

**Action Points of the Rotherham A&E Delivery Board**  
**Wednesday 26 April 2017, 9.00am in room G.05, Oak House**

<b>Attendees</b>	<b>RCCG:</b> Ian Atkinson (IA), David Clitherow (DC), Tim Douglas (TD), Sue Cassin (SC), Gordon Laidlaw (GL), Sarah Lever (SL), Claire Smith (CS), Jacqui Tufnell (JT), Lydia George (LG) <b>TRFT:</b> Louise Barnett (LB) - Chair, Maxine Dennis (MD), Jon Miles (JM) <b>RMBC:</b> Sam Newton (SN), Sarah Farragher (SF) <b>RDASH:</b> - <b>NHSE:</b> - <b>YAS:</b> - <b>Care UK:</b> - <b>VAR:</b> -
<b>Apologies</b>	Chris Edwards, Giles Ratcliffe, Janet Wheatley, Bipin Chandran, Debbie Smith, Mark Janvier, Steve Rendi, Jackie Cole, Chris Holt
<b>Conflicts of Interest</b>	Members were asked to register conflicts of interest at the beginning and then throughout the meeting as necessary. No conflicts of interest were registered.

**Abbreviations:**

<i>ED = Emergency Department</i>	<i>NHSE = NHS England</i>	<i>NHSI = NHS Improvement</i>
<i>IST = Intensive Support Team</i>	<i>AMU = Acute Medical Unit</i>	<i>WIC = Walk in Centre</i>
<i>U&amp;EC = Urgent and Emergency Care</i>	<i>DTOC = Delayed Transfers of Care</i>	

**1 Urgent and Emergency Care Position**

**1.1 Current Performance**

**A&E Performance**

The A&E Delivery Board received the following update from SL/MD:

**Q4 2016/17**

- TRFT agreed with NHS England and NHS Improvement the minimum expected A&E performance for March 2017 was 87.5%. This was achieved.
- The Trust ended 2016/17 as follows: March – 90.11%, Q4 – 85.23% and Full Year – 88.40%.

**2017/18**

- A letter from NHSE/NHSI has been received which sets out that all Trusts are required to achieve 90% by September 2017 and 95% by March 2018.
- TRFT has subsequently sent its trajectory to NHSI advising that for March 2018 the Trust will achieve 95.2%.
- The current position as at 18<sup>th</sup> April 2017 is 86.30%. This performance data includes Walk in Centre performance.
- The main causes of underperformance continue to arise from:
  - 1) System resilience (including the Trust) to respond to and cope with the increased winter pressures
  - 2) Staffing challenges within ED, specifically around junior and middle grade doctors shift fulfilment
- TRFT have developed an immediate ED Recovery Action Plan; the actions are largely on track and working well, particularly in respect of timeliness for triage and admissions and a change in clinical leadership.
- Following simplification of triage process, the wait times have improved by an average of 10 minutes. However, early bed flow (as measured through the percentage of patients discharged between 8am and midday) remains lower than optimal levels, currently ranging from 12 to 15%, compared to the NHS IST recommended standard of 33%.
- A review of actions designed to improve this key enabler of patient flow and in turn 4 hour performance is underway to ensure that significant improvements are made.
- The CCG continues to offer support to the Trust from CCG GPs for both A&E and the AMU.
- Following further discussion it was agreed that over the next 2-3 meetings, for assurance purposes, it would be helpful for TRFT to present an update on the U&EC Centre.

- SL added that this had been discussed at the EC Sponsor Group. **Action: SL to ask Jo Martin to prepare a brief for the next A&E Delivery Board.** This will set out the intention of the new U&EC Centre and model and what the health economy can expect in the coming months in relation to the opening, implementation of the model and any challenges expected.
- An additional agreed **action: MD and JT to discuss opportunities to strengthen relationships and understanding between TRFT and GPs,** following a request from the LMC for rotation. The idea generated was around hospital based clinicians having experience in primary care and primary care staff having experience of working in ED.

**Confirmation of A&E Target** - Confirmed as 90% by September 2017 and 95% by end March 2018.

**Deprivation and A&E** - Deferred to a future meeting.

### Care UK Activity Report

- Immediate and necessary continues to increase.
- Flexible approach to moving staff between WIC and ED will continue.
- Continue to publicise that the WIC is open until the 5 July.
- CS added that the last separate Care UK contract performance meeting takes place next week, going forward it will be included in the monthly TRFT Performance meetings.
- An agenda item will be to look at performance retrospectively and any areas of concern will be brought back to the A&E Delivery Board.

### Ambulance Performance

- The NHS11 Easter brief for A&E Delivery Boards was noted.
- Members briefly discussed Frequent Flyers, DC confirmed that he had attended the monthly meeting where they are discussed. **Action: Members agreed that they would like to receive a report and baseline information about Frequent Flyers.**

## Easter Planning/System Resilience

### 2.1 Easter Debriefing

#### TRFT:

- The aim was to create as much capacity as possible before the bank holiday.
- The target was 75 empty beds by Thursday 13<sup>th</sup>, 80 was achieved.
- Performance was good throughout the bank holiday.
- The main issue was workforce and not the volume of patients.

#### RMBC:

- Ability to source home care packages was the biggest issue. The ability to deliver home care packages was reduced due to workforce availability caused by additional staff leave over the bank holiday period.
- Providers are currently at capacity and as a result have been asked to identify patients where input could be reduced.
- Enabling is still an issue.
- Commissioners are working to secure additional capacity, this includes discussions around what can be done to address peaks in demand for providers.
- Improvements were seen in out of hours.

#### LB commented:

- It would be useful to understand how capacity is ebbing and flowing in real time and wondered if EMS provided visibility.
- It was helpful for RMBC to share their position and queried if there was a way for TRFT to help in terms of in reach for example.
- Agreed that that further information around market capacity would be brought to a future meeting. **Action: SN/SF**
- Actions described have been proactive and exceeded expectations in terms of freeing up capacity, but the issue appears to be post bank holiday.

#### **JT added:**

- A new meeting has been set up focusing on education and will look at provider gaps. One area identified is that Health are able to recruit to healthcare assistants, however, Social Care are not – even though it is the same role. Another issue is the low pay. **Action: JT to forward the contact and meeting details**

**Primary Care** - As anticipated, Tuesday after the bank holiday was very busy.

#### **2.2 Winter Feedback Report**

- Members noted the paper and considered the recommendations.
- MD explained that the paper was as a result of a debrief to review the planning, operational response and recovery phases to 2016/17 Winter period and that partner feedback is welcomed.
- Members supported the recommendation for a Strategic Winter Plan and to recommence a Winter Planning group to lead on its development.
- **Action: a sub-group will be established by the end of August, which will link to the work around the development of the flash cards/EMS. Attendees will be senior representation from all partners.**

#### **2.3 DTOCs and MFFD Progress Report**

- The DTOC position is challenging and an independent review of the DTOC process has been agreed.
- The review is being led by an expert on DTOCs from local government and a senior nurse with significant experience on DTOCs.
- The review will be informed by a series of interviews with relevant staff from both organisations, and a report is expected within the next few weeks which will expose the extent of the challenge and provide a shared overall position.
- The feedback from staff involved so far has been supportive, highlighting the positive nature of the review.
- MD is leading the piece of work and will liaise with colleagues as required, and is keen that the findings are presented jointly at a future meeting.
- **Action: DTOC to become a standing agenda item for A&E Delivery Board**

#### **2.4 Adult Social Care Funding**

- LB set out that adult social care is receiving funding and that NHS colleagues are keen to work jointly to evidence how the funding will be applied.
- SN explained that discussions are still taking place at a very senior level.
- £2b was announced in the spring statement, which equates to roughly £6.2m for Rotherham this year, reducing down in years two and three.
- Specific grant conditions are unlikely to be known before the end of June due to the period of purdah.
- Funding has to be used on adult social care, to proactively stabilise the position and improve health outcomes.
- Funding is expected through the BCF route and reference will need to be included in the revised BCF Plan.
- Further discussions will take place after specific conditions are released.
- This will be discussed at the H&WBB in May.
- **Action: SN/SF will provide an update when further details are known.**

### **Communications**

#### **3.1 NHS England Communications**

##### **Letter to Delivery Board Chairs re: Flash Cards from Lyn Simpson & Richard Barker**

- EMS has provided some success and will continue to be built upon and developed.
- Part of the challenge is how the system responds at different OPEL levels. Members agreed that a good deal of the actions in the flash cards are already included in EMS and that it would be useful to reflect and update EMS over the summer in time for next winter.
- CS added that EMS has the facility to add action cards.
- **Agreed: CS to produce a timeline and actions needed to update the EMS system to reflect on the current position, any learning, consider the national 'flash cards' and incorporate further actions as necessary.** This will provide further structure to the system.

- Partners will take stock individually and then collectively by the end of May. The aim will be to complete by July so that it can be incorporated within the next Winter Plan.

### 3.2 Rotherham Communications

- There has been positive local press coverage in the Advertiser.
- The Right Care First Time literature will need to be reviewed to reflect the changes with the WIC/U&EC Centre and Pharmacy First.
- A Task and Finish Group for the U&EC Centre is leading on a 10 week communication plan, starting this week, with a planned activity programme including an open day for PPGs and stakeholders.
- Key considerations are:
  - How to make best use of national campaigns.
  - How to manage public expectations.
  - What is the future use of the WIC.
  - Promotion of our new models of care in professional media.
  - How to promote usage of health and social care services in local communities.

## Standard Agenda Business

### 4.1 Risk / Items for escalation, including review of Risk Log

The following changes were made to the **risk log**:

- References to 2016/17 were updated to 2017/18.
- Successful implementation of Emergency Centre changed to yellow.
- Delayed Transfers of Care changed to orange.
- Removed - Delivery of the Easter plan.
- Removed - Insufficient bed capacity for winter.
- Added - Risk to performance during the transition to U&EC Centre – orange.
- Added - Workforce risk of the impact of IR 35 on locum GPs – yellow.

**Item for escalation** – lack of YAS representation to be escalated – **Action: CE/LB**

### 4.2 Updated Terms of Reference

The updated terms of reference were agreed with the following addition:

- Rotherham A&E Delivery Board will focus solely on Urgent and Emergency Care ***across the system*** (text in bold and italic added).

**4.3 Minutes and matters arising not covered in the meeting** - Agreed with the following amendment:

**2.1.4** – ‘MD added that social care *had been unable to be on site for all 4 days* over the Easter period and that the Trust and social care had jointly agreed to prioritise this resource to days which would best support discharges’.

SF clarified that social care had been on site on the Saturday and Monday in line with what had been agreed.

### 4.4 Future agenda items

1. Delayed Transfers of Care - ALL
2. Adult social care – SN/SF
3. U&EC Centre update - JM
4. DTOC/MFFD report – CH
5. Update on social care capacity / market – SN/SF
6. Deprivation and A&E attendances – GR
7. Frequent Flyers - tbc

**4.5 Date of next meeting** - Wednesday 24 May 2017, 9:00am in room G.05

**Notes approved at 24 052017 meeting**