

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at
11.00 am on Wednesday, 11 December 2024

Present:

Members: Councillor C Miks (Chair)
Councillor S Agboola
Councillor S Gray
Councillor L Harvard
Councillor A Hopkins
Councillor M Lapsa
Councillor G Lewis
Councillor K Maton
Councillor B Mosterman

Other Members: Councillor K Caan, (Cabinet Member for Public Health, Sport and Wellbeing)
Councillor G Hayre, (Deputy Cabinet Member for Public Health, Sport and Wellbeing)

Apologies: Councillor D Toulson

Employees (by Directorate)

Adult Services P Fahy

Law and Governance E Jones, C Taylor

Others Present: A Hardy, G Harris, E Hartley - UHCW

Public Business

26. Declarations of Interest

Councillor B Mosterman declared an interest in Item 31 – Any Other Items of Public Business - relating car parking charges at UHCW.

27. To agree the minutes of the meeting held on 13th November 2024

The minutes of the meeting held on 13th November 2024 were agreed and signed as a true record.

There were no matters arising.

28. UHCW - A&E Waiting Times

The Board considered a verbal presentation of the Chief Executive Officer, UHCW regarding A&E Waiting Times.

The Chief Executive Officer referred to current winter pressures with higher numbers of patients with flu, covid, respiratory challenges in children and increasing cases of norovirus than the same date last year.

The Cabinet Member for Public Health, Wellbeing and Sport, thanked UHCW colleagues for their work and offered help and support through the Integrated Care Board.

Members of the Scrutiny Board, having considered the verbal report asked questions and received information from officers on the following matters:

- Complaints were dealt with on an individual basis and processes were in place to rectify issues.
- Feedback from patients was generally positive.
- Some patients arriving in A&E may be signposted to more suitable treatment pathways eg. pharmacists, medical assessment unit.
- The Urgent Treatment Centre on the Stoney Stanton Road fulfilled an important role as the local community used it frequently and social prescribers were present.
- A new triage tool rollout at UHCW had already seen improving triage times.
- A&E staffing levels were secure. The challenge with the staffing model to support A&E was when a backlog of patients occurred, patients in cubicles did not move out, then staff productivity took a dip.
- Since the walk-in centre opened, prescriptions were now able to be arranged directly with pharmacies across the city however, a number of community pharmacies had closed in the last 18 months.
- The UHCW pharmacy was clear in its opening and closing times over busy and holiday periods and if it was closed, clear instructions for patients regarding how to access alternative services was available.
- Patients waiting for elective care were more likely to access emergency care during their wait period although wait times for elective care had reduced to 65 weeks.
- The Urgent Treatment Centre saw 120-140 patients per day and there were seasonal variations in patient numbers.
- Dispensing robots in pharmacies, fully automated dispensary department and take-home drugs being identified sooner, all supported patients for a quicker discharge.
- Access to primary care challenges remained however, the walk-in centre could treat emergency patients.
- An opportunity was present to improve delivery of services regarding diagnostic services.
- Warwick A&E wait times were less than UHCW due to less complexity of their services.
- Whilst communication regarding directing patients to other services and treatment centres was important, care was taken so that vulnerable patients could still access services. It was important patients were directed to the correct pathways.
- An increase in mental health problems had been seen since the pandemic in both adults and children. If a mental health patient required to be admitted there were significant delays due to capacity issues.

- Interpretation and translation services were available in UHCW via ipads which could be accessed 24 hours a day.
- UHCW were working with IBM on Artificial Intelligence relating to patient discharge letters.
- Staff were kept safe by A&E security guards who were present 24 hours a day and nursing staff wore body cameras. Reporting structures for violent incidents were robust. Restorative justice meetings had been held.

RESOLVED that the Health and Social Care Scrutiny Board (5):

- **Note the contents of the briefing note and receive assurance in the measures in place to support patients attending the Emergency Department.**
- **Develop a briefing note detailing health partners to investigate how to communicate UHCW services including Virtual Beds to residents across Coventry.**

29. Virtual Beds

The Board considered a verbal presentation of the Chief Executive Officer, UHCW regarding Virtual Beds.

UHCW representatives advised that Virtual Beds rollout was part of an overall new strategy launched in 2022 which worked in partnership with other health and care organisations to improve outcomes for patients as close to their homes as possible and this was now provided through the Improving Lives programme.

Post Covid-19, a significant shift had been seen towards providing hospital care in the home environment which had been helped by digital advances to monitor patients. In 2023-2024, a bed base of 40 virtual beds was set up with hospital level care at home, led by consultants with an integrated model community team. Care for patients with conditions such as frailty, heart failure, short term antibiotic therapy and acute oxygen therapy, and other conditions, could be provided through the virtual bed programme. The ambition was to grow the number of virtual beds to 90 in the coming year.

The Cabinet Member for Public Health, Sport and Wellbeing, welcomed the Virtual Bed programme, despite the constant challenges being faced by the medical teams and stressing the challenge in treatment for the disadvantaged communities in the city.

Members of the Scrutiny Board, having considered the verbal report asked questions and received information from officers on the following matters:

- There was a challenge around ensuring the provision of equality to access of care however, a clear process was in place to admit patients under the virtual bed model back into hospital if necessary.
- It was important to ensure the virtual bed model was not ageist and did not disadvantage those without technology. The virtual bed team continued to challenge themselves to provide the best care for patients in the best place, taking into account inequalities.

- Language barriers were overcome by access to 24/7 interpretation services.
- The One Coventry integrated team were able to provide wrap around care as patients medically improved, to be able to step down to independent living.
- The Paybody unit in the city centre was helping to improve equality of access to health care. It provided MRI and CT scans, x-rays and ultrasounds. UHCW were in advanced discussions with Coventry University to provide local clinics.
- NHSE had set ambitious targets for virtual beds based on high level modelling away from the population. However, patients needed to be cared for safely in their own homes and the team had built a base of virtual areas that could be cared for safely and clinically effectively, in the patients' own home with technology in place that could spot deterioration.
- Virtual ward beds were currently at 80% occupancy which was average. UHCW beds were well over 90% occupancy.
- Virtual wards had contributed to patient wait time reductions. As confidence grew in the virtual ward model of care, it would be broadened out to include further conditions.
- Elderly patients were found to decommission quickly in hospital, and were the group that potentially could benefit most from virtual wards.
- The Improving Lives programme worked well for the residents of the city and a model of best practice was seen with the virtual wards, with other local authorities making contact. The key difference was in Coventry, Social Care was involved in the model.

The Cabinet Member for Public Health, Wellbeing and Sport reiterated the importance of communication with the harder to reach communities.

The Chair, Councillor C Miks, welcomed the services UHCW provide suggesting the provision of further information would be made available through the Board as the service moved forward.

RESOLVED that the Health and Social Care Scrutiny Board (5) notes the contents of the briefing note and provides continued support for virtual ward expansion as part of the One Coventry Integrated Team.

30. **Work Programme and Outstanding Issues**

The Health and Social Care Scrutiny Board (5) noted the work programme and include future item update on Virtual Beds.

RESOLVED that the Health and Social Care Scrutiny Board (5) notes the Work Programme 2024-2025 subject to the inclusion of the following future item:

- **Virtual Beds**

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

Councillor B Mosterman referred to the high staff car parking charges at UHCW.

The Board requested Councillor K Caan progress the matter.

(Meeting closed at 1.00 pm)