



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 11th December 2024

Subject: UHCW – Emergency Department waiting times

1 Purpose of the Note

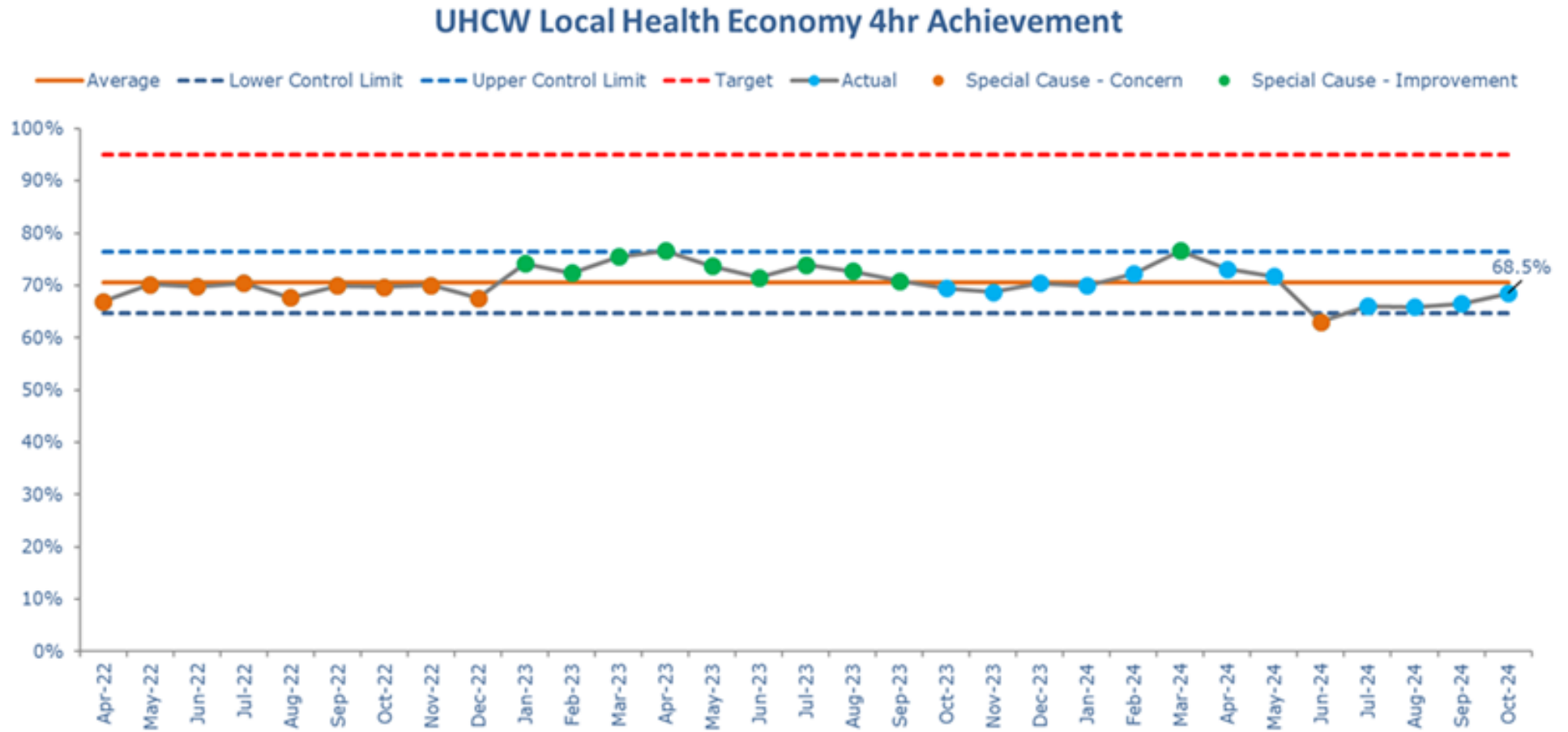
- 1.1 The purpose of the note is to provide Health and Social Care Scrutiny Board (5) with an update on Emergency Department (ED) waiting times.
- 1.2 The note specifically references performance and the reasons for current waiting times, the emergency care pathways and winter preparedness.

2 Recommendations

- 2.1 Health and Social Care Scrutiny Board is recommended to:
 - a) Note the contents of the briefing note and to receive assurance in the measures in place to support patients attending the Emergency Department.
 - b) Identify any additional recommendations.

3 Background and Information

- 3.1 When patients attend the Emergency Department it is expected that 95% of patient should have a decision to admit, be transferred or discharged within four hours of arrival. In December 2022 an intermediary target of 76% was introduced, with an improvement expected in 2025/25. The 2024/25 operational planning guidance sets a new objective of 78% in March 2025.
- 3.2 The table below demonstrates 4-hour performance across UHCW since April 2022



3.3 The table below details a breakdown of this performance by patient pathway during September and October 2024. Pathways detailed are:-

Adult ED – Adult Emergency Department including majors and resuscitation

CED – Childrens Emergency Department

CUTC – Coventry Urgent Treatment Centre

EGU – Emergency Gynaecology Unit

Eye Cas – Eye Casualty (Emergency Department)

Minor Injuries Unit

RUTC – Rugby Urgent Treatment Centre

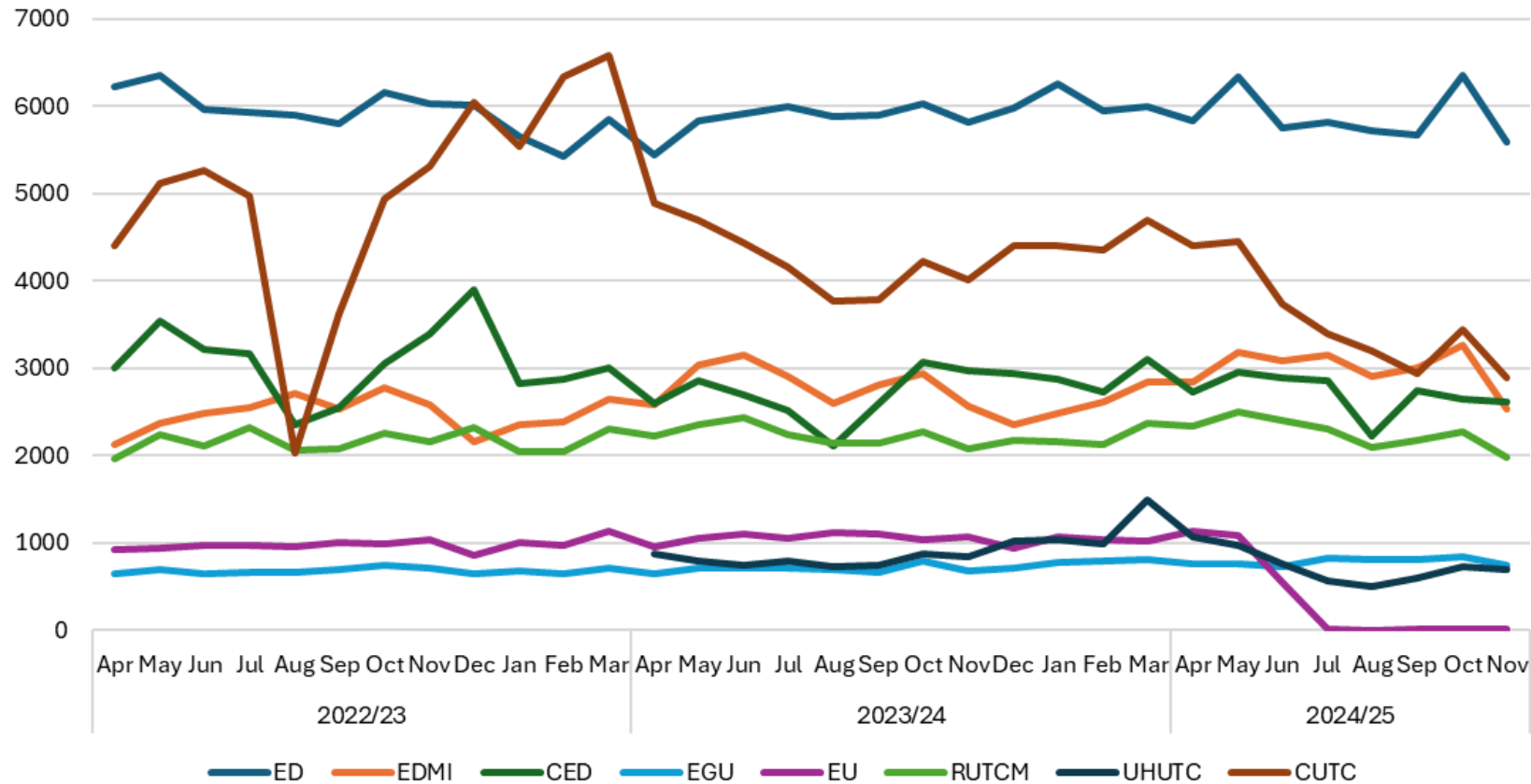
UH -UTC - University Hospital Urgent Treatment Centre

Dept	Sep-24
Adult ED	28.30%
CED	60.71%
CUTC	94.72%
EGU	85.11%
Eye Cas	50.00%
Minor Injuries Unit	82.97%
RUTC	95.83%
UH-UTC	100.00%
Local Health Economy	66.46%

Dept	Oct-24
Adult ED	32.02%
CED	62.06%
CUTC	95.35%
EGU	81.49%
Eye Cas	40.00%
Minor Injuries Unit	86.59%
RUTC	96.93%
UH-UTC	100.00%
Local Health Economy	68.50%

- 3.4 The significant reduction in June 2024 reflects 'go-live' with a new Electronic Patient Record (EPR) across the whole Trust.
- 3.5 In terms of ongoing performance, some of the reduction in 4-hour performance is related to data quality issues post EPR implementation. The Emergency Medicine team have been understanding the improvement journey of other Cerner deployments to address some of the post EPR challenges. For example, clinical workload sees clinical staff time stamping patients as discharged after they have left the department as they 'batch' discharges. The introduction of a left department time stamp will support more accurate recording of the patient journey.
- 3.6 The chart below details ED attendances by pathway.

A&E Attendances by Location



- 3.7 4-hour performance is just one part of Urgent and Emergency Care pathways. Patients are routinely moved to assessment areas outside of ED, in order to receive care and avoid hospital admission. This includes medical assessment areas where patients receive care from specialist medical or surgical teams. This is in line with national pathways.
- 3.8 The national position for emergency care remains challenged, with the coming winter months expected to place even more strain on unplanned pathways. UHCW has prepared for this in many ways including the use of: -
- 'Admission avoidance' – ensuring patients receive care in the most appropriate setting, avoiding hospital wherever possible.
 - 'Streaming' of patients to Same Day Emergency Care Units (SDECs) – ensuring patients receive hospital care in a timely manner but avoiding admission to a hospital bed.
- 3.9 It is recognised that for some patients waiting times in ED are significant and not the experience that we would hope to offer. A process of triage is in place which ensures that the sickest of patients are prioritised. Unfortunately, those waiting longest are often those with low acuity presentations. Wherever possible there is a process of redirection in place for these patients so that they can be seen in ED minors, or urgent treatment centre. Our waiting room is closely supervised by nursing staff to ensure that any deterioration in patient condition is noted and that patients are updated on waiting times. Waiting times given are as accurate as possible but may change depending on changing priorities / emergencies.
- 3.10 UHCW has a Winter Plan in place which has been approved by Trust Board. Winter funding has been allocated and has been utilised to focus on delivering key priorities and ensuring that patient safety and experience remain a priority. Examples of schemes are: - funding of urgent treatment centre at University Hospital site, additional Childrens ED Consultant and weekend Same Day Emergency Care (SDEC).
- 3.11 Our patient pathways are always under review to ensure they are as efficient as possible. Using UHCWi methodologies the team are continuing to work on various improvement strategies. In particular a RPIW looking at ED majors to improve adult Type 1 performance, involving pathology and other specialities. In addition, there is a focused piece of work by the Paediatric Emergency team to understand the areas of poor performance and work to identify improvement opportunities.

4 Health Inequalities Impact

- 4.1 Individuals facing socioeconomic deprivation often rely on EDs for primary care due to limited access to GP services or other community healthcare resources.
- 4.2 Patients from deprived backgrounds often present with more advanced illness or multiple comorbidities due to delayed healthcare access.
- 4.3 Vulnerable populations often experience higher rates of ED visits

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