Meeting Date	26 October 2021	Agenda Item	3.3
Report Title	Urgent and Emergency Care Improvement		
Report Author	Kate Hannam, Interim Service Group Director- Morriston		
Report Sponsor	Janet Williams, Interim Director of Operations		
Presented by	Kate Hannam, Interim Service Group Director		
Freedom of Information	Open		
Purpose of the Report	To provide a summary of Morriston's Urgent and Emergency Care (U&E) improvement programme to improve the delivery of the U&E care standards		
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. 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.		
	Information	Discussion	Assurance	Approval

Specific Action Required *(please choose one only)*	☒	☐	☒	☐
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 7,290 ED attendances at Morriston in August, 62.2%. were seen, treated and discharged within 4 hours which is a slight improvement from previous months. However, of those patients who were discharged outside of this period, 1,059 (14%) waited in excess of 12 hours which is a worsening position compared to previous months, and reflects the significant challenge the site team are facing in admitting patients into the core bed base linked to the high occupancy level.

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.

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.

A review of the divisional structures and associated capacity and capability is also in progress to ensure there is sufficient resource to support the implementation and sustainability of the programme, and additional support from the PMO and from external improvement teams is also being explored.

3. PERFORMANCE and IMPROVEMENT activities

The table below shows the performance against the ED and Ambulance handovers since November 2020.

	Target Type	National Target	National Target Achieved	In-month Profile/ Tolerance	In-month Profile/ Tolerance Achieved	Trend	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
STRATEGIC AIM: DELIVER BETTER CARE THROUGH EXCELLENT HEALTH AND CARE SERVICES ACHIEVING THE OMOST TO PEOPLE																
ENABLING OBJECTIVE: Best Value Outcomes from High Quality Care																
UNSCHEDULED CARE & PATIENT FLOW																
Emergency Department																
4 Hour Wait (Major)	NHS Delivery	95%	✖	TBC			65.44%	62.70%	68.17%	61.00%	67.71%	62.80%	61.70%	58.99%	61.54%	62.32%
Number of 12 Hour Breaches	Framework	0	✖	TBC			626	775	570	534	457	630	684	879	1013	1059
A&E New Attendances	Local	Monitor					5,639	5,073	4,751	4,913	6,201	6,902	7,441	7,580	7,332	7,290
Ambulance handovers																
Number of ambulance handovers over one hour	NHS Delivery Framework	0	✖	TBC			488	499	187	215	225	332	462	528	607	711
Handover Hours lost over 15 mins	Local	Reduce	✖				1,467.13	1,769.25	432.18	533.12	559.08	857.10	1,116.23	1,349.28	1,910.48	2,400.47

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 increased in August as did the number of hours lost as can be seen in the graphs below.
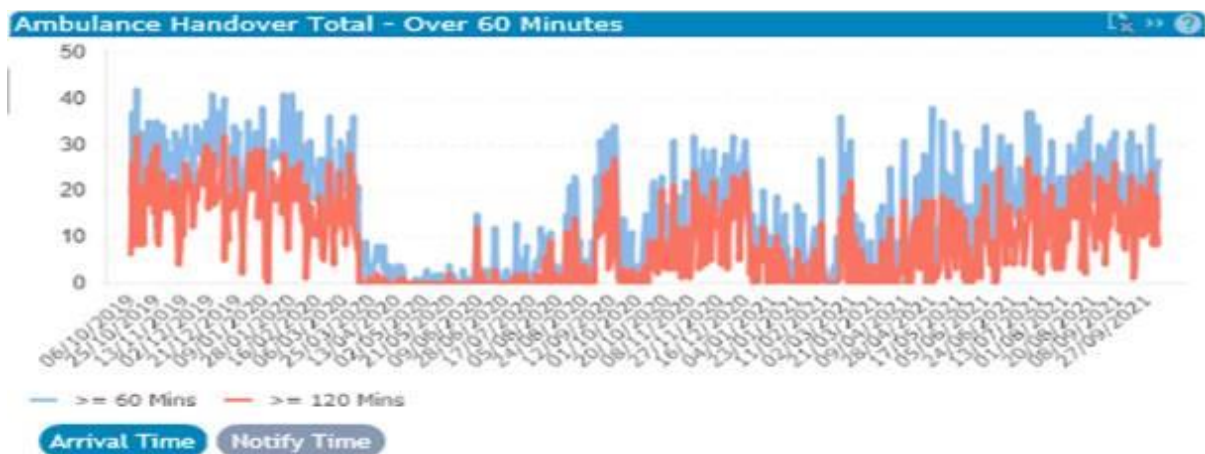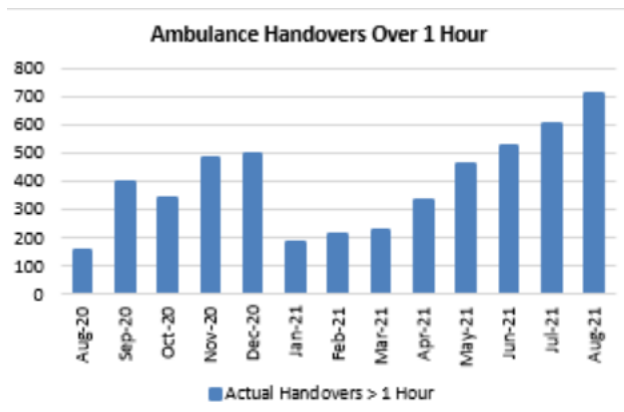
All patients attending the site are assessed in a dedicated area within ED and prioritised for assessment and treatment by senior clinicians in ED. The patients are then brought into the department based on clinical priority and capacity availability. If there is no capacity, the patient is returned 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 15-30 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.
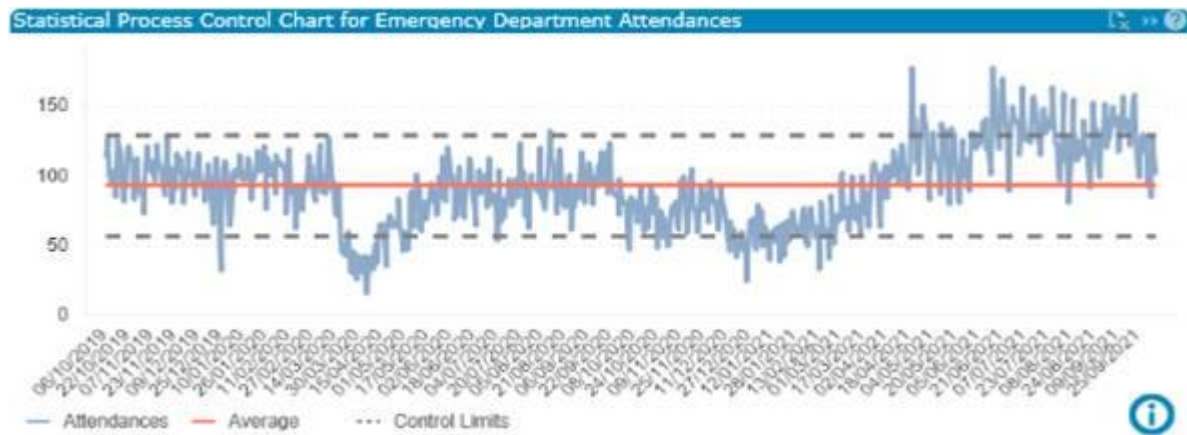
The introduction of 2-hourly huddles in ED have also re-focused attention on prioritising the ambulance offloads and performance monitoring and management of this is undertaken daily as part of the site team performance huddles.

3.2 Four Hour Target – 95%

Performance against the 4-hour target has improved for the third month but remains below the National 95% target (reflecting the National position).
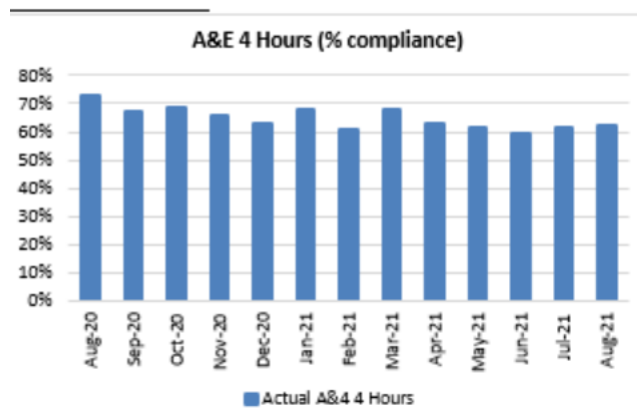
Activity has returned to pre-covid levels with regards to attendances at the ED as demonstrated in the graph below.

Statistical Process Control Chart for Emergency Department Attendances

— Attendances   — Average   ⋯ Control Limits

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 is also being sourced.

3.2.1 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. The high level plan was shared at the last committee but to summarise includes targeting:

- 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.

3.2.2 Improvement Interventions by the internal/external system

A U&E Improvement plan has been developed for the Morriston site to support the reduction of occupancy to 95% initially 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 2021.

The improvement plan focuses on:

- Operational efficiency
  - Site Management
  - Effective escalation and operational policies
  - The use of technology to support proactive management of flow
  - Rightsizing the Divisional and directorate managerial teams
  - Performance management framework – agile and proactive
  - Capacity and demand model – beds, workforce, estate
- Length of Stay programmes based on GIRFT/Model hospital opportunities;
- The Acute Medical Service Redesign
  - Introduction of co-located acute hub to support admission avoidance and alternatives to ED;
  - Introduction of effective short stay assessment unit;
  - Introduction of effective MAU unit;
  - Clear clinical pathways for all downstream wards
- Effective flow management
  - SAFER bundle
  - Clear roles and responsibilities for the management of flow
- Complex discharge management
  - Establishment of an integrated discharge team
  - Review and implementation of discharge policy
  - Active management and escalation of the clinically optimised patients (COP)
  - Visibility and transparency of patients who are COP
  - Daily huddles with community and social care to progress patient's pathway
  - Additional capacity within the community to support on-going transfer of those delayed due to social care crisis

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.

The implementation of a dashboard and refocus on the management of the COP patients has enabled greater visibility and opportunities for escalation of these patients who could benefit from that capacity. The current COP list as at 12th October 2021 at Morriston was 95 patients. Of these patients there were 45 (green to go – see graph below) who would have been able to leave the hospital that day if capacity was available (i.e. they were not having any assessments etc. undertaken): - 23 of these were for D2RA2 (reablement/POC in the home); 9 were waiting for D2RA3 (community rehab); 8 for placements (P4) and 5 were not coded.
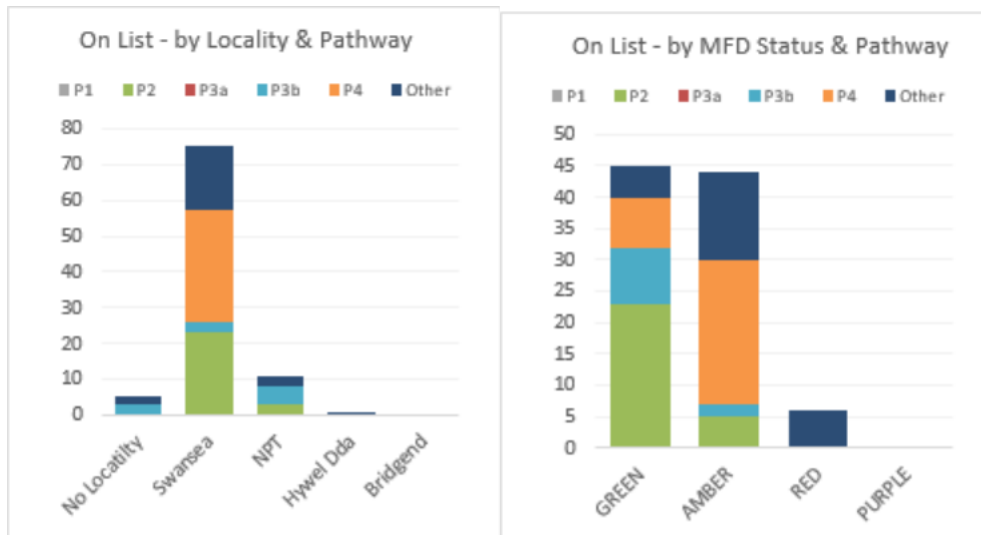
4.0 Performance Framework & Governance Arrangements

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.

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 August 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

The successful implementation of the work programmes outlined in the attached report have the ability to improve the quality and safety of services and in turn patient experience. However, the report has outlined a number of risks, which have the potential to delay benefit realisation.

Financial Implications

There are no financial implications to report as part of this report, however a number of work programmes outlined are subject to investment. The lack of re-current investment is currently a concern for services.

Legal Implications (including equality and diversity assessment)

There are no legal implications to consider as a direct result of this report.

Staffing Implications

A number of work programmes are facing challenges with recruitment and the availability of re-current funding.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

This paper outlines how service areas within the Urgent and Emergency Care Programme are working in collaboration not only to look at the short term, but also to develop services across Swansea Bay in the long term and the plans to enhance innovation and new ways of working.

Report History	n/a
Appendices	n/a