

**Action Points of the Rotherham A&E Delivery Board**  
**Wednesday 14 August 2019, Seminar Room, U&ECC, TRFT**

<b>Attendees</b>	<p><b>RCCG:</b> Chris Edwards (CE) - Chair, Tim Douglas (TD), David Clitherow (DC), Jacqui Tufnell (JT), Claire Smith (CS), Sue Cassin (SC), Ian Atkinson (IA), Gordon Laidlaw (GL), Lydia George (LG)</p> <p><b>TRFT:</b> Louise Barnett (LB), Sally Kilgariff (SK)</p> <p><b>ECIST:</b> Claire Price (CP)</p> <p><b>RMBC:</b> Jayne Metcalfe (JM)</p> <p><b>RDASH:</b> Matt Pollard (MP)</p> <p><b>Connect Healthcare:</b> Angela Shaw (AG)</p> <p><b>NHSE:</b> -</p> <p><b>YAS:</b> Jackie Cole (JC)</p> <p><b>VAR:</b> -</p> <p><b>LMC:</b> -</p>
<b>Apologies</b>	Ian Spicer, Nicholas Leigh-Hunt, Ed Bryan, Jeremy Reynard, Jeevan Gill, George Briggs, Goks Muthoo, Jacqui Tuffnell, Mark Janvier, Chris Preston, Janet Wheatley
<b>Conflicts of Interest</b>	<p>Members were asked to register conflicts of interest at the beginning and then throughout the meeting as necessary.</p> <p>TD registered a potential COI in relation to Aythorpe Lodge should this facility be part of the winter beds as his practice provides the GP cover for this facility.</p>

<b>1</b>	<b>Current Performance</b>
<b>1.1</b>	<p><b>TRFT</b></p> <p><b>Current A&amp;E Performance/ Update on development of new A&amp;E targets</b></p> <ul style="list-style-type: none"> <li>• As reported at the last meeting, TRFT are now 1 of 14 trusts taking part in field testing the new standards.</li> <li>• 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.</li> <li>• Members focused on enclosure 1.1a, the A&amp;E Operational Performance Dashboard:             <ul style="list-style-type: none"> <li>○ A&amp;E performance remains challenged, time to see a clinician and mean total time in A&amp;E have deteriorated, time to triage has improved.</li> <li>○ July attendances were up 2.4% over 2018, with one day experiencing the highest number of attendances ever, including over 60 patients from non-Rotherham patients. TRFT and CCG are reviewing, and working with YAS to understand drivers behind high numbers of out-of-area patients.</li> <li>○ In-month admissions were up over 11% on prior year, suggesting a higher level of acuity this summer than last. This level of admissions, combined with the continued closure of a number of beds due to staffing issues, has created challenges around flow. However, the conversion rate has continued to reduce below the 25% seen in March this year, reaching 21.7% for July.</li> <li>○ Looking at the daily trends, front end demand has been higher this July than last on every day except Tuesday, with attendances on 4 days of the week up between 5-9% against prior year. Admissions have also seen particular peaks on weekdays, where on average in July 2019 we saw 64 patients admitted on every weekday except Monday, compared to 52 the year before - a 22% increase for these four days.</li> <li>○ On 29th July, due to the significant pressure, escalation level 4 was confirmed. Teams enacted Level 4 procedures and on 30th July were able to remove the Level 4 escalation.</li> </ul> </li> </ul> <p><b>A&amp;E Outlook</b></p> <ul style="list-style-type: none"> <li>○ Phase 2 of the Field Test begins at the end of July, at which point we will be working to a national standard of 200 minutes for total time in A&amp;E, which is lower than the 209 minutes we have seen since the start of Phase 1, but higher than the 6 weeks prior to the field test.</li> <li>○ The Internal Professional Standards will be launched by mid-August, which will support the work to improve flow through the hospital given the recent pressures we have experienced. In addition, we will continue to embed the SAFER patient bundle and red to green days across all wards.</li> <li>○ Ambulance streaming has now commenced, and we will be analysing the impact on the number of</li> </ul>

handover delays after 6 weeks.

- Significant work is ongoing to ensure that all of the UECC CQC Action Plan tasks are completed by the end of August as planned.
- TD reported that this position aligns with what has been experienced within primary care, adding that it would be beneficial to have some robust data across the GP community to review.
- LB added that analysis had been done in relation to the busy periods and for primary care there appears to be 4 practices driving most of the volume. Actions have been agreed around these 4 practices. **Action: The analysis will be shared with JT**
- **Action: The Weekly Operational Group to look at patient level detail is to be re-instated.**
- It was reiterated that there needs to be standard communications in regards to field testing in line with the national messages. SK to discuss with national team and liaise with GL.
- It was agreed there should also be early engagement with HealthWatch with a view to them working with us to get effective patient feedback. **Action: SK/GL**
- Patient Transport was raised as an increasing issue, particularly around discharge and particularly in relation to patients going into Care Homes. **Action: CS to raise with Barnsley CCG who commission patient transport.**
- The issue around Care Homes receiving patients after certain times was also discussed. **Action: TRFT to:**
  - Capture examples, such as times, dates, which homes etc to support discussions with care home staff to understand what is being commissioned from them and to increase their confidence.
  - Ask the Care Home Liaison Team to work with care homes in relation to education.
  - Use the Residential Care Home Forum to send out messages and understand the issues.

#### Notes from weekly A&E Operational Group meetings

- Noted by the group.

#### 1.2 RDASH - national performance standards

- Mental health trusts with an acute trust in their area undertaking the Field Testing have been asked to take part.
- MP reported that they are still waiting for a clear definition of urgent and emergency care in mental health so that clear comparisons of data can be made, and still awaiting clarity on funding and dates.
- **Action: a further update will be given at the next meeting.**

#### 1.3 YAS

- Members agreed that the sample dashboard was useful and wish to receive at each meeting, adding that the ability to understand activity across SY&B would be useful to enable a comparison and provide SY&B context.
- JC reported that the position described by TRFT also aligns with their experience. There were 243 more patients compared to the same period last year and all metrics have deteriorated during the June/July period. This increase has been seen across SY&B, which has been busier as a whole. Cross border issues also impact on performance.
- Analysis on conveyancing found that it is often due to there being no alternative pathway for patients. LB is keen to explore this.
- There was a discussion in relation to an ECIST ambulance report received previously and identify 3 areas which could be taken forward i.e. chest pain, respiratory, DVT. JC added that similar work is taking place with Sheffield which included mental health patients.

## 2 System Resilience / Planning

#### 2.1 TRFT Urgent Care Recovery and Improvement Plan

- SK talked through the enclosed plan, a number of actions had already been picked up in earlier discussions.
- Of particular note were: Internal professional standards, SDEC and review of activity.
- It was agreed that an exercise would be undertaken to look at primary care volume by practice, times of day, caseload and conveyance from practice (ambulance and walk-in) and would be received at the next meeting. **Action: SK**

#### 2.2 ECIST Update

- ECIST are to continue to support TRFT for 1 day per week until October when it will be reviewed.
- CPr provided an update to members, some of which had already been covered earlier. ECIST continues to work with the SAFER patient flow bundle leads at TRFT to support the wards and their staff, a rota has been established or RATs, there is a dedicated clinician and work is taking place around 'fit to sit'.
- LB highlighted that CQC unannounced visit is imminent and work is taking place to ensure TRFT are ready for the review.

### 2.3 Draft Winter Plan 2019-20

- The Winter Plan, enc 2.3, sets out the key learning from winter 2018-19 and provides a clear integrated framework for delivery of services and outcomes moving into and during winter 2019-20.
- Further work is taking place on the action plan, which will be moved to the front of the plan.
- Identified risks are beds – right sizing acute and what this means for community. There are potentially an additional 10 beds required.
- The procurement for the 24 (step up/step down) beds (needed as a result of bed reconfiguration) has commenced and bids are due back 13 September, it is anticipated these will be finalised in November.
- The procurement for the additional 10 beds has not commenced.
- **A&E Delivery Board members agreed that:**
  - The procurement for the 10 beds should commence as soon as possible.
  - Additional mental health crisis beds should be explored, it was reported that Kate Tufnell is working on this
- **Action: meeting taking place today between IA, SK and CPr to agree the final bed configuration and procurement**
- Members noted that the first draft of the Winter Plan is to be submitted to NHSE/I on 23 August.

### 2.4 Assurance on Staffing over summer period

- No issues identified

## 3 Communications

### 3.1 Rotherham Place Communications

- Consistent messages in relation to the Field Testing had been discussed earlier in the meeting, and at a previous meeting partners had requested sight of the TRFT narrative. **Action: CP**
- A meeting in relation to the behavior change exercise has taken place with communications teams to shape the exercise. Any findings will feed into the winter communications plan.
- A draft Winter Communications Plan is being developed, based on assumptions of the national campaigns and timescales. A focus will be on messages to the public, promotion of self care, Rotherham App, Pharmacy and better use of digital/videos.
- CP suggested that we should add something about going back home/to the most appropriate setting as soon as care is complete. **Action: GL**
- Following conversation around the Rotherham App - availability, patient registration and use - it was suggested that it becomes a standing agenda item.
- It was also agreed that Flu Update would become a standard agenda item over the winter period.

### 3.2 NHS/I England Communications

- No representative in attendance.

## 4 Standard Business

### 4.1 Risks/items for escalation

- No changes made.

### 4.2 Minutes of the last meeting - noted

### 4.3 Outstanding matters arising not covered in the meeting – none

### 4.4 Future agenda items:

- RDaSH national field test performance standards Update (Sep)
- Winter Plan 2019/20 – final plan for sign off (Sep)
- Winter Communications Plan (Sep/Oct)
- Communications Feedback re: Mondays (Sep)
- Winter Bed Analysis (Sep/Oct)
- Review of activity (Sep)
- UECC workforce model (Aug/Sep)

### **Standing Agenda Items**

- *Feedback from ECIST*
- *TRFT Urgent Care Recovery and Improvement Plan*
- *A&E Strategic System Dashboard*
- *Flu Update*
- *Rotherham App*
- *Acute and Community Bed Position*

### 4.5 Date of next meeting – Wednesday 11 September, 9.00am, Seminar Room UECC

Approved 11 09 2019