

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

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

<b>1 Urgent and Emergency Care Position</b>
<p><b>A&amp;E Performance</b></p> <p>MD reported:</p> <ul style="list-style-type: none"> <li>January and the start of February have been challenging.</li> <li>An action plan has been agreed with NHSI.</li> <li>Performance has improved over the last 10 days for A&amp;E type 1 (TRFT are not one of the trusts under the 80% target).</li> <li>Contract novation has been agreed.</li> <li>A challenge is fragility of medical staffing, although there has been some improvement and better fill rates.</li> <li>Introduction of GP streaming has been helpful and the focus on integration with Care UK.</li> <li>85% health community target for March agreed with NHSE, the plan for the revised improvement plan is positive.</li> <li>SL added that performance for January was 82% with average 196 attendances, February performance was 85% with average 193 attendances, current performance in 91%.</li> <li>CH reminded members that the walk in centre is included in the figures, and if they were not performance would be equivalent to 70%.</li> <li>January performance was particularly difficult, noting that Winter performance has not been a demand driven problem.</li> <li>JD was happy with the discussions, highlighting the point about changing baselines (inclusion of WIC) and how this puts Rotherham in line with counterparts across the patch.</li> </ul> <p><b>2017/18 Regional Action on A&amp;E Improvement Programme Event</b></p> <ul style="list-style-type: none"> <li>IA explained that, from the LDB chairs call, there is an expectation that the chair attends the event.</li> <li>Other representatives are 3 senior representatives and a clinician</li> <li>Agreed that attendees would be: CE, DC, a senior representative from TRFT and RMBC.</li> <li>In addition, YAS will ensure appropriate representation for all A&amp;E Delivery Boards in the patch</li> </ul> <p><b>Summary of LDB chairs call: 14 February</b></p> <ul style="list-style-type: none"> <li>The call took stock of the January /February position, national expectations and preparations for Easter.</li> </ul>

### **A&E Delivery Plan**

SL and CS presented the A&E Delivery Plan: action plan, which is received by the A&E Delivery Board on a regular basis to monitor progress against the A&E Delivery Plan, focusing on the 5 key areas of:

- A&E streaming at the front door
- Increasing the proportion of calls transferred to a clinical adviser
- Ambulance services
- Patient flow
- Supported discharge

### **Care UK Activity Report**

- Care UK performance is almost 100% consistently.
- Attendances have steadily increased over the last few months.
- 'Immediate and necessary' has been implemented on a few occasions, but this has been for short periods of time and late at night.
- The level of A&E attendance from the walk in centre is still low.

### **Ambulance Performance**

- MS reported that a Dashboard is being produced that A&E Delivery Boards will receive to report on a range of indicators for YAS.
- 999 – performance data for January reports handovers are at an average of 22 minutes, turn around at an average of 36 minutes – both are not within performance requirements.
- Un-validated figures for February show significant improvement.
- Cat 1 performance appears to be the worse seen in YAS for some time. Currently exploring whether this is a duplication of call time.
- Rotherham specific is up 19 % against expected contract levels, conveyance rates are 78.8, 78.3 for Cat 1 and 2 respectively.
- NHS 111 – confirmation that YAS have received a CQC rating of good across all areas.
- YTD response is 93.2% in 60 seconds, which is an improvement on last year.
- 6% increase in call volumes which is close to contract ceiling.
- Conversations have begun at contract management board in relation to Easter preparations.
- Note that the 'Con Ops' report has been shared with A&E Delivery Board.
- In relation to Easter, NHS 111 had a successful Christmas, where forecast matched demand.
- Modelling has been undertaken for Easter and extra staff will be in place, including additional floor walkers and management.
- Clinical recruitment remains a challenge.
- MD confirmed that hand over times have improved over the last 3 / 4 weeks.
- The early part of year saw significant increases in A&E attendance, on closer investigation of the data it appeared to be from ambulance arrivals. There had been an action for TRFT, CCG and YAS to discuss, and SL queried if the conversation had taken place.
- MD confirmed that the meeting had not taken place. **Action: this discussion will be picked up again by SL, MD and MS**
- MD explained that a HALO is made available on request, this is likely to be particularly important going in to Easter.

## **2 Easter Planning/System Resilience**

### **2.1 Update on current Easter Planning**

- The 4 day Easter period will be challenging with the added pressure of a short recovery time before the May bank holiday - less than 2 weeks later.
- NHSE and NHSI have requested the completion of an Easter assurance template, which Adele Taft is co-ordinating on behalf of the A&E Delivery Board.
- Members confirmed that planning for Easter is underway. **Action: there will be dedicated time at the next meeting to focus on Easter planning.**

## 2.2 GP Access

- The report, which is overall positive, shows that capacity in primary care has increased significantly over the last 12 months, with 92000 additional appointments, equivalent to an 8% increase in primary care.
- Emergency primary care provision is available at the walk in centre.
- Three GP hubs were introduced from January across Rotherham to offer planned GP appointments on Saturdays.
- GP present were asked for their experience /feedback on access within their practice:
  - TD shared that practices are trying to make access easier, but this poses a contradiction in terms of continuity of care vs ease of access.
  - DC shared that GPs are under significant pressure and are trying to use ANPs where possible to allow GPs to focus on patients with more chronic/acute illnesses.
  - JK shared that whilst there has been an increase in the number of appointments, patients still go to A&E and the walk in centre.
  - BC shared that 70% of their patients have a chronic illness.
- GR offered to undertake a piece of work to understand if there is a relationship between areas of deprivation and areas of origin for A&E attendances. **Action: GR and to feedback at a future meeting.**
- JK also offered to bring productive primary care data to future meeting.

## 2.3 Update on System wide Escalation Management System

- CS provided an update, referring to the project plan circulated with the papers.
- The aim is for the end of March for completion.
- **Action: Following discussion it was agreed that DC and CS would discuss how EMS might work in primary care.**
- CH had presented the EMS system to the SY&B Urgent and Emergency Care Board, the aspiration is for all communities to sign up in advance of next winter.
- JD added that some areas were keen but unsure of the costs involved.
- The fixed set up cost for the system was £70K, the online license cost will be very low if it is across SY&B.

## 3 Communications

### 3.1 NHSE Communications

Covered under the discussions on March A&E figure and Easter preparations.

### 3.2 Rotherham Communications Update

- GL is working with RMBC on how to get key messages out to families with young children, which might include children's centers and early help.
- Work is also taking place to look at how messages can be given at schools, but there is a concern that this may not reach parents.
- Comms for the new Urgent and Emergency Care Centre start next week in readiness for the July opening. **Action: Urgent and Emergency Care Centre Comms Action Plan at next meeting**
- JW reminded members that the team of volunteers are still in place and are taking key messages into the community, face to face and through a number of groups.
- **Action: Easter communication plan to the next meeting.**

## 4 Standard Business

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

Members reviewed the risk log and confirmed the assessments with the following amendment:

- A&E Target – this is to be split into two risks 1) 95% and 2) 85%
- ED Nursing workforce – move to red

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

4.3 Outstanding matters arising not covered in the meeting – none

4.4 Future Agenda items - Review Easter Planning, Easter Comms Plan, Urgent and Emergency Care Centre Comms Plan

4.5 Date of next meeting - 29 March 2017 at 9.00am in G.05, Oak House

**Notes approved at 29 03 2017 meeting**