



Paediatric Services Update

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 - Early feedback received from the Community Health Council (CHC) survey
- Accommodation and Transportation Arrangements
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- Signage update at Withybush General Hospital (WGH)
- Triage Tool and audit for WGH Emergency Department
- Glangwili Hospital (GGH)- Enhanced Paediatric Ambulatory Care Unit (PACU) model- to include additional Emergency Department (ED) support
- Next Steps

Situation

- Temporary service change initiated in March 2020 in response to COVID-19 pandemic planning.
- Extended with support of the ~~Public Health Board~~ following discussion on 30th September 2021, as a response to Respiratory Syncytial Virus (RSV) surge.
- Puffin Ward being utilised as an unscheduled care response to COVID- 19/ non-COVID-19 flow.

Risk Register Entry

- Risk 1274: Pembrokeshire Paediatric Pathway (Acute and Emergency presentations at WGH)

Added 03 November 2021- Service Level

Current risk score of 12 (inherent of 15)

Whilst the pathway remains in place for critical care presentations, and given the ongoing clinical risks, the current score is unlikely to be reduced.

Formation of Pathway Control Group

- Provide a platform for collective senior sign off of key decisions/actions.
- Monitoring of temporary service change with key stakeholders and senior clinical and managerial decision makers.
- Respond rapidly to adverse outcomes or increased clinical risks.
- Provide overall governance and assurance to the Executive Team.

Control Group (continued)

- Membership.
- General Manager, Women's and Children's - (Chair)
- Clinical Director and Clinical Lead- Paediatrics
- Service Delivery Manager (Deputy Chair)
- Clinical Leads- GGH and WGH ED
- General Managers- GGH & WGH
- WAST senior team (Pembrokeshire)
- Engagement team
- Communications team
- Patient Experience team
- Operational medical teams (anaesthetic and paediatric consultants)

Management of Change

Positive Actions and Reviews

- Strong collaboration across a variety of services with representation in the Control Group.
- Early stakeholder engagement achieved.
- Engagement Team are going to use the processes adopted ~~by this process~~ as a basis for future service change across the organisation.
- Strengthened relationships with WGH and GGH ED and Paediatric teams in terms of collaboration and partnerships/ pathways.
- Positive support from CHC and the Consultation Institute.
- ~~Very few~~ A low number of submissions to the Health Board (HB) in terms of complaints.

Monitoring of Performance

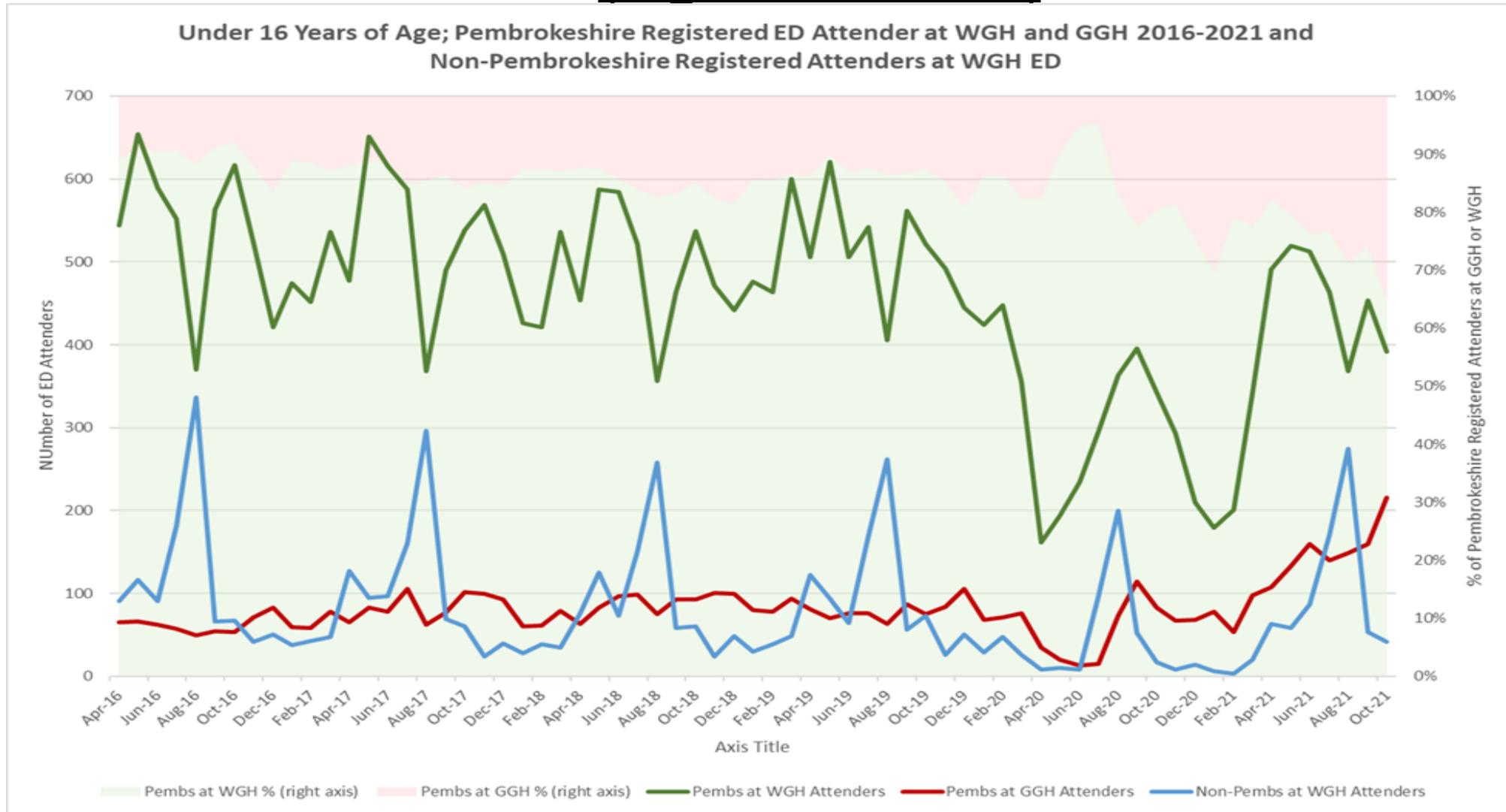
Agreed Indicators:

- Demand analysis (monthly)- utilising Lightfoot Data
 - Clinical coding applied- Minor illness vs injury definitions
 - ED admissions data at GGH and WGH
 - Dedicated Ambulance Vehicle (DAV, WAST) information re 999 community calls and intra-hospital transfers

Ability to interrogate:

- Sources of referrals (e.g. self referral/ NHS Direct/ 999 etc.)
- Use transportation to the ED (e.g. Private Vehicle, Ambulance etc.)
- Locality of resident (e.g. by county/ by unregistered (e.g. holidaymaker)
- ED triage priority (Immediate/Very Urgent/Urgent/Standard/Non Urgent/ See and Treat)
- ED attendance outcomes (e.g. admitted to other hospital within HB/ Discharged? Referred to own GP etc).

Initial review of Paediatric ED attendances (Lightfoot data)



Patient Experience Agreed Metrics

- All Wales Paediatric Questionnaire
- Ward Based 1:1 interview with patient experience apprentices
- Patient Experience Questions (via QR codes and direct questioning)
 - My time in Hospital (aged 4-11 years)
 - My Experience in Hospital (aged 11-16)
 - Parents and Carers questions
- Complaints and Concerns monitoring (to include social media scrutiny/ CHC survey outcomes, ~~as well as~~ Datix, etc.)
- Internal review (daily) of ward acuity- and all Wales submissions of ward demand / capacity (similar to COVID- 19 hospital submissions)

CHC survey feedback- initial analysis

First submission of anonymised feedback received on 19th November 2021.

Focussed on Paediatric attendances at both GGH and WGH ED.

For formal review by communications, engagement and service meeting week commencing 29th November 2021.

Positive Themes:

- Positive behaviour and communication by clinical staff
- Care received within PACU & Cilgerran
- Ability to stay with child
- Support/ recognition of staff operating in operational pressures

Challenges:

- ED pathway delays
- Poor communication
- Absence of paediatrics at WGH
- Lack of comfortable waiting room space within EDs

Accommodation/ Transport arrangements

Accommodation

- In GGH- each bed space supports 1 patient staying
- Recliner chair
- Sofa beds
- COVID-19 restrictions still apply.
- Opportunity to access 2 furnished double rooms on the site.
- If required- Service Delivery Manager (SDM) would access local B&B

Transport

- Anyone attending **at** WGH will be assessed (triaged) and transport arranged- DAV predominantly (or own)
- Similar from GP
- Strong public transport links identified and work to publish under way
- If discharge out of hours and no transport- contract taxi to be considered
- Most parents have own transport
- No requests reported to SDM since **January** 2021

Communications Plan

- Aim – to ensure broad awareness and expedite the Board decision to extend temporary service change until review in March 2022
- Information sharing commenced on 30 September 2021, in conjunction with the decision reached by the Health Board.

Communications- five key messages:

- Continuing with temporary changes to children's hospital services in the south of HDdUHB until a review scheduled for 2022, in order that we can provide very ill children who need treatment from specialist doctors, with the care they need.
- To enable space for WGH's COVID-19 response, the Paediatric Ambulatory Care Unit and its specialist staff are currently transferred to GGH, Carmarthen
- Children with serious illnesses or injuries need to be seen at an ED with co-located children's hospital services (BGH in Aberystwyth or GGH in Carmarthen). If a child has serious injuries or a life-threatening illness please call 999.
- WGH Minor Injury Unit can still provide treatment for children with minor injuries 24/7 and children over 12-months-old can also get treatment for minor injuries from Tenby Hospital or at Cardigan Integrated Care Centre Minor Injury Unit
- There are several other ways in which you can care for unwell children including care at home, from the NHS Wales online symptom checker, from your pharmacist (Chemists), GPs and other Primary Care Services, and if you are unsure you can contact NHS 111 Wales

Communications- Examples of Tactics

- Staff and stakeholder communication will take place to update on Board decision
- Media coverage of Board decision
- Reach non-digital audiences living in or visiting Pembrokeshire
Radio advertisements, Leaflet drops, Signage
- Use clinical voice to raise awareness of pathways and build confidence (videos featuring HB clinicians)
- Use social media to issue regular reminders to key audiences
 - Almost 191,000 posts 'reached'
 - Almost 8000 acknowledgements signifying engagement

Webpage update

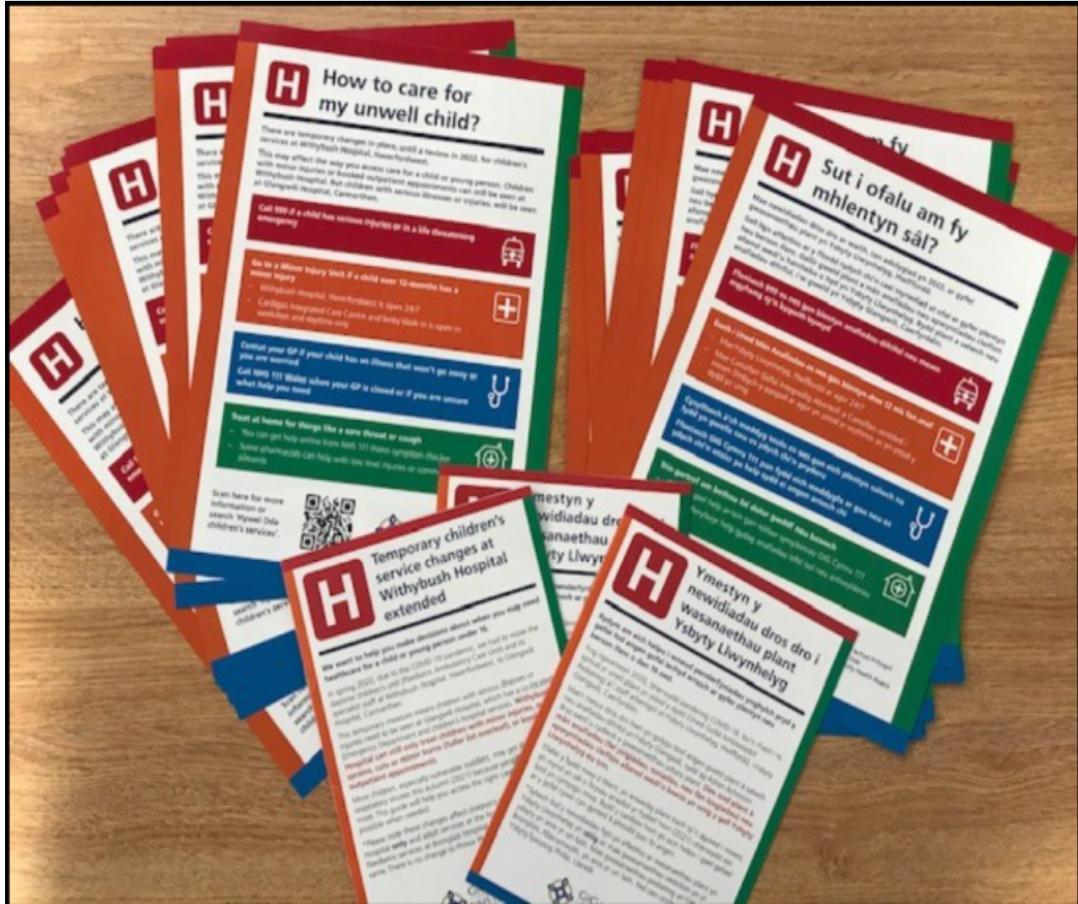
Home > Healthcare > Services and teams > Children's services > Temporary children's service changes Withybush Hospital

Temporary children's service changes Withybush Hospital

A copy of this leaflet will be posted through your letter box very soon, to read a copy of the English version click the link below. More languages will be available shortly.

- English version
- Welsh version
- Arabic version
- British Sign Language version
- English audio version
- Easy read version (PDF, 6.1Mb)

Leaflet distribution/ information



Withybush Hospital can still treat children with minor injuries

What is a minor injury?

- ✓ minor wound
- ✓ minor burn
- ✓ insect bites
- ✓ sprain or potential broken bone
- ✓ minor head or face injuries
- ✓ foreign bodies in nose or ear

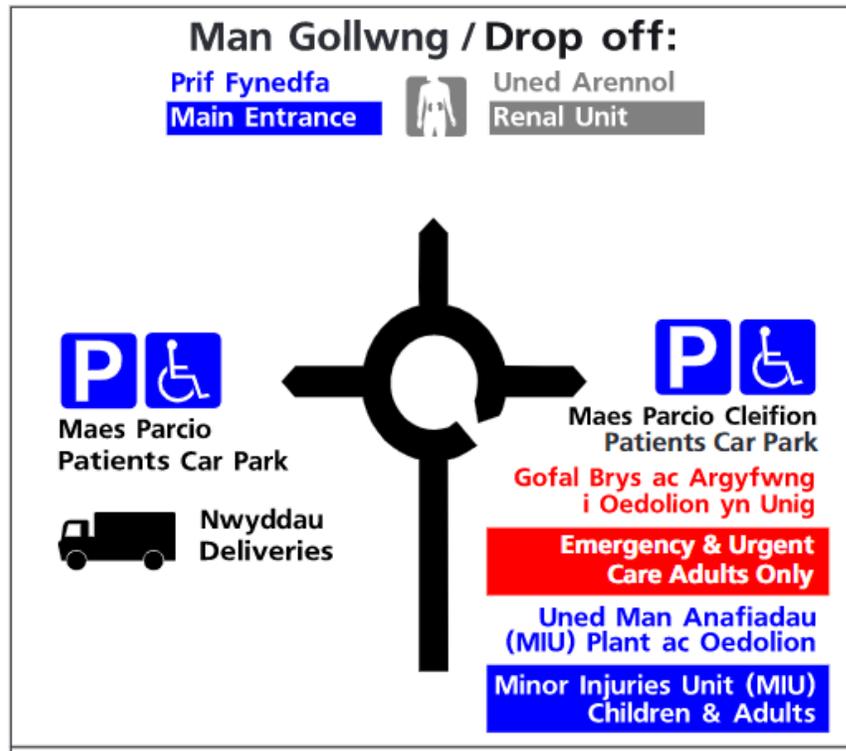
HywelDdaHealthBoard | hywelddauhb | HywelDdaHB | GIG CŵM DDA NHS WYLLY | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Signage

- Agreement to pursue signage opportunities at WGH to improve accessibility and direction for patients
- Recognise the adult nature of the ED centre while explicitly detailing children's pathway to Minor Injuries Unit
- Advice from Consultation Institute obtained
- CHC appraised
- Further work will undertaken to assess opportunities on main roads approaching Haverfordwest - likely restricted by WG/ Trunk Road Agency regulations

Signage Templates

Initial sign at main entrance

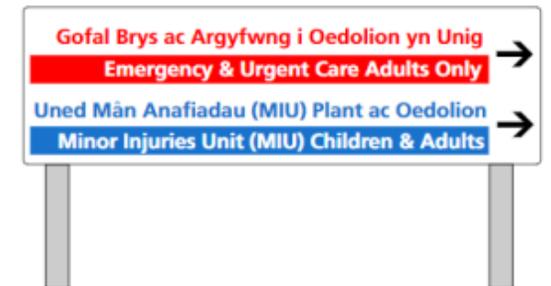


Examples of directional signs to be placed throughout the site

Gofal Brys ac Argyfwng i Oedolion yn Unig
Emergency & Urgent Care Adults Only

Uned Mân Anafiadau (MIU) Plant ac Oedolion
Minor Injuries Unit (MIU) Children & Adults

Please note that at 70mm cap height, sign will be approx 2.1m plus



Triage Tool - WGH

All communications have continued to support the access to emergency care at WGH for all paediatric patients where there is airway compromise/ seizure / major life-threatening trauma. In these cases, all WGH medical and nursing staff aim to work in the 'best interest' of the patients.

The new tool is designed to support early intervention and rapid prioritisation- ensuring rapid transfer to appropriate destination (this may be time critical) or to escalate interventional care in recognition of protracted time to enable access to definitive care.

Triage Tool

HDUHB Withybush ED Paediatric Transfer Triage Tool

This tool is to be used in Withybush ED, in order to assist decision making about whether an immediate transfer to GGH can be done. The most senior doctor in the ED must be called to triage to assess the child.

Any **RED** category – move child to Resus, call Anaesthetist, stabilise child prior to early transfer.

Any **ORANGE** category – immediate transfer via DAV, or 999 if DAV unavailable.

Any **GREEN** category where Paediatric review is warranted, they wait for DAV transfer even if DAV is currently unavailable.

Any **BLUE** category where Paediatric review is requested, they can go via own transport.

Transfer Required

Level 3: EMERTS/WATCH if intubated, DAV or 999 otherwise (Emergency)

Level 2: Paediatric DAV or 999

Level 1: Paediatric DAV

Self – transfer: Consider own transport after discussion with A&E consultant.

Airway

- ♦ Intubated
- ♦ Complete airway obstruction / Choking
- ♦ Compromise (stridor)

Breathing

- ♦ Respiratory arrest
- ♦ Evidence of ineffective breathing (low Sats despite O2, can't talk between breaths etc)
- ♦ Oxygen requirement
- ♦ Intercostal / subcostal recession

Circulation

- ♦ Refractory Shock – third bolus with or without inotropes (incl Septic Shock)
- ♦ Cardiac arrest
- ♦ Massive uncontrolled bleeding (MIU)

Disability

- ♦ GCS <8/ PU on AVPU or active fitting
- ♦ GCS <15 >8/V on AVPU

Perform POP score, if none of the above apply None above apply (tick)?

- ♦ POP Score 6+ (Discuss with A&E Consultant as may need escalating)
- ♦ POP Score 2-5
- ♦ POP Score 1
- ♦ POP Score 0

Audit Measures for the Triage Tool

- Audit to be utilised to confirm:
 - That the tool is used at every opportunity;
 - Was it utilised appropriately;
 - If incorrect use- why? Education/ interpretation of tool/ perceived value.
 - Outcomes:
 - Deep dive of patients waiting for more than 1 hour after assessment- to understand why transportation was delayed/ rule out other clinical exception.
 - Review of all patients waiting more than 4 hours (likely significant illness, confirm pathways utilised and access achieved at earliest opportunity).

Additional scrutiny of Datix submissions to ensure anomalies are also identified by exception.

An audit will commence on 1st December 2021, backdated to 13 November 2021, supported by the junior doctor on rotation in WGH ED and the ED Consultant lead.

GGH - Enhanced PACU Model

- Supported by RSV but will enhance patient experience to all paediatric GGH attenders- New dedicated PACU consultant in GGH.
- Initially operational 16.00-20.00 per week day (also available at weekend - this is subject to locum availability).
- In place until 31st March 2022~~12~~ (the plan to continue is subject to IMTP submission).

Benefits:

- Rapid turn around of patients with high threshold for admission.
- 715 patients in October 2021 through PACU with 102 being admitted (85% turned around within PACU).
- Additional support offered to ED and the development of a Standard Operating Procedure (SOP)
 - Paediatric Consultant attends board round, assesses ED paediatric patients and at times of significant pressure (when PACU pressures allow) have supported review and discharge of ambulance cases.

Next Steps

- Ongoing collation and review of data, complaints and incidents.
- Bi-weekly meetings of control group to be maintained.
- Formal review into temporary arrangements to be explored in readiness for commencement of the review in March 2022.
- Results to be collated and utilised as a part of service planning for future Children and Young Person Services in Pembrokeshire.
- Engagement and communications actions to be maintained.
- Audit of the triage tool to commence in January 2022 by ED staff.

Recommendation

For QSEC to take an assurance from the presentation provided.