



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 September 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Paediatric Surge Plans for Respiratory Syncytial Virus (RSV)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Philip Kloer, Executive Medical Director and Deputy Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Lisa Humphrey, Interim General Manager, Women & Children's Directorate Nick Williams-Davies, Service Delivery Manager, Women & Children's Directorate

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Welsh Government (WG) has directed Health Boards to enhance and strengthen paediatric service provision in relation to an anticipated surge in Respiratory Syncytial Virus (RSV). Hywel Dda University Health Board (HDdUHB) has undertaken significant planning to ensure it is able to increase its capacity to safely manage the predicted increased numbers of children with respiratory illness including increasing the number of in High Dependency beds in Glangwili General Hospital (GGH). As part of this planning it has been identified that additional resilience in the paediatric emergency care pathways within Pembrokeshire is required.

Temporary adaptations were made to the Worthybush General Hospital (WGH) paediatric service model in March 2020 in response to a review of adult patient flow and infection control requirements brought about by the COVID-19 pandemic, to safely care for patients. This resulted in the transfer of the WGH Paediatric Ambulatory Care Unit (PACU) to GGH. As part of this change in March 2020, dedicated resources to support acute paediatric admissions, including emergency care have been provided at GGH for both Carmarthenshire and Pembrokeshire residents. These resources have included paediatricians being based at GGH.

The ongoing pandemic response has led to a requirement for an extension to the temporary service model, with a planned review from March 2022 assuming the pandemic allows this. This extension to the temporary service model will include the ongoing direction of paediatric illness presentations to GGH, whilst retaining paediatric minor injury treatment capability at WGH.

Multi-professional clinicians from paediatrics, A&E, anaesthetics, Welsh Ambulance Services Trust (WAST) and the national Paediatric Intensive Care Unit (PICU) lead have reviewed processes at WGH, to ensure rapid decision making and care at the hospital, and rapid transfer either to GGH or to the specialist centre via "The Wales and West Acute Transport for Children Service" (WATCH). The clinicians have also collectively emphasised the importance of clear messaging to staff and the public that children with illness should be directed to GGH to reduce the risk of delays in their treatment that could occur should they be directed to WGH.

The clinicians, with Welsh Ambulance Services Trust (WAST) are working to introduce a triage tool that has been used effectively and safely in other similar hospitals, to be used to aid decision making if an ill child is brought to WGH.

The reinforcement of patient pathways will be supported by a clear and detailed communication plan with messages to our public, staff and key stakeholders to ensure patient safety is maintained. In addition it is also recommended that the Health Board temporarily adjust any hospital and road signage at / near WGH to support the direction and attendance of paediatric patients who require minor injury support to WGH. This will enhance communications to both the resident public and also to tourists.

As a result of the above, approval is being sought :

1. For the extension of the temporary service arrangements until the review has been concluded. The intended review to commence in March 2022 with the decision to be re-considered by the Board In early Autumn 2022, recognising this will dependent upon the ongoing response to the pandemic.
2. For a collaborative review of the temporary service change with the Hywel Dda Community Health Council (CHC) from March 2022, with patient/family/carers experience and outcome monitoring being undertaken in the intervening period.
3. To support the launch of public, staff and stakeholder communications to provide clear information about how parents and carers in Pembrokeshire access health services for children.
4. To approve work on the feasibility of installing temporary hospital and road signage at/near WGH to clarify Adult Emergency and Urgent Care / Paediatric minor injury.
5. To support parents / caregivers of children who do not have access to a car or who have travelled a long distance to access alternative transport and accommodation if their child needs to stay in hospital at GGH.

Cefndir / Background

As a result of the Welsh Government directive to increase acute paediatric inpatient capacity in order to facilitate care for increasing numbers of RSV patients, it has been identified that there is a need to review and reconfirm the pathways for paediatric presentations within Pembrokeshire. Supported by statistical analysis, an urgent need has been highlighted to reinforce and to increase the reach of the communications strategy that was employed during 2020.

RSV is a respiratory virus which is regularly seen in paediatric presentations during the winter months. Due to COVID-19 lock-down measures and subsequent relaxing of these measures, the RSV “season” has commenced earlier than normal in the year, as children begin to mix as restrictions relax. For this reason, Welsh Government have directed all Welsh Health Boards to prepare for a 50% surge in RSV presentations. The Health Board has already started to see an increased number of children with RSV both in primary care and in our hospitals. Public Health Wales confirmed that the threshold to declare the “season underway” was met in July 2021, and is expected to last until March 2022 with a provisional peak being predicted in November 2021.

Causing bronchiolitis in predominantly the under 5 population, there is an anticipation that children under the age of 2 years may require some enhanced oxygen support due to RSV, and as part of preparedness to support with increased attendances, WG has also directed the Health Board to enable a Level 2 respiratory High Dependency Unit (HDU). Due to existing service provision and the concentration of senior clinicians at the GGH site, the

respiratory HDU has been planned for and is now operational within the Cilgerran Ward environment at GGH.

The PACU service was introduced at Withybush Hospital in 2014, relocating to the Puffin Ward in December 2016. The hours of the PACU in Withybush were temporarily reduced in 2016 due to ongoing staffing challenges and associated safety and quality risks, and the hours remained at a reduced level until a further change was required in March 2020. At this time a further temporary change to Children's services was necessary to facilitate the management of patients with COVID-19. It became necessary to re-designate Puffin Ward (PACU) at WGH to enable the maintenance of patient flow in light of infection control constraints. Puffin Ward is still required to allow management of adult COVID-19 presentations in a defined environment, and therefore an extension to the current service provision is required to maintain safety.

The temporary changes to the PACU at WGH were communicated by the Health Board in 2020 by external communications (media releases, radio advertisement and social media), and communication with key stakeholders including GPs and WAST.

The temporary changes, initiated to support safe inpatient services at WGH remain in place, with a full review intended to commence in March 2022 and a report to Board in Autumn 2022. The Health Board is committed to continue to engage with the Community Health Council in order to ensure the review has the appropriate scrutiny and input in terms of quality experience and outcome measures.

Asesiad / Assessment

Current Paediatric service provision for children in Pembrokeshire

Temporary centralisation of all acute Paediatric inpatient care for the south of the Health Board has been implemented at Cilgerran Ward, GGH, with provision remaining unchanged at Bronglais General Hospital (BGH). Within the Cilgerran ward environment, PACU, High Dependency (including the new Level 2 provision) and inpatient services are co-located in one facility.

A range of planned care children's services remain in place at the Withybush Child Health Unit, which currently consists of consultant led urgent outpatient (rapid access) clinics for the local population. In addition, provision is maintained for other clinical services:

- Nurse led Phlebotomy
- Echo clinics
- Synergis vaccine clinics
- Diabetic clinics
- Growth and allergy clinics
- Orthopaedic clinics
- Child Protection medical examinations.

However, it must be highlighted that the paediatric staff who operate from the Child Health Unit in WGH are unable to provide a dedicated and guaranteed support to the Emergency and Urgent Care department despite the maintenance of the above clinics. The clinics do not always have staff who could support a paediatric emergency. As such, the Emergency and Urgent Care department at WGH functions without onsite acute paediatric emergency support.

Primary care services

Referrals to the paediatric department in GGH are made through a number of routes and by a range of medical professionals. GPs, including those working out-of-hours are aware of the need to refer to GGH PACU should a child be unwell. In addition, in the urgent primary care out-of-hours setting, children are risk assessed to ensure they are directed to the most appropriate location, as any urgent presentation has the potential to require immediate intervention and this can include emergency care.

A review of cases has indicated this is managed correctly and in the event that a telephone consultation results in the need to refer a patient for face to face review (with a likelihood of requiring paediatric input), this is generally conducted at GGH where specialist paediatric support is more easily accessible.

From the in-hours perspective, GP referrals of under 16-year-old patients to WGH A&E department are shown to have reduced significantly from 146 in 2019/20 to 18 patients (year to date). This would incorporate all attendances including injuries. The temporary pathway to GGH is therefore being successfully followed and as such, the previous messaging will be reinforced.

Current inter-hospital transfer arrangements

There are protocols in place for accessing clinical support and transportation for very sick children who require intubation and ventilation and transfer to specialist centres. Transfers are carried out by the Welsh Ambulance Services NHS Trust (WAST), the Wales and West Acute Transport for Children Service (WATCh) and the Emergency Medical Retrieval and Transfer Service (EMRTS).

In 2014, a dedicated WAST resource was introduced to support paediatric transfers as well as maternity and obstetric cases from WGH to GGH; known as a Dedicated Ambulance Vehicle (DAV). This resource also provides paramedic services to aid the transfer of neonatal/ infant and paediatric repatriations from the maternity, paediatric and emergency care services. Since August 2020, the DAV has been assigned as a response resource for 999 community paediatric calls in order to maximise transfers to the appropriate receiving facility to GGH, with the exception of when a child is in cardiac arrest or requires urgent respiratory support. In such cases, if WGH is the closest A&E department, the child would be transported to WGH.

Data Review

Health Board data suggests that there has been a reduction in numbers of ill children attending WGH A&E department for acute illness over the past 3 years.

In the pre-COVID year 2019/20, there were 6844 attendances of which 455 were holiday makers. This compares to 3000 this year to date, with 322 being out of area. The vast majority (2814 this year) have self-referred and attended via private vehicle. The numbers of ambulance responses have reduced from 188 pre Covid to 7.

A review of these attendances shows that the majority are injury related and therefore remain appropriate in terms of WGH attendance and treatment. 19% of all attendances over the last 3 years have been triaged as "illness". In terms of the current pathway, this would equate to less than an additional 4 patients per day being directed to GGH on average.

The downward trend is replicated across all referral pathways with GP attendances, WAST emergency presentations and self-referrals all reducing year on year. This is a reflection of the change in the pathway being understood by the majority of service users.

However, a small number of children attending of WGH carry the potential to be significantly unwell and in terms of respiratory presentations, where there are less than 23 cases per month, there have been instances where children have been significantly unwell on arrival and have required enhanced intervention.

The data also demonstrates that a number of children suffering from minor illnesses continue to present as “walk-in attenders” at WGH (3-4 children per day), despite the current communications and protocols in place to facilitate direction to GGH. Many of these children are already then directed to GGH for assessment by the paediatric team. The reinforcement of the pathway and associated messaging remains an entirely appropriate avenue to try and pursue further reduction in clinical risks, maximising patient outcomes.

As the national planning for RSV has developed, local engagement with lead clinicians from the Anaesthetics, A&E, Paediatrics, Paediatric Intensive Care Lead (Cardiff), GP Out-Of-Hours and also WAST, EMRTs and WATCh has resulted in a strong clinical consensus to improve processes to rapidly assess and treat or transfer children presenting at WGH, and also reinforce communications with staff, public and stakeholders.

The clinical rationale for clarifying the processes and communication in this way is to improve safety for children with serious illness, and reduce delays in them accessing specialised treatment.

Signage

In support of clear and concise messaging, it is also proposed by the clinicians that the Health Board temporarily adjust any hospital and road signage at / near WGH to support the direction and attendance of paediatric patients who require minor injury support at WGH, clearly identifying that this service continues to be available.

This has been discussed with the Consultation Institute which has advised that there is no precedent which may influence this decision and as such this is something which can be supported. In addition, the Consultation Institute advised that any adaptations to signage should utilise the word “temporary” and also recommended robust engagement with stakeholders to ensure any impacts are noted as a part of the review to be conducted next year. Additionally, the Institute suggest that this should be extended to all forms of communications.

Stabilisation and transportation considerations

In response to RSV planning and in relation to the increase in HDU capacity at hospitals with paediatric in-patients, a national working group has been formed to review transport arrangements, classified in terms of patient need, and HDdUHB are part of this meeting to facilitate local arrangements. The following definitions have been identified to aid understanding of how the transportation and response will be managed:

- Response to community emergencies

This is any transport of a child from a community or primary care setting via 999/111 or referred for a primary emergency transport from a primary care service to a secondary care service (e.g. GP emergency call).

For example – a child with bronchiolitis (RSV) who is having respiratory difficulties resulting in a 999 call for emergency advice/ response.

The DAV will be dispatched to this type of call within Pembrokeshire (i.e. to home address or GP surgery etc.) and transfer onwards to GGH. If DAV is not available, another Emergency Medical Service (EMS) vehicle will be assigned.

The DAV will remain in place as a ring-fenced resource to manage 999 calls from the community-and to continue to ensure patients are transferred to Glangwili. Whilst the DAV will also continue to reduce the demand on the EMS (WAST vehicles) freeing up resources for other emergency responses, it is important to be aware that this is a limited resource and one aim of the communications package will be to ensure that parents are encouraged to take unwell children directly to GGH (or to call 111) at an early stage, with the aim of reducing pressures both at WGH as well as on the DAV, thus maximising its capacity to respond to emergency situations and to be available to transfer children from WGH.

- Transfers between hospitals – Acute presentation

Transport of a child from a point of entry to any hospital without on-site paediatricians (e.g. WGH) to an in-patient Paediatric bed, ward or high-dependency level bed as provided in a hospital with in-patient paediatric services (eg. GGH).

For example – a child who is brought by a care giver to a hospital with an Emergency Unit but no onsite paediatric services/ paediatricians (such as WGH).

In Pembrokeshire, the DAV would also be assigned to this type of call and this is a core element of the commissioned service. This may be a time critical transfer.

The new “triage tool” (described below) will support rapid decision making at WGH if a child presents with illness either by ambulance or by a parent or caregiver, and therefore help reduce delays to treatment in a specialist unit should they require it.

- Transfers between hospitals – Routine presentation

Transport from an in-patient ward level bed in a hospital with in-patient paediatric beds (eg. GGH) into a hospital with tertiary beds (eg. University Hospital of Wales).

For example – a child who is being cared for by a paediatrician in Cilgerran ward but the patient requires a tertiary service or opinion such as tertiary surgery, respiratory, oncology or neurology.

WAST resources would normally be assigned in this instance and would not ordinarily be an emergency time critical transfer.

- Emergency transfer to tertiary care

This is the transport of a child from an in-patient Paediatric bed to a tertiary critical care bed. This includes transfer of ITU (level 3) patients who are intubated and ventilated from the GGH to Cardiff Paediatric Intensive Care Unit (PICU).

WATCH resources are routinely requested to support this level of transfer.

Triage tool

To support improved safety arrangements for children who attend WGH with illness, a new Triage tool will be introduced in October 2021 which has been adapted from those used across Wales. It will be used whenever a child without minor injury attends WGH.

When a child presents at the WGH, during the initial triage, a decision will be made as to whether the child should be immediately transferred to GGH. The most senior doctor in the department (ED consultant 9 to 5 and senior middle grade outside those hours) will be called to triage to assess along with the triage nurse and will use the triage tool.

The tool has 5 colour categories which are defined by clinical parameters. Any child who is allocated a 'Blue, Green or Orange' category will be transferred in the DAV ambulance if available, or if not, a WAST ambulance will immediately be called to attend for immediate transfer. For the remaining pink and red categories, which will identify the need for urgent clinical management and intervention, treatment will be commenced in the ED and the child will then be transferred as soon as clinically able, usually in consultation with WATCH. This means that if it is deemed unsafe for a child to be transferred in the DAV ambulance with a paramedic, for example a child with an unstable airway, then the child's airway would be stabilised by intubation in WGH and a transfer arranged via WATCH.

In terms of outcomes – children will be taken/ directed to the most appropriate place for paediatric input sooner than they otherwise would. The aim being to reduce the number of sick children who may, in the current model, become delayed at WGH for many hours whilst awaiting clinical review and transport.

Non-emergency transport, patient and family support.

In the event it is decided that child needs specialist paediatric assessment at GGH but they have a condition that would require an emergency ambulance, considerations have been made to ensure that families in Pembrokeshire will not be disadvantaged by these proposals. The vast majority of children are likely to be transported by a family member/ carer/ friend/ neighbour etc. and this is something already seen. However, in the event that a child's family/carer has no access to transport, especially overnight when public transport will not be available, provision has been made and an internal process has been developed to support families in this situation. This will entail utilisation of a local HB contracted taxi service and where access is supported by the nurse in charge of the unit, the Site Management team will be contacted to authorise- as per normal practice.

Accommodation requirements

In the event that a child requires overnight admission, there is ability to support parents/carers who may wish to reside onsite near to the children's ward. Ordinarily, provision is made for one parent to stay at the bedside with their child in a recliner chair or a sofa-bed, depending on the clinical space available. In the event that there is a need to support additional family members, the Paediatric teams have access to two rooms within the hospital site which will support overnight stays.

Infrastructure within Cilgerran ward at GGH

To support the RSV surge and increasing presentations of paediatric patients, significant investment has been secured in August 2021, in order to maximise the numbers of bed spaces available to the unit. This includes an investment in 3 additional High Dependency beds along with ventilators and oxygen delivery devices, other equipment and consumables, and improvements in storage and office space which will increase the numbers of beds and assessment spaces available for use in the clinical environment. This will support any increase in presentations from Pembrokeshire which may occur as a result of this proposed change to patient management and any increase in presentations from Carmarthenshire.

Additionally, to support the co-located PACU, the paediatric ward and HDU at GGH, a temporary increase in all grades of medical staffing has been introduced to support the increased numbers of patients over the next 6 months.

Communications.

Whilst the temporary changes to the Paediatric Ambulatory Care Unit at WGH on safety grounds were communicated to the public in spring and summer of 2020; more comprehensive communications is suggested for the following reasons:

- The anticipation of increased cases of medically unwell children due to the rise in respiratory syncytial virus
- The extended nature of this temporary change to March 2022 due to the continued management of the COVID-19 pandemic
- Evidence that some families and carers are still choosing to take ill children to WGH, and this may delay provision of care whilst children are triaged and transferred

The purpose of communication will be to ensure that children in, or visiting Pembrokeshire are able to access the best care as quickly as possible when they are unwell.

Public communication will focus on supporting parents, carers and young people with decisions about when and where they need to access their care from.

It is recommended that communications are delivered in multiple formats including leaflets to households and businesses, radio advertisements, up-dated website pages and resources, media articles, digital advertising targeted at residents and visitors to the area, and social media content. The communications team will work with clinicians to include their voice and reinforcement of the advice to parents.

Directly affected staff continue to be involved in discussions about changes that impact them, and there will be on-going communications with staff, as well as partners in the delivery of these models of care (such as GPs, WAST and NHS 111 Wales) and other interested stakeholders such as Hywel Dda Community Health Council and local public representatives.

Summary

RSV Planning has indicated the need to reinforce the clinical pathway for children within Pembrokeshire through communications and enhancing the processes of care. There is a strong multi-professional consensus of clinical support for the actions proposed in this report with the overriding aim being to maintain safety for children in Pembrokeshire and further reduce clinical risk.

The communications and enhanced processes of care aim to direct children who are ill to GGH and those with minor injury to continue to be treated at WGH. The numbers of children with serious illness currently attending WGH is low.

The current temporary service change will need to continue until it is reviewed from March 2022 in liaison and agreement with the CHC, with monitoring of patient, family and carer experience and clinical outcomes in the intervening period.

Appropriate transport arrangements are in place, and those families with no access to transport or in need of accommodation will be supported.

Argymhelliad / Recommendation

The Board is asked to:

1. Support the extension of the temporary service arrangements until the review has been concluded. The intended review to commence in March 2022 with the decision to be re-considered by the Board in early Autumn 2022, recognising this will be dependent upon the ongoing response to the pandemic.
2. Support a collaborative review of the temporary service change with the Hywel Dda Community Health Council (CHC) from March 2022, with patient/family/carer experience and outcome monitoring being undertaken in the intervening period.
3. Support the launch of public, staff and stakeholder communications to provide information about how people in Pembrokeshire access health services for children.
4. Approve work on the feasibility of installing temporary hospital and road signage at/near WGH to clarify Adult Emergency and Urgent Care / Paediatric Minor Injury.
5. Support parents / caregivers of children who do not have access to a car or who have travelled a long distance to access alternative transport and accommodation if a child needs to stay in hospital at GGH.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>793 Emergency Care of Paediatric Patients affecting WGH 3x5=15</p> <p>New risk being created- Risk to inpatient paediatric capacity as a result of RSV demand 5x3 = 15</p>
<p>Safon(au) Gofal ac Iechyd: Health and Care Standard(s):</p>	<p>All Health & Care Standards Apply</p>
<p>Amcanion Strategol y BIP: UHB Strategic Objectives:</p>	<p>All Strategic Objectives are applicable</p>
<p>Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</p>	<p>9. All HDdUHB Well-being Objectives apply</p>

Gwybodaeth Ychwanegol:

Further Information:	
Ar sail tystiolaeth: Evidence Base:	Risk Registers Consultant meetings Paediatric task and finish group
Rhestr Termau: Glossary of Terms:	Included within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Medical Director Chief Executive Officer Executive Director of Operations

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable- extension to current temporary pathway.
Ansawdd / Gofal Claf: Quality / Patient Care:	The recommendations are intended to improve the quality of the service and reduce clinical risks in the delivery of patient care.
Gweithlu: Workforce:	The recommendations are designed to improve the support and guidance available to non-paediatric trained clinicians.
Risg: Risk:	Appropriate risk register entries are in place and reviewed as per guidance with an additional submission being made as a result of this report.
Cyfreithiol: Legal:	Any risk of legal challenge is mitigated as this is an interim proposal (and an extension to the existing temporary service change) and is based on clinical safety grounds due to the absence of Consultant Paediatrician's at Withybush.
Enw Da: Reputational:	This is likely to be subject to increased media scrutiny given the historical focus that has been generated in relation to Pembrokeshire health care provision.
Gyfrinachedd: Privacy:	No identified risk in relation to privacy.
Cydraddoldeb: Equality:	Contained within the paper recognising this is an extension to a temporary pathway change.