

AGENDA ITEM

3.3.2

CTM BOARD

**SAFE, SUSTAINABLE AND ACCESSIBLE EMERGENCY MEDICINE AND
MINOR INJURY AND ILLNESS SERVICES FOR THE PEOPLE OF
RHONDDA TAF ELY**

Date of meeting	30/09/2020
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	Mark Dickinson, Programme Director
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Presented by	Mark Dickinson, Programme Director (on behalf of Dr Nick Lyons, Executive Medical Director (SRO))
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Approving Executive Sponsor	Executive Medical Director
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Report purpose	FOR NOTING
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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
PID	Project Initiation Document
RGH	Royal Glamorgan Hospital
RTE	Rhondda Taf Ely

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)'
- recommended the formal closure of the former 'Emergency Medicine and Inpatient Paediatrics Services Project' (which was framed in terms of progressing the implementation of the recommendations of the South Wales Programme)
- described arrangements for progressing the new project, specifically:
 - adopting an approach that is flexible and capitalises on new ways of working adopted during the response to COVID-19, whilst also ensuring that there is appropriate oversight and governance of decision making and resource allocation
 - committing to the establishment and operation of a Partnership Panel, drawing on input from individuals in the community with a particular interest in contributing to this work and ensuring that specific minority perspectives are incorporated
 - establishing workstreams as set out in the appendix

The Board noted the report and approved its recommendations. A commitment was given to provide bi-monthly updates to the Board.

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

The following sections provide an update on the progress of the new project and its subsidiary workstreams.

Overall Project Governance

A project initiation document (PID) has been developed and membership of the project board has been identified. The project board has been

convened and met for the first time on 22 September to approve the PID, review progress and agree next steps.

It is clear that, increasingly, the work overseen by the project will be progressed at the ILG level and via the separate 'phone ahead' project (see below). The project will maintain oversight of, and linkages to, the relevant strands of work and will ensure that resource allocation decisions, beyond the delegated authority of the ILG, are referred to the Management Board and Board, as appropriate.

Arrangements for directing patients to the most appropriate service (Triage) and Design of minor injury and lineless services in RTE

Following a Welsh Government commitment to a nationally coordinated 'phone ahead' system for directing patients appropriately to emergency medicine, minor injuries and other services, work underpinning these aspects of the project is currently being progressed by a separate health board-wide project. This project is led by the Executive Director of Operations, Alan Lawrie, and is closely integrated with the relevant national work. It has been determined that initial patient contact will be via the 111 service, with a close interface with local arrangements and pathways. The aim is for the new arrangements to go live before the end of 2020.

The two projects are ensuring close liaison, with cross representation, and it is intended that the Partnership Panel (see below) will provide input to the work on the 'phone ahead' system and related arrangements. Further work on the detailed configuration and operation of minor illness and injuries services will be progressed by Integrated Locality Groups (ILGs) in 2021, following the implementation of 'phone ahead' arrangements.

Design of emergency medicine services at RGH

Work on a workforce model for the RGH ED, and an associated business case, is being progressed at the RTE ILG level. The business case will be considered for approval within the ILG and any wider financial or service ramifications will be progressed through the project and brought to the Board in November.

In the meantime, within current budgets, strengthening of the RGH emergency department staffing has continued. The current medical staffing levels are as follows:

- 4.3 WTE ED consultants (2.3 WTE substantive and 2.0 WTE long term locums)
- 0.3 WTE ED consultant input as part of cross site arrangements
- 7.0 WTE ED specialty doctors (eight individuals with two working across sites)

- 3.0 WTE junior clinical fellows

A new additional full time substantive ED consultant will take up post on 19 October, with additional sessions working in the new Major Trauma Centre at the University Hospital of Wales.

Three overseas candidates have recently been offered posts as junior clinical fellows. Although one has withdrawn, start dates are being negotiated with two, but travel complications may delay these dates.

Medical job descriptions continue to be redeveloped and further consultant specialty doctor and clinical fellow posts will soon be advertised, with interest expected.

Subject to approval, two advanced nurse practitioner posts will be advertised to replace staff retiring and being redeployed.

Design of paediatric support to the RGH emergency department

A working group to develop appropriate paediatric support arrangements for the RGH ED has been convened and is meeting weekly. The group has cross-ILG membership and is working in the context of an overall model for inpatient paediatric service delivery across the health board's three general hospital sites and the need for sustainability of those services and of neonatal services. Options have been developed and are under assessment, prior to a preferred option being selected for consideration by the project and ultimate approval by the Board in November. Once agreed, responsibility for implementation of the model will be transferred to the RTE ILG.

Public engagement and communications

A call for expressions of interest for participants is being made, through multiple communications channels (including social media) before the end of September. Efforts will be made to ensure the call is shared with as many representative groups as possible.

An initial priority for the panel will be to support the work being undertaken on designing the local aspects of the 'phone ahead' triage arrangements (as described above).

The initial work of the group will be reported to the Board in November.

Finance

Work has been undertaken to establish baseline staffing costs for the RGH ED, taking into account historical actual agency/locum costs and the fact

that staffing costs are spread over multiple budgets. This information is being validated and will be used as a comparator in assessing the costs of the new staffing structure under development.

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

5. RECOMMENDATION

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



APPENDIX – Project Workstreams

