



AGENDA ITEM

6.3

CTM BOARD

**SAFE, SUSTAINABLE AND ACCESSIBLE EMERGENCY MEDICINE AND
MINOR INJURY AND ILLNESS SERVICES FOR THE PEOPLE OF
RHONDDA TAF ELY – UPDATE REPORT – NOVEMBER 2020**

Date of meeting	26/11/2020
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Mark Dickinson, Programme Director
Presented by	Dr Nick Lyons, Executive Medical Director (SRO)
Approving Executive Sponsor	Executive Medical Director
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
This specific paper has not been considered by any other committee or group.	N/A	N/A

ACRONYMS

ED	Emergency Department
EM	Emergency Medicine
ILG	Integrated Locality Group
LEH	Local Emergency Hospital (as part of a Major Trauma Network)



MIU	Minor Injuries Unit
MTN	Major Trauma Network
RCEM	Royal College of Emergency Medicine
RGH	Royal Glamorgan Hospital
RTE	Rhondda Taf Ely
WAST	Welsh Ambulance Service NHS Trust

1. SITUATION AND BACKGROUND

In July 2020, the Board received a report which:

- summarised previous work on the future of the emergency department (ED) at the Royal Glamorgan Hospital (RGH) and related services
- noted the Board commitment, from June 2020, to the ongoing, long-term, delivery of emergency medicine services through a 24/7 consultant-led ED at RGH alongside those at Prince Charles and Princess of Wales Hospitals
- recommended the establishment of a new project encompassing 'safe, sustainable and accessible emergency medicine and minor injury and illness services for the people of Rhondda Taf Ely (RTE)'

The Board noted the report and approved its recommendations. A commitment was given to provide bi-monthly updates to the Board. This update follows a previous update provided to the Board in September 2020.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

The following sections provide an update on key developments with the project since September.

Design of emergency medicine services at RGH

The ED clinical leadership and management team at RGH have developed detailed plans for the provision of an efficient, multi-disciplinary, sustainable workforce model to support the operation of the ED at RGH on a 24/7 basis. These costed plans, to be fully implemented over two to five years, have been incorporated in a business case for a consideration and approval by the ILG Management Team and the CTM Management Board. Consideration by the Management Board will take place in December.

The future workforce model that has been developed meets the following aims:

- Provision of a substantive workforce with sustainable working patterns to provide high quality care to the residents of the RTE locality
- Fulfil the Royal College of Emergency Medicine (RCEM) standards for the presence of a 24/7 senior decision maker
- Fulfil the South Wales Trauma Network requirements for a 24/7 senior decision maker
- Maximise patient safety with staff familiar with the ED

- Minimise the locum and bank staff requirements
- Provide the workforce with dedicated time for training and development
- Ensure staff well being and sustainable long term working patterns

The model also aligns with plans for the following:

- Safe, sustainable and accessible minor injury and illness services for the residents of Rhondda Taff Ely
- The establishment of the RGH as a local emergency hospital within the South Wales Trauma Network
- Changes to the WAST boundaries and the flow of ambulances patients to the department at the RGH
- The Royal College of Emergency Medicine position statement in respect of COVID-19 and the resetting of ED care
- Work to engage the public and local communities to design the shape of future health care services

The model describes the level of cover to be provided following implementation of the business case and includes details of the following staffing arrangements:

- Changing the senior decision maker clinical cover
- Medical consultant workforce plans
- Other medical staffing
- Plans for further recruitment to work towards the RCEM standard will lead to cost savings on agency and locum spend. Once fully staffed the ambition is to apply for recognition as an emergency medicine training unit and initial discussions are ongoing with Health Education Improvement Wales (HEIW) and internal stakeholders.
- Nurse consultant staffing
- Advanced Nurse Practitioner/Advanced Clinical Practitioner staffing
- Emergency Nurse Practitioners staffing
- Clinical Specialist Physiotherapy staffing
- Other nursing staffing
- Other changes to the multi-disciplinary team
- administration and management support

In the mean-time, a number of significant changes have already been implemented to reduce ED attendances and direct patients to the most appropriate clinician in a timely manner including:

- extended opening hours for the Ambulatory Emergency Care Unit and the redirection of GP referrals
- sign posting to alternative services such as pharmacies and emergency dental care

- development of robust clinical pathways with the wider team across the ILG
- redesign of existing physiotherapy and wound review clinics to fully utilise the skills of the multi-disciplinary care
- review of patients identified as frequent attenders to the ED and the development of alternative supportive plans
- introduction of robust safety huddles at regular intervals during the 24 hour period with clear expectations in respect of the early identification of patient flow challenges
- close working with third sector colleagues, including Age Connect and the British Red Cross, to support patients whilst in the ED and at discharge
- provision of multi-disciplinary team training and education
- strengthened processes to identify and address incidents and risks within the ED

In addition, a number of supportive teams, systems, and service developments are also being progressed in parallel:

- Changes to the WAST boundaries within CTM and the changes to patient flow across the three acute sites;
- Impact of the opening of the Grange Hospital on patient flows to the PCH site;
- The minor injury unit at Ysbyty Cwm Rhondda (YCR) needs to be reviewed and a robust and sustainable service model agreed in line with the Contact Ahead project.
- Work on patient flow within the ED with the StayWell@Home Team and third sector partners
- The implementation of the South Wales Trauma Network and the review at the end of the first year may impact on the sustainable service model
- The introduction of electronic patient management systems to improve the ability of the ED team to review patient pathways and the achievement of performance targets

Subject to Management Board approval of the business case, it is recommended that responsibility for the implementation of the new ED service and staffing model at RGH should be formally passed to the RTE ILG, with a report being brought back to the Board in six months.

Design of paediatric support to the RGH emergency department

Initially, this work is being progressed as part of wider work to agree a broad, high level model for safe and sustainable paediatric service delivery across the health board's general hospital sites. A working group to develop an appropriate model has continued to meet. The focus of this work has

been to review the utilization of paediatric in-patient capacity, risk-assess service sustainability and specify safe paediatric support arrangements. Within this, the working group is progressing an option appraisal of paediatric models for RGH that will work in conjunction with inpatient paediatric units in Prince Charles Hospital and Princess of Wales Hospital as part of pan-health board service delivery. The option appraisal will be informed by modelling work, drawing on past activity, the outputs of which are awaited. In addition, appropriate staffing ratios and the increased contribution that can be made by community paediatric services will be factored in to the assessment.

Paediatric community services will be an integral component of the paediatric service model. This will aid in reducing the demand for paediatric in-patient beds and also improve patient and family experiences. Relevant recent work has included the piloting of a service called 'care closer to home' which aimed to provide extended nursing service provision and an enhanced service to children and young people and families to facilitate earlier discharge and prevent the need to attend acute sites for essential nursing care. Initial outcomes of the pilot have been encouraging.

It is recommended that, subject to Management Board approval of an overall paediatric service model for the Health Board, responsibility for the implementation of the most effective model at RGH should be formally passed to the RTE ILG, with a report being brought back to the Board in six months.

Partnership Panel

Following extensive promotion through the Health Board's social media and other communications channels, expressions of interest in becoming members of the new Partnership Panel were submitted by members of the public in RTE. Nine expressions of interest deemed appropriate, in terms of completeness and eligibility, and those individuals were invited to become members of the panel.

The first meeting of the Panel was scheduled to be held, virtually, on 18 November. The aim of the first meeting is to brief the panel, and invite questions, on the status of current work within the scope of the project, including progress within the RGH ED, and with the development of the 'contact ahead' system. Initial views and suggestions were also planned to be sought. Subsequent meetings will seek to gain the input of the panel into key aspects of the design of relevant services.

Whilst the scope of the current Partnership Panel is limited to the scope of the project, and limited to RTE, learning from the operation of the Panel

will be used to inform future thinking about how best to use this method of public engagement more widely within the health board.

It is recommended that update reports on the operation of the Partnership Panel should be brought to the Board on a bi-monthly basis.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD

The following remain key risks and issues relating to the project:

- There remain risks to ongoing ED medical workforce sustainability across the health board, which will be mitigated through actions set out in this paper, including ongoing recruitment efforts, the development of multidisciplinary approaches and through contingency arrangement at times of exceptional pressure
- The impact of COVID-19 may result in part or all of the work within the remit of the project being suspended or in operational decisions relating to services within the scope of the project needing to be taken at executive level, outwith the agreed project structures.
- There is a risk that a return to pre-COVID patterns of attendance at the RGH ED could compromise the sustainability of that department. This risk will be mitigated by the action described to work in partnership with the community on the design and appropriate utilisation of local services for those with minor injuries and illness.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	To be considered within the scope of the project.
Related Health and Care standard(s)	Safe Care
	All standards applicable
Equality impact assessment completed	No (Include further detail below)
	To be addressed as part of the project.
Legal implications / impact	Yes (Include further detail below)
	To be considered within the scope of the project.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	To be considered within the scope of the project.
Link to Main Strategic Objective	To Improve Quality, Safety & Patient Experience



Link to Main WBFG Act Objective	Provide high quality care as locally as possible wherever it is safe and sustainable
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5. RECOMMENDATION

The Board is asked to **NOTE** the content of this report and **AGREE** that:

- Subject to Management Board approval of the business case, responsibility for the implementation of the new ED service and staffing model at RGH should be formally passed to the RTE ILG, with a report being brought back to the Board in six months.
- Subject to Management Board approval of an overall paediatric service model for the Health Board, responsibility for the implementation of the most effective model at RGH should be formally passed to the RTE ILG, with a report being brought back to the Board in six months.
- Update reports on the operation of the Partnership Panel should be brought to the Board on a bi-monthly basis.