

**Action Points of the Rotherham A&E Delivery Board
Wednesday 9 June 2021, via MS Teams**

Attendees	<p>RCCG: Ian Atkinson (IA) – chair, Tim Douglas (TD), David Clitherow (DC), Sue Cassin (SC), Claire Smith (CS), Jacqui Tufnell (JT), Lydia George (LG), Gordon Laidlaw (GL)</p> <p>TRFT: Janine Wolstenholme (JW), Sally Kilgariff (SK)</p> <p>RMBC: Jayne Metcalfe (JM)</p> <p>RDASH: Matt Pollard (MP)</p> <p>Connect Healthcare: Goks Muthoo (GM)</p> <p>NHSE: Mel Howard (MH)</p> <p>YAS: Angharad Truelove (AT)</p> <p>VAR: Julie Adamson (JA)</p> <p>LMC: Chris Myers (CM)</p>
Apologies	Ian Spicer, George Briggs, Jeremy Reynard
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 10% on 2019 position (i.e. pre-covid year), and admissions up by 15%
- Most areas are experiencing the same high levels
- 360 attendances at UECC on Monday, which is the highest number seen
- Increases in paediatrics, mental health and in long lengths of stay and super stranded patients (although they remain within national targets)
- High volumes in IDT, but team continue to work well and maintain flow in discharges
- 4 covid cases yesterday, as at today 3 are resolved and 1 is in critical care
- Biggest challenge is demand for cancer over 130 days and operating at reduced capacity due to segregation for the covid patients
- TRFT held Urgent Care Summit and have agreed a number of internal actions, including a focus on discharge processes, especially at ward level. Noted that the discharge lounge opened bank holiday Monday
- Winter planning has commenced, predicting a 15-30% increase in bed base expected
- Medical gaps within the junior workforce are impacting, particularly in the evening, TRFT exploring other options. A number of agency junior doctors have been inducted and a development plan for middle grade doctors
- Rotas were reprofiled to provide additional staff on Mondays and Tuesdays, but the usage has changed and there are now more patients later in the week
- Twice a week partner escalation meetings continue to support the system to resolve discharge issues, and there are daily discussions regarding discharge.
- 7 day access to equipment service is now in place from last week
- Increases in patients presenting with mental health issues but there is a good response from the mental health team
- Piece of work taking place to review attendances, using a snapshot of 1 day to explore whether patients are presenting in the right place and whether the onward decisions are right. **Action: the report ready in 4-6 weeks which will be received at a future meeting**
- JT reported that a meeting regarding UECC took place to look at possible actions. Extended access in day time during June and July is being trialled and all appointments are being filled. There have been some issues regarding registration i.e. patients not registered with a GP.
- Further Health App communications have taken place, but further patient education needed i.e. patients told by GPs that they don't need to go to hospital but then still present. **Action: GL to attend weekly meeting to discuss**
- MH reported similar experiences across the Region, particularly increase in paediatric attendances mostly with respiratory issues
- Ambulance handovers still good but have declined slightly

GP Federation/Primary Care

- Practices remain very busy, and often feels busier due to new ways of working as a result of Covid
- Extended access (GP and ANP) running at 100% appointment usage
- Need additional 20/30% of appointments other than general practice, no further ways of 'smart' working available it is additional capacity that's needed
- Patients are reluctant to wait for appointments, and face to face appointments would mean approximately 30-50% less are seen
- Historically Monday and Tuesday have been the busy days but now it is all week
- More patients being seen that pre-pandemic
- Similar increase in paediatrics as TRFT
- Vaccine duties are an added challenge
- **Action: discuss utilising additional capacity for extended access in primary care rather than UECC**

RDASH

- Very busy, adult inpatient beds is the biggest pressure with high levels of acuity
- Crisis has settled but seeing more need than in 2019, and increased complexity.
- Aware of the issue around paediatrics and higher number of females, who often have predominantly financial, homecare and isolation issues
- Mental health liaison team providing support to the front end.
- Confirmed that RDASH attend the weekly operational meeting

RMBC

- Remains very busy, reflecting the activity in the hospital
- Significant number of referrals from IDT and 1st contact and complex late presentations
- High volume of out of area referrals which can be very challenging to move on
- Small number of covid positive/track and trace patients
- SK updated re: com centre and the co-location of all services, with all teams linked to flow

YAS

- Experiencing similar to partners in that the levels have increased and acuity
- Rotherham is in similar position to the rest of Yorkshire.
- Struggling with staffing and increased demand
- 111 is busy, some pressures with hand overs but still manageable and Rotherham continues to work together well
- GP Out of Hours from 111 increasing, particularly at weekends. It was agreed to have more detailed discussions out of the meeting
- Still expectation by patients that 111 have given them a booked appointment at UECC, which can be challenging. 5/6% of patients do not present at UECC once advised and access services elsewhere or symptoms improve
- **Action: JW and AT to discuss how this information can be included in either the TRFT or YAS dashboards**

VAR – Mental Health pilot supporting individuals at A&E who do not meet the criteria. Funding until March.

CCG – some pressures within CHC, with more complex cases vying for same beds

2. System Resilience /Covid/Winter & Flu

2.1 Acute and Community Bed Position (standing item)

- Covered in above discussions

2.3 Covid vaccination update

- Strong performance continues in Rotherham, 78% first doses and 57% second doses
- All over 50s are 90% or above

3 Communications

3.1 Rotherham Place Communications /Winter Coms Plan

- Continue to work on the place narrative around pressures and more direct messages to the public

3.2 NHS/I England Communications

- None further to add

4 Standard Business

4.1 Risks/items for escalation

- Nothing to change

4.2 Outstanding matters arising not covered in the meeting - None raised	
4.3 Minutes of the last meeting were agreed	
4.4 Future agenda items: <ul style="list-style-type: none"> • Discharge /best practice learning • Learning from Winter Plan/Covid • Surge Plan • Winter Pan • Com Centre Virtual Tour 	Standing Agenda Items <ul style="list-style-type: none"> • Acute and Community Bed Position • A&E Strategic System Dashboard • Vaccination Update • YAS performance dashboard
4.5 Date of next meeting – Wednesday 14 July 2021, via MS Teams	
<i>As agreed the meetings will revert back to 1.5 hour meetings from next month</i>	

Approved at 14 July 2021 meeting

Action Points of the Rotherham A&E Delivery Board
Wednesday 14 July 2021, via MS Teams

Attendees	<p>RCCG: Ian Atkinson (IA) – chair, Tim Douglas (TD), David Clitherow (DC), Claire Smith (CS), Jacqui Tufnell (JT), Lydia George (LG), Gordon Laidlaw (GL)</p> <p>TRFT: Jeremy Reynard (JR), Sally Kilgariff (SK)</p> <p>RMBC: Jayne Metcalfe (JM)</p> <p>RDASH: Matt Pollard (MP)</p> <p>Connect Healthcare: Goks Muthoo (GM)</p> <p>NHSE: Mel Howard (MH)</p> <p>YAS: Angharad Truelove (AT)</p> <p>VAR: Julie Adamson (JA)</p> <p>LMC: Chris Myers (CM)</p>
Apologies	George Briggs, Julie Wilson, Sue Cassin, 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

- The number of covid patients in hospital continues to increase, currently 14 with 1 in critical care
- Red wards and cohorting has been reinstated and internal Gold and Silver command has been stepped up
- Well sighted on the volume of demand at the front end and UECC, which is mirrored nationally
- Attendances are up by 20% for the same period in 2019 (i.e. pre-covid), admissions are also increased
- Significant numbers of ambulances, with increased numbers of majors and children
- Small increase in care home patients, normally 10-15 patients, now up to around 20 with a number being in the over 80's
- All beds are open and running at full winter levels
- Discharges are experiencing increases in acuity and complexity
- The impact from the number of staff absences is being seen
- Significant medical workforce gaps in UECC, particularly middle grades is impacting on discharges.
- Nursing workforce also challenged
- Front end management of divert needs discussion
- Deterioration in ambulance hand over times, with queueing ambulances
- **Action: Discussion over local escalation prior to escalation to NHSE: SK, AT, GB and other partners as necessary**
- The group were informed that there is active dialogue around 'test and return' for staff, rather than 'test and isolate'. This risk based practice is currently taking place in the north east and a number of other areas

GP Federation/Primary Care

- Demand levels in primary care are well known and anticipate ongoing pressures will progressively worsen with the impact of annual leave
- Children and Covid cases have a significant effect, along with the impact of elective patients contacting practices to chase referrals
- Scale of demand feels like winter
- Discussion over integrating the Oximetry pathway with the exacerbation pathway to extend its use to manage patients at home remotely
- 95% utilisation of hot visiting service, aiming to get the hot site up and running in August
- SK added that 25% in last few days have been paediatrics

RDASH

- Services under significant pressure, more so than any time through the pandemic with no signs of improvement
- Last few months has seen significant challenges on inpatient beds, extremely difficult to secure a

- bed with increased pressure on community beds
- Increase in number of staff absences
- Real concern, and there is an urgent meeting to agree stepping down of non essential meetings
- CEO is writing to all CCGs regarding business continuity

RMBC

- Similar experience to others, remains very busy, reflecting the activity in the hospital
- Staffing challenges within reablement, and pressures in IDT with complexity of discharges causing delays
- Home care is challenged by track n trace
- Appointment to permanent post of ICT strategic lead
- Looking at whether agency staff can fill posts ahead of filling substantively
- CS briefed re: bed capacity in community, held 2 executive meeting with a further on Thursday
- Starting to enact via winter and surge plans
- Lord Hardy beds open as support which may remain open (15 beds)
- Local authority working to put on additional fast response home care resource, increase in brokerage support and other staff particularly at weekends
- Looking at trusted assessor, particularly VFM and leadership
- Wider discussion re: beds working with public health to look at demand, options and procurement timelines in case additional beds are needed in the system
- Significant sickness and vacancy rate which has knock on effect to flow

YAS

- Moved to REAP 4 position, stopped all non essential meetings
- Stood down training, pulling back union staff to support front line services
- Slight improvement in response times
- Position is challenged but better than some areas
- 111 similar pressures

VAR – fully staffed and social prescribing link work is increasing

CCG

- Increasing numbers in MH which is biggest challenge, hotter than ever across the place
- Range of actions in place to support system but risks remain
- Managing to hold elective plan but under challenge

2. System Resilience /Covid/Winter & Flu

2.1 Acute and Community Bed Position (standing item)

- Covered in above discussions

2.2 Winter Plan and feedback from planning event

- Partners have been collecting feedback to inform the winter plan, this included events and drop ins for operational staff heads of service and a workshop at the end of June where all partners were represented
- Officers have looked at ideas/innovations to take forward and any learning from previous years
- Findings have been presented to executive officers
- The aim is to widen the plan to include children, public health and drugs and alcohol and there is a demand management plan to manage the ongoing surge
- Usually the winter plan, which should be considered much wider than a winter plan, is signed off in September, however this years timescales and expectations need to be understood

2.3 Improvements to discharge and LOS

- CS and SK have been asked to present at a Regional meeting this afternoon, the presentation prepared will be shared with members.
- Whilst our position is challenging, our discharge performance continues to do comparatively well
- The presentation will cover areas such as; robust Place Governance, escalation process and ability to step up meetings when the system is challenged, flexible and responsive partnerships at Place, joint Commissioning Senior leadership, place led approach to implementation of new guidance

2.3 Covid vaccination update

- Strong performance continues in Rotherham, 85% first doses and 71% second doses
- Waiting on national guidance for phase 3 booster and flu vaccinations.
- Once receive there will be significant planning needed

3 Communications	
3.1 Rotherham Place Communications /Winter Coms Plan	
<ul style="list-style-type: none"> • Continue to work on the place narrative around pressures and more direct messages to the public • Busy time implementing the actions from the ICP Exec meeting, particularly around social distancing and face masks • Need strong joined up comms around system pressures, increased numbers in hospital, hot site • Two areas that stand out are children's and behaviours when attending health settings • Challenge is striking the right balance so that we do not push people from one stretched area of the system to another • SK added support to joined up comms, adding that this needs to address the levels of violence and aggression towards staff being experienced 	
3.2 NHSE/ England Communications	
<ul style="list-style-type: none"> • None further to add 	
4 Standard Business	
4.1 Risks/items for escalation	
<ul style="list-style-type: none"> • No changes identified, although discussion over adding a risk around unprecedented levels of demand on the system – agreed to confirm at the next meeting. 	
4.2 Outstanding matters arising not covered in the meeting - None raised	
4.3 Minutes of the last meeting were agreed	
4.4 Future agenda items	Standing Agenda Items
<ul style="list-style-type: none"> • Learning from Winter Plan/Covid • Surge Plan • Winter Pan • Com Centre Virtual Tour 	<ul style="list-style-type: none"> • Acute and Community Bed Position • A&E Strategic System Dashboard • Vaccination Update • YAS performance dashboard
4.5 Date of next meeting – Wednesday 11 August 2021, via MS Teams	

Approved at 11 August 2021 meeting