Cornwall and the Isles of Scilly Health and Care Partnership

System Boards – Chair's Update

Name of meeting	**Urgent & Emergency Care Board / Partnership Senate**
Meeting date	**9 July 2020 / 16 July 2020**
Chair of meeting	**Carolyn Andrews, Lead of Urgent Care Board**
Performance against key metrics and quality standards	• 95.9% of calls to 111 in June were answered within 60 seconds, which is better than the national average of 86% and meeting the national standard of 95%. • 0.83% of calls to 111 in June were abandoned after 30 seconds, compared to the national average of 3.3% and the standard of 5%. • ED performance against the 4 hour standard for the whole system in June was 95.36%, which is better than the national average of 83.08% and the national standard of 95%. • There were no 12 hour trolley waits in RCHT in June, however there were six in UHP – flow constraints due to COVID zoning a common theme. • Readmission rates reduced in June compared to May, at 6.27% from 7.58% in RCHT, 10.88% from 12.76% in UHP and 5.5% from 8.36% in CFT – these were all also a reduction against the previous year's figures. • The daily average number of patients with a length of stay of over 21 days increased in June in RCHT to 52 compared to 33 in May; however is still better than June 2019, where the daily average 87. • The daily average number of patients with a length of stay of over 21 days increased in June in CFT to 39 compared to 30 in May; however is also still better than June 2019, where the daily average was 65.
Progress against associated financial plans	Due to the nature of financial arrangements during COVID this is not applicable however activity against plans are still a useful indicator of spend and costs: • SWAST activity (total calls) 13.61% under contracted year to date. • Attenders at RCHT (Treliske and WCH) YTD: 14,919 compared to prediction of 28,053 – 4 hour performance: 92.32%. • CFT MIU attenders YTD: 19,047 – 4 hour performance: 99.5%.
Summary of key actions and decisions made	• Agreed draft plan for next phase of COVID, with the addition of domiciliary care into plans (commissioning director for CCG/ASC present and agreed). • Agreed actions to address increasing levels of activity which need to be progressed by Collaborative Communities Board, Out of Hospital cell, Workforce cell and Care Home cell (chairs of planned care board and Collaborative communities board present for the discussion and in agreement) • Reviewed digital possibilities for UEC and also received feedback from GP colleagues on the board bout how we can ensure PCN aspirations are reflected in the strategy and plan.
Other news	• The "Think 111" project went live on 4 July, progressing well with excellent clinical leadership and involvement across the whole county. Really good daily feedback and improvement loop from clinicians on the ground. Good feedback from patient participation group. PPG ethics group to be invited to discuss with clinical group.
Significant risks and/or	• ED attendances are around 80% of pre-COVID levels, but waiting room

issues for escalation	space reduced from 40 to 7 due to social distancing. Same issue in all walk in urgent care settings. **Mitigation**: Being managed on each site by triage and wait outside arrangements. • Non-elective (NEL) admissions for the 18-50 age group has returned to pre-COVID levels. Conversely NEL admissions for children and older people have remained low. **Agreed action**: to identify if this is a positive impact of as a result of changes in pathways, e.g. CATUs, to also investigate to rule out the alternative negative possibility that people who may need urgent care are failing to seek help. • The ability to discharge patients from hospital is becoming more challenging and is increasing bed occupancy, more acute impact as a result of the reduced bed capacity due to COVID zoning. **Action**: Out of Hospital cell continuously working on solutions. Underlying deficit in home care supply continues to be a constraint, pro-active work ongoing will partially but not fully mitigate. • Patients being held on ambulances – unable to immediately unload. Key causes are increased bed occupancy, zoning constraints on patient flow through ED and on wards, shortage of reagent for 1hr COVID tests slowing transfer of patients onto wards. **Action:** These incidents are recorded and investigated through established patient safety mechanisms; operational teams in ED and SWAST problem solve in real time when they occur, the issue re reagent has been escalated regionally.
Looking forwards – key actions and points to note	The Board took a decision that compliance with national requirements for next phase COVID should be RAG-rated based on outcomes and measurable impact of actions rather than description of processes or actions. It was agreed to make this recommendation to other system boards for the whole system plan – chair of planned care and collaborative communities' board were present.
Date of next meeting	**11 August 2020**