

**Action Points of the Rotherham A&E Delivery Board
Wednesday 14 October 2020, via MS Teams**

Attendees	<p>RCCG: Ian Atkinson (IA), David Clitherow (DC), Tim Douglas (TD), Jacqui Tufnell (JT), Claire Smith (CS), Sue Cassin (SC), Lydia George (LG), Gordon Laidlaw (GL)</p> <p>TRFT: George Briggs (GB), Jeremy Reynard (JR), Tracey Hepworth (TH)</p> <p>RMBC: Ian Spicer (IS)</p> <p>RDASH: -</p> <p>Connect Healthcare: Goks Muthoo (GM)</p> <p>NHSE: -</p> <p>YAS: Angharad Truelove (AG), (JW), Jackie Cole (JC)</p> <p>VAR: -</p> <p>LMC: Chris Myers (CM)</p>
Apologies	Richard Jenkins, Sally Kilgariff, Julie Wilson, Michael Wright, Shafiq Hussain, Nicholas Leigh-Hunt, Jeevan Gill, Matt Pollard, 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

- A&E Strategic Dashboard Operational Performance Summary:
 - Attendances in September remained unpredictable and at just over 15% below 2019 volumes, although the gradually increasing demand at the front door and higher acuity meant performance against the three key field test metrics remained challenged for the second consecutive month, with the 90 minute time to be seen by a clinician target met on only 10 of the 30 days in the month.
 - With capacity now much more constrained than earlier in the pandemic, 4+ hour bed waits in the month remained at 9%, although this was still less than half the equivalent figure from the same month last year. The turnaround in ambulance handover performance continued despite the added pressure, with 10 across the month (all in the final week). The number of patients waiting 12 hours in the department also remained impressively low compared to last year, with 6 patients recorded as such compared to over 130 in September last year.
 - The numbers of 21+ day LoS patients fell significantly throughout September, down to just 20 at the end of the month, and well below the regional average
 - DTOC data is no longer collected at national level, and is being replaced with 'Right to Reside' metrics, as shown below. Work is ongoing to ensure all relevant processes are in place to manage the completion of this new collection on a daily basis, with the Right to Reside category now made mandatory on Meditech for all patients recorded with a Right to Reside.
- A&E Outlook
 - The level of attendances is expected to continue along an upwards trajectory, with the population more active socially and therefore exposed to additional illness and risk. However, if further restrictions are placed on Rotherham in October, this expectation will be adjusted accordingly.
 - A new Operational Transformation Programme has been established by the Chief Operating Officer, with regular meetings chaired by the Chief Executive. This has been designed to focus on flow and same day emergency care in particular, including the Trust's frailty pathways.
 - A new Head of Nursing for Corporate Operations has been recruited in September, and the post holder is expected to start before Christmas. This will be a critical post for the management of Winter pressures.
 - The Winter Plan has been developed with partners over the last few months, with the priority now being the joint agreement of the necessary funding to ensure delivery. The impact of a second possible wave of Covid-19 is relatively unknown at this stage, so sensible assumptions have been utilised to ensure the Trust is as prepared as possible for the winter demand.

RDASH – Demand increasing overall, further update at the next meeting

RMBC

- Demand for social care is back up to pre-covid levels

- Experiencing some staff and demand challenges
- Lower level of use in community beds, brokerage is working well to expedite discharges
- Need to ensure 8-8 in IDT continues (or revised Rotherham version)
- Multi agency care home team providing training sessions to care homes (extended to supported living and home care), these are diarised until March
- Consideration needed on how we hold the position for winter and support people to remain in their own homes

YAS (September System Dashboard attached)

- Hand overs very challenging, Monday and Tuesday this week were particularly busy
- Higher acuity of patients, cat 1 & 2 numbers are up and cat 3 & 4 are down
- Experiencing some staff sickness levels
- Activity down 4% on forecast, although this is slightly higher than last month
- See, Treat & Refer is around 27% average, aiming for non conveyance wherever possible
- Under 15 minute hand over time is static at around 65% (average currently 14 minutes)
- Covid is main condition, followed by trauma and chest pains
- Flu campaign going well, winter plan is complete
- Meeting this afternoon re: SDEC for Rotherham, hoping this can be up and running for winter, this will build on the successful implementation in Sheffield.

GP Federation/Primary Care

- Extended access (via telephone) has increased, hoping to increase on a Monday and Wednesday as well as weekends to help with volumes of patients
- Home visiting service at 80+% usage, hot hub usage at 76%.
- Primary care beginning to get busier overall, mental health currently fine but good to have reassurance over the winter

VAR

- Work taking place to support services to get back up and running, and to understand what this means in new Covid times. Focus on risk preparedness for VCS front line staff and for premises
- Social Prescribing still taking referrals and now at pre-Covid levels, meetings generally take place virtually

CCG

- Key issue is CHC assessments not undertaken throughout pandemic and the expectation that it is back up and running with backlog addressed within 6 months

2. System Resilience /Covid/Winter & Flu

2.1 Acute and Community Bed Position (standing item)

- The bed position is very challenging, all available beds are open
- SDEC functioning well
- Bed procurement being progressed

2.2 Adult Social Care Winter Plan

- CS explained that further to the request for local authorities to produce a Winter Plan for Adult Social Care in response to Coronavirus, RMBC has worked with partners across the borough to devise the plan for 2020/21. The plan ensures that the key highlighted areas identified within the LGA/ADASS Care Health Improvement Programme template are covered.
- By 31 October, the requirement is for a letter of assurance and self-assessment, completed with partners, to inform the plan and to demonstrate full compliance with the Government ask of local authorities. **Action: Letter and documents to be received for information at the next meeting**

2.3 Overarching System Wide Winter Action Plan

- The System Winter Plan was signed off at the last meeting, following the agreed changes.
- CS presented the system wide winter action plan that has been developed to monitor system actions to implement the winter plan.
- The actions are RAG rated and all are currently on track
- The 10 additional community beds for winter (5 Covid and 5 normal), will be part of the TRFT procurement, and be in place by end November
- Dept of H&SC letter sets the requirement for systems to identify covid safe providers and to inform CQC by Friday.
- **The action plan will be managed by the Operational Group and received at each AEDB meeting. Action: CS**

2.4 Flu Planning

- Flu action plan, for patients and staff, is progressing well
- The overall target is 75%, with the expectation of 100% of staff
- Risks are vaccine availability, delivering vaccinations to care homes and further work needed with people with learning disabilities

3 Communications

3.1 Rotherham Place Communications /Winter Coms Plan

- GL presented the winter comms plan, winter months are always a challenging time for the NHS, but this year Covid has increased that. The key elements of the campaign will be:
 - Ensuring that local people are aware and have the information they need to access appropriate help and support for their health needs throughout the winter period, helping the NHS and council services to help them this winter. This will include using the national 111 first campaign.
 - Maximising uptake of the flu vaccination in the eligible groups and amongst staff groups.
 - Addressing the barriers that may prevent residents from accessing services they need during the COVID pandemic. Our communication will provide assurance and build confidence that our services are open and safe to access.
- The multi-channel integrated national campaign is to be implemented this year using three phases under the 'Help Us to Help You' brand. Locally we will share messages and materials, in a timely manner, to supplement our activity

3.2 NHS/I England Communications

- None other than national planning and recovery guidance

4 Standard Business

4.1 Terms of Reference

Action: The TOR will be updated and a draft received at the next meeting.

4.2 Risks/items for escalation

- Members considered the Risk Log and make amendments to risk 12 'Ability to maintain all urgent elective procedures in light of increasing Covid infection rates, including cancer'. This was changed to orange - Concern over performance / concern over impact

4.2 Minutes of the last meeting – noted and agreed.

4.3 Outstanding matters arising not covered in the meeting – none

4.4

Future agenda items:

- Field Test Interim Update for TRFT and RDASH
- Adult Social Care Winter Plan
- Terms of Reference
- 111First Update

Standing Agenda Items

- Acute and Community Bed Position
- A&E Strategic System Dashboard
- Flu Update
- YAS performance dashboard
- Overarching Winter Plan Action Plan

4.5 Date of next meeting – Wednesday 11 November 2020, 9.00am, via MS Teams

Approved 11 11 2020