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Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
10.30 am on Wednesday, 15th February, 2023 **Please note time**

Place
Diamond Rooms 1 and 2 - Council House

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **A&E Waiting Times** (Pages 3 - 8)

   Report of the Chief Executive Officer, University Hospitals Coventry and Warwickshire

4. **Neuro-rehabilitation Level 2b Beds** (Pages 9 - 22)

   Report of the Chief Officer, Performance and Delivery, Integrated Care Board

5. **GP Access** (Pages 23 - 26)

   Report of the Chief Officer, Performance and Delivery, Integrated Care Board

6. **Work Programme and Outstanding Issues** (Pages 27 - 32)

   Report of the Scrutiny Co-ordinator

7. **Any other items of Public Business**

   Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business

Nil

Julie Newman, Chief Legal Officer, Council House, Coventry

Tuesday, 7 February 2023

Note: The person to contact about the agenda and documents for this meeting is Caroline Taylor caroline.taylor@coventry.gov.uk

Membership: Councillors M Ali (Chair), J Birdi, K Caan (By Invitation), J Clifford, E DeVane (Co-opted Member), J Gardiner, G Hayre (By Invitation), A Jobbar, G Lloyd, J McNicholas, C Miks, B Mosterman and M Mutton (By Invitation)

By invitation Councillors

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UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO HEALTH AND SOCIAL CARE SCRUTINY BOARD

Improvement Focus: Urgent and Emergency Care and Hospital Flow

1. Introduction

1. The purpose of this paper is to provide an update on the current position of Urgent and Emergency Care (UEC) at University Hospitals Coventry and Warwickshire NHS Trust (UHCW).

2. The Trust is engaged in longer term work within the Coventry and Warwickshire Integrated Care System to achieve more integrated care, with smoother pathways of care between primary and secondary care and for patients leaving hospital care and requiring further support. This paper addresses what has been done in recent months in the Trust and with partners to address 2022/23 winter pressures.

3. Significant work has been undertaken across the Trust, by individual Clinical Groups and with partners to respond to unplanned demand and preserve patient safety. Despite this, and in line with the national position, demand continues to outstrip capacity, exacerbated by pressures on Community and Social Care.

4. The paper details the significant work undertaken, the current position and ongoing improvement together with a summary of current performance and risk.

2. National UEC Position

The national position for UEC remains challenged, with the coming months expected to place even more strain on unplanned pathways.

Emergency Departments (ED) continue to report significant overcrowding, resulting in delays handing over patients presenting via ambulance and delays in ambulance response times in the community.

Overcrowding in ED presents a significant patient safety risk, not only to those in ED, but also to those waiting for delayed ambulances in the community. Nuffield Trust reference 21% ambulance handovers experiencing a delay of at least 30 mins in 2021/2022, compared with 12% in 2018/19. The performance during 2022/2023 has been significantly worse.

In November 2022, NHS England (NHSE) led a Winter Collaborative event, which UHCW participated in, with the aim of bringing all acute providers together to action plan improvements that could be made to:

2.4.1. Reduce ambulance handover delays
2.4.2. Improve category 2 ambulance response times
2.4.3. Reduce the time patients spent in ED

3. Local UEC Position

3.1 Emergency Department Performance

The UHCW local health economy delivered a four-hour performance of 58.58% in December 2022, significantly below the 95% target. The Urgent Treatment Centres (UTC) at Coventry and Rugby continue to perform well despite the pressures faced. However, it should be noted that the Coventry UTC performance data has been un-reported since 4th August 2022 following the malware incident with the Adastra software, affecting many Trusts. The Trust has been advised that retrospective data will be loaded once the issue has been resolved.

The Emergency Department at University Hospital continues to be the most challenged area, with four-hour performance at 51.72% in December 2022. The average acute presentations for adult emergency care in December 2022, including all pathways across Adult ED, Medical Decisions Unit (MDU), Surgical Assessment Unit (SAU) and Same Day Emergency Care (SDEC), were 104% of the attendances when compared with December 2021. MDU/SDEC were the pathways with the greatest uplift, with presentations at 120% compared with December 2021. This reflects the streaming of patients to the most appropriate clinical area to meet their needs, and promotion of ambulatory pathways.

3.2 Hospital 'flow'

3.2.1. Unplanned demand has increased by 20% compared to three years ago. Approximately 30% of unplanned attendances result in admission. However, daily discharges often fall short of the admission demand. Length of stay has been at a heightened position with a notable increase against over 7, 14 and 21 day length of stay metrics. Over 75% of patients with a length of stay over 21 days are waiting for a supported package of care or associated assessment. As a result of both of these issues, there has been sustained pressure on the bed base with University Hospital (UH) and Rugby St Cross.

3.2.2. University Hospital has a core bed base of 1,025 but has the ability/capacity to surge into escalation beds at times of pressure. As a result of the above issues, exacerbated by increased COVID and Flu admissions there has been sustained pressure on the bed base within UH during December 2022 and January 2023 with an average daily occupancy of 105%.

3.3 Ambulance Handover Position

3.3.1. The expected time for handover of a patient arriving by ambulance is 15 minutes, with a maximum expected of 30 minutes.

3.3.2. In December 2022 the percentage of patients handed over within 15 minutes at UHCW was 18.8%, compared to a regional position of 23.4%. The percentage of patients handed over within 30 minutes was 55.8%, compared to a regional position of 54.4%.

3.3.3. In December 2022 the mean average handover time at UHCW was 52 minutes, compared to a regional position of 62 minutes. This was a significant deterioration to November 2022 when the average handover time was 37mins. The longest handover time at UHCW in December 2022 was just under 7 hours compared to a regional position of more than 12 hours.

3.4 **Admission Avoidance**

3.4.1. Coventry Urgent Community Response (UCR) Service provides urgent support, seven-days a week, to help prevent unnecessary hospital admissions.

3.4.2. This service is offered by the Coventry and Warwickshire Partnership Trust (CWPT) and is proving very helpful to UHCW in reducing admissions to ED.

3.4.3. The service provides a two-hour crisis response delivered by a multi-skilled team of professionals. Support is provided at home, or where people usually reside, for those who have declining health or mobility and are therefore at risk of admission to hospital. The service also provides a two-day response for patients who require support to regain their skills, confidence, and independence to remain safely in their home or usual place of residence, following an illness or hospital admission.

3.4.4. Admission avoidance is an integral factor for Urgent and Emergency Care improvement. Work is ongoing with CWPT to maximise the use of the UCR team and develop data to enable evaluation of impact to be assessed. At a recent Coventry Care Collaborative meeting there was commitment to explore extending this further to maximise the impact.

3.5 **Criteria Led Discharge**

3.5.1. Criteria Led Discharge (CLD) is where clinical parameters for a patient's discharge are clearly defined by the lead consultant, MDT and the patient to ensure patient centred discharge. If these specific criteria are met, a competent staff member can facilitate the discharge and therefore reduce length of stay (LOS) and improve flow. CLD was initially rolled out as a pilot in 2021 having early success in reducing LOS and earlier discharge. In February 2022 it was made a priority by NHS England as part of the Discharge Improvement Programme to aid system flow.

3.5.2. Since April 2022, CLD has been implemented in Gynaecology, for medical and surgical management of miscarriage, and Neurosurgery, for embolisations, Digital Subtraction Angiography (DSA) and biopsies of space-occupying lesions. Data suggests that patients are discharged on average 2 hours earlier following surgical management of miscarriage, 4 hours earlier for DSA and 12 hours earlier for embolisations using CLD methodology.

3.5.3 Following the positivity around CLD, neurosurgery have developed further pathways to embed the knowledge and other wards have piloted CLD. This is an ongoing project and future plans involve cardiology and medicine wards who have started to identify scope and undertake pilot tests to impact on flow. Key to its success is ongoing and increased medical engagement, increasing visibility of CLD decisions at board rounds and ward rounds, use of ‘Champions’ in each area supporting training and education, and data collection.

3.5.4 Cardiology have potential to shorten both, wait and usage time, for cardiac monitors and pathways could be created for STEMIs. There is also potential to implement pathways

within Gynaecological Oncology to increase flow during the planned theatre improvement works.

3.6 **Access to Adult Social Care**

3.6.1. It is recognised that access to adult social care is a limiting factor with discharge delays being seen.

3.6.2 There are several strategies in place to aid the discharge process with the aim to reduce LOS which include:

1. Gold, Silver and Bronze escalation meetings, discharge programme board weekly meeting.
2. System Operational Discharge Delivery Group (SODDG) weekly Coventry and Warwickshire (with a wider monthly meeting), early supported discharge for stroke patients (Warwickshire).
3. Confirm and challenge weekly with all clinical groups for patients with long length of stay (LLOS) >14 days.
4. Discharge before 12pm and before 5pm weekly meetings resulting in driving for early flow, with early discharges.
5. Quarterly Multi Agency Discharge Event (MADE) meetings.
6. Bariatric awareness event (held 17 November and was well received). Awareness that lack of provisions and understanding has led to increased LOS in this patient cohort.

3.6.3 However, with the position of current hospital occupancy more is planned for future and further events to include:

1. Care Home Forum.
2. Warwickshire additional monies for care provision (a working group is in place to establish and redesign pathway 1 referrals and access).
3. Newton transfer of care hub (due to the findings from the quarterly MADE meetings).
4. Following the bariatric awareness event, changes to management of bariatric patients will aim to facilitate earlier discharge.
5. 7-day discharge lounge funding has been extended until the end of the financial year.
6. Review of demand and capacity and commissioning of services for Fast Track – which looks at end of life care.
7. Integrated Care Board meet with neurology functional patients scheduled and develop a pathway to aid in discharge processes.

3.6.4 Collaboration across the Integrated Care System continues as business as normal and winter planning. This has proven valuable during January 2023 with Partners supporting UHCW by ensuring strategic, tactical, and operational responses are in place with options to spot purchase beds / target long waiting patients as necessary.

3.7 **Virtual Wards**

3.7.1 The Trust has a virtual ward care system in place, with current levels allowing for 30 beds for patients needing treatment for infection, including 10 beds for patients who are suffering from Chronic Obstructive Pulmonary Disease (COPD) usually because of infective

exacerbation and two heart failure beds. Virtual beds offer an option for the delivery of medical treatment and monitoring in the patient's home, to avoid physical hospital admission. Plans are in place to increase virtual ward capacity, focusing on heart failure, respiratory, acute medicine and diabetes.

3.8 Additional patients in specific wards

3.8.1. In times of greatest pressure, the Trust has been using a system of placing an additional patient on a ward, over and above the standard number of patients that ward would usually accommodate. This has been linked to a planned discharge from that ward. This is carefully organised, done at specific times of the day between 8am and 6pm (i.e. not during the night) and with the specific judgement of clinicians and senior nurses. Making this system work to release space and capacity in the Emergency Department, contributes to reducing ambulance handover times and ensures patient safety, has been done following extensive consultation with different clinical group leaders and with the involvement of the Chief Nursing Officer and Chief Medical Officer. There are some wards e.g. cancer wards, which are exempt from this. This process is regularly reviewed and is used when the Trust is under the greatest pressure.

4. Further Actions

4.1 Emergency Department Expansion

4.1.1. The ED Expansion is a £15m Capital programme remodelling the emergency footprint to improve the Minors and Majors departments, increase capacity of the Resus and Childrens Emergency Department and develop a bespoke SDEC Unit, so that improved patient care and experience can be delivered.

4.1.2. Phase 3 of the Emergency Department expansion is due to complete by January 2023. Phase 4 will see expansion of Adult ED completed around May 2023 with the projections to complete the project in September 2023.

5. Conclusion

The National, regional and local UEC position has experienced significant pressure over the first half of this winter. To respond to these challenges, UHCW with partners across Coventry and Warwickshire have undertaken an abundant amount of work to improve flow and quality of care for our patients.

Teams are working exceptionally hard and seeing improvements, however despite this, performance remains significantly challenged. The long-term work with partners on Improving Lives, through the Coventry Collaborative needs to continue while the Trust manages the short and medium risk to patients and staff of the current pressures.

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Date report written:	23 January 2023

NHS
Coventry and Warwickshire
Integrated Care Board

BRIEFING PAPER FOR COVENTRY SCRUTINY BOARD 5

Proposal to make the temporary relocation of Level 2b Neurorehabilitation Beds from UHCW to Leamington Rehabilitation Hospital permanent

Background

- Prior to the COVID-19 pandemic, 12 Level 2b neuro-rehabilitation beds were located on Ward 42 at UHCW. These beds are commissioned by Coventry and Warwickshire CCG and are the only NHS-funded Level 2b neuro-rehabilitation facilities in Coventry or Warwickshire.
- As part of our emergency response to COVID-19, the decision was taken on 18 March 2020 for these beds to be moved from UHCW to the Central England Rehabilitation Unit (CERU), a dedicated rehabilitation facility which is part of Royal Leamington Spa Hospital, provided by SWFT.
- Moving these beds increased acute bed capacity at the UHCW site and ensured that rehabilitation patients continued to receive high-quality neurorehabilitation in an appropriate, infection-controlled environment.
- CERU had the additional capacity to take on these beds due to an area of the hospital that had not opened up yet but was built to future-proof site capacity. No beds were closed to free up these 12 beds. 30 beds are commissioned by NHSE Specialised Commissioning for Level 1 neurorehabilitation on the site.
- As part of the Impact Assessment Tool (IAT) process and as we moved into restoration and recovery, a case to propose this as a permanent relocation was developed.
- The 12 Level 2b neurorehabilitation beds commissioned by Coventry & Warwickshire are used for approximately 50 patients per year requiring post-acute, specialist rehabilitation at a level less intensive than patient with very the highest acuity. Commonly 2-4 therapist disciplines are involved per patient and the length of stay for each patient is usually 1-3 months, though some may stay up to 6 months. The conditions treated cover:
    - Traumatic brain injury
    - Hypoxic brain injury (lack of oxygen)
    - Complex neurological conditions e.g. Guillain Barre Syndrome
    - Acute neuro-behavioural conditions (typically on an interim basis whilst awaiting other units).
- Following inpatient rehabilitation, patients are usually discharged home, where they will continue to receive specialist community rehabilitation services.

Expected benefits of proposed care

- The key benefits sought from the proposed model of care predominantly relate to the care environment, a specialist and dedicated workforce and improved clinical outcomes.
- At a summary level, these include:
    - Improved rehabilitation environment and clinical outcomes;

- Inpatient rehabilitation at an intensity that matches the recovery needs of the patients and is in accordance with the recommended BSRM 2019 criteria for specialist rehabilitation;
- Improved patient flow across the pathway thereby reducing the time patients spend in an acute hospital awaiting Level 2b admission,
- Improved specialist staff retention and recruitment;
- Level 2b patients are less exposed to infectious disease than at UHCW due to their longer length of stay alongside the higher turnover of acutely unwell patients;
- Improved management of the rehabilitation programme which reduces the number of occupied bed days;
- Improved treatment that then reduces the on-going care costs following inpatient rehabilitation.

Engagement to date

- Engagement was undertaken between Nov 21 – Jan 22 targeting patients, staff who work in the service, friends and family members of those who have received Level 2b rehab and advocates from the voluntary and community sector (VCS).
- Engagement was primarily through an online survey, which we received 37 responses to, of whom 7 were former patients, 13 were friends/family and 17 staff members.
- In addition to the survey, we undertook two qualitative interviews with patients currently under the care of the service, delivered over Microsoft Teams, with the support on the ward from a speech and language therapist.
- Respondents were asked to rank from a list of options what was most important to them in recovering or supporting recovery and what mattered less.
- All groups of respondents considered the most important thing in supporting recovery is an environment dedicated to rehabilitation, with a range of equipment, facilities and services available for patients.
- Access to other health services, outside of those directly related to recovery, was considered unimportant by all groups, as was access to outdoor spaces to aid recovery.
- The need for good communication was a strong theme across all groups;
    - Good communication by staff with patients and with their family and friends is a vital part of recovery and support.
    - Successful communication between teams and a strong MDT ethos was extremely important to staff.

FAQs

Question	Response
Why is this change proposed? (e.g. local or financial needs/government policy)	The change was made as part of the emergency response to Covid-19 back in March 2020. Moving these beds increased acute bed capacity at the UHCW site and ensured that rehabilitation patients continued to receive high-quality neurorehabilitation in an appropriate, infection controlled environment. As we moved into restoration and recovery, a case to propose this as a permanent relocation was developed.
Is the proposed change a service improvement or cut in provision?	Service improvement and permanent relocation of service base.
Is the proposal realistic and achievable?	Yes. Both UHCW and SWFT are in agreement with commissioners that the beds are most appropriately located at CERU. As part of the business case, future demand modelling and contracting has been undertaken to ensure that the beds are appropriately resourced.
What will be the impact of the change on users, carers, other stakeholders and public?	Pre-covid, all 12 Level 2b beds were based at UHCW, the main acute provider for Coventry residents. Patients from across Coventry and Warwickshire were required to travel to UHCW if they required a Level 2b neurorehabilitation bed. Post-covid, those beds are based at Central England Rehabilitation Unit (CERU), which is located just south-west of Leamington Spa. The distance between the two sites is 11.4 miles (as the crow flies) or 14.8 miles via the fastest road route, taking 31 minutes with average traffic by car.
Will this change achieve improved health and well being for local people? (currently and/or in the future)	A review of the changed service delivery model has been undertaken and demonstrates improved rehabilitation outcomes, improved referral to admission performance and reduced length of stay compared to the period at UHCW (Ward 42).
How many patients are likely to be affected?	The 12 Level 2b neurorehabilitation beds are used for approximately 50 patients per year requiring post-acute, specialist rehabilitation at a level less intensive than patient with very the highest acuity. Commonly 2-4 therapist disciplines are involved per patient and the length of stay for each patient is usually 1-3 months, though some may stay up to 6 months.
Changes that affect the local or whole population e.g. Accident and Emergency	No – although anyone in the population could be affected by a brain injury requiring specialist rehabilitation.
Changes that affect a group of patients accessing a highly specialised service e.g. renal services	Yes
Changes that affect particular communities or groups	No
Impact on health inequalities - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents.	A full Equality and Quality Impact Assessment has been carried out to determine the impact on protected characteristics. This can be viewed here - https://www.happyhealthylives.uk/neurorehabilitation-inpatient-service

Next steps

Members are asked to review the FAQ and associated engagement report and determine whether the Committee agrees that the engagement undertaken, numbers of patients affected by the change and observed improved outcomes are sufficient to go ahead with the proposed service change OR that the Committee believes that this constitutes a major service change which requires further and wider public engagement.

End of report

Engagement Report – Level 2B Neuro-Rehabilitation Service

Background

Prior to the COVID-19 pandemic the Level 2b neuro-rehabilitation service was located at UHCW. This service is commissioned by Coventry and Rugby CCG on behalf of the three Coventry and Warwickshire CCGs and is the only Level 2b neuro-rehabilitation inpatient facility in Coventry or Warwickshire.

As part of our COVID response a decision was taken on 18th March 2020 for the service to be moved from UHCW to the Central England Rehabilitation Unit (CERU), a dedicated rehabilitation facility which is part of Royal Leamington Spa Hospital, located on Heathcote Lane in Warwick and provided by SWFT.

Moving the service increased acute bed capacity at the UHCW site and ensured that rehabilitation patients continued to receive high-quality neurorehabilitation in an appropriate, infection controlled environment.

The Clinical Commissioning Group is now considering the future location of the service.

Who uses the service?

The 12 beds which make up the service are used for patients requiring post-acute, specialist rehabilitation at a level less intensive than patient with very the highest acuity. Commonly 2-4 therapist disciplines are involved per patient and the length of stay for each patient is usually 1-3 months, though some may stay up to 6 months. The conditions treated include:

- Traumatic brain injury
- Hypoxic brain injury (lack of oxygen)
- Complex neurological conditions e.g. Guillain Barre Syndrome
- Acute neuro-behavioural conditions (typically on an interim basis whilst awaiting other units).

The Level 2b service cares for approximately 50 patients a year. It meets the needs of individuals who typically may be a risk to themselves due to reduced safety awareness, need to understand how their abilities have changed and will be experiencing substantial physical disability.

Who delivers the service?

In addition to the care provided by Consultants in Rehabilitative Medicine, Junior Grade Doctors and Nurses, patients are supported by a range of Allied Health Professionals including Physiotherapists, Occupational Therapists, Speech and Language Therapists, Dieticians as well as Clinical Psychologists and Social Workers.

The senior clinical staff have always been employed by SWFT and have delivered the service at UHCW under a service level agreement. These staff have moved from UHCW to

CERU with the service and their employer has not changed. The allied health professional and nursing staff have not moved with the service.

Purpose of engagement

Our engagement set out to understand

- Current and previous experience and opinions of the service of patients, carers, staff, the voluntary sector and other key stakeholders.
- What criteria should be used to assess potential options for the future service and their relative importance in that assessment.

Our Approach

As part of this engagement, we targeted

- Patients – those with experience of the service and those who have had brain injury/neurological conditions in the past which required rehab (but may not have attended the UHCW service)
- Staff who work in the service – both to understand their own experiences, and what they thought would be best for their patients
- People with a friend or family member who has had a brain injury and undergone Level 2b rehab (for the purposes of brevity within this report this cohort is referred to as “Carers”).
- Advocates for patients and carers.

COVID-19 and infection control procedures meant that it was not possible to attend support groups or deliver face to face engagement. This meant that our engagement was primarily undertaken through an online survey. The questions on the survey varied for each of the four groups, but addressed the same themes to ensure consistency of approach.

The online survey was promoted to patients, carers and advocates via the local VCS. The following organisations were asked to forward the survey to their members

- Headway
- The Carer’s Trust
- Chinese Carers Trust
- Ekta Unity
- Indian Association
- Sahil – BME (men and women)
- Warwickshire CAVA
- VAC
- Healthwatch

Responses

In total we received 37 responses to the online survey. This consisted of

- 7 former patients of a neuro-rehabilitation service
- 13 carers
- 17 staff members

Although two Advocates / Charity representatives started to fill in the questionnaire they did not complete the survey and their answers were lost.

In addition to the online survey, we were able to undertake two qualitative interviews with patients currently under the care of the service. These interviews were delivered over Microsoft Teams, with the support on the ward from a speech and language therapist, and followed the same structure as the online questionnaire.

Summary

Patients, their friends and families and staff were in accord in what was important to them in recovering or supporting recovery and what mattered less to them, lending more weight to the themes of the response.

- All groups of respondents considered the most important thing in supporting recovery is an environment dedicated to rehabilitation, with a range of equipment, facilities and services available for patients.
- Access to other health services, outside of those directly related to recovery, was considered to be unimportant by all groups, as was access to outdoor spaces to aid recovery.
- The need for good communication was a strong theme across all groups
    - Good communication by staff with patients and with their family and friends is a vital part of recovery and support.
    - Successful communication between teams and a strong MDT ethos was extremely important to staff
- Location of the service was not raised as a particular issue by any group, and easy access to the service was ranked one of the lowest in importance of the criteria used to asses service change.

Recommendations

- When considering any future change for the Neurorehabilitation Service, the need for an environment dedicated to rehabilitation is key. This takes in all aspects of rehabilitation from enabling access to a range of specialities, to ensuring suitable equipment is available.
- Any service change should include facilitating support for MDT working and encourage good quality communication both between teams and between staff and patients.
- Any service change should ensure that there remain or improve opportunities for staff development and training in order to support the workforce and aid recruitment to maintain sustainability of the service in the future.
- While location was not considered important by the respondents it remains vital to ensure that due regard is paid to the impact any change in location would have on those with a protected characteristic.

Detailed Feedback

Patients

The numbers of responses to this survey and interview was nine. Although this is in the expected bounds for such a specialised service, taking into account the severity of condition of current patients, and the restrictions of COVID-19, all information should be viewed within this context, offering indicative themes rather than definitive conclusions.

When considering what was important to them, a calm setting in which to recover and an environment which is dedicated to rehabilitation were most likely to be rated as extremely important. The calmness of the setting was considered the most important with all respondents rating it as extremely important or very important to them.

This was emphasised in the face to face interviews, where both respondents agreed that the rehabilitation environment was key in helping them to get better.

> " [It is different to an acute hospital] yes, because you're all together and we're all helping each other. There are obviously some very poorly people here who don't communicate and it helps us [learn to] communicate."

> "It is very important as far as possible to not feel like you're in hospital, that you are in rehab."

Regular visits from loved ones were also considered important by both groups, although it was noted in the face to face interviews that this has not been possible due to IPC during COVID.

> "Between the 2 lockdowns there was a period of time here when we could have someone visiting once a week for an hour so I had my brother coming in and that was really good. If you've got family/friends visiting you, they can do stuff for you whilst they're here that maybe the nursing staff don't have time to do, so there are all manner of benefits I think to having visitors"

> "Used to have visits sometimes but of course that had to stop cos of COVID, but fortunately I have a phone so my brother and niece and friends can ring me."

The least highly rated options were related to the wider environment, where access to outdoor space was least likely to be rated as important.

When asked to pick the single most important thing to them, the majority of respondents chose access to a consultant as the single most important thing. Although this does not match the outcome of how highly patients rated each option individually, this may be because when patients thought about a single most important thing it came down to the technical skill of the consultants to support them to recover.

> "Most important. My consultant is utterly gorgeous! He is absolutely lovely; what I like about him is he listens to his patients….And what he also did, my husband was here one day when he came on his ward round and he had a chat with him, and then he rang him at home to explain what was going on with me, so my husband understood,

and then my husband could tell my brother so everybody knew and that was really good."

When considering what single thing was least important to them, the majority of respondents selected access to outdoor spaces.

Patients were asked about what they would change if they could change one thing. The responses online were diverse, although there was a theme of wanting more information about their condition, and being listened to.

Both patients in the face to face interviews specifically raised the noise on the ward from staff talking and calling to each other as an issue, and that this interfered with their recovery, although the small number renders this anecdotal this may merit some investigation.

When considering what had mattered the most to them about the care that they had received the majority of people noted the personalisation and compassion of the care.

"It was unique and specific to me and I had my own programme of rehab"

"The depts in the background, Physio and Occupational Health. I do feel it's really good how they plan their sessions because by and large I've come away from each session feeling like I've progressed. They don't push you too far so that if you perhaps have a bit of a setback or get too tired etc, so I think that's been really good; it's been a real surprise. I thought when you get to rehab it's going to be a bit sort of boot camp but it isn't."

"They do so much. They took me to the kitchen one day and helped me make my breakfast. My husband was there and he was watching what I could do in the kitchen which helped him"

Friends and family / Carers

The responses received from friends and family covered a mix of people who's loved one had been treated at CERU and at UHCW.

When considering what was important to the patient in helping them to recover, the most popular answers were all themed primarily around the range of specialisms, equipment and facilities available. Access to a variety of therapeutic services was considered extremely important by all respondents, with access to different facilities to support rehabilitation coming a close second with 90% of respondents feeling it was extremely important. When considering what the respondent believed what the single thing most important to supporting patients to recover was, the most selected answer was the overall rehabilitation environment.

"The hospital was extremely busy and the care was very good but how long someone could stay in hospital seemed to be a factor."

The need for a range of services were limited to directly therapeutic ones however, with other non-associated health services being in the same location not being considered

important for supporting recovery. Similarly to the patient response, respondents did not feel that this was particularly important.

The other area considered extremely important in supporting recovery was regular visits from friends and family members, with 90% of respondents considering them very or extremely important.

We also asked respondents what was important for them in supporting their loved one's recovery. As above, the biggest priority for respondents was knowing that their loved one had access to a range of specialists and being able to visit whenever they wanted. Although access for the respondents to be able to speak to a consultant about their loved one was not rated highly important, in the free text responses there was a theme of the need for good communication between family/friends and the staff.

"doctors not really wanting to talk to us when we went in- having to constantly ask for updates- very dis-spiriting"

"I was not informed that he was not sleeping at night which had a major impact on my health when he came home"

"[What was most important was] Being shown how to help with my father's therapy so I knew how to continue to support him once home and regular feedback from the therapists was really important both for my father and us so we could see how he was improving."

"More daily rehab & physio/OT actually speaking to family more often;"

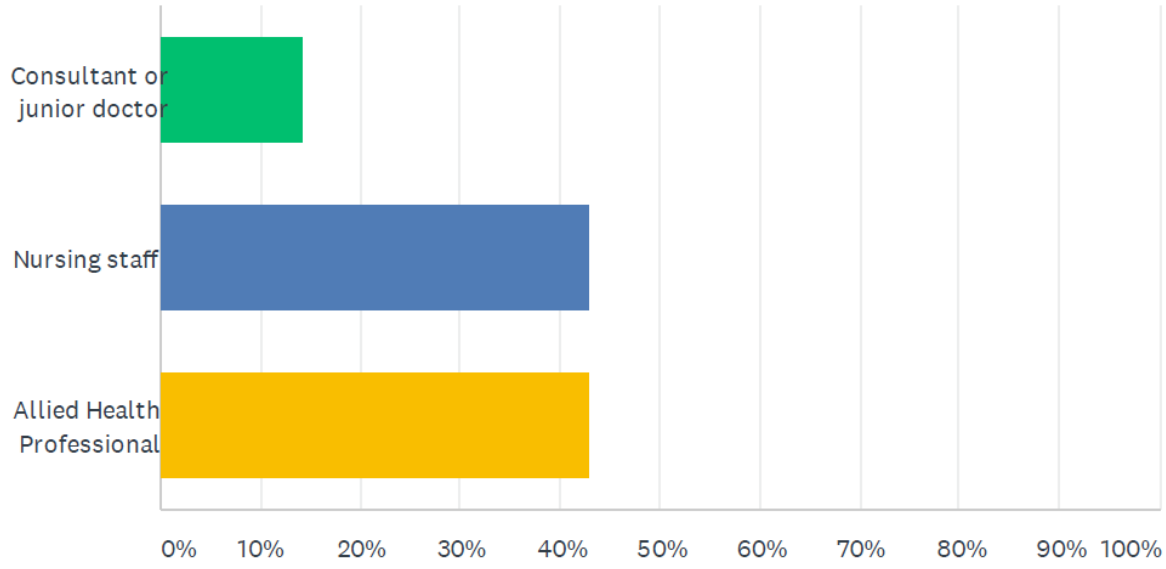
Another theme which came out was time – both to communicate with patients and their friends or family members, but also to deliver care and support. Two specific concerns were raised in the free text responses about the regularity of support for patient to access toilet facilities.

The response to easy of access was extremely mixed and affordable, accessible parking was considered important than bus routes by more respondents.

"UCWH location, being at an extreme end of the County and unimaginably difficult to access for anyone other than Coventry and N Warwickshire residents is entirely unsuitable for non urgent care, especially where the main or only carer for some patients may themselves be older and have health, mobility or financial difficulties"

Staff

The survey was filled in by a mix of staff who had delivered the service from UHCW and CERU, and a mix of consultants, nursing staff and allied health professionals.



When considering what is important in supporting recovery on behalf of patients, an environment dedicated to rehabilitation, and access to appropriate equipment were considered equally the most important, with 94% of staff rating this as extremely important for recovery. Access to a variety of specialities and facilities was also very highly rated. Similarly to the response from friends and family, this only covers services directly target in supporting rehabilitation, with over 50% of respondents feeling that that was the least important thing in supporting patients to recover.

"having the environment and facilities to be able to do my role to the best of my abilities."

"A dedicated facility so the focus can be on rehabilitation of these patients rather than being diluted with other priorities in an acute setting."

When considering what matters most about their role, the themes of time to care and the importance of communicating, with patients, their friends and their family members, but also within the team and with colleagues came out very strongly in the responses. 88% of staff who responded to the survey felt that good links between senior decision makers and the rest of the team were extremely important. When asked to consider what the single most important thing that helped them do their role, over 50% felt that it was working in a multi-disciplinary team and being able to communicate effectively.

Availability of the right equipment and facilities to help staff to do their role were also considered very important, in line with what staff said in previous questions helped patients to recover best. Training and development and opportunity for progression were also highlighted. Staff referenced the importance of working in a multi-disciplinary team and the importance of being able to deliver high quality care.

"having the time and resources to carrying out nursing care to the highest standard"

"Having enough time to give each patient the rehab they need. Regular MDT meetings to ensure goals are discussed and plans are made etc"

"Supporting the service deliver excellent communication/support between the treating teams, family and carers"

Location of the service was the least important to staff, although 75% said it was important for there to be parking easily available.

When thinking about what they would like to change about their role the themes were very similar to what matters most to them. Some respondents felt that team working in general could improve, in keeping with the importance reference above of a direct line of communication between senior and junior staff.

"Actually having more input, it feels like HCAs are regarded very little at times and just viewed as "bum wipers""

"A better working environment which fosters more team working as well as ownership of patients and the care they are receiving"

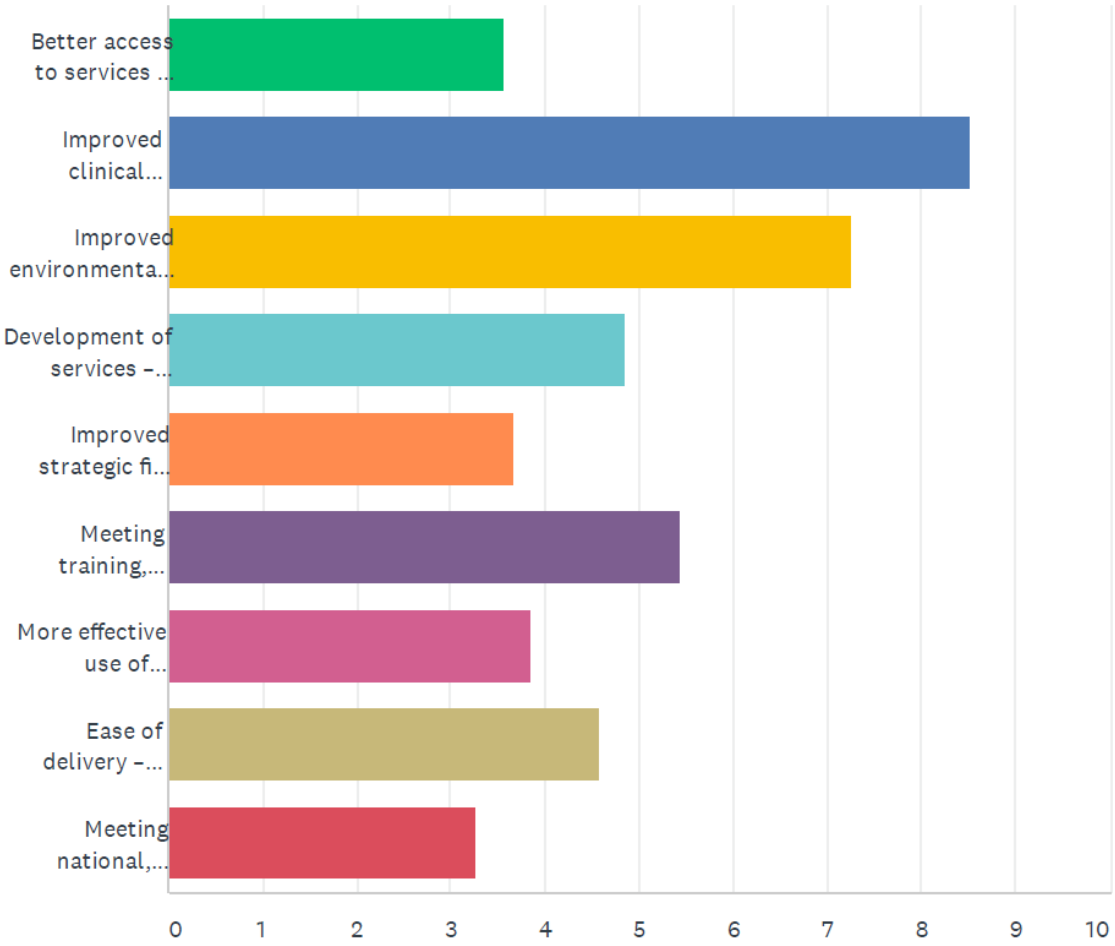
Other themes in the comments were around the facilities available and the need to have a environment focused on rehab and supporting good communication.

"to have a designated rehabilitation unit where I can provide consistent care"

"An environment conducive to effective team working and good communication between Colleagues"

Setting the criteria for assessing service delivery

All respondents were asked to consider the standard criteria for assessing service change and confirm if there was anything they would add or they didn't feel important/relevant specifically for the Level 2B Neurorehabilitation Service. They were also asked to rank the criteria in terms of relevance and importance to assessing this service. These rankings were then used to give each criteria a relative score out of 10.



Improving clinical quality in order to deliver better health outcomes, better configuration and enabling new methods of delivering care was the most important to respondents, followed by improving the environmental quality and conditions conducive to effective care. Being able to develop staff and recruit well was also considered important.

Although meeting national and regional policy initiatives, along with improving value for money and improving the strategic fit of services remain important for the commissioner of services, they were not considered relevant by the staff, patients and friends and family responding to the questionnaire.

The other criteria which was not considered important by any group of respondents was access to the service, which includes distance travelled and car parking. This could be because, as an inpatient service, there is no need for the patient to travel to and from their home, so the impact of travel is only felt by the friends and family of patients.

Most respondents did not wish to add to the criteria, although some offered specific service improvements which they would like to see, such as improved IT access or a family meeting room. Some respondents were uncomfortable with ranking the criteria, feeling all were important and none should be prioritised over each other.

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NHS
Coventry and Warwickshire

Coventry Health and Social Care Scrutiny Board 5

15 February 2023

Overview of GP Primary Care services in Coventry

1. Purpose

1.1 To provide an update of the monitoring, restoration and support plans for GP Primary Care services in Coventry.

2. Information/Background

2.1 Following the impact of Covid-19 on GP Primary Care services in line with the National Guidance, efforts have continued to ensure that; the delivery of the vaccination programme maintained its' momentum and, that the full offer of GP Primary Care services was stepped up to respond to patient need.

2.2 The Covid Pandemic resulted in significant, necessary changes to how Primary Care was delivered in Coventry as it did across the wider ICB locality. As a result of these changes, we have continued to develop systems to provide access to GP services to the population of Coventry (and Warwickshire) in a variety of ways including face to face, telephone and video consultations delivering the national expectation to meet the demand for GP Primary Care services.

2.3 The additional impact of further Covid-19 waves on the ability to step services back up to pre-pandemic levels and to increase capacity during the Winter period has resulted in a number of specific actions being taken by the ICB to support GP Primary Care to provide care to patients. However, the significant efforts made by GP practices in stepping up capacity to meet demand for appointments and to restore services previously paused in line with the National Guidance at the height of Covid, in conjunction with these actions have resulted in an increase in appointment delivery of 20.4% since December 2019 (pre-Covid baseline).

3 Key areas of Activity:

Restoring and supporting access to GP Services

3.1 Restoration of services delivered in GP primary care has continued, including specific efforts to address the backlog of childhood immunisations and cervical screening, Long Term Conditions monitoring and medication reviews, all of which were impacted by Covid-19. All GP Practices within Coventry continue to provide face to face appointments as well as remote triage and video consultations appropriate to the clinical needs of their registered patients. The ICB has implemented a range of projects which have and continue to support service provision and service development.

3.2 Key enabling workstreams include the focus work on developing our Primary Care Estates Strategy to develop opportunities within existing and scope the potential requirements for additional fit for purpose premises from which to deliver patient services and support the infrastructure required to support this.

3.3 Further work building on the rapid roll out of GP IT systems to support the virtual / remote opportunities to provide services to patients has continued and includes the move to upgrade exiting software, IT equipment and also telephone systems in practices which improve the overall experience of patients.

3.4 In order to provide sufficient capacity and appropriate services, all practices within the ICB are being supported in relation to their workforce, recruitment and retention. Support is provided through the Coventry and Warwickshire Training Hub with a wide range of opportunities to provide education, training and development and, in collaboration with the local Federation, support recruitment of staff as part of the Additional Reimbursable Roles.

4 Access

4.1 Appointment levels across the City and across the ICB footprint have fully recovered and are exceeding levels seen in 2019-20.

4.2 Of the appointments delivered, latest data shows a continued increase with 76% of patients being seen face to face by GP either the same day as booking, or the following day. Telephone appointments are slightly higher at 77.9% on the same day. This is an increase on the position reported in July 2021 with 63% being achieved at that time. Coventry total GP face to face appointments are currently shown to be at 56.5%, this also supports the move towards more telephone / remote consultations based on clinical need and patient presentation. The number of non-GP face to face appointments delivered has risen by 32% in the same period (December 2019-December 2022).

4.3 A total of 164,086 appointments were delivered in December 2022 compared to December 2019, an increase of over 20%. This equates to 8,204 appointments being delivered each working day of December in 2022. When we consider the total population of Coventry of

442,000, the appointments offered during December as shown demonstrate that 37% of the total population of Coventry could have had an appointment with an appropriate clinician.

4.4 In order to further support access to GP Practice services, the ICB has commissioned additional capacity to expand the current provision of Enhanced Access hours. These Enhanced Access clinics provide additional appointment availability Monday to Friday 6.30pm-8.30pm and Saturday 9.00am-5.00pm at a number of locations across the City. A further increase to support throughout the winter period (12th December 2022 – 31st March 2023) has been commissioned with an additional 2,000 appointments being delivered across Coventry and Warwickshire in the first 2 weeks leading up to Christmas holiday period alone with a DNA (Did Not Attend) rate of less than 4%.

4.5 As part of the ongoing programme of work to support practices to increase access, the delivery of services under the PCN DES (Primary Care Network Directed Enhanced Service) has supported patient care by the wider pool of General Practice professionals appropriate to their clinical need. This has resulted in patients being able to access services from professionals including but not limited to Clinical Pharmacists, Physicians Associates, Physiotherapists and the expanded ARRS (Additional Reimbursable Roles) workforce.

4.6 All practices are open across Coventry and are accepting registrations for new patients and continue to review their offer to patients. We continue to monitor the access levels and issues raised regarding access to appointments.

4.7 We also continue to work closely with our local Primary Care Federations to provide appropriate services for patients with respiratory illness. The Respiratory at Home service has been further enhanced throughout the Winter period to provide increased capacity to support patients to remain in their own home wherever possible and safe to do so.

4.8 In addition to these specific clinics, the ICB has also commissioned capacity to support practices experiencing periods of reduced staffing through the Surge Service. This enables practices to be supported to meet patient need at short notice and mitigates against sickness such as Covid-19, influenza and other unplanned absence.

4.9 In response to the Strep A national position, the ICB has commissioned services specifically to provide a dedicated service throughout the Winter period (until 31st March 2023) to ensure swift access to Paediatric Hubs which serve patients 0-16 years of age with a suspected infection. These operate Monday-Friday and patients are referred into these clinics by their registered practice in line with approved clinical assessment criteria. Appointments are offered at a number of locations across the ICB footprint with services for Coventry being delivered at key, accessible locations within the City.

5. Recommendations

5.1 The Board are asked to NOTE the content of the report.

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Health and Social Care Scrutiny Board Work Programme 2022/23

Last updated 6th February 2023

Please see page 2 onwards for background to items

6th July 2022
- Adult Social Care Reforms - Adult Social Care Quality Assurance and Market Failure Plan
14th September 2022
- Adult Social Care Annual Report and Key Areas of Improvement 2022/23 (Local Account) - Customer Experience
2nd November 2022
- Adult Safeguarding Annual Report 2021/22 - Keeping People Safe
7th December 2022
- Developing an Integrated Care Strategy and Integrated Care 5 Year Plan for Coventry and Warwickshire - Report back of the Autism Task and Finish Group
1st February 2023
- Joint Forward Plan for Coventry and Warwickshire Health Care - Managing Adult Social Care Referrals and Assessments
15th February 2023
- GP Access - A&E Waiting Times - Neuro-rehabilitation Level 2b Beds
22nd March 2023
- West Midlands Ambulance Service - End of Life Strategy - Fair Cost of Care – Sustainability Plan
2023/24
- Community Mental Health Transformation - Director of Public Health and Wellbeing Annual Report - Pharmaceutical Needs Assessment - Health Sector Skills Development - Child and Adolescent Mental Health (Joint with SB2) - West Midlands Ambulance Service - Preparing for Adult Social Care CQC Assurance - Modernising Sexual Health Services - Pet Therapy - All Age Autism Strategy 2021-2026 Implementation Update - Health Protection - Effect of 5G masts on health

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
6th July 2022	- Adult Social Care Reforms	The Board will receive information on Adult Social Care reforms which will be introduced in 2023.	Cllr M Mutton Pete Fahy Sally Caren
	- Adult Social Care Quality Assurance and Market Failure Plan	Scrutiny will scrutinise this report before it goes to Cabinet in July. The report focusses on the Council's commitment to ensuring best value in its commissioning and procurement and ensuring quality standards for care are met.	Cllr M Mutton Pete Fahy Jon Reading
14th September 2022	- Adult Social Care Annual Report and Key Areas of Improvement 2022/23 (Local Account)	To scrutinise the Adult Social Care Local Account 2020/21 and Adult Social Care Performance.	Cllr M Mutton/ Pete Fahy
	- Customer Experience	To scrutinise the experience those receiving Adult Social Care have.	Cllr M Mutton/ Pete Fahy
2nd November 2022	- Adult Safeguarding Annual Report 2021/22	To receive the Adult Annual Safeguarding Board Annual Report.	Cllr M Mutton/ Pete Fahy/ Rebekah Eaves
	- Keeping People Safe	To scrutinise how Adult Social Care work to keep people safe.	Cllr M Mutton/ Pete Fahy
7th December 2022	- Developing an Integrated Care Strategy and Integrated Care 5 Year Plan for Coventry and Warwickshire	The NHS Long Term Plan has evolved into the development of ICS which was formally established on 1st July 2022. ICSs are partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. This item will review the first six months of operation of the ICS.	ICB

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- Report back of the Autism Task and Finish Group	SB2 and SB5 established a joint task and finish group in July 2021 to look at Autism and neurodiversity. This includes referral rates, support to families and the impact on education. Included an update on the implementation of the All Age Autism Strategy.	Jon Reading/ Michelle Crewswell/ Victoria Castree
1st February 2023	- Joint Forward Plan for Coventry and Warwickshire Health Care	To scrutinise the Joint Forward Plan for Coventry and Warwickshire Health Care (time critical).	ICB Racheal Danter
	- Managing Adult Social Care Referrals and Assessments	To review how the demand for Adult Social Care is managed. This will include demand for the Disabled Facilities Grant (DFG).	Cllr M Mutton Pete Fahy
15th February 2023	- GP Access	To include the challenges of GP access, the reset of services post Covid, GP numbers and capacity, recruitment and retention.	Kirston Nelson/ Integrated Care System
	- A&E Waiting Times	To review A&E waiting times at UHCW.	UHCW
	- Neuro-rehabilitation Level 2b Beds	To consider the permanent relocation of the neuro-rehabilitation Level 2b Beds from University Hospitals of Coventry and Warwickshire (UHCW) to South Warwickshire Foundation Trust's (SWFT) Central England Rehabilitation Unit, located at Royal Leamington Spa Hospital.	ICB
22nd March 2023	- West Midlands Ambulance Service	WAMS have been invited to the meeting	WMAS
	- End of Life Strategy	To consider the End of Life Strategy.	Cllr M Mutton Pete Fahy Jon Reading
	- Fair Cost of Care – Sustainability Plan	For the Board to scrutinise the Fair Cost of Care -Sustainability plan.	Cllr Mutton Pete Fahy Jon Reading

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
2023/24	- Community Mental Health Transformation	To scrutinise community based mental health and emotional well-being services for the adult population of Coventry with an emphasis on restoration and recovery from Covid-19.	Coventry and Warwickshire Partnership Trust
	- Director of Public Health and Wellbeing Annual Report	To present the annual report for and feedback on progress from the previous report.	Cllr K Caan Allison Duggall
	- Pharmaceutical Needs Assessment	To consider the pharmaceutical needs assessment and the role of pharmacies in the system.	Cllr K Caan Allison Duggall
	- Health Sector Skills Development	Identified at the meeting on 14.07.21, Members asked to scrutinise work in the City by partners, including Warwick and Coventry Universities to train and retain health professionals in Coventry.	Integrated Care System
	- Child and Adolescent Mental Health (Joint with SB2)	To include referral pathways, wait times, support whilst waiting for diagnosis and the impact of diagnosis on families and educators. To include wider children's mental health support.	Integrated Care System
	- West Midlands Ambulance Service	WMAS are experiencing operational challenges which are impacting on patient care. The Board would like to scrutinise the Ambulance Service and see how other partner agencies are supporting WMAS, including the Fire Service.	WMAS
	- Preparing for Adult Social Care CQC Assurance	To scrutinise the work being done in preparation for the reintroduction of CQC inspections of Adult Social Care from April 2023.	Cllr M Mutton Pete Fahy
	- Modernising Sexual Health Services	To consider the 'modernising sexual health services' agenda.	Cllr Caan Allison Duggal
	- Pet Therapy	To consider the benefits of pet therapy.	
	- All Age Autism Strategy 2021-2026 Implementation Update	This report was scrutinsed by the Board prior to it being approved by Cabinet in February 2022. The Board welcomed the ambitious plans and requested an update on its delivery.	Cllr M Mutton Pete Fahy

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- Health Protection	To look at the Health Protection arrangements at Coventry City Council.	Cllr K Caan Allison Duggal
	- Effect of 5G masts on health	A request has been received to consider the public health impacts of 5G masts.	Cllr Caan/ Allison Duggal

Frequently Used Health and Social Care Acronyms

- ASC – Adult Social Care
- C&WCCG – Coventry and Warwickshire Clinical Commissioning Group
- CQC – Care Quality Commission
- CWPT – Coventry and Warwickshire Partnership Trust
- CWS – Coventry Warwickshire Solihull
- DFG – Disabled Facilties Grant
- DPH – Director of Public Health
- ENAS – Extended non-attendance at school
- GEH – George Elliott Hospital
- JHOSC – Joint Health Overview and Scrutiny Committee
- H&WB – Health and Wellbeing
- H&WBB – Health and Wellbeing Board
- HOSC – Health Overview and Scrutiny
- ICB – Integrated Care Board
- ICP – Integrated Care Partnership
- ICS - Integrated Care System
- LMC – Local Medical Council
- MAT – Multi Academy Trust
- MSP – Making Safeguarding Personal

- PCN – Primary Care Network
- SAB – Safeguarding Adults Board
- SAR – Safeguarding Adults Reviews
- SWFT – South Warwickshire Foundation Trust
- UHCW – University Hospitals Coventry and Warwickshire
- WMAS – West Midlands Ambulance Service