

19th July 2022

Miss Emma Brown
HM Area Coroner for Birmingham & Solihull
[REDACTED]

Dear Miss Brown

Your Ref: 17372444 - Lee Anthony CARUANA [REDACTED]

I am writing in response to the Regulation 28 issued following completion of the inquest on June 14th 2022, into the sad death of Lee Anthony Caruana on October 6th 2021. I extend my sincere condolences to the Mr Caruana's family.

I note the narrative conclusion of the inquest as '*Death was due to natural causes contributed to by a delay in ambulance attendance*'. I also note your statement '*in the circumstances it is my conclusion that the availability of ambulance crews is being compromised by delays at hospitals resulting in delays in response times which creates a risk to life*'. The delay in handover of patients from an ambulance into an Emergency Department (ED) is a well described current problem within the NHS. This bottleneck is a symptom of flow along a complex, system-wide pathway, starting with citizens seeking medical help and ending with the timely discharge of patients back home or into a suitable residential location. All system partners have their part to play to ensure flow and efficiency is optimised, whilst safe and effective care is maintained.

[REDACTED] This may was a problem prior to the COVID-19 pandemic with, for instance, [REDACTED] of ED performance. However, as we recover from the pandemic this has [REDACTED]. The causes for this are multifactorial and include, as examples, infection [REDACTED] utilisation, workforce reduction through sickness, fatigue and high turnover, increased demand across all aspects of healthcare and ongoing high bed occupancy [REDACTED] throughout unbedded healthcare provision.

Birmingham and Solihull (BSOL) are very focused on the major risk posed by delay in ambulance handover to the care of others within the system. A major piece of work was instigated in late 2021, involving all partners, to ensure efficiency of flow within required pathways. This remains a major priority for the newly formed Integrated Care Board (ICB).

Before I describe these changes in practice in detail, I will address some of the specifics of this particular case.



I note that Mr Caruana first called 999 at 14:44 on Oct 5th 2021 and a decision to respond was only made nine hours later at 23:53 after several further calls to 111/999 during the afternoon and evening. At this point, the response was classified as a 'category 2' but it is stated that 'due to the pressures on the ambulance service' an ambulance was not available for just under three hours until 2:42, arriving at 03:10. Records show that Mr Caruana arrived at Queen Elizabeth Hospital at 03:51 and was handed over to medical teams by 03:56 at which point he was critically unwell. Despite all clinical efforts he unfortunately continued to deteriorate and sadly passed away at 05.38.

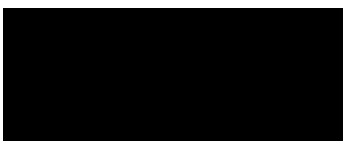
The Root Cause Analysis performed by WMAS and reviewed by Black Country and West Birmingham CCG in their role as host of the regional WMAS commissioning team, identified concerns with call handling leading to delay in decision to respond, in addition to the delay in arrival of an ambulance to convey because of significant operational pressures.

As Birmingham and Solihull (BSOL) CCG, and now as an ICB, there has been a refresh of the Urgent and Emergency Care (UEC) programme, commencing in late 2021. This has included a change in governance including two periods of escalation into category 4 incidents with system Gold Command (first due to Omicron December 2021 – March 2022 and then April 2022 – May 2022), system Multi Agency Discharge Events (MADE) events held January 2022 and system UEC quality summits held in March 2022.

One of the major priorities of the newly formed ICB is an immediate commitment to production of a system wide Urgent and Emergency Care strategy involving all ICS stakeholders with a current two week multi-stakeholder improvement event to ensure a further step change in delivery. Governance arrangements have been further re-defined for strategic, tactical and operational interventions. This is in addition to an ongoing forensic focus, both within individual organisations and at system level, to ensure that flow through the relevant pathways with joined up, integrated working remains a high priority. This work is described in greater detail below.

I hope that this summary of actions across a complex pathway assures you that BSOL ICS and ICB has recognised the importance in driving change to not only reduce the risk held by WMAS with regards to their community response, but to ensure that going forward we have effective and efficient Urgent and Emergency Care delivery for the citizens of BSOL.

Yours sincerely


ICB Chief Executive

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Pre-hospital care:

Within West Midlands Ambulance Service (WMAS):

WMAS has one of the lowest conveyance rates to hospital in the country and continues to work within this system to build on care that supports patients away from EDs. This includes:

- increase in 'hear and treat' and 'see and treat' categories with robust clinical validation and audit.
- conveyance to alternative destinations such as Same Day Emergency Care (SDEC) units
- referral by crews to community alternatives such as General Practice and Urgent Community Response where appropriate.

General Practice (GP):

Demand within General Practice has been higher than pre-pandemic levels for some months, a pattern seen across the country. Within BSOL there have been several projects established to support and expand Primary Care capacity to help reduce attendances at ED where not clinically required.

These include:

- Local Improvement Schemes to improve call flow and website development
- Weekly direct contact with GP practices to ensure maintaining resilience with a co-ordinated support offer where required
- Implementation of contractual extended access service at 33 hub locations providing approx. 10,600 additional primary care appointments per month
- Additional primary care winter surge appointments at five locality sites directly bookable as overflow by GP teams or NHS111. This provided an additional 440 face to face appointments daily. Capacity has been maintained within East Locality
- Additional Bank Holiday capacity in April- June providing 1600 additional appointments to support emergency care

Urgent Community Response:

Both Birmingham and Solihull Community teams have a 2 hour Urgent Community Response (UCR) in place covering the nationally mandated 7 days a week 8am to 8pm coverage. This service is

- Integrated into existing community resources to ensure access wide referral access and ongoing care provision
- Providing response to calls that would otherwise require a WMAS category 3 response
- Supported by independent ambulance service to aid with transport and falls management
- Close working with WMAS to maximise referral routes

Older People's Advice and Liaison Service (OPAL+):

OPAL+ facilitates a virtual MDT consultation between paramedics in a patient's home and the QEHB-based OPAL team with the aim of supporting the patient to remain at home and avoid a conveyance to hospital.



- Most as a telephone call with project in place to test technology enabled virtual consultations; including a camera headset, ECG and digital stethoscope.
- Ambulance conveyances avoided for over 70% of calls.
- Access extended to community nursing teams (including UCR) across Birmingham and Solihull

Care home support:

Birmingham and Solihull Enhanced Health in Care Homes is in place across Birmingham and Solihull (EHCH) – which includes primary care and community support.

- Enhanced support model in 26 nursing and residential care homes for older people across Birmingham (c.1300 beds) to test a rapid response team of advanced nurse practitioners (ANPs) and clinical support staff. Provides support across a wide range of care processes including reducing hospital admissions
- ‘Support to care homes’ team present in Solihull including community matrons

At Hospital Front Door:

University Hospitals Birmingham provides the majority of care (and all adult care) via Emergency Departments within BSOL with a yearly attendance of 388,540 across UHB (March 21 – April 22) that equates to the following per ED site.

- Birmingham Heartlands Hospital – 161,114
- Good Hope Hospital – 98,460
- Queen Elizabeth Hospital – 128,966

A series of transformations have been undertaken to aid flow through both emergency pathways and discharge pathways to enable flow.

Hospital Streaming

- In place on all three acute hospital sites to ensure attending patients appropriately directed to correct care at first point of contact, re-directed away from ED services where appropriate.
- Patients then conveyed or diverted directly to appropriate assessment units, Same Day Emergency Care units (SDEC) and ED Primary Care services rather than into ED itself.

Same Day Emergency Care (SDEC)

Same Day Emergency Care (SDEC) activity is emergency care provided outside of the ED itself, for instance within a Surgical, Medical or Gynaecological Assessment unit.

- At UHB significantly increased with 13% of emergency activity now being managed through SDEC (6% prior to project commencement) Aim to continue to increase.
- Local General Practitioners involved in SDEC activity enabling prompt and safe transfer back to community General Practice where appropriate.
- Introduction of Surgical Assessment virtual wards for defined patient cohorts in order to facilitate safe, early discharge.



ED Primary Care Streaming

In recognition that a proportion of ED attendances could be managed by primary care services, BSOL CCG commissioned five GP providers to pilot an on-site Primary Care Service.

- Provides a total of 198 appointments per weekday and 204 appointments on a Saturday and Sunday.
- May 2022 9.3% of patients attending ED at UHB were successfully diverted to this pathway.

Cohorting by WMAS staff at UHB

WMAS ambulance staff provide a cohorting service at all three ED sites.

- area within the hospital staffed by a double ambulance crew caring for up to 10 patients
- facilitates unloading of patients into a safe area prior to ED review.
- HALO is provided for each site by WMAS who co-ordinates the care of patients remaining under the ambulance service.

Ward Care:

Efficient care for inpatients is crucial to ensure flow through inpatient pathways and timely discharge. This flow enables timely admission and reduced delay in ambulance handover.

- UHB quality improvement programme to ensure safe, effective and efficient care for inpatients, led by the Chief Medical Officer and his team.
- Addresses developments in clinician's decision making across several areas of care, including effective ward rounds, treatment escalation and limitation decisions, end of life care, communication with patients and relatives and discharge processes.

Timely discharge:

The programme of work described above within ward care is important to allow timely discharge. In addition a hospital length of stay programme is underway.

- Focuses on defining when a patient is medically fit and an expected date of discharge, effective multi-disciplinary meetings and a discharge bundle.
- Implementation of Criteria to Reside metric directly linked from Electronic Health Record to ensure consistency of measurement
- The Discharge Bundle implements discharge planning in a more structured way; checklist of key tasks that need to be completed 72 hours, 48 hours, and day of discharge.

Complex Discharge

Within the Complex Discharge Hubs there have been a number of initiatives to support UHB with increased and earlier discharges working closely with colleagues in Birmingham Community Healthcare Trust and within local authorities. These include;

- Changing processes for discharges to community wards to make more efficient decreasing length of stay of patients in the acute hospital.



- Standing down some of the infection control procedures for patients going through Pathway 1 (patients being discharged into their own homes) decreasing the number of failed discharges and the length of stay of patients in hospital.
- Solihull Home First Diagnostic – to identify areas of opportunity to ensure that patients are being discharged at the earliest appropriate opportunity to the right care setting.
- Flow co-ordinator post implemented in Solihull to support with more effective discharge planning for Solihull Local Authority patients who require a step down bed.
- Commissioned increase in community beds both within Birmingham Community Healthcare Trust and the independent sector to ensure bed availability is not a limiting factor to complex discharge from acute services. Close working with local authority colleagues with trusted assessor models has enabled efficiency in discharge both from acute sector beds and from community beds to final residential destination. This has also been aided by commissioning of additional ambulance support for complex discharge patients.

Virtual wards

All systems were asked to develop virtual wards in response to NHSEI planning guidance. These 'beds' will be used to facilitate early supported discharge and admission avoidance and thus free up hospital bed capacity and support reduction in ambulance turnaround times.

- The BSOL virtual ward plan developed by all system partners and funding agreed.
- Builds on a small but well established baseline (currently 45 beds for Chronic Obstructive Pulmonary Disease and Urgent Community Response) created in January 22 with the ambition of delivering a total of 340 virtual ward beds by April 2024.
- Further respiratory conditions will be added and virtual ward capacity created for frailty, surgery, cardiology and diagnostic pathways.

Mental Health:

There have been a number of initiatives to improve the experience and outcome for citizens who present in Acute Hospitals, and who require an ongoing mental health pathway following their attendance within ED.

- daily morning meeting across providers reviews mental health attendances and admissions into the Acute Hospital to agree ongoing plans and transfers to Acute Mental Health units when patients are medically fit for transfer.
- The mental health 24/7 helpline continues to receive 350-450 calls per week from citizens reaching out for mental health support. This includes clinical support that helps to direct citizens to appropriate pathways of support outside of emergency departments, where appropriate.

Opening of an All Age Urgent Care mental health centre at the Oleaster site of the Mental Health Trust in the Spring of 2022.



- Hosts a Psychiatric Decision Unit (PDU) and Place of Safety (PoS), for under 18's and over 18's
- Provides a supportive and effective service within a purpose-built environment.
- Helps to support a reduction in the number people experiencing a mental health crisis being taken by ambulance to ED and thus improve their care

