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**CTM BOARD**

# FUTURE OF EMERGENCY DEPARTMENT AT THE ROYAL GLAMORGAN HOSPITAL

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| **Date of meeting** | 29/06/2020 |
| **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)** | | |
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| **Committee/Group/Individuals** | **Date** | **Outcome** |
| This specific paper has not been considered by any other committee or group. | N/A | N/A |

| **ACRONYMS** | |
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| CHC | Community Health Council |
| CRG | Clinical Reference Group |
| ED | Emergency Department |
| EM | Emergency Medicine |
| GP | General Practitioner/General Practice |

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| ILG | Integrated Locality Group |
| MIU | Minor Injuries Unit |
| PCH | Prince Charles Hospital |
| POWH | Princess of Wales Hospital |
| RGH | Royal Glamorgan Hospital |
| SWP | South Wales Programme |

## 1. SITUATION AND BACKGROUND

In November 2019, the Health Board, building on existing work, formalised a project to develop proposals to ensure a safe, sustainable and effective solution for the provision of emergency medicine (EM) at the Royal Glamorgan Hospital (RGH). This was in the context of significant and long-standing safety concerns and incidents. These related to a high dependency on agency medical staffing due to a shortage of substantive consultant and middle grade doctors within the emergency department (ED) on that site.

The project was also established in the context of earlier recommendations from the South Wales Programme (SWP), which set out the future configuration of EM and other defined acute services within the region, some of which had not been fully implemented within the Health Board.

The Board has subsequently received and considered reports from this project during 2020:

- January: The Board agreed that two options should be prioritised for further development and assessed within the project structure. The Board also tasked the project with continuing to test the viability of retaining a 24/7 consultant led emergency department at RGH, including through enhanced efforts to recruit medical staff.

- February: The Board received a report on progress. The report included a summary of the programme of public, staff and stakeholder engagement that had been conducted in relation to the project, with the support of the Community Health Council (CHC), together with a summary of the key messages received from staff, the public and their elected representatives. The summary reflected the many significant challenges that had been raised in relation to the two options under development within the project and demonstrated the overwhelming strength of local feeling in favour of retaining 24/7 consultant led ED services at three sites within the Health Board, including RGH. The Board listened carefully to the issues raised by the community.

- March: The Board received a report confirming that Clinical Reference Groups (CRGs), made up of clinicians from a variety of disciplines and professions, had made significant progress in developing the detail of the models of care that were required to support the two options, as well as the existing 24/7 service. In view of the need to focus attention on the response to COVID-19, the Board approved a pause to the project, with work continuing on some aspects of the work should capacity allow. Work on medical staff recruitment continued.

- May: The Board received a report on progress that had been made in maintaining the delivery of 24/7 ED services at RGH including the appointment of a full-time consultant as clinical lead for the department. The Board agreed that work on the project should recommence, including work to further consolidate and build on the current recruitment drive, "leaving no stone unturned in enabling delivery of a 24/7 Emergency Department". The Board agreed that a firm recommendation on future service development should be brought to the Board in June 2020.

Since its inception, the focus of the project has been to ensure the delivery of safe and sustainable ED and related services for the Health Board's population. There is clearly substantial public support for maintaining 24/7 consultant led ED services at RGH, but the primary barrier to this has been ensuring patient safety with limited substantive medical staffing and issues stemming from this.

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

### 2.1 Progress with ensuring the safe delivery of a 24/7 consultant led Emergency Department at RGH

The newly established Rhondda & Taf Ely Integrated Locality Group (ILG), combined with the new medical leadership within the RGH ED, have already had a significant positive impact. There has been a renewed focus on the development of effective multidisciplinary working in the department and supporting teams.

There has also been significant early progress in recruiting further medical staff to the RGH ED. This has, in turn, already had a significant positive impact on the culture within the team.

A renewed focus on governance, joint working with other specialty teams and the ongoing development of a new workforce model is allowing the ED to move into a more sustainable position. There is significant further work to be done, but the direction of travel is highly encouraging.

These developments have enabled considerable progress to be made in addressing historical and recent safety concerns and in laying the groundwork for safe and sustainable service delivery in the future.

Specific recent achievements have included:

- a strengthening of the department's multidisciplinary leadership team
- early success in the recruitment of consultant medical staff

- early success in the recruitment of middle grade medical staff to the department, with further interviews currently planned
- further interest from potential ED consultants in response to ongoing recruitment initiatives, with further interviews currently planned
- early success in developing substantive roles for existing locum staff, encouraging their longer-term employment in the department and providing support and supervision to allow qualification as a consultant
- a significant improvement in medical rostering and shift-fill in the department, with a decreased reliance on single-shift agency doctors
- more consistent and effective team working resulting from consistent medical shift fill
- increased support from the ED at Princess of Wales Hospital (POWH)
- development of plans for expanding the roles of nursing staff within the ED through increasing the potential roles of the nurse practitioner and nurse consultant workforce
- development of other professional roles within the department, including for physiotherapists
- implementation of innovative models to deliver care in the department and new ways of working, implemented at pace, facilitated by the response to COVID
- progress with the development of long discussed models for surgical care and paediatric support for the department, catalysed by the flexible response to COVID
- recruitment of a consultant to lead the development and implementation of a new model for delivering services for minor injuries and minor illness, including in Ysbyty Cwm Rhondda, to help reduce inappropriate ED attendances (thereby reducing pressure on the RGH ED)

Note: Additional information relating to the above points is set out in the appendix.

## 2.2 Impact of COVID-19

The effect of COVID-!9 has been immediate and this has been widely understood. However, the effects will also be long term. Delivering clinical services safely for patients and staff in the COVID context will continue to have significant implications for services across the Health Board and for the RGH ED.

The pressures and challenges of the COVID response have made clear that the RGH ED department is a core component of the portfolio of acute services delivered at RGH.

As set out in the previous section, significant changes have been facilitated and catalysed by the COVID-19 response. Relationships with other specialty

teams at RGH have been enhanced. Revised patient pathways have been developed alongside significant physical changes in the department to improve safety and reduce the risk of COVID transmission.

The implications for ED capacity of the physical and operational changes required to operate in the current COVID environment make the consolidation of EM services onto fewer sites an even greater, and probably an unsurmountable, challenge.

The Royal College of Emergency Medicine (RCEM) has emphasised that EDs will need to continue to operate in segregated streams, with an absolute focus on minimising hospital acquired (nosocomial) infections. There will be a 'nosocomial dividend' from this approach, with reduced infections to staff and patients and improved safety and quality of care.

The ED at the RGH is in a positive place to meet these aims and has:

- 'green' and 'red' ED areas
- comprehensive acute physician support at the front door
- 'stay well @home' service provision
- robust links to primary care, community and mental health services

## 2.3 Development of Minor Injury/Illness Services

In addition to work to improve the safety, quality and sustainability of the RGH ED, further work has commenced to develop services for those with minor injuries and illness who do not require assessment/treatment at an ED.

This is in the context of changes in public behaviour during the COVID pandemic that have decreased attendances at EDs for minor conditions, resulting in greater capacity to respond to more serious emergencies.

The population have received advice and care for minor illness and injury during this period from pharmacy, primary care and community services.

This has demonstrated the real potential for care closer to peoples' homes, thus reducing levels of less appropriate ED attendance and creating timely, appropriate, and accessible models of care.

To lead and support this work, a recently retired EM consultant has been recruited into the team and will be working in the minor injuries unit (MIU) at Ysbyty Cwm Rhondda (YCR) two days a week.

This new role will lead on service re-modelling with a view to increasing local access for local communities to appropriate minor injury and illness provision.

The redesign project aims to:

- improve timely access to services
- develop the provision of accurate advice and direction to appropriate services
- provide greater clarity for patients to guide choices in accessing treatment and advice
- ensure that the public are fully informed of the role and treatments available at their local MIU
- explore how access can be improved for patients in the Rhondda, particularly for those who have difficulty in accessing care on the Health Board's hospital sites

The Health Board is committed to strengthening its relationship with the local community, in order to ensure developments in the service are the right developments for the community and also that they reduce the pressures on the RGH ED, allowing the appropriate focus on more serious accidents and emergencies.

## 2.4 Consideration of existing options in light of recent developments and experience

### 2.4.1 Options under consideration

To date, the project has been working to consider the feasibility and safety of two options, whilst providing new impetus and focus in the delivery of 24/7 consultant-led ED services at RGH.

In summary, the two options have been:

- **Option A**: To transition the RGH ED from a consultant-led service to a 24/7 nurse practitioner led Minor Injuries Unit (MIU), the model proposed in 2014,
- **Option B**: To continue a consultant led RGH ED, but with an overnight reduction in service to reduce the pressures on medical staffing

### 2.4.2 Option A

In the context of work done on the project to date and in light of recent developments, as outlined above, Option A is no longer seen as a viable option that should be further progressed. Specific reasons for this assessment include:

- The reduction in ED access for a significant part of the Health Board's population, with large numbers of people having difficulties in travelling to a 24/7 ED at either PCH or POWH in a timely manner
- The inability of the other hospital sites to manage the increased demand if the RGH ED was to become an MIU.
- The substantial barriers to increasing ED capacity in PCH and/or POWH
- The overall reduction in functional capacity in EDs across the Health Board, due to the need to deliver care in a COVID-19 environment, with the need to ensure social distancing through physical and operational changes
- Safety concerns about 'walk in' emergencies at a site served only by an MIU
- Difficulties in identifying appropriate safe and sustainable models of care through the work of the project to date
- Perceived consequences for the wider sustainability of hospital services (particularly linked to the retention of staff) in the Rhondda & Taff Ely ILG.

Many of the above issues have also been raised by members of the public, their elected representatives and campaign groups during the project, both through formal engagement and consultation mechanisms and by other means.

The project team and the Board have been clear throughout that the views of the community are important, have been actively sought and have informed this assessment.

2.4.3 Option B

The option to provide a consultant led ED service, but with an overnight reduction in service, is also not without challenges in delivering an accessible and safe service.

The service pressures and capacity issues generated in surrounding EDs would be potentially manageable, but, nevertheless, would require capacity building and additional resource in those units.

The ability to access services in a timely fashion, as for Option A, would apply during the hours of closure.

Sections 2.1 to 2.3 of this report have described the improvements that have been made to the current 24/7 service at the RGH ED. This enables the project team to make the assessment that there is no requirement to further develop Option B.

It is, however recognised, that staffing levels at all three Health Board EDs remain below levels recommended by professional bodies and will remain so in the short to medium term.

In view of this ongoing fragility, it is prudent to further develop existing contingency plans.

These plans could include temporary overnight closure to ambulance admissions of a specific ED in defined circumstances; where patient safety could not be assured in that department, but with the department remaining open to patients attending as "walk-ins".

These plans will include clear thresholds and trigger points and detailed operating procedures. They will build on existing plans that were previously implemented at RGH during the Christmas period in 2019, and be informed by the work to develop Option B.

## 2.5 Conclusions and proposed next steps

Much progress has been made in a short period of time, partly facilitated by the flexible response to the COVID pandemic and the resulting changes to working arrangements pathways and facilities.

More importantly, new clinical leadership has resulted in changes in culture and attitude that are continuing to facilitate successful recruitment to the RGH ED. Historical and recent safety concerns have been significantly addressed and the quality of service continues to improve.

Progress in the RGH ED is being supported by the commencement of focused work on the design and delivery of local services for those with minor injuries or illness who do not require assessment or treatment at an ED. The continuation of this work will be critical to a future sustainable 24/7 ED and will rely on communities utilising services differently.

As a result of the progress described in this report, and with the support of the local community, it is concluded that the most appropriate way forward is for the Health Board to commit to the progressing of the further work needed to ensure the safe and sustainable delivery of 24/7 consultant led ED services at RGH, PCH and POWH.

Such a commitment will give the certainty and confidence necessary to facilitate further successful recruitment and service change.

In the light of progress to date, the leadership of the project has concluded that a safe 24/7 consultant led ED can be sustainably delivered at RGH, as one of 3 EDs within the Health Board area.

Further work, in partnership with the community through a Partnership Panel for Cwm Taf Morgannwg, is now needed to:

1. develop appropriate models of care, in meaningful partnership with the community, for the RGH ED, supporting services at RGH and local services for those with minor injuries and illness
2. develop plans to mitigate the risks stemming from the ongoing fragility of medical staffing

In the meantime, efforts will continue to recruit to EM consultant, middle grade doctor and nursing posts.

Note: Further detail in relation to some of the specific underpinning actions is contained in the appendix.

## 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.
- There is an ongoing need, exacerbated by the impact of COVID-19, to take action to ensure continuity of service provision prior to the implementation of future project recommendations.
- 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

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| **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) |

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| | To be considered within the scope of the project. |
| **Resource (Capital/Revenue £/Workforce) implications / Impact** | Yes (Include further detail below)<br>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 |

## 5. RECOMMENDATION

The Board is asked to **NOTE** the content of this report.

The Board is asked to **NOTE** the progress in addressing the medical staffing shortages in the Royal Glamorgan Hospital Emergency Department and the further work needed to ensure long term sustainability.

The Board is asked to **APPROVE**

- a commitment to the ongoing, long-term, delivery of emergency medicine services through a 24/7 consultant-led Emergency Department at the Royal Glamorgan alongside those at Prince Charles and Princess of Wales Hospitals

- the rejection of any further development of **Option A** (a 24/7 MIU at the Royal Glamorgan Hospital)

- the rejection of any further development of **Option B** (reducing the operational hours of the Royal Glamorgan Emergency Department)

- the continuance of work to develop the detailed underpinning service and staffing models for emergency medicine, minor injury and illness services and relevant elements of supporting specialities

- the establishment of a Partnership Panel, with active community and staff involvement, to support development and implementation of models of care

- the development of contingency plans in response to any short-term staffing pressures in the Health Board's Emergency Departments which preserve access to safe and high-quality care.

## APPENDIX - Safe and sustainable delivery of a 24/7 consultant ED at RGH – Additional Information

| **Medical Workforce – Substantive and Locum Staff** | |
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| *Progress to date* | *Next steps* |
| The RGH ED now has seven-day consultant cover, provided by:<br>• 2.0 WTE consultants (including the clinical lead)<br>• Two long term locum consultants<br>• 0.4 WTE share of a full-time consultant working across RGH and POWH<br><br>This has also allowed a consultant to undertaking key administrative duties, Monday to Friday, including reviewing:<br>• radiology reports<br>• all paediatric attendances to highlight safe-guarding issues<br>• "did not wait" cases<br>• complaints<br>• coroners' statements<br><br>Substantive middle grade staffing has increased to 7 WTE (from 1.8 WTE in March 2020) through:<br>• developing and agreeing substantive roles for four existing locum middle grade staff<br>• recruiting a further full-time middle grade doctor<br><br>Ad hoc internal locum doctors have been recruited, making the department less reliant on agency doctors and improving patient safety and continuity of care. | Consultant recruitment is continuing. Currently there are approximately 80 EM trainees in Wales. This number has increased substantially over the last 10 years. Welsh trainees usually take up consultant posts in Wales, increasing the chances of successful recruitment.<br><br>To sustain the 24/7 medical rota the department requires a total of 20 middle grade doctors and posts are currently being advertised.<br><br>The department is looking to recruit 10 Junior Clinical Fellows and an advert is currently being finalised. The posts are portfolio jobs to be attractive and sustainable and also give time for non-clinical duties that will benefit the department There has already been interest in the posts and the department aims to have five employed by the end of August 2020.<br><br>Some of the department's middle grade doctors wish to complete a Certificate of Eligibility of Specialist Registration (CESR). By supporting the doctors through CESR programmes it is hoped that they will subsequently apply for consultant posts.<br><br>Once the department is fully staffed, it is planned to apply for recognition for Emergency Medicine Training. Initial discussions have already taken place with the Foundation Programme Director at the RGH and the Dean for HEIW. |

| **Medical Workforce – Agency Staff** | |
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| *Progress to date* | *Next steps* |
| All agency doctors' CVs have been reviewed by the clinical lead and a core group of doctors who provide high clinical standards of care is now being used. | There remains a need to utilise agency doctors whilst recruitment is ongoing, but this should continue to reduce over time. Any new agency doctors will only be used subject to:<br>• their CV being approved by the clinical lead.<br>• meet with the clinical lead and having a specific induction process prior to undertaking any shifts<br>• 'buddying up' with a substantive doctor at the start of each shift |
| **Developing the Multi-disciplinary Team** | |
| *Progress to date* | *Next steps* |
| Currently, there are four highly experienced Advanced Clinical Practitioners (ACPs) working in the RGH ED, who work autonomously across a wide case mix.<br><br>The role of the Advanced Clinical Practitioner (ACP) in EDs is relatively new. Working as part of the multidisciplinary team they make an important contribution to EM. ACPs in Emergency Care may work only in the adult area, in the children's area or throughout the department. Emergency Care ACPs (EC-ACPs) are able to:<br>• look after patients with a wide range of pathologies<br>• identify the critically ill and injured, providing safe and effective immediate care<br>• use expertise in resuscitation<br>• establish the diagnosis and differential diagnosis rapidly and initiate or plan for definitive care<br>• work with all the in-patient and supporting specialties as well as primary care and pre- hospital services<br>• identify who needs admission and who can be safely discharged | The future vision is to expand this group in the ED workforce. This is in part to provide a sustainable skilled workforce but also to introduce some career progression for the dedicated nursing staff. The current plan is the creation of a trainee ACP post to train a future ACP, expansion of trained ACP workforce with additional posts plus senior ACP posts.<br><br>These posts will supplement the middle grade medical rota, but also provide additional workforce to support the senior ED team with education, quality improvement, undergraduate education, research and governance.<br><br>We are also planning to appoint two Nurse Consultants. These posts are usually 50% clinical with dedicated management time for leadership and service development roles. Nurse Consultants would be responsible for the nurse practitioner workforce leading on development, training, support and education.<br><br>There is local interest in all the above roles. |

| **Clinical Governance** | |
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| *Progress to date* | *Next steps* |
| The clinical lead, with the full involvement of the nursing and management team members, has put into place improved and robust clinical governance arrangements:<br>• Weekly meetings have been introduced to discuss all incidents, complaints and risks related to the ED<br>• There has been a reduction in incidents, although it is not yet clear if this is caused by reduced attendances due to the COVID-19 situation<br><br>Specific improvements to date include development of:<br>• new ED nursing documentation<br>• a new doctor clinical assessment proforma<br>• flow chart for review of radiology reports<br>• a database of all missed x-rays, complaints and incidents, which are fed back to the relevant individual with suggested further learning. | Patient feedback forms will be implemented, and any informal concerns will be responded to within 24 hours.<br><br>The GP discharge letter is being reviewed in liaison with cluster Leads and IT. |
| **Service Improvement and Pathway Redesign** | |
| *Progress to date* | *Next steps* |
| Many pathways have changed due to the COVID-19 response and there has been considerable support from other departments in RGH. Specific recent actions include:<br>• development of an RGH ED handbook (based on POW version), available on the SharePoint site, with clinical information, local pathways and patient advice leaflets<br>• development of pathways for a number of fractures that do not need any Trauma and Orthopaedics follow-up<br>• a review of ENT equipment, with the ENT team, led by a regular locum who is planning a career in ENT<br>• a review of CT requesting with the Radiology team | Specific planned actions include:<br>• implementation of new pathways for ambulatory management for Urology Emergencies<br>• development of patient information leaflets for conditions referred to AECU<br>• development of new mental health pathways<br>• a 'frequent attender' project led by a Specialty Doctors with previous experience in substance misuse and mental health<br>• an electronic database of all activity evidencing learning and action plans<br>• clinical governance days for the multi-disciplinary team |

| **Changes to respond to COVID – 'Red' and 'Green' services** | |
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| *Progress to date* | *Next steps* |
| As part of the COVID-19 response, significant changes have been made to the physical environment within the ED and a second green ED area has been commissioned.<br><br>Pathways for navigation from triage to reduce the number of patients whose healthcare needs could be met better by another service. | An extension to the department will be required in order to maintain social distancing within the waiting area and clinical areas. Plans for this are being developed.<br><br>Pathways are being explored with primary care and the GP Out of Hours service, as well as specialties at RGH. |
| **Redesign of Minor Injury Services** | |
| *Progress to date* | *Next steps* |
| It has been agreed that a retired consultant will return to the team and will:<br>• provide consultant support to ensure effective clinical governance and patient safety within the MIU at YCR<br>• lead on service re-modelling with a view to increasing access for local communities to minor injury and illness provision as part of the UHB plans for the post COVID-19 pandemic period. | The redesign project will aim to:<br>• reduce waiting times for NHS Direct call back<br>• ensure the provision of accurate advice and redirection, when required<br>• avoid patient confusion<br>• reduce reliance on EDs<br>• address communication issues<br>The directorate team is happy to work alongside the CHC and local pressure groups as part of the redesign programme. |