Action Points of the Rotherham A&E Delivery Board
Wednesday 12 May 2021, via MS Teams

Attendees	**RCCG:** Ian Atkinson (IA) – chair, Tim Douglas (TD), David Clitherow (DC), Claire Smith (CS), Jacqui Tufnell (JT), Lydia George (LG) **TRFT:** George Briggs (GB), Jeremy Reynard (JR) **RMBC:** Ian Spicer (IS) **RDASH:** Matt Pollard (MP) **Connect Healthcare:** Goks Muthoo (GM) **NHSE:** - **YAS:** Jackie Cole (JC), Angharad Truelove (AT) **VAR:** Julie Adamson (JA) **LMC:** Chris Myers (CM)
Apologies	Sue Cassin, Sally Kilgariff, Gordon Laidlaw, Janine Wolstenholme
Conflicts of Interest	Members were asked to register conflicts of interest at the beginning and then throughout the meeting as necessary.

1. Update on current position from all partners:

TRFT

- Attendances are up by 3 or 4 % on 2019 position (i.e. pre-covid year), most areas are experiencing the same high levels
- The position has deteriorated in terms of bed waits and the winter beds have been re-opened, hopefully this will be a post covid vaccination increase which will right itself
- Long Lengths of Stay have increased
- Experiencing 20/30 people an hour, but recovery is quick, the pattern is latter part of the day and walk-ins
- Issue of concern is the number of young people with eating disorders, TRFT are not a mental health trust so are not specialised in the care needed
- Aim is to get electives back up and running. Post covid there is not the option to rearrange or cancel as procedures have to be done within 3 days of a covid test so there is much less flexibility.
- TRFT were asked if there is any partner support needed
- GB fedback that patients report not being able to get GP appointments, he added that TRFT have begun to log details so that a manual count can be done to understand the position, to understand if people are beginning to come to A&E with minor illnesses.
- 111 not working as it should, and still the issue where patients believe they have been given an appointment rather than arrival time. Evaluation of the project is needed to support further discussions.
- Bed modelling is needed to ensure sufficient capacity/correct bed base. Agreed further dialogue around bed modelling and dialogue to flow into winter planning, explore possible place solution. ***Action: JT, CS, GB to discuss***
- Agreed that there should be some joint communications around the whole system being under pressure. ***Action: GL, JT, GB***

GP Federation/Primary Care

- Practices remain very busy, and often feels busier due to new ways of working as a result of Covid
- Patients are reluctant to wait for appointments
- Extended access has increased capacity and will be back to normal hours next week
- Home Visiting service up to 73% usage – Monday and Tuesdays are very busy

RDASH

- The most significant pressure is inpatient beds and high levels of acuity
- TRFT hospital liaison team are supporting discharges to improve flow
- MP offered any further support required in relation to the ongoing challenges with eating disorder patients

RMBC

- Helpful to understand TRFTs position as it provides insight into agility in relation to covid, when the hospital is busy it means that discharge is busy
- Nothing of exception to report, currently a steady state, however the levels of complexity for some patients is increasing
- Recruiting additional roles within reablement service, so within a month or so there will be additional support for discharge and to support people to remain at home

YAS

- Experiencing similar to partners in that the levels have increased and acuity
- Rotherham is in similar position to the rest of Yorkshire.
- Busy periods are starting earlier in the day, hand overs continue to perform well
- Referrals to 111 have increased, See, Treat and Refer remains steady
- Discussions took place around the recurring issues discussed at the last meeting. It was agreed that a reminder of the process of primary to secondary care referrals would be circulated. ***Action: DC, JT, JR and GL would take forward.***

VAR – nothing to report other than a discussion with GL re: comms would be picked up

CCG – nothing to report

2. System Resilience /Covid/Winter & Flu

2.1 Acute and Community Bed Position (standing item)

- Covered above
- CS/SW are leading a review of community beds. The main contract for short term intermediate care and assessment beds ends at the end of December, so timescales are tight.
- Discussions will take place during June/July via TRFT/CCG governance and outcomes will feed into the winter plan

2.2 Care Homes Update

- A significant amount of partnership support into Care Homes
- The presentation provided an update in terms of system support through covid, training including Echo training for PPE etc, digital support and remote monitoring.

2.3 Patients attending UECC with post Astra Zeneca Covid vaccine symptoms

- Following discussions at the last meeting a report was produced to determine the number of patients attending UECC presenting with post AZ covid vaccine side effects.
- Members noted the paper which reported the position at a period of time, the issues have now resolved.

2.4 Covid vaccination update

- IA reported the position in terms of vaccinations, adding that Rotherham is performing very well.

3 Communications

3.1 Rotherham Place Communications /Winter Coms Plan

- Nothing further to report, note the actions earlier in the notes

3.2 NHS/I England Communications

- Nothing to report, no NHSE/I attendance

4 Standard Business

4.1 Risks/items for escalation

IA/LG had reviewed the Risk Register, members agreed the following:

Retire:

- Achievement of non-elective trajectories 2021/22
- Achievement of elective trajectories for RTT 2021/22
- Achievement of elective trajectories for follow ups 2021/22
- Recruitment and retention of community nurses
- Interoperability of IT / visibility of care plans

Yellow (downgrade)

- Ability to maintain all urgent elective procedures in light of increasing Covid infection rates, including cancer
- Impact of Covid Resurgence

<table>
<tr><td colspan="2">Amber (increased)
• Acute and Community Bed Position</td></tr>
<tr><td colspan="2">4.2 Outstanding matters arising not covered in the meeting - None raised</td></tr>
<tr><td colspan="2">4.3 Minutes of the last meeting were agreed</td></tr>
<tr><td>4.4
Future agenda items:
• Discharge /best practice learning
• Learning from Winter Plan/Covid as a forward agenda item</td><td>Standing Agenda Items
• Acute and Community Bed Position
• A&E Strategic System Dashboard
• Vaccination Update
• YAS performance dashboard</td></tr>
<tr><td colspan="2">4.5 Date of next meeting – Wednesday 9 June 2021, via MS Teams</td></tr>
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Approved 9 June 21 meeting