Freedom of Information Request: Our Reference CTMUHB_463_25

You asked:

1. **What are the names of each hospital where there is an emergency department (ED)(A&E) in your trust?**

   Royal Glamorgan Hospital (RGH)

   Prince Charles Hospital (PCH)

   Princess of Wales Hospital (POW)

   For each ED (A&E) in your trust could you answer the following:

2. **Is there a Medical End of life (EOL)/Palliative Care Lead in the ED?**

   RGH- one of the ED Consultants is the lead.

   PCH – Not currently.

   POW – Not currently.

3. **Is there a Nursing End of life (EOL)/Palliative Care Lead in the ED?**

   RGH - Currently there is no nursing lead for RGH ED however, plans are in place to commence the role for EOL care. The ED nursing team all play a vital role in providing compassionate care to patients and their families during EOL situations. All the nurses share the responsibility of EOL care with support from palliative care team.

   PCH – Not currently, however there is a link Registered Nurse for bereavement. As in the RGH, the ED nursing team all play a vital role in providing compassionate care to patients and their families during EOL situations. All the nurses share the responsibility of EOL care with support from Palliative Care Team.

   POW – Do not have a specific palliative lead care nurse however, two band 6 nurses are our link nurses and a band 7 paediatric nurse for paediatric bereavement. The ED nursing team all play a vital role in providing compassionate care to patients and their families during EOL situations. All the nurses share the responsibility of EOL care with support from Palliative Care Team.

4. **Does the ED have access to palliative care advice/guidance/input? If so, what hours is this for?**

   Please see response below.

5. **What type of service is this; is it an in person, phone advice, is it nursing or medical lead?**

   Joint answer for question 4 and 5:

   All sites:
   The ED teams have access to palliative care advice, guidance, and input. The Palliative Care Clinical Nurse Specialists (CNS) provide a face-to-face nursing service between 09:00 – 17:00 hours, 7 days per week.
   The Palliative Care Consultant is available in person during working hours on weekdays.
   During out of hours (OOH) the ED team have access to the Palliative Care Consultant who provide a service 24 hours a day, 7 days a week for phone advice.

6. **Does your ED have specific resources for patients who are dying/ EOL in the ED? What are these resources?**

   RGH - The ED has access to dedicated palliative care teams who provide symptom management, emotional support, and spiritual care to the patient. The Palliative Care Team are available to provide support and guidance for our patients and their families.
   The ED Nursing Team have access to the Symptom Early Warning Scores (SEWS) which is designed to support the assessment and management of physical symptoms for patients who are on the EOL care pathway.
   The ED team are currently working with the Palliative Care colleagues to develop pathways for direct admission via the ED, minimising steps in the process to benefit the patients and their families.

   POW- We have the Palliative Care Team that are in Y Bwthyn inpatient ward and they provide ED with their expert opinions and support. We also have SEWS in ED

   All sites:
   The ED team have access to online resources and advice via the Palliative and EOL Homepage via the Health Board Sharepoint.

   Please also see attached documents.

7. **Is there a specific space in your ED for patients who are dying to be looked after by the ED team?**

   RGH/ PCH:
   Whilst the ED does not have a dedicated space, there are isolated cubicles within the ED which are private to prioritise patient comfort, dignity and emotional support, allowing families to spend time with their loved ones.

   POW- unfortunately there are no cubicles in POW ED.

8. **Is there a fast-track option to a side room in the hospital for patients who are recognised as dying in the ED?**

   All sites: The ED team will inform the hospital flow team of patients who are being cared for on an EOL pathway. The hospital flow team are aware of the

vital importance to continue high quality end of life care and would strive to provide a side room on an admitting ward. If a side room is not available, the hospital flow team and the admitting ward will endeavour to continue to provide high quality end of life care by creating a quiet space, continue to provide emotional support and by prioritising and respecting patient's wishes and preferences.

9. Are you able to fastrack dying patients' home from the ED?

All sites: The Palliative Care CNS and consulting teams provide support and guidance for both patients and their families by understanding their wishes and preferences. All patients are assessed on their individual needs and holistically. The Palliative Care team will support the patient and their families in the best way most suitable for them and their presenting needs. If the option to fast-track home is the most suitable option to meet the needs of the patient, the Palliative Care team will support.

The Palliative care team have access to dedicated ambulance support between 09:00 and 17:00 hours to support transportation. Utilisation of this service would be advised by the Palliative Care team to ensure that this would be the most suitable option for the patient.

10. Does your ED prescribe anticipatory meds for the patient to go home with?

We do not currently have a process in place.

There are discussions on-going with the Cwm Taf Morgannwg (CTM) Clinical Navigation Hub regarding developing a pathway for this in future with support of the GP Our of Hours (OOH) service. The Clinical Navigation Hub also provide support to Community Nurses and the Ambulance Service to try reducing the conveyance of these patients to hospital where appropriate for care in the community.

11. If not, who does this?

Currently there is nothing in place formally other than via the Palliative Care Team in- hours and Urgent Primary Care out of hours.

12. Does your department use RESPECT forms?

All sites: Not currently.

If not, what do you use for your DNACPR options?

All sites: DNACPR form as per All Wales DNACPR SOP.

13. Is your department able to access religious support 24 hours a day?

All sites:
Yes. The ED team can access the Chaplaincy team 24 hours a day, 7 days per week via the hospital switchboard service.

The Chaplaincy team are based at the RGH site between 08:30 – 16:30 hours. The on-call Chaplaincy team are available between 16:30 – 08:30 hours and on the weekend.
The Chaplaincy service can arrange to support all faiths and leaders from all religious groups.

14. What are you first line medications recommended for each of the following Agitation, Analgesia (Pain), Respiratory Secretions and Nausea and Vomiting

As per All Wales Guidelines attached.

Pain- morphine
Agitation- Midazolam,
Agitation (Delirium)- Haloperidol, Levomepromazine
Noisy respiratory secretion- Hyoscine hydrobromide, Glycopurronium,
Nausea/Vomiting- Cyclizine, Haloperidol, Levomepromazine

Do you have a specific ED prescription with electronic or paper for these medications?

Not currently.
Electronic prescribing is being rolled out within CTM later this month in a rolling programme and so in future this will be in digital format.
Currently we would use the drugs and doses recommended in the All Wales guidance, attached below.

15. Are you able to share any of your specific ED documentation or guidelines that you use for EOL care and the dying patient both nursing and medical?

There is a CTM Health Board (HB) Palliative & End of Life Care page on the HB sharepoint.
The All Wales EOL guide is attached.
Please find attached the drafts that are being developed for RGH ED with Palliative Care team.

Documents attached 1, 2 and 3.