

## 13.1 Recommendations

### Recommendation 1: Obstetrics and Gynaecology and Emergency Surgery

- The Panel **supports** the proposals set out within the Summary Model of Care to reconfigure the Obstetrics and Gynaecology and Emergency Surgery services through transferring these from AH and consolidating them onto the WRH site.

### Recommendation 2: Inpatient Paediatrics

- While the Panel **supports in principle** the proposal set out within the Summary Model of Care to transfer Inpatient Paediatrics from AH to the WRH site, it remains concerned, however, regarding the capacity to accommodate additional paediatric inpatients from Redditch and Bromsgrove at WRH. The proposed model of care relies on ambitious plans to reduce the average length of hospital stays through prompt discharge of children into the community for on-going care. The ability to achieve this objective is a risk, the extent of which needs to be clearly understood and managed.
- The Panel, therefore, **recommends** that clear plans are drawn up to demonstrate how additional paediatric capacity can be developed at WRH in order that the flow of inpatients from Redditch and Bromsgrove can be accommodated at the site, with evidence-based ambitions set for the prompt discharge of children into the community for on-going care.

This would need to include:

- A clear plan and risk assessment of the likely shortfall of paediatric nursing recruitment at the WRH site
- The expansion of car parking/park and ride provision at WRH to cope with the increased demands of those travelling by car from Redditch and Bromsgrove.

### Recommendation 3: Urgent Medical Care

- While the Panel endorses the previous Independent Clinical Review Panel's findings that some form of ED provision is required at the AH site, the Panel **does not support** the detail of the proposed model of Emergency Medicine at AH as set out within the Summary Model of Care.
- The Panel has a number of concerns with the detail of the model of Emergency Medicine at AH with respect to patient safety. These concerns relate to issues of:
  - Sustainable staffing, with a national shortage of ED Consultants, middle grades and the potential for trainees to be removed from the AH site
  - Public and staff misunderstanding of the model of Emergency Medical Care at AH (see also Recommendation 4, below)
  - Increased clinical risk arising from the removal of key services from AH aligned to the management of emergency care, including Inpatient Paediatrics and Emergency Surgery - and their further critical interdependencies with other clinical specialties, including Anaesthetics and Critical Care.

### Recommendation 4: Urgent Medical Care for Children at AH

- The Panel was particularly concerned about the practicalities and clinical risks associated with the delivery of the proposed model of urgent medical care for children presenting at the AH site, as well as by the varying interpretations of the proposed paediatric service model at AH that it had received from frontline staff.
- The Panel, therefore, strongly **recommends** that further work is required to develop a common understanding between both staff and members of the public regarding where sick children from Redditch and Bromsgrove should be taken to and when. This should include:
  - Making absolutely explicit the extent and remit of urgent/emergency paediatric cover
  - Having a clear plan for dealing with paediatric emergency presentations at AH out of hours
  - Undertaking a full risk assessment in respect of any proposals for paediatric emergency provision that are less than 24/7
  - A detailed consideration of how seriously unwell children presenting at the AH site, who do not meet critical care transport team criteria, will be safely transferred to the WRH site. This should encompass personnel, equipment and transport logistics.

#### **Recommendation 5: Engagement and Co-ownership from Frontline Clinical Workforce**

- The Panel accepted that a certain amount of clinical engagement had taken place within WAHT to develop the proposed model of care for the 'Emergency Centre' at the AH site. During Day 4, however, it became apparent that there was not strong clinical support for this model, due to concerns about patient safety and service sustainability.
- The Panel, therefore, **recommends** that before any model proceeds to formal public consultation it should be demonstrated that there is strong clinical support from frontline clinicians across WAHT for this model from the perspectives of both patient safety and clinical sustainability.