NHS
Rotherham
Clinical Commissioning Group

Action Points of the Rotherham A&E Delivery Board
Wednesday 17 July 2019, Seminar Room, U&ECC, TRFT

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

Abbreviations:

ICS = Integrated 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*	*U&EC = Urgent and Emergency Care*

1 Performance (urgent and Emergency Care and DTOC Position)

Current A&E Performance/ Update on development of new A&E targets

- As reported at the last meeting, 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
- Attendances have significantly increased through June and July
- Year to date performance is on track, but the last three weeks have not matched expectations, and Monday was particularly challenging
- Utilisation of GP appointments is good, reinforcing the theory that patterns have changed
- ***Action: Mondays activity and performance will be investigated: CPr, JT, GB***
- Members focused on enclosure 1.1a, which is the new A&E Strategic System Dashboard, the A&E Operational Performance Summary included the following narrative:
  - *A&E performance remains challenged, and we have seen a deterioration in some of the new key metrics over the last few weeks, such as time to triage and mean total time in A&E*
  - *Some of this apparent deterioration in performance may be as a consequence of the new behaviours we are seeing due to the field test metrics*
  - *A&E attendances across Q1 were 1% above the same period last year. However, there have been some particularly significant increases, for example weekend attendances in June were up 11% on 2018/19 figures*
  - *In addition, the Q1 conversion rate was up at 23.2%, compared to 20.0% for the same period last year, putting added pressure on the bed base. However, the new field test standards do seem to be bringing admission levels back down compared to before we started testing, with conversion rates at 23.0% for 7 weeks of the field test, compared to 24.4% for the 7 weeks prior*
- Members focussed on each of the graphs within the report, actions identified were:
  - 'time to be seen by clinician', CP added that a key piece of work had commenced, he agreed to bring further information back to the next meeting: ***Action: CP/GB***
  - ***Action: CPr will share the RCEM guidelines for streaming***
  - DTOC saw a slight increase to 4% over the last few weeks. ***Action: the Operational Group will review the position, including a review of Long Stay Patients***

- In relation to cover over the main holiday period. ***Action: JM to ensure sufficient social work cover / CCG to ensure appropriate CHC cover***
- Members were asked to raise any concerns regarding holiday cover to the Operational Group. ***Action: All***
- A&E Delivery Board to received assurances at the next A&E Delivery Board. ***Action: Agenda***
- Members thanked colleagues at TRFT for the dashboard.
- Members asked the that the DTOC position be reported as a % and, if possible, that trend data be included (currently reports 4 weeks) ***Action: GB to feedback amendments, report to be received at each meeting***
- Performance for this month was agreed as 'deteriorated'.

YAS

- Activity has remained steady over the last month, however there are still 1 or 2 patients experiencing waits of over an hour more than they should
- 50% of handovers are within 15 minutes, average handover time is 19 minutes, the work TRFT will undertake in relation to 'time to be seen by clinician' will support improvement in this area
- Escalation is late, this used to be via EMS, but this is no longer used as a system (although still in place in Rotherham)
- Members queried what could be done internally to escalate potential issues. It was suggested that EMS could incorporate new indicators to flag/include YAS. ***Agreed that the Operational Group would discuss***

RDaSH national performance standards

- An update will be received from RDaSH at the next meeting. ***Action: MP***

Notes from weekly A&E Operational Group meetings

- Noted by the group
- Members were asked to note the commitment to ensuring the MADE event takes place, it was suggested this should support the lead up to the August bank holiday
- Flu planning had been escalated, this would be picked up through the development of the Winter Plan

2 System Resilience / Planning

2.1 TRFT Urgent Care Recovery and Improvement Plan

- GB talked through the enclosed plan which is also received at the Urgent Care Committee. Most actions had already been picked up in earlier discussions
- A conversation regarding SDEC will take place at the Strategic Commissioning Meeting on Friday
- A system pathway for DVT is needed, agreed that DC should be included in the development
- As reported earlier, there will be a review of recent activity, particularly Monday
- Full Capacity Protocol trialed, but it does not include out of hours or weekends, a workshop is to take place to explore extending its coverage. ***Action: agreed that A&EDB members would be invited***

2.2 ECIST Update

- 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
- The report on AMU will be complete soon
- Feedback was that there has been good engagement and progress so far, important areas to address are consultant is RATs and leadership, and for divisions to take ownership of length of stays
- ECIST will continue to work with TRFT over the coming months, members thanked ECIST colleagues for their excellent support

2.3 Winter Planning 2019-20

- CS referred to enclosure 2.3, which sets out the process and structure for the Winter Plan for 2019/20
- The Winter Plan will set out the key learning from winter 2018-19 and provide a clear integrated framework for delivery of services and outcomes moving into and during winter 2019-20
- Key deliverables are:
  - Comprehensive system wide Winter Plan for 2019-20 signed off by October 2019

- Robust analysis of learning from 2018-19 including analysis of winter beds in the independent sector
- Analysis of use of Escalation Process including Escalation Management System and identification of revised processes given TRFT pilot for New Standards
- System wide operational workshops to support delivery of successful planning (June-July 2019)
- Final agreed system wide delivery plan for implementation from summer 2019 onwards to ensure embedded arrangements before Winter 2019
- Specification and commissioning of any interim services (Winter 2019-20)
- Final detailed financial model for non-recurrent Winter IBCF monies
- TRFT recovery plan / right sizing acute beds workstream completion

- Members noted a further letter had been received from NHSE/I requesting the first draft of the Winter Plan by 23 August
- It was also noted that flu planning will need to be adressed. Rotherham system would want to maintain its good performance on vaccination rates. ***Action: Partners were asked to pick up the action for their own workforce and additionally social care colleagues were asked to consider inclusion of care home staff, the same as last year***

2.4 TRFT Full Capacity Protocol – as above

3 Communications

3.1 Rotherham Place Communications

- GL and SK have had an initial discussion around the development of key messages for the changes to A&E reporting. ***Action: GL/SK***
- There was a discussion in relation to behavior change with a particular focus on specific days of the week. It was agreed that a piece of work would be undertaken to examine demographics at key points of the week and to engage with people on why they chose A&E. ***Action: GL and SK to pull together a small group, and to include Kevin Meagher from TRFT***.
- To ensure consistent messages, partners requested sight of the TRFT narrative in regards to Field Testing. ***Action: CP***
- The articulation regarding the transition for intermediate care beds is to be shared

3.2 NHS/I England Communications

- No representative in attendance

4 Standard Business

4.1 Risks/items for escalation

- Following review the changes below were agreed:
  - Risk 1 - Achievement of YAS targets to become yellow
  - Risk 16 – to now read acute and community medical workforce
  - Risk 15 - to now read Hospital handovers
  - Risk 17 – to now read Nursing workforce
  - To add new risk: Right size acute and community bed stock
- Members were asked to feedback any further amendments. ***Action: all***

4.2 The minutes, including the updated TOR, were noted

4.3 Outstanding matters arising not covered in the meeting – none

4.4 Future agenda items:

- Feedback from ECIST (standing item)
- TRFT Urgent Care Recovery and Improvement Plan (standing item)
- A&E Strategic System Dashboard (standing item)
- UECC workforce model (Aug/Sep)
- Winter Plan 2019/20 – final plan for sign off (Sep)
- Assurance on summer staff (Aug)
- RDaSH national performance standards (Aug)
- Key actions around time to be seen by a clinician (Aug)
- MADE event (tbc)
- Communications Feedback (Sep)

4.5 Date of next meeting – Wednesday 14th August, 9.00am, Seminar Room UECC

Approved at 14 08 2019 meeting