Meeting Date	**21 December 2021**	**Agenda Item**	**3.1**
Report Title	**Urgent and Emergency Care Improvement - Morriston**		
Report Author	Kate Hannam, Interim Service Group Director- Morriston		
Report Sponsor	Inese Robotham, Chief Operating Officer		
Presented by	Kate Hannam, Interim Service Group Director		
Freedom of Information	Open		
Purpose of the Report	To provide an overview of the Morriston's Urgent and Emergency Care (U&E) improvement programme to improve the delivery of the U&E care standards and experience for our patients and staff		
Key Issues	U&E care performance has been escalated into enhanced performance monitoring with the Director of Operations holding oversight and assurance against the development and monitoring of a U&E care improvement programme. The delivery of the 4 hours standard remains a significant challenge and the risk of patients coming to harm due to delays in treatment and being admitted into the core bed base continues to be the focus of the daily and hourly safety huddles within the newly formed site escalation process. We have seen a return to pre-covid levels of attendances in ED, coupled with an increasing LOS for patients who are clinically optimised resulting in increased occupancy and reliance on surge beds which is negatively affecting the patient flow through the hospital. We are still experiencing the impact and restrictions of COVID-19 on our services and our bed allocations. The number of COVID patients being admitted into our hospitals has increased significantly through July and August although we are starting to see a decline in November. Staffing deficits have been an issue due to vacancies, sickness, self-isolation and annual leave. A U&E improvement plan has been developed to address the systemic issues affecting patient flow.		

Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☒	☐
Recommendations	Members are asked to: • **NOTE** the U&E care performance position and the ongoing actions taken to support its recovery and Improvement.			

Urgent and Emergency Care recovery plan 2021-22

1. INTRODUCTION

The report below describes activity and performance to date, performance and progress against the U&E care standards, and outlines the particular risks going forward along with the actions we are taking to maintain and improve timely access to U&E care services whilst recovering from the COVID-19 pandemic.

2. BACKGROUND

Of the 6,648 ED attendances at Morriston in October, 60% were seen, treated and discharged within 4 hours which is a 1% improvement on the previous month. Of, those patients who were discharged outside of this period, 1,054 patients (16%) waited in excess of 12 hours which is 2% improvement compared to the previous month, but still reflects the significant challenge the site team are facing in admitting patients into the core bed base linked to the high occupancy level.

Ambulance handovers have also remained a challenge, with a slight increase in the number of patients handed over >1 hour, but the average time waiting above 15 minutes decreased significantly (from 3060 minutes in October to 2414 in November, which is a 21% improvement). The average ambulance time for November was 107 minutes which met the 25% reduction target set by EASC.

Patient flow at Morriston continues to be significantly compromised due to the high occupancy level in which the hospital is operating. The high occupancy is a result of a number of factors:

- Ongoing impact of patients admitted with Covid-19;
- Surges in demand and increasing acuity of patients presenting at the front door;
- The restoration of the elective programme to treat our tertiary and priority 1 and 2 patients;
- An increasing number of clinically optimised patients who require transfer to another setting;
- The use of 'outlier' and surge beds with the inherent inefficiency this brings;
- The vacancies within nursing and medical staff to support timely and effective discharge management of patients.

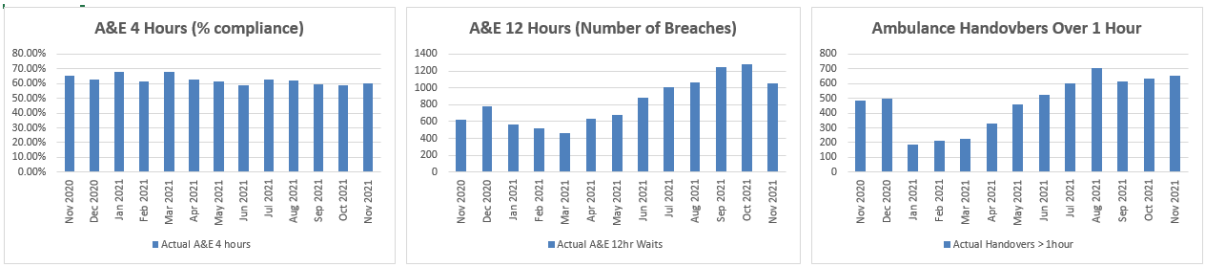
Delays in accessing treatment at the right time are evidenced to increase the risk of harm to patients and prolong the length of stay in hospital, in addition to being a poor patient and staff experience in working in an overcrowded environment.

In order to improve and ensure focused delivery on the U&E care performance, an improvement plan has been developed in conjunction with the Divisional teams to

drive improvements in length of stay and flow management with an increased focus of interventions during the winter period.

3. PERFORMANCE overview

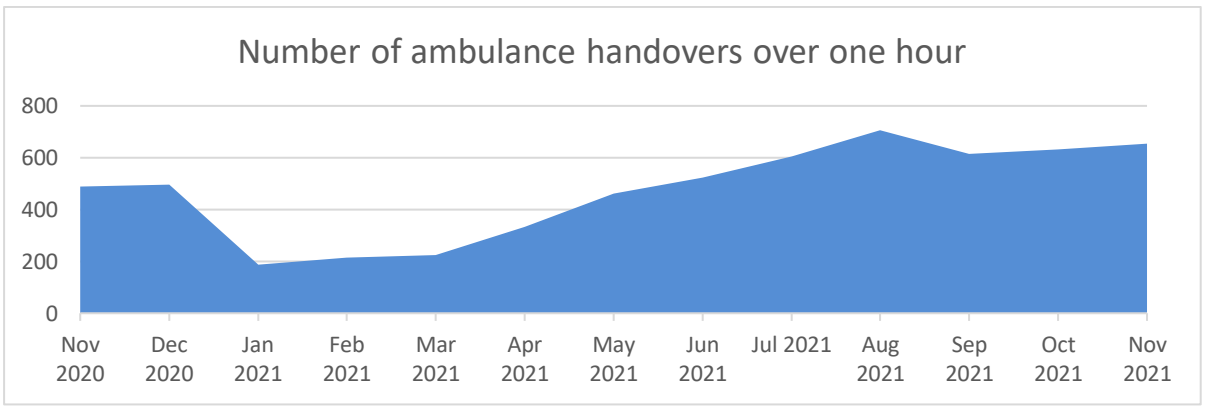
The table below shows the performance against the ED and ambulance handover key metrics up to end of November 2021.

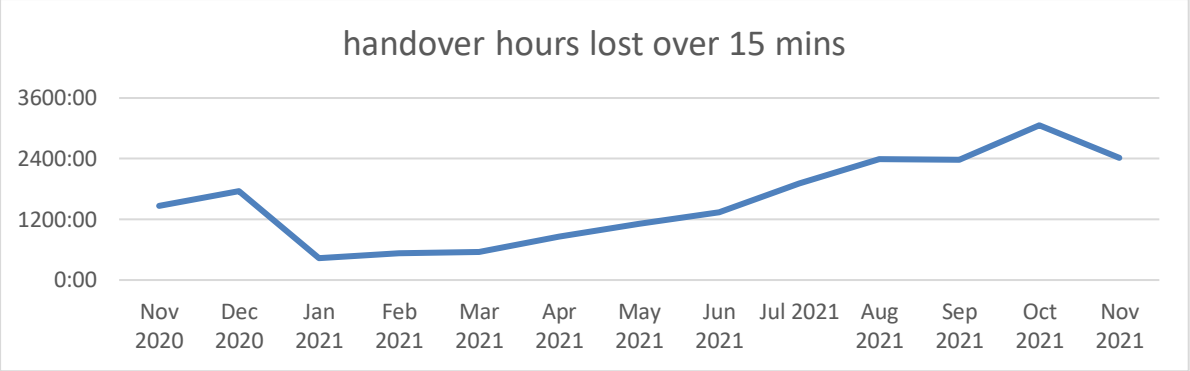


The performance for December at Morriston (up to 7th) is 59% compliance against the 4 hours target (unvalidated) with 51 patients >12 hours. The hours lost in ambulance handovers totals 660 (pre-covid was 770 for the same period).

3.1 Ambulance handover delays >1 hour – Target ZERO

Current performance demonstrates a sustained improvement versus the pre-COVID handover delay performance, however there is evidence of deterioration in this measure. The number of ambulance handover delays >1 hour increased in November (to 655 from 633), but as stated above, the hours lost over 15 mins has reduced significantly (to 2,414 from 3,060 in October) and the average ambulance handovers decreased to 107 minutes, meeting the 25% reduction on the October position requested by EASC.





All patients attending the site are assessed in a dedicated area within ED and prioritised for assessment and treatment by senior clinicians in ED. The patients are then brought into the department based on clinical priority and capacity availability. If there is no capacity, the patient is returned to the ambulance where they are treated and cared for by the crew and the ED teams.

The reasons for the delays in 'offloading' are multi-factorial and include:

- Surges in demand from the ambulances or self-presenting patients;
- Availability of 'red' capacity to manage covid pathways
- Overcrowding in the ED caused by the inability to admit patients into the hospital (average 15-40 at any one time)

An improvement plan has been submitted in conjunction with WAST targeting improvement actions to reduce the number of delays and the amount of time patients are spending in ambulances outside of the site.

The introduction of 2-hourly huddles in ED have also re-focused attention on prioritising the ambulance offloads and performance monitoring and management of this is undertaken daily as part of the site team performance huddles.

An escalation plan has been developed also to support the EASC commitment for zero tolerance of handover delays greater than 4 hours and a 25% reduction in the total handover delays (details of this have been submitted in a separate paper to the December 2021 management board).

3.2 Four Hour Target – 95%

Activity has returned to pre-covid levels with regards to attendances at the ED. Whilst there had been a marginal improvement in performance against the 4-hour target in the preceding 3 months, September did see a slight deterioration and remains below the National 95% target (reflecting the National position).

Interventions targeting improvement in this position focus on those areas which are within the ED department and those which are part of the hospital and wider system actions.

A programme of work has been developed to improve this position and support effective flow into/through/put of the hospital. A suite of key metrics has been

identified to measure success in these areas and potential for improvement and this is under development by the BI team.

Support has been secured from the PMO to support the programme and external support to work alongside the teams to provide additional capacity and capability has been requested as part of an overall capacity review at Morriston.

4.0 U&E Care improvement plan – Morriston

A U&E Improvement plan has been developed for the Morriston site to support the initial reduction of occupancy to 95%, and support the flow of patients through the hospital with no delay. The plan focuses on both the short term and the opportunities of strategic alignment through the implementation of centralising the acute medical take on the Morriston site in 2022.

The improvement plan focuses on 4 main domains:

- The front door
- Admission avoidance
- Internal flow
- Complex discharge

The detail of the plan and areas of focus with progress to date is attached as Appendix 1 for information. Benefit realisation and associated monitoring against this is being finalised by the leads and BI team, although key metrics have been identified in the plan for monitoring.

A summary is detailed below though against each of the domains.

4.1 Improvement Interventions within the ED department

An improvement plan has been developed by the ED triumverate and is being monitored by the ECHO Division in relation to actions which will support an improvement in flow within the ED and support the improvement in the delivery of the 4-hour performance. Areas of focus include:

- Demand management and alternative pathways to ED – for example the use of UPCC and Out of hours
- Triage system and process
- Assessment delays
- Decision to admit delays
- Direct admissions for expected patients to specialty areas
- Internal operational and system delays
- Workforce alignment to demand

- Wellbeing agenda

Workforce challenges remain in the department which are driven by a number of factors including vacancies, sickness, need to staff 'surge' areas and the impact of the need for 'self-isolation' of staff. Workforce planning including recruitment and retention to support staff is under development currently and led by the Head of Nursing for the Division.

Additional temporary workforce has also been secured to support the management of patients who are 'boarding' in the department and waiting to access beds through the use of temporary staff.

4.2 Admission Avoidance

Areas of focus within this domain in quarter 3 have been primarily on the development of the 'acute hub' and on the expansion of the OPAS service, both of which have established task and finish groups in place.

4.2.1 Acute Hub

Progress with the acute hub development in Quarter 3 has included:

- SDEC funding approval of £1.5m to support the development of SDEC/acute hub model on the Morriston site.
- Clarity of the services for inclusion in the SDEC/acute hub and development of a performance dashboard
- Relocation of AGPU and AEC alongside UPCC onto the Enfys footprint ahead of the temporary service move into TAWE in December 2021
- Development of pathways to support redirection of patients from ED into AGPU and UPCC
- PDSA front door triage models to support increased activity referred into the acute hub services from ED – PDSAs to date include: ED GP review at triage; consultant at triage/reception; daily 'pull'/review of patients by the acute hub of ED; AGPU GP pre-triage;
- Access to the ED system has been provided to AGPU/UPCC to enable 'pull' model;
- Simplification of referral process from ED to UPCC/AGPU;
- Development of referral pathways from acute hub into OPAS;
- Expansion of workforce to extend opening hours of the acute hub into the evening and weekend – recruitment to additional posts in progress – delivery Q4

4.2.2 OPAS

Progress with the OPAS expansion in Quarter 3 has included:

- Completion of workforce plan and recruitment to expand the operating of the service later in the day and to the weekend with the introduction of hot clinics

- Development of direct admission pathways for WAST, ED and acute hub into the OPAS service;
- Further development of 'hot clinics' to support SDEC model of frailty management at Morriston

4.3 Internal Flow

Areas of focus within this domain focuses on consistent application of the SAFER bundle across all wards and on operational efficiencies

4.3.1 **Operational efficiency**

Progress against operational efficiencies in quarter 3 have focused on:

- *Site Management* – development of an effective site management function with clear roles and responsibilities and policies and procedures which support the effective management of flow and establishing a 'battle rhythm' for managing flow. A review of the changes made to date is planned in December at a workshop with the site management team and also a follow up workshop with the silver on call team with regards to an 'effective' on call system.
- *The use of technology* to support proactive management of flow – the development of SAFER dashboard is complete and prioritised for completion in December is the flow management dashboards and associated performance monitoring.
- *Rightsizing the Divisional and directorate managerial teams* – a review of the capacity available at Morriston to support and drive the changes was completed in October and submitted for review.
- *Capacity and demand model* – bed model has been completed for Morriston for the winter period. Priority area of focus for December is the associated workforce plan and clarification of allocation of beds by specialty.

4.3.2 **Effective flow management**

Progress against the effective flow management elements in quarter 3 have been around:

- *Management of Covid patients* - daily management of the cohorting of Covid patients (and more recently other IP&C patients) has remained a focus of the HoN, IP&C and site team. Red capacity in ED and across the hospital has been a significant challenge at times and business continuity plans have been enacted and developed with regards to SDMU.
    - As demand is starting to fall and current outbreak areas plan to open up (SDMU – 5th Dec; Ward S – 9th Dec), the plan is for Ward R to remain as the dedicated COVID (red) area and S to return to a medical ward (currently gastro) therefore releasing additional capacity into the system.

- *The development of a winter resource plan for Morriston* – a number of additional posts have been requested to support flow over the winter period and active temporary recruitment continues by the medicine division to secure these posts – a summary as at 24th November 2021 is detailed below:

Cover/Hours	Staff group	Hours required	wte	Recruitment Plan	Recruitment Update
7 days a week cover	Consultant	75	2	Agency	2 Agency locums sourced. Awaiting start dates.
	SHO	120	3	Agency	4 SHO's recruited.
	Registrar	80	2	Agency	2 CV's received with CD for approval.

Cover/Hours	Staff group	Hours required	wte	Recruitment Plan	Recruitment Update
OPAS Extended 5 Day Service 12 hrs per day Mon-Fri	Consultant	7.5	0.2	Additional sessions from existing consultants	In Place
OPAS - 7 day working	Consultant	22.5	0.6	Agency - but unlike to fill these specific posts short term.	Unlikely to achieve until substantive recruitment of 1.6wte COTE consultants takes place. Plan to review the ANP/CNS roles to provide additional support and cover

Short Stay Unit – extending 7 day services and expanding consultant presence RAU/AMAU – Winter Plan

Cover/Hours	Staff group	Hours required	No. of posts	Recruitment Plan	Recruitment Update
Total additional	Consultant ACP	112.5	3	Agency	CV's awaited
	Registrar	80	2	Agency	CV's awaited
	SHO	80	2	Agency	With Medacs - No CV's

Weekend Discharge Team– Winter Plan

Cover/Hours	Staff group	Hours required	wte	Recruitment Plan	Recruitment Update
Total additional	Consultant	8	0.2	offered to internal locums	Already being booked

	Registrar	**16**	**0.42**	**offered out on a locum basis**	**Already being booked**

- *The Acute Medical Service Redesign*
    - A review of the programme and workstreams has been undertaken and associated governance. PMO resource has been secured and roles and responsibilities aligned to delivery workstreams.
    - Introduction of an *effective short stay assessment unit and MAU* – the plan to implement the principles of this ahead of the centralisation has been worked through with the medical team with a phased implementation planned from December based on the ability to recruit to the expanded workforce required and the ability to release capacity from Ward D to function as a short stay unit;
    - SOPs for the short stay model are being finalised, in addition to the finalisation of the acute admission guidance for the management of medical admissions at Morriston;
    - Clear clinical pathways for all downstream wards – a facilitated workshop is planned on the 2nd December to finalise the medical model post centralisation including the required medical workforce.
- *SAFER bundle* – support has been secured via Improvement Cymru to work with the Morriston site on implementing and embedding the principles of SAFER. Additional resource has been requested to support and sustain this.
    - *Peer reviews of board rounds* – a formal review of board rounds including timings and function of board rounds has been completed, in addition to 2 'breaking the cycle events' involving peer review of board rounds – additional locums have been employed to support ward R and board round timings have been brought forward in the assessment units. Further work is planned in December regarding medical allocation to support board rounds in medicine and T&O.

4.4 Complex Discharge Management

The focus against this domain in quarter 3 has been on reviewing existing systems and practices for supporting the management of complex discharges at Morriston and have included:

- The implementation of a tracker for COPs to provide transparency and visibility of patients who are waiting to access D2RA services including any process delays in this cohort;
- Revision of the weekly review of COP patients and implementation of an escalation tracker and framework;
- Submission for additional resource to implement an integrated discharge team to advise and support the wards with complex management and proactively manage patients from admission through to discharge with no delays;

- Additional capacity is being sourced by the health board to support the transfer of patients from the COP list who are delayed currently due to social care and community capacity which will significantly support de-escalation of the Morriston site and a reduction in occupancy.
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5.0 Performance Framework & Governance Arrangements

The information being developed will allow the development of a bespoke performance framework, allowing the Programme and project leads to measure and therefore manage and improve performance against agreed key metrics but also to celebrate improvements.

1. A daily report will be validated and updates provided to the core team to enable proactive information sharing and opportunities for improvement and learning and celebration.
2. A weekly report and bespoke reporting will be available to the workstreams to monitor progress and take corrective actions where required.
3. A weekly meeting will be in place to ensure oversight, accountability, learning and support to the acute workstream and support PDSA 'tests of change;
4. A monthly meeting will be in place to oversee the progress of the programme provide assurance and ensure accountability for delivery.

5. Governance and Risk Issues

Reducing the occupancy of Morriston remains one of the biggest challenges faced by the health board and has been an issue for a number of years.

We have seen a return to pre-covid demand levels for admissions and a 'failure' in the social care market which is placing undue pressure of the capacity we have available to treat our sickest patients.

We are still experiencing the impact and restrictions of COVID-19 on our services and our pathways. The number of COVID patients being admitted into our hospitals has increased significantly through July and August but we are starting to see a decline in admissions.

Staffing deficits have been an issue due to sickness, self-isolation and annual leave.

The Health Board has also been extremely busy through July 2021 and October 2021 with emergency pressures as well as the introduction of the elective recovery and restoration programme.

The risk of patients coming to harm continues to be the focus in the daily/weekly operational meetings and we continue to work with our MDT teams to identify opportunities for improvement to mitigate this risk both internally to Morriston but also as a wider health board and social care system.

Further evaluations are underway in terms of the financial impact of the recovery programme and the requirement for a robust recruitment and retention strategy to address the workforce issues is evident.

6. Recommendation

The committee are requested to note this paper and the ongoing progress towards establishing a framework for improvement within the U&E care service at the Morriston.

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☐
	Partnerships for Care	☐
	Excellent Staff	☐
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☐
	Effective Care	☐
	Dignified Care	☐
	Timely Care	☐
	Individual Care	☐
	Staff and Resources	☐
Quality, Safety and Patient Experience		
Improving patient flow is essential to ensure patients receive the right care, in the right place by the right clinician with no delay and is at the core of delivering high quality, safe services with good patient experience		
Financial Implications		
This paper provides and overview of the work programme for assurance		
Legal Implications (including equality and diversity assessment)		
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Staffing Implications		
This paper is providing an overview of the work programme for assurance		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Briefly identify how the paper will have an impact of the "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working. ○ **Long Term** - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs. ○ **Prevention** - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives. ○ **Integration -** Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.		

○ **Collaboration -** Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives. ○ **Involvement -** The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.	
Report History	This paper has been shared at management board and provides an update on the work associated with this programme which has had previous considerations at FP&C
Appendices	Appendix 1 - U&E care tracker