

**Action Points of the Rotherham A&E Delivery Board
Wednesday 22 May 2019, Seminar Room, U&ECC, TRFT**

Attendees	<p>RCCG: Chris Edwards (CE) - Chair, Ian Atkinson (IA), David Clitherow (DC), David Clitherow (DC), Sue Cassin (SC), Gordon Laidlaw (GL), Adele Taft (AT) (notes)</p> <p>TRFT: Louise Barnett (LB), Sally Kilgariff (SK), Chris Preston (CP), Jeremy Reynard (JR)</p> <p>ECIST: Claire Price (CP)</p> <p>RMBC: Claire Smith (CS)</p> <p>RDASH: Matt Pollard (MP)</p> <p>Connect Healthcare: -</p> <p>NHSE: -</p> <p>YAS: Jackie Cole (JC), Jeevan Gill (JG)</p> <p>VAR: -</p> <p>LMC: -</p>
Apologies	George Briggs (GB), Chris Holt (CH), Tim Douglas (TD), Lydia George (LG), Janet Wheatley (JW), Gokul Muthoo (GM), Jacqui Tufnell (JT), Nicholas Leigh-Hunt (Public Health), Anne Marie Lubanski (AML), Mark Janvier (MJ), Bipin Chandran (BC).
Conflicts of Interest	Members were asked to register conflicts of interest at the beginning and then throughout the meeting as necessary.

CE to contact NHSE/I regarding future representation at A&E Delivery Board meetings.

Action: CE

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)

1.1 Current A&E Performance:

Performance for April 2019 was 81.2% placing TRFT 61st out of 137 Acute Trusts nationally; ranking nationally for TRFT had improved. The main challenges to performance were 'time to see a doctor', and bed pressures (both capacity and nurse staffing). Work was continuing with ECIST. An Urgent Care Committee had been established to take forward the TRFT Urgent Care Recovery and Improvement Plan and exceptions would be brought to A&E Delivery Board. A TRFT summit meeting had taken place with a focus on:

- professional standards
- table top testing of the Full Capacity Plan
- patient steaming and work with ECIST.

Plans for the bed reconfiguration at TRFT were underway and LB commented on the complexity of this.

1.2 Update on development of new A&E targets

Further clarity nationally around requirements for reporting of the A&E 4 hour standard was being sought by TRFT. A Memorandum of Understanding would be needed to set out requirements and expectations for reporting against A&E standards whilst the new standards were being trialed. Staff at TRFT were now field testing the new standards and would be working towards these. SK confirmed that TRFT would continue to report against the 4 hour standard to RCCG as this was a contractual requirement. A Quality Dashboard was also being developed as part of the SAFER patient flow bundle work.

Action: SK to do a presentation at the June A&EDB which sets out the new field test standards

Action: TRFT to continue to report against the 4 hour standard to RCCG as appropriate

Action: TRFT to consider how to provide further assurance to RCCG regarding A&E performance and quality

Action: TRFT to consider how to report A&E performance to Health Scrutiny

Action: TRFT to consider how A&E performance reporting will impact the Integrated Care System reporting system

It was noted that RDaSH was also involved in field testing new access standards for mental health services. MP to provide information at the next meeting.

Action: MP

1.3 A&E Delivery Board System Dashboard (new)

A workshop to agree the dashboard was scheduled for the following week and this would be presented at the June A&E Delivery Board.

Action: SK

1.4 Notes from weekly A&E Operational Group meetings

Noted by the group.

1.5 Delayed Transfers of Care

March showed a positive position for DTOCs for TRFT however figures for RDaSH were high. The main focus for DTOC work would be for mental health.

1.6 Barnsley Hospital NHS Foundation Trust

BHNFT continued to perform well against the 4 hour standard and it was agreed to undertake some analysis to compare Barnsley and Rotherham data.

Action: SK

2 System Resilience / Planning

2.1 TRFT Urgent Care Recovery and Improvement Plan

SK talked through the enclosed plan which was discussed at the Urgent Care Committee. The following comments were made:

- The 'time to be seen by a clinician' measure needs to be high profile within the plan.
- A discussion took place regarding the ED workforce and a recent survey which benchmarked Rotherham favourably against other areas for workforce productivity. The need to ensure that workforce was mapped against 'front door' and 'back door' demand was noted.
- IT efficiencies were needed and SK confirmed that there was a monthly digital meeting to address this.

IA requested assurance from TRFT regarding finalisation and implementation of the UECC workforce model by the end of Quarter 1. TRFT confirmed the following timescales:

- workforce model to be signed off by TRFT by the end of June 2019
- workforce model to be brought to the 17 July 2019 A&E Delivery Board meeting
- quality assurance meeting/walk-through of the UECC to be held July/August 2019 – to include SC and DC
- full implementation of workforce model in place August 2019.

A meeting would also take place between RCCG and TRFT regarding resources and affordability once the model had been agreed at TRFT.

2.2 ECIST Update

CP provided an update. ECIST continued to work with the SAFER patient flow bundle leads at the Trust to support the Wards and their staff. There was a focus on Long Stay reviews and Red to Green bed days. ECIST would continue to work at the Trust for the next few weeks.

2.3 TRFT Full Capacity Protocol

The draft protocol for the in-hours Full Capacity Protocol was enclosed. SK explained that the protocol was intended for a specific element of TRFT's escalation process and would form part of a wider escalation plan. A similar protocol for out-of-hours would not be available for this element of escalation, as the same level of staffing was not available out-of-hours. The Group was asked to provide feedback on any impact of the protocol to their organisation. SK agreed to bring back a final plan to the June A&E Delivery Board meeting – to include what will happen out of hours and how the process for in-hours and out-of-hours interact.

Action: All to feedback any comments to SK

Action: SK to bring information as agreed to the June meeting

2.4 2019/20 Winter Plan Process

CS talked through the key points of the two enclosed reports.

- 1) Evaluation of Winter Pressure Beds Project – ten beds had been procured from December 2018 to January 2019 and this was increased to twenty beds from January 2019 to 23 April 2019. Procurement of ten beds was extended to 14 May 2019. Bed occupancy rates for 2018/19 (55%) were lower than the previous year (70%). This indicated that the Home First model had worked well with people with less complex needs being discharged home. Length of stay was 22 days in 2018/19 compared to 11 days in 2017/18 which indicated more complex patients being admitted to winter beds. A different approach to procurement of winter beds would need to be discussed and agreed for 2019/20.
- 2) Winter 2018/19 Analysis – Key Learning and Plans for 2019/20 – analysis of winter 2018/19 was generally positive with the majority of the plan having been implemented. Good joint working, particularly during times of escalation, had worked particularly well. Initial plans for 2019/20 had been identified and would be developed through the A&E Operational Group meetings; each of these weekly meetings during June would have a particular focus area eg YAS/Patient Transport.

The following timetable for the winter plan was agreed:

- July A&E Delivery Board meeting – 'plan for a plan'
- August A&E Delivery Board meeting – draft plan for discussion and comments.
- September A&E Delivery Board meeting – final plan for sign off.

3 Communications

3.1 Rotherham Place Communications

Social media and press communications had gone out for the Spring Bank Holiday weekend with a focus on the GP Extended Access Hubs and the Rotherham Health App, which was now available at most practices. Further publicity on the Rotherham Health App was to go out soon and a U-Tube video was available.

3.2 NHS England Communications

Not discussed.

4 Standard Business

4.1 Terms of Reference Review

It was agreed to defer to the next meeting. It was also agreed that the Terms of Reference needed to be reviewed in light of TRFT field testing the new A&E standards.

The following amendments were also requested by the group:

- page 2 – RCCG remove Gordon Laidlaw (only need job title)
- page 4 – TRFT Deputy Chief Executive – add Chris Preston
- page 4 – TRFT – add Sally Kilgariff
- page 4 – YAS remove Steve Rendi and Stephen Segasby and add Jackie Cole (Jeevan Gill to remain).

Action: AT/LG

4.2 Risks / items for escalation, including review of Risk Log

Noted by the group.

4.3 Minutes and matters arising of the meeting held 24 April 2019

The minutes were accepted as a true record.

4.4 Outstanding matters arising not covered in the meeting

Ambulance data – IA commented that there had been a discussion at the last meeting regarding differences in ambulance reporting between TRFT and YAS. It was agreed to understand why the reporting was different.

Action: SG/JC

4.5 Future Agenda items:

- ECIST update – standing agenda item
- TRFT Urgent Care Recovery and Improvement Plan – standing agenda item
- A&E Delivery Board System Dashboard – June
- TRFT Full Capacity Protocol – June
- TRFT A&E new performance indicators – June
- RDaSH national performance standards – June
- Terms of Reference – June
- UECC workforce model – July
- Winter Plan 2019/20 – ‘plan for a plan’ – July
- Winter Plan 2019/20 – draft plan for discussion/comment – August
- Winter Plan 2019/20 – final plan for sign off – September

4.6 Date of next meeting - Wednesday 19 June 2019, 9.00am in the Seminar Room UECC.

Approved 19 06 19 meeting