



## ICP Key Messages

<b>Meeting</b>	<b>Urgent and Emergency Care System Delivery Board</b>
<b>Meeting Date</b>	<b>05 January 2021</b>
<b>Key Decisions and Actions</b>	<p><u>Covid Command and Control</u></p> <p>The Board was advised that learning from DTOC was planned to embed early changes and improve flow. Vaccinations had been co-ordinated into two lists, one for acute and one for PCNs across the ICP. The Chair expressed thanks to colleagues for participating in the daily DTOC and long wait calls and this was making a difference and a reduction noted in DTOC was noted.</p> <p><u>Chorley ED</u></p> <p>Numbers of patients remained low ranging from 28 to 43. Breach control was good with few breaches seen. The meetings with the regional team were continuing. Use of agency staff was high and issues were being managed on a daily basis. There were no issues related to ambulances.</p> <p><u>Home First Utilisation</u></p> <p>The Board heard a presentation from the Associate Director of Transformation and Delivery at the CCG regarding utilisation of Home First slots and held a detailed discussion of the complex issues. The ongoing issues regarding recruitment of therapists were noted. A number of actions were agreed including:-</p> <ul style="list-style-type: none"> <li>• Clarify the baseline number of funded slots, the funding available and utilisation of slots.</li> <li>• Undertake an audit over the next two weeks to look at cancelled Home First slots and the reasons why the patients were not discharged.</li> <li>• Discuss use of care and residential homes with the project lead for the intermediate care review.</li> </ul> <p><u>Mental Health</u></p> <p>The Board was pleased to note that though activity had increased there were no areas of particular pressure or delays in access.</p> <p><u>Community Services</u></p> <p>The Board noted community and acute teams were continuing to work well together with more integrated working practices, team shadowing and support. The Board welcomed the work to develop an ICP approach to Long Covid and the plan to have a process up and running by the end of January.</p>

	<p><u>Nosocomial Rates and Long Waits</u></p> <p>The Board discussed the significant pressures in the Trust and it was recognised that the same pressures were being seen across the patch, particularly ambulance turnaround times and ED waiting times. A number of actions were agreed including:</p> <ul style="list-style-type: none"> <li>• Carry out a deep dive to look at patients coming in by ambulance and whether a different service could have been used.</li> <li>• Look into how many patients taken to hospital could have been signposted to alternative services and include data regarding standby patients not taken to ED.</li> </ul> <p>On a positive note the Board was pleased that nosocomial infection rates were reducing.</p>
<b>Matters for Escalation (and where to)</b>	
<b>Completed and Signed off by</b>	<p><b>Karen Partington</b> <b>Senior Responsible Officer and Chair</b></p>