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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>07 July 2021</b>	<b>Agenda Item</b>	
<b>Report Title</b>	Urgent Emergency Care Plan – Enfys redesign		
<b>Report Author</b>	Kier Warner, Head of Procurement Simon Davies, Assistant Director Strategy – Capital Darren Griffiths, Director of Finance and Performance (interim)		
<b>Report Sponsor</b>	Siân Harrop-Griffiths, Director of Strategy Rab McEwan, Chief Operating Officer Darren Griffiths, Director of Finance and Performance (interim)		
<b>Presented by</b>	Darren Griffiths, Director of Finance and Performance (interim)		
<b>Freedom of Information</b>	Closed		
<b>Purpose of the Report</b>	<p>This paper provides a brief report on the design, procurement, build and commissioning arrangements to develop the Enfys Ward (and co-located existing space) at Morrison Hospital to establish an Ambulatory Emergency Care and an Acute Medical Assessment Unit.</p> <p>The establishment of this facility is critical element of the Health Board's Urgent Emergency Care (UEC) plan.</p>		
<b>Key Issues</b>	<p>Key points: -</p> <ul style="list-style-type: none"> <li>• UEC access performance and consequently patient experience is currently below the standards the Health Board wishes to provide for its patients.</li> <li>• The establishment of the appropriate clinical space for Ambulatory Emergency Care and an Acute Medical Assessment facility is critical to the Health Board's UEC improvement plan.</li> <li>• It is not possible to use the facilities that were designed and built for COVID response (Enfys and Tawe) as originally envisioned, due to their non-compliance with HBN requirements.</li> <li>• Pace is key and the quicker the facility can be established, the quicker the patient benefits can be realised</li> <li>• A significant amount of work has been undertaken to deliver the quickest possible time (whilst maintaining good governance and compliance) to establish this facility</li> </ul>		

	<ul style="list-style-type: none"> <li>• Provision has been made within the revised discretionary capital plan to create a £3m budget for the development in the absence of capital support from Welsh Government (see separate paper). Should Welsh Government support be forthcoming the capital plan will be flexed to accommodate further prioritised demands for scarce capital resource.</li> <li>• Board approval and then Welsh Government approval is required given the financial sum involved and the extant approvals required in respect of discretionary capital deployment.</li> </ul>			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>Approve</b> the establishment of the Ambulatory Medical Assessment Unit utilising Enfys Ward and the co-located existing building space at Morrison Hospital.</li> <li>• <b>Note</b> the requirement for Board and Welsh Government approval</li> <li>• <b>Note</b> the revision of the discretionary capital plan to fund this development should welsh Government be unable to provide direct funding</li> </ul>			

# URGENT EMERGENCY CARE PLAN – ENFYS REDESIGN

## 1. INTRODUCTION

This paper provides a brief report on the design, procurement, build and commissioning arrangements to develop the Enfys Ward (and co-located existing space) at Morrison Hospital to establish an Ambulatory Emergency Care and an Acute Medical Assessment Unit.

The establishment of this facility is critical element of the Health Board's Urgent Emergency Care (UEC) plan.

This plan requires approval by the Management Board prior to consideration by the Board and Welsh Government.

## 2. BACKGROUND

The Acute Medical Services Review includes plans to establish the following on the Morriston site:

Planned change	Impact
<ul style="list-style-type: none"><li>• Same Day Emergency Care</li><li>• Urgent Primary Care Centre</li><li>• Ambulatory 7-day emergency care</li><li>• Acute Medical Admission Unit expansion to 7/7</li><li>• Frailty embedded in above with CGA</li><li>• Palliative care embedded in above</li></ul>	<ul style="list-style-type: none"><li>• Significant improvement in patient experience and access</li><li>• Significant improvement in ED performance metrics</li><li>• Reduction in acute admissions</li><li>• Reduced LOS</li><li>• Reduction in ED attendances</li><li>• Streaming to GPOOH/ Primary Care</li><li>• Comprehensive frailty/elderly assessment</li><li>• Fewer deaths &lt;5 days from admission</li><li>• 7/7 acute &amp; speciality medicine</li><li>• More capacity and consistency for the elective programme</li></ul>

The Health Board plan is to base most of the facilities in Morriston Outpatients / main entrance, where temporary COVID surge capacity has been created (Enfys and Tawe wards). An initial scoping of works in early 2021 indicated a relatively small amount of capital would be needed to convert these facilities for use. It has become clear as plans are developed, that the works required will be more extensive, mainly because of the need to redesign surge capacity and recreate a HBN compliant as possible clinical area. A budget of £0.9m was previously allocated for dismantling the COVID surge facilities; this budget remains available and is included in the £3m revised budget described below.

### **3. SCOPE OF WORKS**

Design work has been completed and plans have been signed off. The accommodation to be created will be as follows:

- 28 Bed Ambulatory Medical Assessment Unit (AMAU)
- 6 Bay trolley assessment area
- 6 Bay trolley / bed higher acuity area
- 6 – 8 Single cubicles with en-suite facilities
- Acute Hub/AEC/AGPU
- Offices, Therapies rooms, Staff rest rooms, toilets and showers, changing and locker rooms.

Renal dialysis will have to be closed on the ground floor for drilling penetrations through the existing floor slab to install new foul drainage runs. Detail design will indicate where the locations are required and together with agreement with the senior managers this work will be undertaken during the night or on the day that renal are not using the space. This approach will minimise the disruption to the service and ensure any reinstatement of the area is complete before the service start the morning sessions. This will need to be carefully specified and managed to avoid disruption to renal service delivery. A contingency plan will be developed to manage the risk.

### **4. COSTS AND TIMESCALES**

Based on the previous assessment of the scale of works needed it had been hoped that a facility could be available to take patients from mid-November 2021.

Given the scale of work now understood to be required timescales have been extended for design, procurement and build.

A significant amount of work has been undertaken to develop the quickest possible timeline for delivery whilst ensuring accurate design and cost assessment and compliance with good governance and procurement regulations

The current plan at time of writing is as follows: -

- Balance of design period (as already commenced) – 4 weeks left
- Procurement of contractor – 10 weeks
- Build – 20 weeks
- Commissioning of facility – 2 weeks

These are the quickest possible timescales and where possible the design and procurement phases will run concurrently. On this basis the facility will be available in early to mid-March 2022.

A budget has been set for the design, build and commissioning of the facility of £3.0m from a revised discretionary capital plan. A paper setting out the revised discretionary capital plan and the impacts of re-prioritising that plan follows this

paper for consideration by the Management Board. This demonstrates that the overall plan will hold a contingent sum of £1.1m to address priority equipment replacement and in-year risks as they emerge. At the time of writing it is planned that the specified design will be able to be delivered within the budget of £3.0m.

Current design information suggests that the design will be affordable within the budget available. It is likely that some derogations from HBN compliance will be necessary and advice will be taken on these as appropriate. It is not envisaged that the derogations will significantly impact the deliverability of the project. Management Board will agree the derogations based on professional advice.

## **5. FINANCIAL IMPACT**

The capital impact of the project is set out in the report. The facility will need to be staffed and work is currently underway to understand what the workforce requirements will be. The full year revenue effect is anticipated to be in the region of £1m and will need to be considered in the overall quantum of the Health Board's financial plan investment allocation.

## **6. GOVERNANCE AND RISK**

The timescales set out above meet the governance requirements of the Board and of the Procurement regulations. Following Management Board consideration and approval the plan requires Health Board approval and Welsh Government approval to proceed to procurement and contract award. The timescales for these approvals are already accounted for in the 10-week procurement timescale set out above.

## **7. RECOMMENDATION**

Members are asked to:

- **Approve** the establishment of the Ambulatory Medical Assessment Unit utilising Enfys Ward and the co-located existing building space at Morrison Hospital.
- **Note** the requirement for Board and Welsh Government approval
- **Note** the revision of the discretionary capital plan to fund this development should Welsh Government be unable to provide direct funding

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	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Good financial governance will provide the support needed across the health board to deliver services which are of sound quality and safety and provide the right patient experience.		
Financial Implications		
Set out in the paper.		
Legal Implications (including equality and diversity assessment)		
There are no legal implications to highlight.		
Staffing Implications		
The unit will need to be staffed and work is underway to consider how this will be done		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Robust financial governance arrangements will ensure the right decisions are made for the long-term future of the health board.		
Report History	<p>This is the first report on this specific development but Management Board has received other updates on the totality of the Health Board's Urgent Emergency Care Plan</p> <p>The report on discretionary capital plan revision is relevant to this report.</p>	
Appendices	none	