

Action Points of the Rotherham A&E Delivery Board
Wednesday 21 June 2017, G.05, Oak House

Attendees	<p>RCCG: Chris Edwards – Chair (CE), David Clitherow (DC), Tim Douglas (TD), Ian Atkinson (IA), Sue Cassin (SC), Gordon Laidlaw (GL), Jacqui Tufnell (JT), Claire Smith (CS), Sarah Lever (SL), Lydia George (LG)</p> <p>TRFT: Maxine Dennis (MD), Chris Holt (CH)</p> <p>RMBC: Sarah Farragher (SF), Sam Newton (SN), Giles Ratcliffe (GR)</p> <p>RDASH: Dianne Graham (DG)</p> <p>NHSE: Mark Janvier (MJ)</p> <p>YAS: -</p> <p>VAR: -</p> <p>LMC: -</p>
Apologies	Debbie Smith, Angela Harris, Jon Miles, Louise Barnett, YAS, Bipin Chandran, Janet Wheatley, Anne-Marie Lubanski
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>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&EC = Urgent and Emergency Care</i>	<i>DTOC = Delayed Transfers of Care</i>	

1 Urgent and Emergency Care Position

Ferns Update

- DG provided the group with an update on Ferns Ward which opened 6 weeks ago.
- The joint pilot with RDaSH and TRFT will be evaluated after 3 months, although there are discussions around whether this period is sufficient.
- Early indications show positive results clinically for people with dementia, including better quality of care, reducing lengths of stay and admissions to hospital.

Current A&E Performance

- The current position as at 13 June 2017 is 86.76% (May) 86.76% (Q1 and YTD), includes Walk in Centre performance.
- There have been some extremely challenging days in June and on 3 occasions performance (excluding Walk in Centre) has been below 60%.
- Analysis has been undertaken to determine the causal effect of low performance on these specific days and the outcome had not concluded with one single factor.
- Patient experience has been impacted, however no significant harm has come to patients on the days of unexpectedly low performance or overall.
- One factor flagged in the analysis was an issue around breaches in minors. Work in this area would be prioritised as it is the single biggest area of opportunity with a number of practical actions that can be delivered on quickly.
- There has been challenges with discharge processes in that there had been an increase in medically fit for discharge patients and progression is required on discharge to assess at home and the interface with social care around patients who are medically fit for discharge.
- An internal review has been concluded, the outcome of which was due to be discussed at a Quality Summit on 15 June to explore the reasons for the continued under performance and lessons learnt.
- Two extraordinary meetings have been held with the Trust Management Committee in addition to meetings with the Site Managers and Silver On-Call Managers to outline roles, responsibilities and expectations in relation to Trust wide support to achieve the 4 hour access standard.
- The Emergency Care Improvement Programme (ECIP) team (ED Consultant and Lead Nurse) had visited the Trust and is working with the Trust to develop action plan. The action plan will be organisational wide and will be shared with the CCG no later than 30 June.

- The new Urgent and Emergency Care centre opens on the 6 July. Richard Barker, Moira Dummer and Alison Knowles (NHSE) have undertaken a walk-through of the centre. It has been highlighted to NHSE that there is the potential for performance to dip.
- **Action: CE agreed to confirm whether any SCE GP time could be freed up to provide support on the 6 July, DC suggested that he could be available.**

YAS

- Report noted.

Care UK

- The last separate Care UK meeting has taken place, going forward it will be included in overall performance reporting.
- Attendance remains consistent.
- Working relationships remain positive and staff are moving around the system as appropriate.

2 System Resilience / Bank Holiday Planning

2.1 Feedback from Bank Holiday

- Partners had dialed in to the 9am system wide phone calls each day.
- EMS was at level 2 Saturday and Sunday, and level 3 on Monday and as a result an additional call was arranged for 3pm – it was thought this was the impact from the Manchester arena incident.
- The calls worked well in supporting how escalation is managed, and will be used going forward. **Action: MD to circulation dial in details.**
- EMS has been very beneficial in providing an overview of system pressure, and once other areas are on-line there will be an additional benefit in being able to see any potential impact from issues in neighboring systems.

2.2 EMS/Flash Cards Update

- The EMS action cards are being reviewed in line with the NHSE flash cards, to ensure all actions are incorporated.
- CS agreed to report back to NHSE on some of the anomalies identified through the process
- Templates have been developed for mental health, primary care, commissioners and the A&E Delivery Board. Social care and acute are still to be completed. **Action: CS will recirculate to SF, SN and MD.**
- Further update to be received at the next meeting.

3 Communications

3.1 NHS England Communications

- In relation to the letter received from Lyn Simpson and Richard Barker, MJ confirmed that visits will take place with all LDBs who are not functioning properly by the end of July.
- Feedback from Richard Barker, following his visit to the new Urgent and Emergency Care, was in relation to the challenging DTOC position, positive joint working and a suggestion for a joint workforce plan.
- Primary Care Streaming funding is working its way through the process.
- MD reporting that NHSI will require a monthly template to be completed for primary care streaming by October.
- IA added that Simon Stevens and Jim Mackey reported that Winter Plans are to be agreed by the end of the Summer. Planning has begun and the winter plan is an agenda item for the next meeting.

3.2 Rotherham Communications Update

- Literature is being distributed to patients in the run up to the urgent and emergency care centre opening.
- Right Care First Time literature is being revisited to reflect the changes.
- The Advertiser supplement and the 'Dr Avanthi' column is being used to highlight appropriate use of services.
- Press activity is anticipated over the next few weeks leading up to the opening of the centre, there are 2 strands 1) local information around using the centre and the range of services and 2) upstream information around innovation of the centre.
- **Action: GL will e-mail members information about the upcoming stakeholder day and re-communicate**

the opening with GPs.

- CS had met with NHS111 in relation to updating the DOS, they do not anticipate any issues and it will take up to 2 weeks to update the DOS.

4 Delayed Transfers of Care

- Avril Mayhew and Sue Slater presented the findings of the review of the discharge pathway for adults leaving hospital, see attached.



Rotherham
Discharge Review dra

- Following receipt of the report, CH had produced recommendations for next steps:
 - 1) **Implement an Integrated Discharge Team:**
 - Would help with roles, responsibilities, clarity of teams etc.
 - Would help structure MDT's better, referral processes, working relationships
 - 2) **Agree Joint reporting and Data Set**
 - System to have standard, single version of the truth
 - Some things get reported, some things unclear (non-acute delays)
 - 3) **Simplify Pathways (including Home First and DST's)**
 - Too many pathways and need greater clarity
 - DST's need a better pathway and need to get them home, and if not, out of acute into a time-restricted location
 - 4) **Awareness and Training**
 - Understanding of DTOC's, Care act etc. needs improving
 - Training for teams and awareness sessions
 - 5) **Escalation Process and Response**
 - How do teams respond to pressures
 - Who does what, when and how does this get translated into de-escalation
- The group considered and agreed the next steps and asked for timescales to be added. **Action: It was agreed that it would be taken to the Rotherham Place Plan meeting next Wednesday for approval.**
- It was recognised that Rotherham will be in the spotlight for DTOC and that agreement is needed on what we will address in time for winter.
- **Action: CH will liaise with Avril and Sue in relation to ongoing support.**
- MJ added that there is likely to be a request for a CCG level trajectory for DTOC.

5 Standard Business

- 5.1 **Risks / items for escalation, including review of Risk Log** - members reviewed the risk log, no changes were made as a result.
- 5.2 **Minutes of 24 May 2017** - agreed.
- 5.3 **Outstanding matters arising not covered in the meeting** – none
- 5.4 **Future Agenda items** - Winter Planning, A&E Delivery Plan, DTOC, EMS/Flash Cards
- 5.5 **Date of next meeting** - 19 July at 9.00am in G.04, Oak House

Approved at 19 07 2017 meeting

**Action Points of the Rotherham A&E Delivery Board
Wednesday 19 July 2017, G.04, Oak House**

Attendees	RCCG: Ian Atkinson Co-Chair (IA), David Clitherow (DC), Sue Cassin (SC), Gordon Laidlaw (GL), Jacqui Tuffnell (JT), Claire Smith (CS), Becci Chadburn (BC), TRFT: Louise Barnett Co-Chair (LB), Maxine Dennis (MD), Jon Miles (JM) RMBC: Andrew Wells (AW), Giles Ratcliffe (GR) RDASH: Debbie Smith (DS) NHSE: Mark Janvier (MJ) YAS: Philip Foster (PF) VAR: Janet Wheatley (JW) LMC: -
Apologies	Chris Edwards (RCCG), Chris Holt (TRFT), Lydia George (RCCG).
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:

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

1 Urgent and Emergency Care Position

1.1 Current Performance

MD talked through the enclosed paper 1.1a – A&E Performance:

- The new UECC opened on 7 July 2017 and there had been some challenges as expected.
- Team working in the UECC had been very good and the Trust have had good interest from GPs to work in the new centre.
- Numbers being streamed to primary care had increased from 60-70 per day to 100-120 which was very positive.
- Challenges remained with some gaps for ED doctors however, the Trust had appointed to 2 substantive consultant posts to start from September/October. One long term locum contract had also been secured and it was hoped that this would become a substantive post after November.
- WIC attendances had transferred to the UECC as expected ie approx. 40% of attendances previously seen at the WIC.
- Performance was being monitored on SEPIA and this has been revised to provide data by clinical stream.
- Senior leadership was attending ward rounds both in the morning and afternoons and there was senior leadership presence at weekends.
- There had been some improvement in performance (95.99% on Monday 17 July 2017). Further work was needed but initial results were encouraging that performance was on track to recover.
- The GP Out of Hours service was to move to the UECC that week and more work needed to be done to secure primary care capacity longer term.

DC commented that he had worked in the UECC on its opening day and it had been positive. He added that it would be beneficial if minors and primary care patients were included in the same clinical stream. MD commented that this was difficult to do as the Trust was required to report minors and primary care patients separately. The aim was to stream these patients initially to primary care.

LB added that work was in train to improve the flexibility of staff to work across the different areas in the UECC.

SC asked about numbers of patients 'deflected' to other services and it was noted that the number of patients attending UECC who could be 'deflected' was small.

GL commented that there had been 2 negative comments received from patients via the RCCG generic mail box. These were for minor issues and given the total number of patients going through the UECC the group agreed that feedback for the UECC from patients and partner organisations so far had been very positive.

JM reported that a reflective event for staff groups from partner organisations would be held later in the year. A similar event would also be held for patients. SC commented that Helen Wyatt at RCCG would be able to support this.

IA queried whether there had been any change in patients signposted from NHS 111. MD agreed to look into this.

Action: MD as above

The Board acknowledged that the UECC had opened without significant incident and congratulated the Trust and partners on the smooth transition. LB thanked A&E Delivery Board partners for their support.

IA requested that the Trust share a front end 'snapshot' of the live updates on SEPIA with the wider health and social care system.

Action: LB as above

Paper 1.1b – Notes from the A&E Extraordinary meeting 10 July 2017 – noted by the Board.

Paper 1.1c – A&E Recovery Plan – the plan would drive performance against the 4 hour ED target and would be updated and shared through the weekly 4 hour access meetings at TRFT. The plan would be monitored through TRFT/RCCG Contract Performance meetings.

Paper 1.1d – Care UK Activity Report – it was agreed to remove this item from future agendas.

Paper 1.1e – Ambulance Performance – the report was noted by the group. PF reported that there were no issues with handovers which MD confirmed this from a TRFT perspective. He added that YAS was developing electronic patient records to provide details of patients being conveyed to ED and Rotherham had expressed an interest.

2 System Resilience / Bank Holiday Planning

2.1 EMS/Flash Cards Update

- EMS triggers for TRFT were being reviewed and an EMS workshop was being held on 8 August 2017.
- Work was in train to get local partner organisations 'live' on EMS by September 2017 in time for winter. CS to link with AW at RMBC to progress the work done so far for social care.

Action: CS to progress social care on EMS with AW

- CS was leading on rolling out EMS to other areas within the South Yorkshire and Bassetlaw ACS. CS was to check progress.
- LB commented that one barrier to implementing EMS regionally was cost. IA commented that RCCG was challenging the costs being charged by EMS for regional roll out as it was felt that this was not in line with a previous agreement. IA and LB to discuss further outside the meeting.
- MJ added that NHSE would be happy to support this work.

2.2 Winter Planning

CS reported that RCCG was working with colleagues to draft an overarching Winter Plan for Rotherham together with an A&E Delivery Board Plan for 2017-18. Submission dates for winter plans to NHSE had been confirmed as 8 September 2017. MJ commented that NHSE would expect a plan based around surge and escalation to demonstrate resilience and responses to system pressures and that the A&E Delivery Board Plan could be an Annex of this.

It was agreed to include the local comms call which would be instigated when EMS reached Level 3.

Action: CS as above

CS was to circulate a copy of the draft plan to A&E Delivery Board members by the end of the following week for comment.

Action: CS as above

A formal draft of the winter plan would be brought to A&E Delivery Board on 16 August 2017.

MJ offered support from NHSE with the development of plans.

IA asked what plans TRFT had in place for patient flow at the 'back end' of the UECC. JM confirmed that the Trust was adopting a strategic approach which did not include the opening of a separate winter ward. Additional capacity would be managed through bed base reconfiguration and more flexible existing Wards. The plan also included short stay pathways for general medicine and surgery divisions and an enhanced ambulatory care pathway. The Trust was exploring 2 options for ambulatory care:

- Nurse led medically supported care.
- Co-leadership with partner organisations/NHS Trusts.

The CCC would also be used to speed decision making from UECC to ambulatory care. PF asked that any plans were mindful of patient transport.

LB commented on challenges last winter as a result of staffing issues in care homes. She added that TRFT was keen to work with RMBC to put plans in place to mitigate this. It was also noted that the Intermediate Care review should address this.

2.3 Adult Social Care Funding

IA commented that his understanding was that no final agreement had been made regarding the £6.2m, but was of the understanding that this would be presented to the September Health and Well Being Board. The expectation is that the Funding will be allocated to:

- Sustaining the social care workforce, including over winter.
- Supporting the reduction of DTOCs.
- Market management of the care home workforce.

IA to provide a summary update to members of the A&E Delivery Board when available.

Action: IA

3 Delayed Transfers of Care

3.1 Delayed Transfers of Care Trajectory and Action Plan

CS reported that the action plan (Enc 3.1) included 5 key areas for action and had been enclosed for information/comment.

MD commented that the 2 areas of main focus would be:

- Full integration of discharge planning.
- Ensure a universal home first approach is offered.

CS reported that a draft proposal had been done by RMBC for additional reablement capacity (approx. 2,000 hours per week). The deadline for agreement for the proposal was 31 July 2017. The Board asked for further understanding of how the 2,000 hours would be utilised and TRFT offered support in any demand analysis being done to identify the number of reablement hours required.

The Board agreed that a mechanism for monitoring the DTOC plan needed to be agreed, including the agreement of baselines. There were currently a number of different reporting mechanisms that included DTOCs.

Action: IA, CS, AW and Chris Holt to meet to agree and confirm with members of the Board before the next meeting

Action: DTOCs to be a standard agenda item for future A&EDB meetings – LG

4	Communications
4.1	NHS England Communications
	<ul style="list-style-type: none"> A letter – A&E delivery plans 2017/18 – next steps for the north region – had been circulated from NHSE regarding winter planning arrangements and expectations. It was agreed to circulate to members of the Board.
	Action: AT as above
4.2	Rotherham Communications Update
	<ul style="list-style-type: none"> Comms regarding the opening of the UECC and the close of the WIC had been successful with positive reports in the media. The media was keen to do follow-up reports on the UECC and RCCG/TRFT and it was agreed that this needed to be done once the UECC was more established. RCCG was keen to manage promoting the UECC whilst not increasing patient demand. The key focus continued to be the First Care, Right Time campaign and work was being done to encourage front line staff to promote this consistent message. Leaflets had been handed out at TRFT in the UECC with messages about self-care. A winter campaign with an emphasis on Right Care, First Time would be implemented over the winter period and a section on comms had been included in the RCCG Winter Plan.
5	Standard Business
5.1	Risks / items for escalation, including review of Risk Log - members reviewed the risk log, no changes were made as a result.
5.2	Minutes of 21 June 2017 - agreed.
5.3	Outstanding matters arising not covered in the meeting – IA reported that a site meeting with Richard Baker from NHSE had been deferred to 4 August 2017. IA to provide feedback from the meeting.
5.4	Future Agenda items - Winter Planning, A&E Delivery Plan (UECC), DTOCs, EMS/Flash Cards
5.5	Date of next meeting - 16 August 2017 at 9.00am in G.04, Oak House

Approved at 16 08 2017 meeting