Length of Stay Position - CH
 - Age UK project – CS
 - Hospital Bed Re-configuration - CH

5.5 Date of next meeting - Wednesday 6 December 2017, 9.00am in the Seminar Room UECC.

It was noted that Jeremy Reynard, A&E Consultant TRFT, was intending to attend the next meeting.

Note – it was agreed that *where possible* the meeting will be held in the Seminar Room, Urgent and Emergence Care Centre, otherwise it be held at Oak House. Can members please check meeting papers going forward for the correct venue.

Approved 06 12 2017 meeting