

Action Points of the Rotherham A&E Delivery Board
Wednesday 8 January 2020, Seminar Room, U&ECC, TRFT

Attendees	RCCG: Chris Edwards (CE) - Chair, David Clitherow (DC), Ian Atkinson (IA), Sue Cassin (SC), Jacqui Tufnell (JT), Claire Smith (CS), Gordon Laidlaw (GL), Lydia George (LG) TRFT: Louise Barnett (LB), George Briggs (GB), Jeremy Reynard (JR) ECIST: Claire Price (CPr) RMBC: Ian Spicer (IS) RDASH: - Connect Healthcare: Angela Shaw, (AS) NHSE: Mark Janvier (MJ) YAS: Jackie Cole (JC), Jeevan Gill (JG) VAR: - LMC:-
Apologies	Tim Douglas, Matt Pollard, Chris Myers, Janine Wolstenholme, Sally Kilgariff, Chris Preston, Nicholas Leigh-Hunt, Ed Bryan
Conflicts of Interest	Members were asked to register conflicts of interest at the beginning and then throughout the meeting as necessary.

1 Current Performance

1.1 TRFT

- As previously reported, TRFT are now 1 of 14 trusts taking part in field testing the new standards
- The CCG and NHSE/I have agreed that daily reporting will be against 4 key indicators of; time to initial assessment, time to be seen by a clinician, mean total wait and 12 hours in department
- Members focused on enclosure 1.1a, the A&E Operational Performance Dashboard, which summarised the position as:
 - As expected, December was a challenging month in the Trust, with high demand in the first half of the month and levels of acuity increasing throughout (including through flu). We saw time to triage performance deteriorate significantly, with achievement of the standard on only 4 days. Some of this has been caused by staffing shortages, but we are reviewing performance over the last 2 months given the deterioration. Time to be seen by a clinician continued to be above the target, although the significant increase seen in November did not continue in the month.
 - The conversion rate increased throughout the month, with an average of 65 admissions a day. The site became extremely pressured the weekend of 8th December such that there were eight 12 hour trolley waits over that weekend.
 - DTOCs have remained high for all 3 weeks where data is available, although super stranded patients were down to 22 and 23 in the last two weeks of the month, so super long waiters were not the ongoing cause of the high DTOC figures.
- **A&E Outlook**
 - Further work is being undertaken to understand some of the deterioration in performance, although we are unable to benchmark our performance compared to other Trusts given the Field Test. However, national data shows that the North region suffered a significant worsening in 4 hour performance in December (all A&Es and Type 1 only)
 - The incidence of flu now seems to have settled to a more manageable level, and we are planning to convert Keppel back to normal use from 20th January. However, performance is still very challenged and this is expected to continue through January.

Additional comments

- All beds are being utilised, including all the community beds that were operationalised early
- Norovirus and flu are affecting staffing levels
- Attendance dropped by 10% through UECC, with 260/270 compared to 310/330 in December
- Flow has improved, but the challenge in relation to long lengths of stay complex patients remains
- A high number of deaths both in hospital and community have been experienced over the period. As a result additional mortuary spaces have been secured, and other measures put in place internally
- Route Cause Analysis is being undertaken on the 12 hour trolley waits, outcomes will be shared with the CCG
- Chief Operating Officers across SY&B are working on system escalation; the Escalation Policy has been

updated and it is hoped will be approved over the next few weeks.

- Ambulance Handovers have shifted significantly following recent discussions with YAS

Actions:

- GB to undertake RCA on 12 hour trolley waits and share with CCG
- TRFT/ICS to review escalation policy
- LB to discuss escalation with MJ to ensure buy in across the ICS
- In summary, Christmas and early New Year performance has been better than expected, with recovery quicker than historically.
- Position is expected level of pressure and comparable with other systems, agreed as '**sustained**'

Social Care

- The period has been challenging, similar to that reported by TRFT, it was highlighted that teams have worked hard to turn around the position very quickly
- Availability of resources remains under pressure, but this is as expected
- Some areas within IDT have changed; we are yet to see the impact of additional beds and work has focused on ensuring discharge and flow through the system
- DTOC reduced from the December peak

MH

- Bed availability is a challenge; there have been OOA placements for Psychological Intensive Care – which is very unusual for Rotherham
- Nothing further out of the ordinary or of significance

Primary care

- Flu is high in the community, but not at the level to admit
- Ackroyd is closed due to flu; and practices are experiencing staff sickness due to flu
- Flu appears to be mirroring the same route as it did in Australia
- Most seen conditions have been respiratory and viral cough, affecting mostly older people
- Concern was raised over the speed of the coroner since the process has changed to an e-mail system
- GB added that this is also causing an issue for TRFT. **Agreed: GB to seek to address the issue with the coroner**

YAS

- Agree with the comments so far, demand has followed a similar pattern.
- December saw a drop in demand, but higher acuity and a deterioration of 9 minutes in turnaround times
- This equates to 685 hours (34 crews) across December which is a significant draw on resource
- 10.9% more hear and treat in December, and 23% see & treat
- Major conditions align with those identified by partners; respiratory /chest pains
- Some improvement in handovers, although new process has not been enacted yet

GP Fed

- Hub utilisation over Christmas was quite disappointing but improved by the New Year at 79%
- Members discussed the opportunity for patients to be directed to the hubs and the mechanisms available to patients to book an appointment

Other

- Additional long lengths of stay meetings have focused on individual patients, outcomes show that these are very ill patients, with some requiring a hospice bed
- We need to ensure that patients care plans include end of life decisions / preferences and that these are taken into consideration.
- The EOLC pathway is being reviewed by the CCG lead GP, and this discussion will be relayed to be incorporated into the review

Notes from weekly A&E Operational Group meetings - Noted by members

1.2 RDASH – no further update

- DTOC – two main issues identified as 1) the reporting process is not sufficiently robust, it is currently single agency rather than as a partnership but this is being addressed and 2) following a deep dive into DTOC it appears there are some outliers that need to be addressed, a workshop is planned to address.

1.3 YAS – as above

2 System Resilience / Planning

2.1 Overarching Rotherham Health and Social Care System Urgent Care/Winter Plan 2019-20 Action Plan

- The hub to be based at the UECC was to start today, however there has been some issues with accommodation and further work is taking place to identify a suitable/safe space for lone working
- An alternative is being considered and it is hoped that this would enable commencement from next week and up to March.

<ul style="list-style-type: none"> • The intention is for this to be long term, however it is seen as an opportunity to learn • Attendance is expected to peak Tuesday / Wednesday next week so it would be helpful to have the hub in place by then 	
2.2 Acute and Community Bed Position <ul style="list-style-type: none"> • All actions in place as per the winter plan and ahead of schedule • All capacity identified is open and beds will remain open until April 	
2.3 ECIST Update <ul style="list-style-type: none"> • Joint visit with 7 day service team, offer of support for weekend discharges, will link with appropriate officers/clinicians • On site with nursing quality and safety. Patrick to liaise with Angela Wood, GB and SK in relation to hand overs/ use of 'fit to sit' • SDEC - work with specialities • Review of ECIST support on 14 January 	
2.4 Rotherham App <ul style="list-style-type: none"> • 11,000 uptake, 2,500 appointments and 36,000 prescriptions • Working with Substrakt to develop an awareness campaign to implement over the next few weeks • Issues are around the need for patients to take their ID into practice and practices uploading appointments, however these will be resolved before the campaign • VAR health champions have 3 priorities of which promotion/awareness of the App is one, they will also work with targeted/focus groups • Helen Dobson looking for the App to be able to link with Friends and Family Test • 40% is the scale of ambition, we have surpassed Birmingham who the App was originally developed for • Further update at the next meeting 	
2.5 Flu Update <ul style="list-style-type: none"> • TRFT reported positive engagement with staff, 79% immunisation rate and 95% at UECC • RMBC reported: <ul style="list-style-type: none"> ○ Three Riverside drop-in sessions on 22/10/2019, 24/10/2019 and 10/12/2019 have each administered 100 vaccines apiece (i.e. total of 300) to RMBC staff (targeted at front-line staff, but delivered with no restriction on eligibility). ○ Some flu vouchers via Weldricks pharmacy (who do the drop-in sessions) may also have been procured for staff working at Hellaby depot • CCG also reported positive position 	
3 Communications	
3.1 Rotherham Place Communications <ul style="list-style-type: none"> • Comms action plan being implemented • Social media – facebook and twitter – continues to be utilised • Further work planned; focus on children and flu vacs for children, simplifying messages to reduce confusion – this will support self-care, use of GPOOH, 111 etc 	
3.2 NHS/I England Communications <ul style="list-style-type: none"> • Comment that it is evident the system has worked very hard together • Discussion over sitrep reporting requirements – particularly exception reporting in relation to 4 hour breach; difficulties in terms of field testing and national vs local requirements. Agreed that reporting would be in line with the national letter from Alison Knowles and that the 90 minute local report would cease. 	
4 Standard Business	
4.1 Risks/items for escalation <ul style="list-style-type: none"> • Risks considered, no changes made 	
4.2 Minutes of the last meeting – noted	
1.3 Outstanding matters arising not covered in the meeting – none <ul style="list-style-type: none"> • None 	
4.4 Future agenda items: <ul style="list-style-type: none"> • Field Test Interim report: GB/CP (Feb) • System Winter de-brief (March) 	Standing Agenda Items <ul style="list-style-type: none"> • Overarching Rotherham Health and Social Care System Urgent Care/Winter Plan 2019-20 Action Plan • Acute and Community Bed Position • A&E Strategic System Dashboard • ECIST Update • Flu Update • Rotherham App
4.5 Date of next meeting – Wednesday 12 February 2020, 9.00am, Seminar Room UECC (approved 12 February 2020)	