



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>12 December 2019</b>	<b>Agenda Item</b>	<b>2.3</b>
<b>Report Title</b>	<b>Acute and Emergency Paediatrics at SBU</b>		
<b>Report Author</b>	Clare Dieppe, Paediatric Consultant		
<b>Report Sponsor</b>	Gareth Howells, Director of Nursing & Patient Experience		
<b>Presented by</b>	Clare Dieppe, Paediatric Consultant		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	An update on the improvement work underway and progress towards meeting the national standards in the Paediatric Emergency Department and current status of the Single Point of Access project.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• Single Point of access project –supported by Executive team and options appraisal developed. Update to Transformation Portfolio Board 11/12/19 to determine which option to work up as IBG.</li> <li>• Workforce – employed two paediatric nurses within ED taking total to 3. Still running most shifts on a single nurse within the CED and a long way from the standard of 2 paediatric nurses per shift. Highlighted consistent risk issues associated with only one nurse to Morriston Q&amp;S again on 27/11 and in response a request to increase establishment was taken to Morriston FRG first week December (?outcome)</li> <li>• Kendal Bluck work suggesting more consultants and increased nursing establishment for ED, also included increased nursing and consultant cover in CED, still not agreed.</li> <li>• Working on further changes to room usage within department to increase cubicles available, and enable safer space for C&amp;YP with mental health issues.</li> <li>• Triage improvement project underway within ED, working with primary care colleagues on supporting / enabling redirection of patients. Increasing to 2 nurses will enable paediatric triage within CED, which should improve efficiency and safety of both paediatric and adult triage</li> <li>• Standards – despite the improvement work undertaken we will not be able to meet the standards without a significant change in ways of</li> </ul>		

	<p>working and processes. We will, however, need interim measures whilst await decision, build, recruitment for single point of access, but these will be supportive of the longer term project.</p> <ul style="list-style-type: none"> <li>• Unsure of visibility with unscheduled care action plan</li> </ul>			
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report</li> </ul>			

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 checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" 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 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		
<p>Unable to provide high quality safe patient care in current service provision. Proposal for single point of access enables us to share workforce, meet standards, recruit and retain staff and provide safe care. Children and young people still waiting in, and being seen within adult ED, by non-paediatric trained nurses and without paediatric trained senior support. Increased winter attendances further highlighting challenges in providing service. Trainee doctors report feeling unsafe and unsupported in CED, more paediatric incidents.</p>		
Financial Implications		
<p>The development of single point of access will not be cost neutral. A project plan is underway to present an options appraisal to the Executive Team at the Transformation Portfolio Board 11/12 and then to SLT January 2020. A formal IBG will be worked up and submitted before the end of the financial year, which will include workforce and estates costs.</p> <p>The interim measure of increasing to 2 nurses 24/7 in CED will have a cost implication of 5.8 wte Band 5. The interim change of room use should have minimal cost implications.</p>		
Legal Implications (including equality and diversity assessment)		
None.		
Staffing Implications		
<p>The workforce model for single point of access has been developed as part of our options appraisal. This will require some Consultant and nursing recruitment. It is envisaged that the doctors in training workforce will come from current establishment within the Paediatric and Emergency Departments. The interim uplift in nurses will be taken into account in the IBG.</p>		

<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
<p>Briefly identify how the paper will have an impact of the “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.</p> <ul style="list-style-type: none"> <li>○ <b>Long Term</b> – Ability to provide high quality care for children and young people in Swansea and surrounding area, impacting on the health and wealth of our population in the long term.</li> <li>○ <b>Prevention</b> – Combined workforce from Paediatrics and PEM will enable us to pay attention to public health and early intervention for key issues like childhood obesity, dental health, Adverse Childhood Experiences etc. preventing longer term health impacts.</li> <li>○ <b>Integration and Collaboration</b> – Joining up care across the system from primary care and secondary care, will enable us to ensure that well-being objectives across the spectrum of care for children and young people are considered.</li> <li>○ <b>Involvement</b> – Ensuring continued involvement of the Youth Forum in the development of the new area and processes, to ensure that we are providing a service that is equitable and accessible.</li> </ul>	
<b>Report History</b>	<p>Poor performance of CED against national standards and Single Point of Access as future direction for Acute and Emergency Paediatrics at SBU has been presented in various forms at;</p> <ul style="list-style-type: none"> <li>• ED Governance Meetings since June 2018</li> <li>• Paediatric time out day November 2018</li> <li>• Morriston Quality and Safety committee x4 2018 and 2019</li> <li>• ECHO service board March 2019</li> <li>• SBU Quality Safety Forum March 2019</li> <li>• Paediatric surgical meeting Morriston x2 2019</li> <li>• Childrens Strategic Board summit June 2019</li> <li>• RCPCH National meeting July 2019</li> <li>• Executive senior Leadership team meeting July 2019</li> <li>• Singleton Management Group September 2019</li> <li>• SBU Q&amp;S Committee October and December 2019</li> </ul>
<b>Appendices</b>	None.