

**Action Points of the Rotherham A&E Delivery Board
Wednesday 13 September 2017, G.04, Oak House**

Attendees	<p>RCCG: Chris Edwards - (CE), David Clitherow (DC), Tim Douglas (TD), Sue Cassin (SC), Sarah Lever (SL), Claire Smith (CS), Jacqui Tuffnell (JT), Gordon Laidlaw (GL), Lydia George (LG)</p> <p>TRFT: Louise Barnett (LB), Chris Holt (CH), Maxine Dennis (MD)</p> <p>RMBC: Giles Ratcliffe (GR), Rob Vickers (RV)</p> <p>RDASH:-</p> <p>NHSE: Mark Janvier (MJ)</p> <p>NHSI: Andrew Morgan (AM)</p> <p>YAS: Steve Rendi (SR)</p> <p>VAR: Janet Wheatley (JW)</p> <p>LMC: Bipin Chandran (BCh)</p>
Apologies	Debbie Smith, Ian Atkinson, Jon Miles
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:

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

1 Urgent and Emergency Care Position

1.1 Current Performance

A&E performance against the 4 hour target (as at 4th September 2017):

- August – concluded at 82.41% (STF August 89.79%)
- September – 81.21%
- Q2 – 81.70%
- Year to Date – 85.40%
- STF September - 94.8%

The number of attendances since the opening of the UECC were in line with what had been predicted:

- WIC average 137 prior to opening expect 68 to transfer.
- A&E average 204 to 5 July
- UECC average – 273.

All services are now co-located; GP OOHs transferred to the centre on 22 July 2017. Staff are working well together with positive teamwork. Performance needs to improve however; the main issues currently affecting performance are as follows:

- Medical staffing gaps - 3 new consultants have been recruited, 2 of which are substantive and 1 locum expected to be substantive shortly – to start October/November 2017.
- Triage - a new process has been implemented
- Primary care streaming is working well, streaming approx 30% to 35% of attendances (target is 40%).

The Emergency Care Improvement Programme (ECIP) team (ED Consultant and Lead Nurse) had visited the Trust. The Consultant spent a further day at the UECC on 22nd August and gave very positive feedback about the staff, culture of the UECC and the processes that were in place. Recommendations for further work were identified as follows:

1. Triage - IT and review of the necessity to triage all patients
2. RAT - ensuring clear escalation processes are in place and implementing new processes including ambulance self-handover

3. CDU and the need to maintain an area within the UECC for patients that require further tests/awaiting tests but do not require further assessment/admission
4. Access to Radiology
5. Pathways into the hospital – further work required on ambulatory care and assessments
6. Board Rounds – ensuring consistency in the time of day that these are held

The Trust have confirmed that the above recommendations are areas that they are already progressing with and noted that it was assuring that feedback didn't identify any areas of particular concern.

Key issues have been raised in relation to GP in hours and out of hours provision due to the challenges associated with IR35. The Trust is taking action to mitigate these risks and a request has been made by the CCG to provide appropriate assurances around continuous service delivery.

Action: DC to work closely with TRFT to support the primary care streaming

Action: LB/CH to arrange for an A&E Consultant to attend A&E Delivery Board.

1.2 YAS System pressure dashboard

Members noted the YAS dashboard, there was no issues to raise.

2 System Resilience / Winter Planning

2.1 Bed Analysis Tool – deferred

2.2 Sign off of the Rotherham System Wide Escalation Plan (includes Winter Plan and A&E Delivery Plan)

- Discussions took place in relation to the inclusion of a 'plan B' in the Winter Plan and if this would be to divert when EMS reaches level 4.
- Members recognised that until all SY&B systems have adopted EMS it is difficult to benchmark system pressures across the patch, so currently comparisons are not like for like.
- YAS were positive about the plan and added that they had already shared their Winter Con Ops document.
- Following consideration, members confirmed they were happy to sign off the plan with the following amendments:
 - To be more explicit about what happens as a result of level 4 on EMS
 - To provide more clarity in relation to what happens on level 3 escalation
 - Further discussion around primary care to understand what support is needed to manage the level of risk in the community, rather than triggering an admission. As an example, Sheffield refer direct to specialty to support A&E.

Action: CS to make amendments and bring back the final version to the next meeting for information

2.3 Process for Rotherham Escalation Calls

- To ensure consistency of content and quality of the escalation calls it was agreed that a structure and process would be put in place. **Action: CE/CH/MD and CS to discuss**

2.4 2017-18 Emergency preparedness, Resilience and Response (EPRR) Assurance

- All members confirmed that their organisations had undertaken the relevant EPRR assurance.

2.5 Information to support Winter Delivery – SEPIA front end development / community capacity

- CH provided a demonstration of Sepia, explaining how it provides a view of beds/capacity.

3 Delayed Transfers of Care

3.1 Delayed Transfers of Care Action Plan

- It was reported that Sue Slater will be providing 2 days per week support to DTOC.
- IBCF has identified money for a DTOC lead for the action plan, discussion are taking place between TRFT and RMBC.

3.2 IBCF to support improvements in DTOC and Winter Flow

- CS reported that the 2015 Spending Review and Spring Budget 2017 announced a new grant for adult

social care - 'Improved Better Care Fund' (iBCF). For 2017-19, there are four national conditions attached but beyond these RMBC has flexibility on how the iBCF is spent (on health, care and housing), but need to agree how it will support improvements in the following metrics:

1. Delayed transfers of care
 2. Non-elective admissions (General and Acute)
 3. Admissions to residential and care homes
 4. Effectiveness of reablement
- The Rotherham allocation is £6.23m (2017), £3.84m (2018) and £1.90m (2019), in addition to the £1.1m in 2017 from the existing BCF to support integrated care in the Borough, linked to the BCF Plan.
 - CS provided a comprehensive summary of the iBCF funding breakdown.

4 Communications

4.1 Rotherham Place Communications – Winter Communication Plan

- GL presented the Winter Communications Plan, enc 4.1.
- The plan covers the local 'Right Care, First Time' campaign and the National 'Stay Well this Winter' Campaign
- Members considered the plan and were happy with the actions, noting that the plan is based on using existing resources
- In response to a query around winter flu, it was confirmed that there is evidence of a potential spike this year.
- Key messages to staff, in particular front line staff, and to those members of the public in the 'at risk' category are to promote vaccination.

Action: GR agreed to provide an update on flu at the next meeting.

4.2 Y&B ACS Communications – UEC Showcase

- Enc 4.2 explains that a key principle of the Urgent and Emergency Care workstream is to share and spread learning and the idea of the 'showcase' is to share and spread experiences within the ACS that demonstrate good practice and innovative approaches to tackling the challenges faces by the U&EC system.
- There is an agreed list of showcase areas, and Emma Royle (CCG) is the link person for Rotherham.

4.3 NHS England Communications

- **Winter Readiness Assessment Letter** – NHSE have received and commented on a draft of our Winter Plan and are happy to receive any further updates following today's meeting. In August, Richard Barker and team, met with the Rotherham system to seek assurance on our plans, he will be revisiting at the end of September / October.
- **Integrated Urgent Care Specification '111'** – Rotherham has taken place in an exercise at SY&B level to do a gap analysis against the specification.
- **Urgent and Emergency Care Funding** – MJ reported that there are only 2 bids across the SY&B system.

5 Standard Business

- 5.1 Risks / items for escalation, including review of Risk Log** – members reviewed the risk log, the following changes were made: Risk 23 'workforce risk and the impact of IR35 on locum GPs' will have 'and out of hours' added.
- 5.2 Minutes of 16 August 2017** - agreed.
- 5.3 Outstanding matters arising not covered in the meeting** – none
- 5.4 Future Agenda items** - DTOC Action Plan
- 5.5 Date of next meeting** - Wednesday 11 October, 9.00am in the Seminary Room at the new Urgent and Emergency Care Centre, TRFT, Moorgate Road, Rotherham.

Approved 11 10 2017