
UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST**REPORT TO HEALTH AND SOCIAL CARE SCRUTINY BOARD****Wednesday 29th November 2023****1. INTRODUCTION**

- 1.1 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.
- 1.2 The paper also provides an update on virtual ward capacity and progress and an update on elective care and the impact of continuing industrial action.

2. URGENT AND EMERGENCY CARE

- 2.1 The national target for 4-hour performance within the Emergency Department is 76%. Year to date UHCW is performing at 72% in comparison with this.
- 2.2 Challenges to achieve this target are directly linked to bed occupancy which continue to be more than 98%. Occupancy is impacted by patient length of stay which remains above target due to a regular gap between admissions and discharges.
- 2.3 The Improving lives programme is a priority for UHCW and is integral to achieving an improved 4-hour performance and improved patient experience. It is a partnership programme, across Coventry Care Collaborative, which is about fundamentally changing the way we support people in Coventry with urgent need. It sets out to prevent avoidable hospital attendances and admissions, reduce hospital length of stay and ensure patient discharge as soon as medically fit.
- 2.4 A number of trials have already evidenced improvement and throughout January the improvements will be rolled out across all hospital wards so that the benefits can be realised for all patients across all specialities. This will be sponsored by senior leaders further evidencing the commitment of UHCW to achieve improvements for urgent and emergency care pathways.
- 2.5 In addition, a 'discharge pull' model of care will go live, 'pulling' patients into community provision as soon as medically fit, as part of the One Coventry Integrated Team model.
- 2.6 However, it is recognised that despite the ongoing improvement work that Improving Lives is delivering, there will be challenges with patient discharges to packages of care over the winter period.
- 2.7 There are several supportive strategies in place to aid the discharge process with the aim to reduce length of stay which include:
 - Regular escalation meetings.
 - Confirm and challenge weekly with all clinical groups for patients with long length of stay (LLOS) >14 days.
 - Discharge before 12pm and before 5pm weekly meetings to focus on driving early discharges.
 - Quarterly Multi Agency Discharge Event (MADE) meetings.
- 2.8 Ambulance handover performance remains a priority in order to ensure patients are handed over to the Emergency Department within 15mins and wait no longer than 30mins, thereby releasing paramedic crews to respond to outstanding calls.

- 2.9 Whilst this remains a challenge, UHCW compared favourably compared to the West Midlands.
- 2.10 Year to date 40% of patients have been handed over within 15 mins compared to a West Midlands average of 36%. In addition, 80% of patients have been handed over within 30mins compared to a West Midlands average of 73%. During the same time period 7% of patients waiting in excess o 60mins for handover compared to a West Midlands average of 12%.
- 2.11 To support ongoing improvement, in ED there is daily focus and review of ambulance handover times. A regular 'huddle' in ED is in place, in conjunction with the HALO, to review daily performance and respond accordingly. This is proving beneficial and will continue over the winter period.
- 2.12 In addition, Same Day Emergency Care (SDEC) continues to be operational providing an option to avoid hospital admission for those who are suitable. Over the winter period opening times will be 0800-2200 7 days per week. Medical SDEC currently treats, on average, 55 – 60 patients per day. The Medical SDEC model is Consultant lead and supported by a multi-disciplinary workforce mainly comprising of senior clinical fellows and ACP's. Work is continuing to improve efficiencies and develop the offer, including bookable slots for patients who present out of hours or during surges of activity. This is aimed to be piloted in December 2023. This service routinely accepts more than 100 patients conveyed directly by WMAS each month.
- 2.13 Frailty SDEC is in place and will continue over winter in order to ensure patients avoid admission where possible. The opening hours are 0800-2000 5 days per week. The Frailty SDEC model is Consultant lead and supported by a multi-disciplinary workforce comprising of ACP's, Pharmacists, REACT and a Social Worker. Work is continuing to develop and increase throughput through this service, this includes a bespoke telephone number for paramedics to call to discuss suitability of direct conveyance and a push model instead of pull model into the service.
- 2.14 To be more resilient, the Emergency Medicine Group have been working through several transformation projects to provide efficiencies in the system thus building capacity and resilience. Examples of this include:
- Direct Access Pathway ward moves to collocate Acute Medicine services in one location.
 - Review of Directory of Services to ensure patients are appropriately directed.
 - Continuation of the co-located UTC to see, treat and discharge low acuity patients, this includes booking patients into appointment slots from ED overnight.

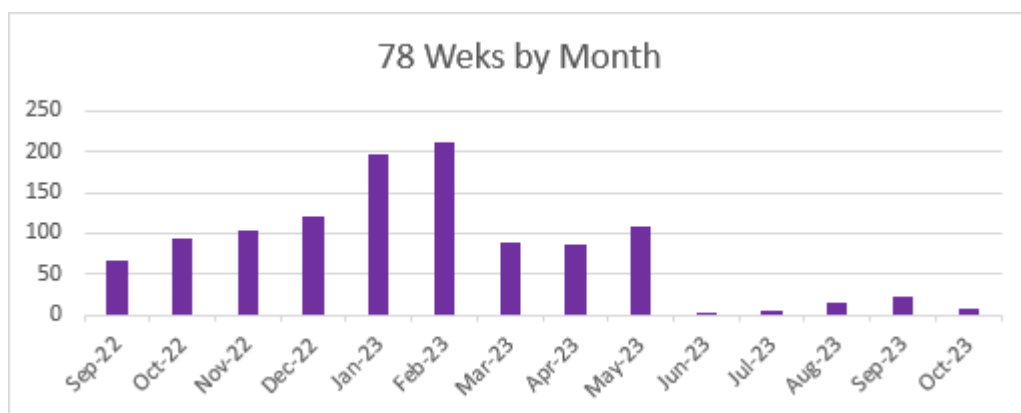
3. **VIRTUAL WARDS**

- 3.1 UHCW host a 40 bed capacity Hospital@Home virtual ward programme offering patients with acute illness a safe alternative to bedded care. The Hospital@Home service, lead by a medical consultant supports patients with frailty, heart failure, acute respiratory illness, infection and general medicine conditions. Hospital@Home has the capabilities to offer digital support in the home as well as administration of IV medications and medical monitoring.

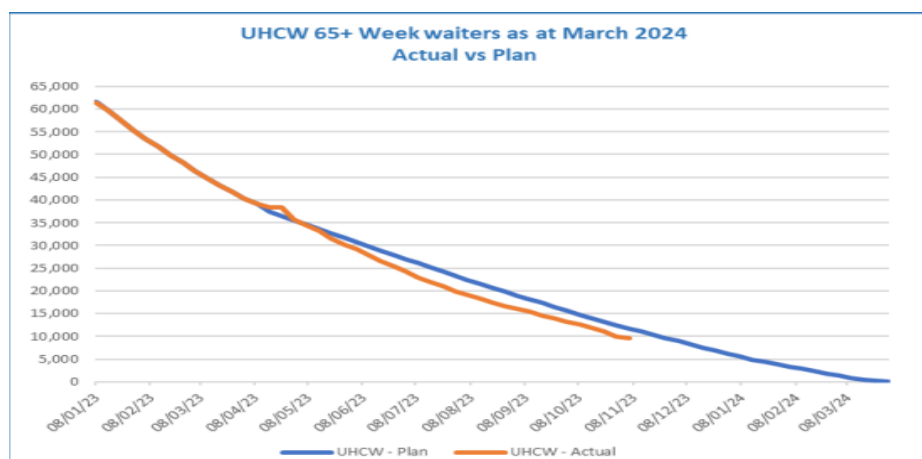
4. **ELECTIVE CARE**

The Trust continues to work hard to transform Elective Care and is focussed on reducing the number of patients on waiting lists, specifically 78, 65 and 52 weeks.

The graph below demonstrates the improvement in our 78 week performance since May 2023. Industrial Action has been a factor in hampering our ability to reach zero, as pathology and radiology delays were the most impacted services as a result of IA.

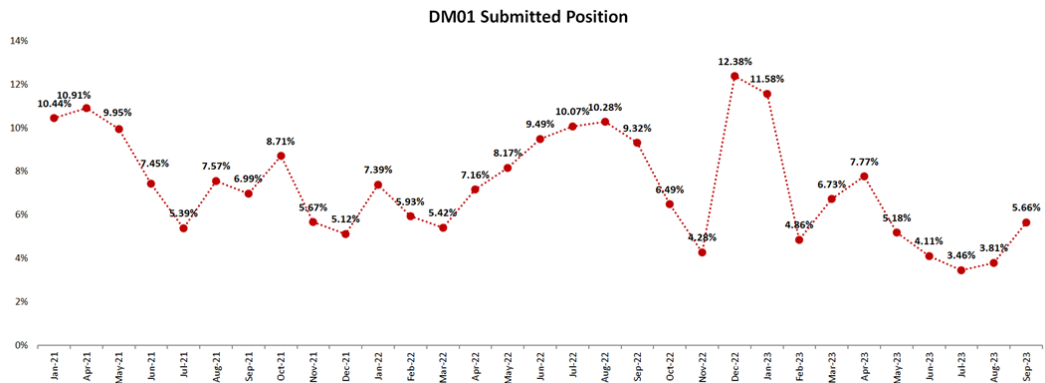


UHCW is ahead of trajectory to meet the 65-week target by March 2024. A range of short, medium and long term actions are in place to ensure the trajectory is maintained.



- Insourcing
- Outsourcing
- ISP use
- Mutual Aid
- PIDMAS
- Robust validation
- Consultant triaging of referrals via RAS platforms
- Additional sessions
- HVLC pathways

Our DM01 / Diagnostic performance has also seen a rapid improvement over the last 6 months with further improvement expected. Low waiting times for diagnostics will aid our ability to achieve 65 week performance by March.



5. INDUSTRIAL ACTION IMPACT

IA has had an impact on radiology and pathology turnaround times, which in turn delays pathways across the services, in particular for routine patients. There are over 1,700 MRI's to be reported and a 3 week delay for skin pathology results. Whilst this figure is reducing and improving, it is slower to recover. Mutual aid has been enacted for pathology across the system and outsourcing capacity has been secured.

5 RECOMMENDATION

There is an abundant amount of work with projects ongoing and planned to take place at UHCW to improve the quality of care for our patients. Health and Social Care Scrutiny Board are asked to note this, together with the ongoing challenges faced.

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