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