Cornwall and the Isles of Scilly Health and Care Partnership

Item 11
System Boards – Chair's Update

Name of meeting	**Planned Care Delivery Board**
Meeting date	**16th June 2020**
Chair of meeting	**Kate Shields**
Performance against key metrics and quality standards	**RTT worsening position** • NHS Kernow RTT position for April 2020 is 71.56% compared to April 19 position of 83.9% and against the national standard of 92% worse. • RCHT April 2020 position at 73.90% compared to April 19 position of 85.41% worse. • UHP April 2020 at 64.38% compared to April 19 position of 73.4% worse. **52 weeks worsening position** • 52ww at RCHT for April 2020 was 20, worse than previous month. • UHP for April 2020 was 65, worse than previous month. **Diagnostics worsening position** • NHS Kernow diagnostics position is 43.96% in April 2020 compared to April 19 position of 93.18% and against the national standard of 99% worsening. • RCHT diagnostic position decreased to 38.32% for April 2020 compared to April 19 position of 97.64% worsening. • UHP diagnostic position decreased to 52.41% for April 2020 compared to April 19 position of 91.95% worsening. **Waiting list size** • All planned care providers for all CIOS residents as at April 2020 – 32,857 compared to April 2019 position – 35,464 **Cancer** • 2ww performance for April 2020 at RCHT is 96.6% and UHPT is 95.02% against the target of 93% • 31 day performance for April 2020 at RCHT is 97.1% and UHPT is 97.22% against the target of 96% • 62 day performance for April 2020 at RCHT is 76.8% and UHPT is 77.78% against the target of 85% **Referrals** • GP two week wait referrals for May 2020 are at **67%** of pre COVID rates • GP urgent referrals for May 2020 are at **70%** of pre COVID rates • GP routine referrals for May 2020 are at **36%** of pre COVID rates
Summary of key actions and decisions made	Planned care running at approximately 50%, increasing delays leading to long waits and increasing risk of harm. UHP and RCHT have enough theatre capacity to treat urgent and cancer patients, but very limited capacity to treat routine patients. More than half of outpatient consultations are being done virtually but needs to increase by 2.5 times to meet demand. Recovery planning has to be transformational, we need a rapid action approach to re-set what the NHS provides to preserve life, minimise harm and target resource where most needed.

	What and how? 1. Implement new planned care governance structure to support system-level oversight and decision-making 2. Continue system work on OP transformation, Intensity gradient, pathway changes 3. Rapid transformation of services/new models of care 4. Prioritise procedures and resources (people, physical space, equipment) 5. Ensure independent sector capacity is fully utilised It is important that it is a PCN driven approach, engaging with people so our population understand our challenges and need for change.
Significant risks and/or issues for escalation	Planned care running at approximately 50%, increasing delays leading to long waits and increasing risk of harm.
Looking forwards – key actions and points to note	**Waiting list review ("Remain, re-route, remove")** • Planned Care commissioning team support Lead GP and GP team to do the review work of waiting lists provide the evidence and then work as part of the **system speciality groups** to make changes and enact patient discharges. • Planned Care team to support the above reviews and collate comms for clinicians and the public. **Evaluate routine procedure list** • Review evidence (NICE IPG / TAGs / other national guidance / commissioning policies) to assess what procedures could be stopped or provided as an alternative. Take any recommendations to Planned Care Clinical Advisory Group (PCCAG). • Evaluate procedures being done in primary care that are covered by commissioning policies. • Planned care commissioning team set up a discussion with RCHT Clinical Effectiveness Team to take this forward. • Communications approach to be developed for the public. **Focus on the role of therapy in transformation** • Develop opportunities for new models of care to support specialties **Implement new planned care governance structure** • Planned Care commissioning produce Terms of Reference for PCCAG and Delivery Group, assign membership including admin support and co-ordinate scheduling of meetings. **System Harm review** • Coordination of system harm reviews (this will need to feed into prioritisation work). **Specialty Recovery Meetings** • Planned care commissioning host speciality meetings with clear purpose and expected outcomes. • Planned care commissioning set up task-and-finish groups to deliver agreed changes. **Comms** • Work as a system on the communication (see above). **RM Transformation** • Continue at pace with RM transformation and the case for KIPP.
Date of next meeting	**21st July 2020**