Agenda - Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Lleoliad:

Ystafell Bwyllgora 3 – Y Senedd

Dyddiad: Dydd Iau, 27 Chwefror 2020

Amser: 09.15

I gael rhagor o wybodaeth cysylltwch a:

Sarah Beasley

Clerc y Pwyllgor

0300 200 6565

SeneddIechyd@cynulliad.cymru

Rhag-gyfarfod anffurfiol (09.15-09.30)

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

(09.30)

2 Gwaith craffu cyffredinol: Sesiwn dystiolaeth gyda Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg ynghylch Gwasanaethau Adran Achosion Brys Ysbyty Brenhinol Morgannwg

(09.30-11.30) (Tudalennau 1 - 65)

Dr Sharon Hopkins, Prif Weithredwr Dros Dro, Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg

Yr Athro Marcus Longley, Cadeirydd, Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg

Dr Nick Lyons, Cyfarwyddwr Meddygol, Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg

Briff Ymchwil

Papur 1 - Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg

3 Cynnig o dan Reol Sefydlog 17.42 (vi) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod hwn

(11.30)

Cynulliad Cenedlaethol Cymru

National Assembly for Wales

4 Gwaith craffu cyffredinol ar Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg ynghylch Gwasanaethau Adran Achosion Brys Ysbyty Brenhinol Morgannwg: Trafod y dystiolaeth

(11:30-11:50)

Mae cyfyngiadau ar y ddogfen hon

National Assembly for Wales Health, Social Care and Sport Committee ROYAL GLAMORGAN HOSPITAL EMERGENCY DEPARTMENT SERVICES	
Contact:	Mark Dickinson, Programme Director Cwm Taf Morgannwg University Health Board
Date:	Written Evidence prepared 19 February 2020 Oral evidence session planned for 27 February 2020
Attending to give evidence:	Professor Marcus Longley, Chair Dr Sharon Hopkins, Interim Chief Executive Dr Nick Lyons, Executive Medical Director Cwm Taf Morgannwg University Health Board

Introduction

1. Cwm Taf Morgannwg University Health Board (CTM UHB) welcomes the opportunity to discuss the current situation at the Emergency Department the Royal Glamorgan Hospital and the consequential development of the future model of care.

2. This briefing paper provides members of the Committee with information about the background, rationale and progress of a project instigated by the CTM UHB to consider the outstanding recommendations of the South Wales Programme (SWP) and how they should be appropriately considered and progressed in the current context.

Background

3. The SWP within NHS Wales was set up in 2012 to look at the future of four consultant-led hospital services, specifically, maternity services, neonatal care, inpatient paediatric services and emergency medicine. These services were selected for consideration due to their fragility, in terms of their ability to deliver safe and sustainable models of care, as then configured.

4. The SWP was a partnership of the five health boards serving people living in South Wales and South Powys, working with the Welsh Ambulance Services NHS Trust (WAST). The then Cwm Taf UHB and Abertawe Bro Morgannwg UHB were partners in the SWP.

5. Following extensive public consultation in 2013, the recommendations of the SWP were finalised. Decisions on the outcome of the programme were taken by health boards and WAST at Board meetings in February 2014 and the collective position of all partner organisations was confirmed in March 2014.

6. The primary recommendation of the SWP was that the consultant-led services within the scope of the programme should, in the future, be strengthened and delivered from five hospitals within the region:

    - University Hospital of Wales (UHW), Cardiff
    - Morriston Hospital, Swansea

- Grange University Hospital (then referred to as the Specialist and Critical Care Centre, SCCC), Cwmbran
- Prince Charles Hospital (PCH), Merthyr Tydfil
- Princess of Wales Hospital (PoWH), Bridgend

7. A key consequence of this was a reduction in consultant led services to be delivered, in the future, from the Royal Glamorgan Hospital (RGH) in maternity, neonatal, inpatient paediatric and emergency medicine services, but with a refocussing on the development of innovative new models of acute medicine at RGH and an increased role in diagnostics, outpatient and ambulatory care across South Wales.

Current Situation

8. A number of recommendations of the SWP, agreed by all health boards in South Wales in 2014, remain unimplemented. The position agreed through the SWP, with a specific focus on services at the RGH, together with current status in CTM UHB, is set out in the table below:

Service	Agreed position at end of SWP in 2014	Current status
Obstetric and Neonatal services	Consultant-led obstetric and neonatal services should not be delivered from the RGH site in the future.	**Fully implemented -** Consultant led obstetric and neonatal services now delivered from PCH and PoWH. There is a new midwifery led birth centre at RGH (the Tirion Centre) and a new neonatal unit opened at PCH in March 2019.
Acute Medicine, Ambulatory Care and Diagnostics	RGH should develop a significant role in diagnostics and ambulatory care, supporting the wider network of hospitals within a South Wales Central Alliance, and become a 'beacon site' for developing innovative models of care in acute medicine and diagnostic services.	**Partially implemented -** A new 50 bed Acute Medicine Unit, co-located with the RGH ED was opened in September 2015. The unit bolsters the ability to treat patients with complex comorbidities and minor injuries. A Diagnostic Hub at RGH, providing regional services, was opened in February 2018.
Inpatient Paediatric services	Consultant-led inpatient paediatric services should not be delivered from the RGH site in the future.	**Not implemented, but planning has progressed -** A consolidation of RGH and PCH inpatient paediatric services on the PCH site was originally scheduled to take place in June 2019

		and was subsequently postponed several times, to ensure a safe and seamless transition, and allow time to consider and develop new models at RGH.
Emergency Medicine	24-hour consultant-led EM services should not be delivered from the RGH site in the future. The RGH Emergency Department (ED) should, over time, move from a consultant-led service dealing with major cases to a nurse practitioner led service dealing with minor injuries (MIU), co-located with a GP out of hours service and enhanced selected 24-hour medical intake.	**Not implemented -** Consultant-led 24-hour emergency medicine services continue to be delivered from three sites in the UHB (PoWH, RGH and PCH) and there is no currently fully developed plan for an alternative service model.

9. As foreseen by the SWP, recent service and staffing pressures have highlighted that the rationale for the changes remain valid and have only become more pressing. Medical staffing levels, in relation to activity levels, at all three EDs are well below the national workforce benchmark levels.

10. In addition to the continued staffing pressures, CTM UHB received a Targeted Visit Report in November 2019 following a Health Education and Improvement Wales (HEIW) visit to the PCH ED recommended that "*work regarding the amalgamation of the Royal Glamorgan and Prince Charles Hospitals in line with the South Wales plan continues*."

11. The recent Wales Audit Office/Healthcare Inspectorate Wales Review of quality governance arrangements at CTM UHB stressed that the UHB "*needs to take a strategic and planned approach to improve risk management across the breadth of its services. This must ensure that all key strategies and frameworks are reviewed, updated and aligned to reflect the latest governance arrangements*".

12. The following recent developments in the RGH ED significantly increased the risk of the need take urgent action to ensure service continuity:
    i. In the evenings of both 25 and 26 December 2019, due to sickness of middle grade ED doctors, the ED department at RGH was not able to maintain normal medical staffing levels.
    ii. With support and agreement from WAST, ambulances were, therefore, diverted to PCH on both nights. The department remained open to minor injuries and any patient self-presenting.

iii. In the last week of December 2019, CTM UHB received the resignation of the only substantive ED consultant at RGH from April 2020. In addition to the loss of middle grade locum doctors, this expected retirement means that the current staffing model at RGH, already heavily reliant on agency staff, becomes further challenged.

Project Development

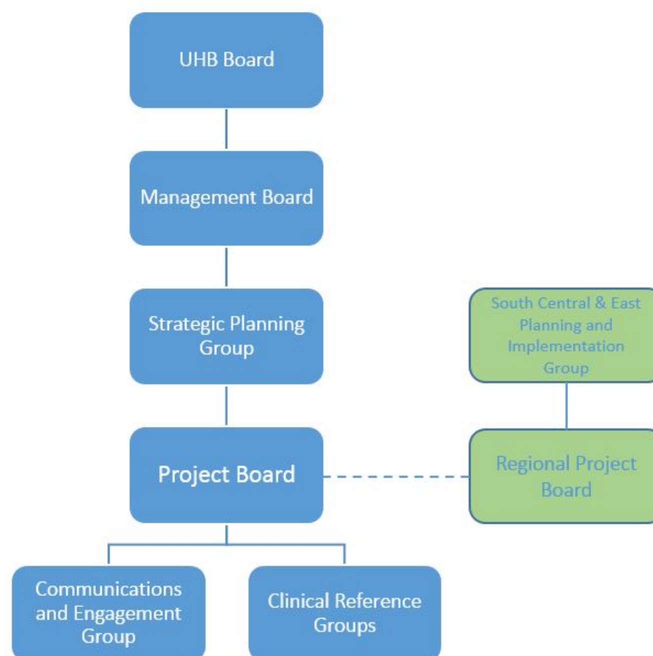
13. Following engagement with clinicians and managers across the health board, CTM UHB has formally established a project, within the South Wales regional context, to address the remaining implementation of the SWP recommendations within the health board, specifically including the development and implementation of:

- local service models for emergency medicine, across CTM UHB footprint and within the regional context
- an appropriate paediatric service model at RGH
- completion of the acute medicine beacon site model at RGH
- the already planned transfer of consultant led inpatient paediatric services from RGH to PCH.

14. Discussions between the Medical Director and senior clinicians about the need to revisit and progress the recommendations of the SWP commenced in October 2019. Following these discussions, a Project Initiation Document (attached at **Appendix 1**) was subsequently drafted and approved by CTM UHB Management Board, with the identification of the Medical Director as Project Senior Responsible Officer (SRO). The initial work of the project has been informed by a UHB-wide Clinical Leaders Workshop held on 29 November 2019.

15. Within the context of the newly established project, it is recognised that the overall rationale for the SWP recommendations remains valid and the need for action has only become more urgent since the recommendations were made, consulted on and accepted. It is, however, recognised that, in the six intervening years, there have been specific changes that create a different context within which the specific SWP recommendations for emergency medicine in CTM UHB should be reconsidered.

16. Due to the regional dimension to the project, and in line with the agreement at the end of the SWP, the project has a dual line of accountability, as per structure below:



17. The project SRO, in discussion with relevant clinicians and managers across CTM UHB and with input from the new project board at its meeting on 7 January 2020 (Terms of Reference at **Appendix 2**) has, through a process of ongoing iteration, continued to refine the description of the options into the form presented to the Board at the end of January 2020.

18. The refined four options were discussed in the Public Board Meeting on 30 January 2020 (UHB Board paper attached at **Appendix 3**). The UHB Board considered and approved the paper and instructed that the project should focus on the further development, assessment and evaluation of the following options:

Option	Specific features	Common features
Option A	**Implementation of the remaining SWP recommendations with additional service changes** Transition the RGH Emergency Department (ED) from a consultant-led service to a 24 hour nurse practitioner led Minor Injuries Unit (MIU).	Increase access to 'care closer to home' across the UHB for those not requiring ED services, through enhanced access to primary care and community services (in and out of hours), in line with the agreed transformation programmes of the Regional Partnership Board. Implementation of already planned move of inpatient paediatrics from RGH to PCH in September 2020 Development and implementation of an appropriate paediatric service model at RGH (tailored to interface
Option B	**Overnight reduction in the hours of consultant led ED at RGH** Consultant-led EDs to continue at RGH, POW and PCH, but with an overnight reduction in the hours of the RGH ED (exact operational hours to be	

	determined based on modelling of demand). Determine how best to deliver a nurse practitioner-led Minor Injuries Unit (MIU) on the RGH site during the hours when a consultant-led ED is not provided.	appropriately with the selected ED service model) GP admissions and paramedic differentiated admissions (of appropriate acuity) direct to RGH wards 24 hours Ongoing development of RGH acute medicine, ambulatory care and diagnostic services, in line with the SWP

19. There was also a request from CTM UHB Chair, approved by the Board, that "*no stone will be left unturned*" regarding exploring the feasibility of retaining a safely staffed 24/7 consultant led service at all three hospitals within the UHB.

20. The establishment of the project has been reported formally to the South Central and East Wales Regional Planning and Implementation Group at its January 2020 meeting and this was well received, with a commitment from partner organisations to engage appropriately. The regional project board met for the first time on 3 February 2020 (Terms of Reference at **Appendix 4**).

21. Ongoing clinical leadership and engagement is being ensured through the role of the SRO, the membership of the internal and regional project boards, the appointment of a clinical director and clinical lead and, importantly, through the re-establishment and operation of three Clinical Reference Groups (CRGs), covering emergency medicine, paediatrics and acute medicine (Terms of Reference at **Appendix 5**), as used by the SWP.

22. In view of the relevant links and interdependencies, there is also close working with, and consideration of the implications of changes for, surgery, anaesthetics, critical care, primary care and other services.

23. A key priority is communication and engagement with staff and stakeholders on potential changes. It is essential that the UHB rebuilds trust in the organisation and its ability to implement any large-scale change to services. CTM UHB will not only communicate with all our stakeholders in an open and honest way about what is happening and the reasons behind it, but listen to their views, questions and concerns and ensure this feedback informs our approach. The Communication and Engagement Strategy is attached at **Appendix 6**.

24. Key external stakeholders have been briefed informally by the Chair, interim Chief Executive and Executive Medical Director on the establishment of the project and the Community Health Council (CHC) officers were briefed on 17 January 2020. A further, formal, briefing has been provided at the CHC Service Planning Committee on 27 January

2020 and, with a focus on the Communications and Engagement Strategy and plan, on 14 February 2020.

25. CTM UHB has been engaging with staff, the public and key partners to listen to their views, questions and ideas and work with them to consider the implications of any future model of care. This engagement activity has included public and staff meetings convened by the UHB and the participation of members of the UHB Board and project team in public events organised by local MPs and AMs.

26. The key themes from the engagement events, and correspondence received, to date are as follows:
    - Concerns about transport and accessibility (including journey times to other hospitals in a variety of circumstances)
    - Impact on other hospitals of any changes to services at RGH (including staffing, facilities, parking etc.)
    - Recruitment and retention of staff (including concerns that insufficient efforts have been made to recruit emergency medicine doctors and that uncertainty over future service provision is a barrier to recruitment and retention)
    - Impact on other services within RGH (including as a result of uncertainty over future emergency medicine service provision)
    - The need for detailed impact assessments of any proposed changes
    - Doubts about the continued relevance of the South Wales Programme
    - The need to improve access to primary and community care services, in particular the MIU service at Ysbyty Cwm Cynon and Ysbyty Cwm Rhondda
    - Confusion about the scope of minor injuries services
    - A lack of trust and confidence in the UHB and its senior leaders

27. To facilitate the development and assessment of more detailed options for future service provision, CTM UHB is undertaking thorough modelling work, using up to date data and with the support and involvement of the Clinical Reference Groups.

28. As part of this modelling work, CTM UHB has rerun the patient flows analyses that were undertaken in the original SWP to support the process of developing and evaluating options and service models. This work considers a range of factors such as demographics (taking into account recent and planned housing developments), clinical factors, travel times. The approach is in line with process described on the SWP website and which was quality assured by the Cardiff University School of Mathematics.

29. In parallel with work on options for changes to service provision, CTM UHB is actively recruiting for permanent Emergency Medicine consultants and specialty doctors. Such recruitment will support any service option and, if recruitment is particularly successful, it is conceivable that this could support the continuation of 24/7 consultant led ED services at RGH. It should, however, be noted that experience elsewhere has demonstrated that recruitment of sufficient staff to retain safe 24/7 ED services at three sites is unlikely.

30. In addition, following the appointment of two Emergency Medicine consultants, colleagues from the PoWH are now providing temporary support to services at RGH.

Conclusion

31. The UHB will continue to listen to our staff, partners and communities, as an integral part of the process of developing and assessing options for future service delivery.

32. The UHB is undertaking work to investigate how services can be strengthened in the community hospitals, especially at Ysbyty Cwm Rhondda. The UHB is working closely with partners to identify where investment and resource are best placed to strengthen and develop services closer to home.

33. The UHB are holding an extraordinary Board Meeting to be held in public on 27 February. The purpose of this meeting will be to receive an update on progress with the project and, particularly, to consider and reflect themes emerging from the public and staff meetings and engagement events held over recent weeks.

34. The scheduled Board meeting in March will receive a report on the work of the project so far and will consider the next steps in order to secure safe service delivery.

Project Initiation Document

Remaining Implementation of the South Wales Programme

Emergency Medicine (A&E), Acute Medicine and Inpatient Paediatric Services

Project Manager: Steffan Gwynne

Senior Responsible Officer: Dr Nick Lyons, Medical Director

Date published: October 2019

Version: 0.7

Project Initiation Document

Version Control:

Version	Date	Author	Comments
0.5	30/08/19	Clare Williams	Initial Draft for Executive Review
0.6	04/09/19	Clare Williams	Updated following Executive feedback
0.7	27/09/19	Clare Williams	Updated fllowing feedback from Strategic Planning Gorup and Managament Board

Document Consultees:

Name	Position	Date	Comments
Kath McGrath	Deputy Chief Operating Officer, Assistant Diretcor of Medicine	05/08/19 08/08/19	
Dr Ruth Alcolado	Deputy Medical Diretcor	05/08/19 08/08/19 04/09/19	
Clare Williams	Assitant Director of Planning and Partnerships	08/08/19 04/09/19	
Ruth Treharne	Director of Planning and Performance	15/08/19	
Executive Team		02/08/19	
Dr Nick Lyons	Medical Diretcor	10/09/19	
Strategic Planning Group		13/09/19	
Managamnet Board		18/09/19	

Document Sign Off (Project Board Members):

Name	Position	Date	Comments

Distribution:

Position	Action Required

1. Introduction and Background

The purpose of this Project Initiation Document (PID) is to set out the remaining requirements to implement the South Wales Programme (SWP), namely emergency medicine (A&E), acute medicine and consultant led inpatient paediatric services. The PID clarifies the objectives, defines the scope, key deliverables, key milestones and risks and outlines the associated resources to deliver the work within the defined timescales.

In March 2014, the South Wales Programme Board confirmed agreement of recommendations in relation to the provision of emergency medicine (A&E), acute medicine and consultant-led maternity and inpatient services. The outcome, based on an extensive consultation exercise, was that in order to address the fragility of these services, there would be a reduction in the number of sites delivering this level of care.

Prince Charles Hospital (PCH) was identified as one of 5 sites that would continue to provide these services, along with the University Hospital of Wales (UHW), Princess of Wales Hospital (POWH), Royal Gwent Hospital RGwH) and Morriston Hospital (MH). In relation to the Royal Glamorgan Hospital (RGH), it was agreed that whilst inpatient paediatric services would no longer be delivered from the site, a new local paediatric assessment unit (PAU) model would be developed for the Rhondda and Taff Ely populations to ensure that the majority of children would continue to have their care delivered locally. A new free-standing midwifery led birthing centre would also be provided from the hospital.

Within the recommendations, it was also agreed that RGH would become a beacon site for developing a new and innovative model of acute medicine that maximises the opportunity of delivering the widest range of medical care in a local hospital setting[1]. The first delivery of service change against the South Wales Programme was the establishment of the acute medicine service in RGH from September 2015. This established a new 50 bed unit co-located with the Emergency Department (ED). Staffed 24/7 by emergency nurse practitioners, acute care physicians and supported by a wider staff team and a co-ordinator, the acute medicine service bolstered the former Health Board's ability to treat patients with complex

[1] Within an alliance, centred around the University Hospital of Wales, the Royal Glamorgan Hospital becomes a beacon site for developing a new and innovative model of acute medicine that maximises the opportunity of delivering the widest range of medical care in a local hospital setting; the Royal Glamorgan Hospital will also develop a significant role in diagnostics and ambulatory care supporting the wider network of hospitals within a South Wales Central Alliance and accelerate a different local delivery model for paediatric assessment services in Royal Glamorgan Hospital for the Rhondda and Taff Ely populations. The Paediatric Clinical Reference Group will be asked to lead this work; the Royal Glamorgan Hospital, Princess of Wales Hospital and Prince Charles Hospital (and their host Local Health Boards) will work closely together and with Cardiff and Vale University Health Board, to ensure services for patients are appropriately staffed and developed in a safe and sustainable way. (SWP, 2014)

comorbidities and a minor injuries. This was followed by a £6m investment in the Diagnostics Hub in RGH in November 2016, which effectively doubled MRI and CT, capacity with potential for a wider regional role – still within the context of the South Wales Programme adjustment of regional flows.

As a result of the proposed changing patient flows at the time, it was also clear that there was a requirement to undertake significant capital works to expand the obstetric and neonatal units at PCH and at the UHW. Following the submission of capital business cases, Welsh Government approved capital funding for both schemes in December 2016 and work began on expanding the units.

Following consultation, Paediatric and ED colleagues expressed a preference for transferring services from RGH in March 2019, avoiding the worst of winter pressures which also allowed UHW to complete its capital scheme by end of February 2019. The PCH scheme completed in December 2018.

Partial implementation of the SWP took place in March 2019 with the new neonatal unit opening on the PCH site and consultant led obstetrics transferring to the PCH leaving a freestanding midwifery led unit on the RGH site. The transfer of inpatient paediatric services was deferred as a result of a readiness assessment undertaken in April 2019. This included consideration of the ongoing challenges around workforce, training and performance associated with the ED departments across the CTM Health Board. Specifically highlighted were pressures and availability of medical staffing at the RGH site, with a heavy reliance on locum staff.

The specific challenges associated with the RGH site have resulted in the need to retain paediatric inpatient services on the RGH site to allow time to develop and consider options for a new emergency medicine (A&E) model.

Consequently, implementation of the transfer of inpatient paediatric services to the PCH site and the implementation of a newly modelled paediatric assessment unit on the RGH site requires completion. Within the context of the SWP region, it also requires review and testing of the feasibility of the proposed emergency medicine (A&E) changes.

1.1 Developing Options for Emergency Medicine

Meetings have been held with Emergency Medicine (A&E) leads from across all three sites to discuss options for the future of emergency medicine. The most recent took place on the 3 July 2019. The sessions have broadly considered the potential to consolidate more acute medicine activity in RGH, in line with beacon site designation, and ED activity in PCH and POWH in line with SWP commitment and the consequently impact of the wider region. As a result, discussions considered:

- The current context of the inpatient paediatrics services move, current levels of safety, contextualised by the requirements to ensure patient flow through the system and the importance of RGH in the region;
- Current patient flows, activity numbers, bed days, length of stay, number of patients going to theatre as an emergency across the Health Board;
- Configurations for safe service delivery in RGH;
- Patient flow modelling to maximise patient safety and service utilisation across sites;
- Implications for WAST;
- Benchmarking and learning;
- An option appraisal for a proposed new model of non-consultant led local ED service, including:
  - Do nothing;
  - Minor Injures Unit (MIU) with medical/surgical referrals;
  - MIU, medical/surgical referrals, minor illness walk-ins (joint staffed by primary and secondary care);
  - MIU, medical/surgical referrals, minor illness phone triage (primary care);
- The need to identify options to keep the service operating safely until the new model is implemented;
- Timescales; and
- Public engagement to discuss options and describe the services that will still be offered from RGH.

2. Project Aim and Objectives

2.1 Aim

The overall Project aim is therefore:

'Set and supported effectively, within the South Wales regional context, to implement the remaining elements of the SWP to provide safe, quality, accessible and sustainable services. Specifically local service models for emergency medicine(A&E), completion of the acute medicine beacon site model, paediatric assessment at RGH and the transfer of consultant led inpatient paediatric services to PCH by September 2020.'

2.2 Objectives

1. Review the feasibility of implementing the SWP emergency medicine (A&E) model within the current regional context, understanding any changes which have taken place since the SWP agreement;
2. Develop and implement a local emergency medicine (A&E) model in RGH, within a Health Board and regional context;
3. Complete the implementation of the acute medicine beacon site model at RGH;

4. Revisit, finalise and implement the PAU model at RGH;
5. Transfer RGH consultant-led inpatient paediatric services to PCH and POWH;
6. Deliver the above in partnership with regional Health Boards, ensuring patient flows across the region can be supported as a result of the changes;
7. Deliver the above ensuring safe, quality, accessible services provided by a sustainable multidisciplinary workforce.
8. Ensure appropriate communication and engagement with communities, patients, Community Health Council, Local Authorities and other partners; and
9. Continuously monitor, evaluate and learn throughout the project.

3. Scope

3.1 In Scope

- Emergency medicine (A&E), acute medicine, PAU and inpatient paediatric services across the Health Baord, working jointly with the region to ensure full consideration of future patient flows and service interdependencies; and
- The accommodation and estates requirements to support this work to include any capital implications.

3.2 Out of Scope

- Contingency plans for maintaining / retaining services whilst the project is in development and implementation.

4. Project Constraints and Interdependencies

- Regional support and acceptance;
- Organisational priorities and work programmes which may prevent or delay progress;
- Specific links the Trauma Units, Major Trauma Centre; and
- Regional Transport.

5. Deliverables

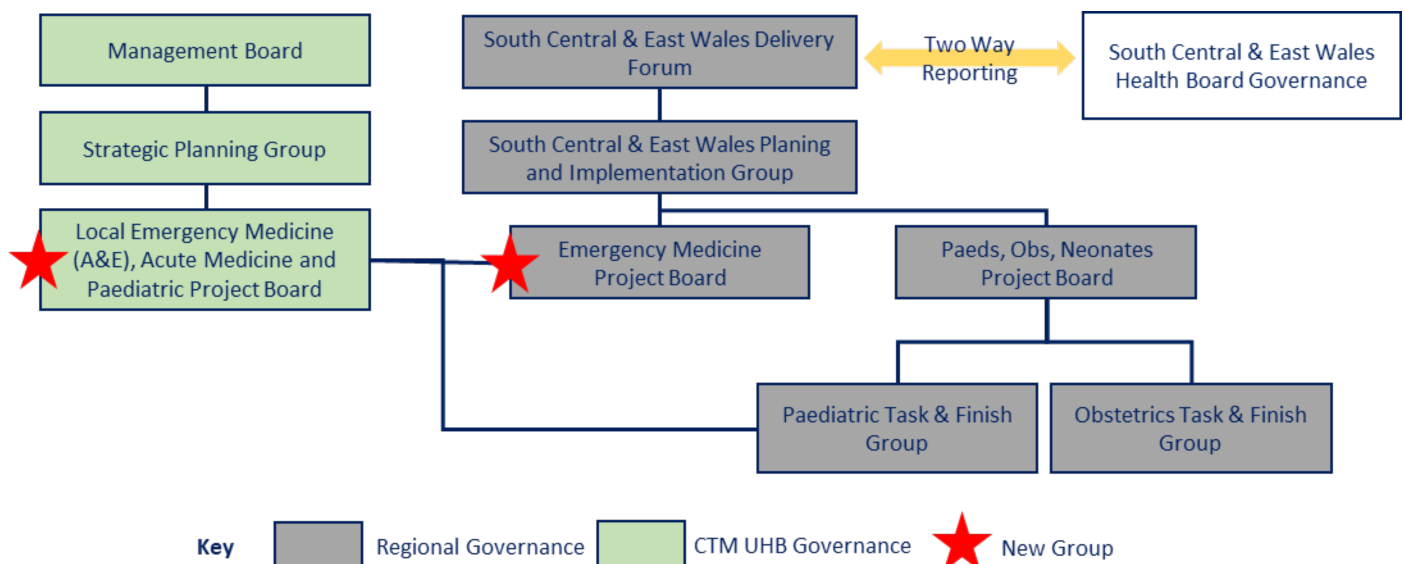
All products developed throughout the project will take due consideration of the Health Board Quality and Patient Safety Governance Framework, retaining a patient centred focus.

- Core planning principles and assumptions;
- SWP emergency medicine (A&E) model implementation feasibility assessment;
- High level implementation scenarios by January 2020;
- Refreshed patient flow principles and criteria;

- Refreshed transport review, including travel times;
- Refreshed emergency medicine (A&E) and acute medicine service model – local and region as required
- Refreshed RGH PAU service model;
- Refreshed Health Board wide inpatient paediatric service model;
- Accommodation schedule;
- Project business case, including finance and workforce plan;
- Updated Equality Impact Assessment (EqIA);
- Updated Quality Impact Assessment (QIA)
- Communication and Engagement Plan;
- Benefits realisation tracker; and
- Project evaluation.

6. Project Structure and Team Membership

6.1 Project Structure



Key workstreams within the project will include:

- Communications and engagement;
- Transport and patient flow;
- Data analysis and evaluation;
- Workforce and OD;
- Finance; and
- Capital and accommodation.

These workstream will be reviewing and varied as required as the project is implemented.

6.2 Project Members

Name	Project Role	Estimated time required per week
	Senior Responsible Officer	1 day
	Clinical Project Lead – dedicated clinical lead, sitting on the Project Board, supporting and facilitating medical, nursing and allied HCP input throughout the project from all specialities.	4 sessions
	Emergency Medicine (A&E) and Acute Medical, Medical Lead	1 session
	Emergency Medicine (A&E) and Acute Medical Nursing Lead	1 session
	Paediatric Medical Lead	1 session
	Paediatric Nursing Lead	1 session
	Therapies Lead	0.5 wte
	Anaesthetics / Critical Care Lead	1 session
	Primary and Community Care Lead	1 session
	Surgery Lead	1 session
	WAST Lead	1 session
	Facilities / Estates	0.4 wte
Marie Evans	Planning Lead	0.5 wte B8b
Steffan Gwynne	Project Management	1 wte B8b
	Informatics Analyst	1 wte first 6 months, then 0.6 wte
	Finance	0.4 wte
	Comms and Engagement Lead	1 wte
	Capital Planning	TBC
	Workforce and OD	0.5 wte
	Project Administration	1 wte

6.3 Local Project Board

Name	Role / Title
	Senior Responsible Officer
	Clinical Project Lead
	Project Manager
	Clinical Director Medicine
	Clinical Director Paediatrics
	Medical Director
	Director of Planning and Performance
	Director of Nursing

	Chief Operating Officer
	WAST Director of Planning
	Communications and Engagement Lead
	Staff Side Representative
	Community Health Council Representative

7. Finance

Under development

8. Milestones and Timescales

Milestone	Deadline
Sign off PID	September 2019
Initiate Project	September 2019
Set up Project Structure	September 2019
Development and implementation of communications and enragement plan	September 2019 onwards
Establish core planning principles, assumptions and evaluation criteria	November 2019
SWP emergency medicine (A&E) model feasibility assessment	November 2019
High level implementation scenarios	December 2019
High level business case approval	January 2020
Approval of detailed service models	March 2020
Implementation dependant on service model requirements	March – September 2020
Project implementation complete	September 2020
Post implementation evaluation	March 2021 and September 2021

9. Risks Identified

Risk Description	Risk Level High/ Medium/ Low	Mitigation
Availability of finance	Medium	Gain approval for required resources, through the production and agreement of robust business case
Timely approval of business cases to enable timely implementation of service redesign and changes	Medium / High	To ensure appropriate early level of executive engagement to enable required challenge, direction and support for the Project within the defined timescales.

		To ensure sufficient resources are dedicated to the development and delivery of the business case within the stated timescales
Public and patient acceptability	High	Development and implementation of robust communication and engagement processes
Management of reputational risks	High	Proactive development and implementation of robust communication and engagement processes
Staffing sustainability to maintain existing services throughout the project development and implementation	High	Out of scope of project but must be monitored
Welsh Government, CHC and stakeholder support and 'buy in'	Medium	Proactive development and implementation of robust communication and engagement processes
Appropriate engagement and 'buy in' of all clinical and professional groups as required	Medium / High	Proactive development and implementation of robust communication and engagement processes
Staff and trade union engagement and support.	Low	Proactive development and implementation of robust communication and engagement processes
Information availability to inform the project: data, benchmarking and flows	High	Appointment of correct analytical support. Information governance protocols with key stakeholders
Availability of project resources requirements	Medium	Early sign off and agreement of the resource requirements outlined in the PID to ensure early recruitment.
Access and availability of required accommodation, estates and facilities	Medium	It will be a requirement of workstreams to identify this at an early stage.

10. Key Stakeholders

- Patients and public;

- Staff across the Health Board and specifically within emergency medicine (A&E), acute medicine and paediatrics
- Trade Unions
- Welsh Government
- Community Health Council
- Local Authority partners
- Third Sector
- WAST
- Regional Health Boards
- HEIW

Appendix 2

Progressing South Wales Programme

Project Board
Terms of Reference

1.0 Introduction

In March 2014, the South Wales Programme (SWP) Board confirmed agreement of recommendations in relation to the provision of emergency medicine, acute medicine and consultant-led maternity and inpatient services. The outcome, based on an extensive consultation exercise, was that in order to address the fragility of these services, there would be a reduction in the number of sites delivering this level of care.

Whilst a number of these recommendations were implemented, there are outstanding elements, specifically emergency medicine, acute medicine and inpatient paediatric services. As a result, a PID was approved in the Management Board on 23rd October 2019 to review, develop and implement a new model for these remaining services.

The overall aim of the project is to:

"Set and supported effectively, within the South Wales regional context, to implement the remaining elements of the SWP to provide safe, quality, accessible and sustainable services. Specifically local service models for emergency medicine, completion of the acute medicine beacon site model, paediatric assessment at RGH and the transfer of consultant led inpatient paediatric services to PCH by September 2020."

A project structure is therefore being established to take forward a clinical review of the existing service provision and develop a model that will provide patients with equitable access to safe, effective and sustainable emergency medicine, acute medicine and inpatient paediatric services which can cope with changes in the future.

2.0 Scope

The scope of the project will primarily address the provision of emergency medicine, acute medicine and inpatient paediatric services across Cwm Taf Morgannwg (CTM) UHB working jointly with the region to ensure full consideration of future patient flows and service interdependencies.

The Project Board will provide the leadership, influence and support to drive this piece of work forward.

The Project Board will deliver in line with the Health Board's operational objectives:

- Improve quality, safety and patient experience;
- Protect and improve population health;
- Ensure that the services provided are accessible and sustainable into the future;
- Provide strong governance and assurance;
- Ensure good value based care and treatment for our patients in line with the resources made available to the Health Board;
- Develop a motivated and sustainable workforce.

3.0 Aims and Objectives

- To review the feasibility of implementing the SWP emergency medicine, acute medicine and inpatient paediatric services model within the current regional context, understanding any changes which have taken place since the SWP agreement;
- To develop and agree a clinically acceptable sustainable service model for the future provision of emergency medicine, acute medicine and inpatient paediatric services across CTM, both in the short/medium term and the longer term;
- To ensure that all internal and external stakeholders are engaged in and committed to the development and implementation of the service model;
- To develop an agreed project plan to meet the project requirements;
- To determine the appropriate level of resources required to manage and deliver the project successfully;
- To monitor the implementation of the project to ensure compliance with project timescales and requirements;
- To review identified risks and agreement for the planned approaches to mitigate their potential impacts through producing and maintaining a risk register.

4.0 Membership

Name	Role
Dr Nick Lyons	Executive Medical Director / Senior Responsible Officer (Chair)
Mark Dickinson	Programme Director
Amanda Farrow	Programme Clinical Director
TBC	Programme Clinical Lead
Liz Wilkinson	Executive Director of Therapies
Greg Dix	Executive Director of Nursing
John Palmer	Chief Operating Officer
Clare Williams	Assistant Director of Planning and Partnership
Julia Sumner	Communications and Engagement Lead
Marie Evans	Head of Planning (Unscheduled Care)
Andrew Nelson	Quantitative Planner
Mandy Pady	Unit Finance and Business Partner
Rachel Marsh	WAST Director of Planning
Cathy Moss	Community Health Council Representative
Dr Simon Poulter	LNC Chair / Consultant Anaesthetist
Gaynor Jones	Staff Side Representative / RCN Convenor
Steffan Gwynne	Programme Manager
Dr Sarah Spencer	PoWH Group Director / Consultant in Emergency Medicine
Carl Verrecchia	Operational Director PoWH
Dr Stuart Hackwell	RGH Group Director / General Practitioner
Rachel Burton	Operational Director RGH / Service Group Manager – Obstetrics & Gynaecology
Dr Anthony Gibson	PCH Group Director / Consultant Physician in Respiratory Medicine
Adele Gittoes	Operational Director PCH / Service Group Manager - Medicine & ED
Dr Mike Obiako	Clinical Lead / Consultant in Emergency Medicine PCH
Dr Raj Biswas	RGH Clinical Lead – Medicine & ED / Consultant Physician
Dr Vikas Lodhi	PCH Clinical Lead – Medicine & ED / Consultant in Acute Medicine
Dr Ashok David	Clinical Director - Care of the Elderly PoWH / Consultant Physician
Dr Matthew Jones	Clinical Director – Emergency Care PoWH / Consultant in Emergency Medicine
Dr Gary Constable	Clinical Director – Medicine / Consultant Gastroenterologist
Dr David Deekollu	Clinical Director - Children and Young People / Consultant Paediatrician
Chris Coslett	Directorate Manager - Children and Young People

5.0 Procedural Arrangements

Quorum - For the meetings of the Project Board will be a minimum of 10 members and appropriate Chair or Vice Chair.

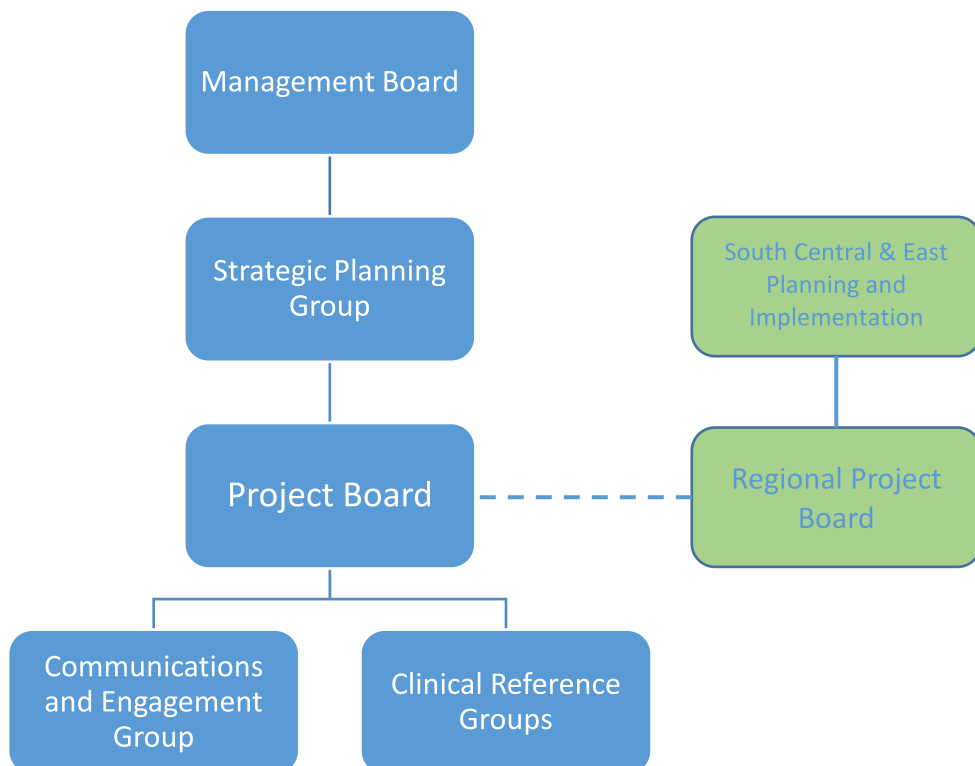
Chair – The Executive Medical Director will Chair the meeting.

Attendance – Each member of the Project Board will be required to protect time to attend meetings. If on annual leave, the member of staff must notify the PMO giving apologies. If unable to attend, members will provide a suitable representative or Deputy.

Secretariat - Actions/outcomes will be documented by the PMO. Action notes will be sent out within 5 working days of the meeting. Planning and communication of dates and times for meetings will be coordinated by the PMO.

Frequency of meetings - The meetings will be held on a monthly basis. If cancelled for operational business, the meeting will be called as soon after that date as possible.

Reporting - The Project Board will report directly to Strategic Planning Group.



6.0 Review

These Terms of Reference will be kept under review in the light of the development of the Programme and make any recommendations to the Project Board on changes to its membership or responsibilities.

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Appendix 3

AGENDA ITEM
3.3

CTM BOARD

SOUTH WALES PROGRAMME – PROGRESSING OUTSTANDING RECOMMENDATIONS

Date of meeting	30/01/2020
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Mark Dickinson, Programme Director
Presented by	Dr Nick Lyons, Executive Medical Director (SRO)
Approving Executive Sponsor	Executive Medical Director
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
PID and Resources Paper previously approved by Management Board	18/12/2018	ENDORSED FOR APPROVAL

ACRONYMS	
A&E	Accident and Emergency (Emergency Medicine and Emergency Department are now the preferred terms)
CHC	Community Health Council
CRG	Clinical Reference Group
ED	Emergency Department
EM	Emergency Medicine

MIU	Minor Injuries Unit
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital
RGH	Royal Glamorgan Hospital
SWP	South Wales Programme
UHB	University Health Board
UHW	University Hospital of Wales
WAST	Welsh Ambulance Service NHS Trust

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

1. SITUATION AND BACKGROUND

1.1 Situation

A number of recommendations of the South Wales Programme (SWP), agreed by all health boards in South Wales in 2014, remain unimplemented. Perhaps most importantly, consultant led 24 hour emergency medicine services continue to be delivered from three sites in the Health Board: Princess of Wales Hospital (POW), Bridgend, Royal Glamorgan Hospital (RGH), Llantrisant and Prince Charles Hospital (PCH), Merthyr Tydfil.

Inpatient paediatric services also continue to be delivered at RGH. The SWP recommendations included a transition to a nurse led minor injuries unit (MIU) and an end to inpatient paediatric services at RGH.

Other recommendations of the SWP, including in relation to maternity and neonatal services have been fully implemented.

Recent service and staffing pressures have highlighted that the rationale for the changes recommended by the SWP remain valid and have only become more pressing.

As a result, in November 2019, the Health Board established a project, within the regional context, to take forward the implementation of the remaining recommendations of the SWP. As a first step, and in recognition of relevant recent changes, the project is considering and assessing alternative options, in addition to the original specific SWP recommendations, as described below, in order to ensure the very best model of care.

1.2 Background: The South Wales Programme

Introduction to the South Wales Programme

The South Wales Programme (SWP) within NHS Wales was set up in 2012 to look at the future of four **consultant-led** hospital services:

- maternity services
- neonatal care
- inpatient paediatrics
- emergency medicine (EM)

These services were selected for consideration due to their fragility, in terms of their ability to deliver safe and sustainable models of care, as then configured (see below for further information on the rationale).

The SWP was a partnership of the five health boards serving people living in South Wales and South Powys, working with the Welsh Ambulance Service NHS Trust (WAST). The then Cwm Taf UHB and Abertawe Bro Morgannwg UHB were partners in the SWP.

Extensive work was undertaken over a two year period to prepare plans for the future configuration of services, central to which was clinical leadership, engagement and professional advice, complemented by broader stakeholder engagement and formal periods of engagement and consultation. Much of the work was undertaken through the vehicle of specialty specific Clinical Reference Groups (CRGs), with multi-disciplinary clinical membership drawn from across the region.

Further extensive information continues to be available via the SWP website[1].

Recommendations of the South Wales Programme

Following extensive public consultation in 2013, the recommendations of the SWP were finalised. Decisions on the outcome of the programme were taken by health boards and WAST at Board meetings in February 2014 and the collective position of all partner organisations was confirmed in March 2014.

In headline terms, the primary recommendation of the SWP was that the consultant-led services within the scope of the programme should, in future, be strengthened and delivered from five hospitals within the region:

- University Hospital of Wales (UHW)
- Morriston Hospital
- Grange University Hospital (then referred to as the SCCC)
- Prince Charles Hospital (PCH) – within CTMUHB
- Princess of Wales Hospital (POW) – within CTMUHB (then ABMU)

A key consequence of this was a reduction in consultant led services to be delivered in future from the Royal Glamorgan Hospital (RGH) in maternity, neonatal, in-patient paediatric and emergency medicine services, but with a refocussing on the development of innovative new models of acute medicine at RGH, and an increased role in diagnostics, outpatient and ambulatory care across South Wales.

[1] http://www.wales.nhs.uk/SWP/home

Rationale for the South Wales Programme recommendations

The clinically-endorsed rationale for the changes recommended by the SWP was set out, in detail during the public consultation process[2] and is summarised below:

- NHS Wales was facing unprecedented challenges, as set out below, and there was a need for timely action to ensure the continued delivery of safe and sustainable services.
- Although most patients in South Wales and South Powys received very good treatment, and standards were improving, the highest quality of care was not delivered for everyone all of the time.
- There was a concern that NHS Wales would start to fall behind other countries in keeping people well and in treating illness and injuries.
- There was a desire to ensure that people did not have to come to hospital unless absolutely necessary, and so there was a need to strengthen primary care and community services.
- It was considered necessary for the sickest patients attending hospital to have rapid access to treatment from senior clinicians, whatever time of day or night.
- There was a desire to offer everyone the benefits of medical advances.
- It was recognised that modern, safe and effective medicine could only be delivered by teams of doctors, nurses and therapists with regularly used specialist skills. It was further recognised that this could not be provided in every hospital because there were not enough specialists, but even if there had been more, they would not have been able to keep up their skills because they would not have been seeing enough patients.
- Each specialist team had, and was supported by, doctors-in-training – the specialists of the future. There was an identified need for more of these doctors-in-training and training had become more complex, as medicine had become more specialised.
- Doctors-in-training needed to see large numbers of patients to ensure they had the necessary experience and skills to specialise.
- Because the service was trying to run services in too many places there were frequent shortages of doctors-in-training and consultants.
- Not only did this make providing safe services difficult, it made it harder to fill consultant posts and impacted on the quality of teaching for the doctors-in-training that did exist.
- It was concluded that the NHS in South Wales could not continue as before. Consultant-led services in the scope of the SWP needed to be provided together, in fewer hospitals as part of a wider integrated healthcare network.

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[2] http://www.wales.nhs.uk/sitesplus/documents/1077/SWP%20consultation%20document%20FINAL.pdf

- The evidence was deemed to be clear that doing this would improve the outcomes of care for patients even if they had to travel further for this treatment.
- It was also concluded that, if we did not take immediate action, there would be a very real risk that we would be forced to take emergency measures when one of these services failed.

The above rationale needs to be tested in its details, but remains valid. In some respects, the situation described by the SWP has since become more urgent (see below).

Current status of the SWP recommendations in CTMUHB

Implementation of the recommendations was, and remains, primarily a health board responsibility, with regional planning mechanisms being put into place to ensure the ongoing coordination of implementation and additional work across health board boundaries.

The position agreed through the SWP, with a specific focus on services at RGH, together with the current status in CTMUHB, is set out in the table below:

Services	Agreed position at end of SWP in 2014	Current status
Obstetric and Neonatal services	Consultant-led obstetric and neonatal services should not be delivered from the RGH site in the future.	**Fully implemented** Consultant led obstetric and neonatal services now delivered from PCH and POW. There is a new midwifery led birth centre at RGH (the Tirion Centre) and a new neonatal unit opened at PCH in March 2019.
Acute Medicine, Ambulatory Care and Diagnostics	RGH should develop a significant role in diagnostics and ambulatory care, supporting the wider network of hospitals within a South Wales Central Alliance, and become a 'beacon site' for developing innovative models of care in	**Partially implemented** A new 50 bed Acute Medicine Unit, co-located with the RGH ED was opened in September 2015. The unit bolsters the ability to treat patients with complex comorbidities and minor injuries[3].

[3] An audit by the Society for Acute Medicine (2015) showed there was an increase in the percentage of patients seen by a consultant within eight hours of admission by day and within 14 hours for overnight admissions, putting the consultant team in the top 5 of 82 participating acute medicine departments. A GMC Survey (2015) reported acute medicine in RGH as an "above outlier" for overall satisfaction and adequate

	acute medicine and diagnostic services.	A Diagnostic Hub at RGH, providing regional services, was opened in February 2018.
Services	**Agreed position at end of SWP in 2014**	**Current status**
Inpatient Paediatric services	Consultant-led inpatient paediatric services should not be delivered from the RGH site in the future.	**Not implemented, but planning has progressed** A consolidation of RGH and PCH inpatient paediatric services on the PCH site was originally scheduled to take place in June 2019 and was subsequently postponed several times. To ensure a safe and seamless transition, and allow time to consider and develop new models at RGH, this move is currently planned for late 2020.
Emergency Medicine (EM)	Twenty four hour consultant-led EM services should not be delivered from the RGH site in the future. The RGH Emergency Department (ED) should, over time, move from a consultant-led service dealing with major cases to a nurse practitioner led service dealing with minor injuries (MIU), co-located with a GP out of hours service and enhanced selected 24 hour medical intake[4].	**Not implemented** Consultant-led 24 hour emergency medicine services continue to be delivered from three sites in the UHB (POW, RGH and PCH) and there is no currently fully developed plan for an alternative service model.

experience. Since implementation there are higher zero day lengths of stay as the model includes capacity for rapid diagnostics and consultant review. The presence of a senior decision maker at the front door of an acute medical intake has reduced the overall bed occupancy.

[4] http://www.wales.nhs.uk/sitesplus/documents/1077/QAs%20-%20Programme%20Board%20Recommendations%20Final.pdf

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

2.1 Current issues with delivery of ED services in CTMUHB

As stated above, CTMUHB has continued to deliver consultant-led 24 hour emergency medicine services from three sites. This situation is becoming increasingly unsustainable and safe services cannot be sustained beyond the immediate short term without unacceptable risks to patient safety.

A November 2019 *Targeted Visit Report* of a Health Education and Improvement Wales visit to the PCH ED recommended that "work regarding the amalgamation of the Royal Glamorgan and Prince Charles Hospitals in line with the South Wales plan continues".

The recent Wales Audit Office/Healthcare Inspectorate Wales *Review of quality governance arrangements at Cwm Taf Morgannwg University Health Board*[5] stressed that the UHB "needs to take a strategic and planned approach to improve risk management across the breadth of its services. This must ensure that all key strategies and frameworks are reviewed, updated and aligned to reflect the latest governance arrangements".

Staffing levels, in relation to activity levels, at all three EDs are well below national workforce benchmark levels.

The following recent developments in the RGH ED significantly increased the risk of the need take urgent action to ensure service continuity:

- In the evenings of both 25 and 26 December 2019, due to sickness of middle grade ED doctors, the ED department at RGH was not able to maintain normal medical staffing levels.
- With support and agreement from WAST, ambulances were, therefore, diverted to PCH on both nights. The department remained open to minor injuries and any patient self-presenting.
- In the last week of December 2019, the Health Board received the resignation of the only substantive ED consultant at RGH from April 2020. In addition to the loss of middle grade locum doctors, this expected retirement means that the current staffing model at RGH, already heavily reliant on agency staff, becomes further challenged.

[5] https://www.audit.wales/publication/joint-review-cwm-taf-morgannwg-university-health-board

2.2 Project to implement the remaining recommendations of the SWP in CTMUHB

Purpose, aim and scope of the project

Following engagement with clinicians and managers across the health board, the Health Board has formally established a project, within the South Wales regional context, to address the remaining implementation of the SWP recommendations within the health board, specifically including the development and implementation of:

- local service models for emergency medicine, across the Health Board footprint and within the regional context
- an appropriate paediatric service model at RGH
- completion of the acute medicine beacon site model at RGH
- the already planned transfer of consultant led inpatient paediatric services from RGH to PCH.

The aim of the project is to develop and agree service models by Spring 2020, with implementation commencing in September 2020 (noting the interrelationship and interdependencies with actions to ensure service continuity in the meantime).

Key work-streams within the project include:

- Communications and engagement
- Data analysis, modelling and evaluation
- Transport and patient access
- Workforce and OD
- Finance
- Capital and accommodation.

Establishment and governance of the project

Informal discussions between the Medical Director and senior clinicians about the need to revisit and progress the recommendations of the SWP commenced in October 2019. Following these discussions, a Project Initiation Document (PID) was subsequently drafted and approved by the Health Board Management Board in October, with the identification of the Medical Director as Project Senior Responsible Officer (SRO).

To support the SRO, a project team including a Programme Director and a Quantitative Planner were identified during November and December 2019, to work alongside current Planning and Programme Management Office departments. A clinical lead is to be appointed.

Because of the regional dimension to the project, and in line with the agreement at the end of the SWP, the project has a dual line of accountability:

- within the Health Board, via an internal project board and the SRO, to the Board
- regionally, via a regional project board, to the Regional Planning and Delivery Forum

The internal Health Board project board has been established and met for the first time on 7 January 2020.

The establishment of the project has been reported formally to the South Central and East Wales Regional Planning and Implementation Group at its January meeting and this was well received, with a commitment from partner organisations to engage appropriately. The regional project board is planned to meet for the first time in February 2020.

Project ways of working

As with the SWP, and in alignment with the Health Board values and behaviours, the project is being conducted with a focus on:

- safety, quality and patient experience
- clinical leadership and involvement
- open engagement and communication with internal and external stakeholders, including staff, the public, elected representatives and partner organisations

The initial work on the project has been informed by a Health Board-wide Clinical Leaders Workshop held on 29 November 2019.

Ongoing clinical leadership and engagement is being ensured through the role of the SRO, the membership of the internal and regional project boards, the planned appointment of a clinical lead and, importantly, through the re-establishment and operation of the following Clinical Reference Groups (CRGs), as used by the SWP:

- Emergency Medicine (chair briefing 14/1/20; first meeting 13/2/20)
- Acute Medicine (chair briefing 9/1/20; first meeting 12/2/20)
- Paediatrics (chair briefing 27/1/20); first meeting TBC)

In view of the relevant links and interdependencies, there will also need to be close working with, and consideration of the implications of changes for, surgery, anaesthetics, critical care, primary care and other services.

Key external stakeholders have been briefed informally by the Chair, Chief Executive and Executive Medical Director on the establishment of the project and the Programme Director has, together with the Assistant Director of Planning and Partnerships, briefed Community Health Council (CHC) officers on 17 January 2020. A further, formal, briefing is being provided at the CHC Service Planning Committee on 27 January 2020, following the publication of this Board paper.

A formal engagement and communications plan is being finalised and includes arrangements for:

- engagement and communication with staff across the Health Board and their union representatives
- ongoing formal engagement with the CHC (including at a planned additional Service Planning Committee on 14 February, at which it is intended to agree the wider programme of formal public engagement)
- both formal and informal engagement events with the public (including through already planned 'Let's Talk Healthcare' events)
- engagement and communication with other key stakeholders, including elected representatives, local government and Welsh Government.

2.3 Options for further consideration by the project

Within the context of the newly established project, it is recognised that the overall rationale for the SWP recommendations (as summarised above) remains valid and the need for action has only become more urgent since the recommendations were made, consulted on and accepted. It is, however, recognised that, in the six intervening years, there have been specific changes that create a different context within which the specific SWP recommendations for emergency medicine in CTMUHB should be reconsidered. These changes include:

- the footprint of the new CTMUHB, which includes three emergency departments (RGH, POW and PCH) and which potentially facilitates service delivery and staffing options that may have been more difficult to implement across health board boundaries
- the development of emergency department service models elsewhere in the UK that may provide lessons for service delivery in CTMUHB and South Wales
- further development of the 'care closer to home' concept within the Health Board
- the implementation of a Major Trauma Network in South Wales from April 2020
- the planned opening of the Grange University Hospital, and subsequent changes to services delivered by Nevill Hall Hospital in Aneurin Bevan UHB

- further exacerbated staffing issues affecting the nursing, as well as the medical, workforce
- extensive new housing developments in the areas of the Health Board adjacent to Cardiff
- increasing experience of ambulatory care models.

As a result of the above, the project SRO, in discussion with relevant clinicians and managers across the Health Board and with input from the new project board, has, through a process of ongoing iteration, developed the following high level options for potential further consideration:

<table>
<tr><th>Option</th><th>Specific features</th><th>Common features</th></tr>
<tr><td>Option 1</td><td>Implementation of the remaining SWP recommendations

Transition the RGH Emergency Department (ED) from a consultant-led service to a 24 hour nurse practitioner led Minor Injuries Unit (MIU).</td><td rowspan="4">Implementation of already planned move of inpatient paediatrics from RGH to PCH in September 2020

Development and implementation of an appropriate paediatric service model at RGH (tailored to interface appropriately with the selected ED service model)

GP admissions and paramedic differentiated admissions (of appropriate acuity) direct to RGH wards 24 hours

Ongoing development of RGH acute medicine, ambulatory care and diagnostic services, in line with the SWP</td></tr>
<tr><td>Option 2</td><td>Implementation of the remaining SWP recommendations with additional service changes

Transition the RGH Emergency Department (ED) from a consultant-led service to a 24 hour nurse practitioner led Minor Injuries Unit (MIU).

Increase access to 'care closer to home' across the Health Board for those not requiring ED services, through enhanced access to primary care and community services (in and out of hours), in line with the agreed transformation programmes of the Regional Partnership Board.</td></tr>
<tr><td>Option 3</td><td>No significant changes to the existing RGH ED service, beyond those required by the establishment of the Major Trauma Network and the transfer of paediatric inpatient services

Twenty four hour consultant-led EDs to continue at RGH, POW and PCH.</td></tr>
<tr><td>Option 4</td><td>Overnight reduction in the hours of consultant led ED at RGH</td></tr>
</table>

	Consultant-led EDs to continue at RGH, POW and PCH, but with an overnight reduction in the hours of the RGH ED (exact operational hours to be determined based on modelling of demand). Determine how best to deliver a nurse practitioner-led Minor Injuries Unit (MIU) on the RGH site during the hours when a consultant-led ED is not provided.	

Modelling work, informed by that done by the SWP, has commenced to assess the patient access and flow implications of the above options, and to help define more specific and detailed 'optimal' service models under each option, with clinical involvement through the emerging CRGs and using the most up to date data available.

Following discussion at the first project board, it is recommended that:

- in light of the Health Board's wider approach and commitment to the Regional Partnership Board transformation programmes, it would be inconceivable that Option 1 would be implemented without the types of additional service change that are described under Option 2. As such, Option 1 should be rejected at this stage
- Option 3, which was deemed to be unsustainable by the SWP, remains unsustainable and difficulties in mainlining services on a day to day basis have only increased. As such, Option 3 should be rejected at this stage.

It should be noted that members of the project board discussed potential alternative approaches, differing from the recommendations of the SWP, based on a focusing of ED services on a single site within the health board (either at an existing site or in a newly built hospital). This is incompatible with clinical pathways and sustainability of services.

As a result of the above considerations, it is recommended that the options set out in the Recommendations section of this paper (Section 5) should be prioritised for further, more detailed, development and assessment within the project structure, primarily through the work of the CRGs and the associated modelling.

2.4 Service continuity

Until changes developed and recommended by the current project are implemented, there will need to be a parallel focus on ensuring safety and workforce sustainability relating to the ongoing delivery of EM services at all three EDs within CTMUHB. This work will be, primarily, an operational matter and will not be conducted under the auspices of the project. There will, however, be a need to ensure close ongoing liaison between the two processes, with an emphasis on ensuring that ongoing operational decisions remain compatible with the emerging direction of the project.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD

The following are key risks and issues relating to, and stemming from, the project:

- There is a need to ensure that operational action is taken to ensure safe service continuity of service provision prior to the implementation of future project recommendations. This will be particularly challenging from 1 April 2020, following staff resignations.

- Any service changes will be controversial and contested by relevant stakeholders.

- The need for urgent responses to changing circumstances, prioritising patient safety, may lead to decisions and changes needing to be made by the Health Board without as much analysis/engagement/consultation etc. as would be optimal.

- The regional nature of the project, with the need for involvement of other health boards in the development, assessment and implementation of solutions and the overall governance, may compromise rapid decision making.

- Resource constraints, including in relation to capital investment may compromise the ability to implement optimal service models.

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 invited to **APPROVE** the continuation of the project and the further consideration of specified options, in ongoing engagement with internal and external stakeholders, with progress reports to be provided to each Board meeting.

Specifically, it is recommended that the project should focus on the further development, assessment and evaluation of the following options and the development of proposals for implementation, as shown in the table overleaf:

<table>
<tr><th>Option</th><th>Specific features</th><th>Common features</th></tr>
<tr><td>Option A</td><td>Implementation of the remaining SWP recommendations with additional service changes

Transition the RGH Emergency Department (ED) from a consultant-led service to a 24 hour nurse practitioner led Minor Injuries Unit (MIU).

Increase access to ‘care closer to home’ across the Health Board for those not requiring ED services, through enhanced access to primary care and community services (in and out of hours), in line with the agreed transformation programmes of the Regional Partnership Board.</td><td rowspan="2">Implementation of already planned move of inpatient paediatrics from RGH to PCH in September 2020

Development and implementation of an appropriate paediatric service model at RGH (tailored to interface appropriately with the selected ED service model)

GP admissions and paramedic differentiated admissions (of appropriate acuity) direct to RGH wards 24 hours

Ongoing development of RGH acute medicine, ambulatory care and diagnostic services, in line with the SWP</td></tr>
<tr><td>Option B</td><td>Overnight reduction in the hours of consultant led ED at RGH

Consultant-led EDs to continue at RGH, POW and PCH, but with an overnight reduction in the hours of the RGH ED (exact operational hours to be determined based on modelling of demand).

Determine how best to deliver a nurse practitioner-led Minor Injuries Unit (MIU) on the RGH site during the hours when a consultant-led ED is not provided.</td></tr>
</table>

Appendix 4

Progressing South Wales Programme
Emergency Medicine, Acute Medicine & Paediatric Services

Regional Project Board
Terms of Reference

1.0 Introduction

In March 2014, the South Wales Programme (SWP) Board confirmed agreement of recommendations in relation to the provision of emergency medicine, acute medicine and consultant-led maternity and inpatient services. The outcome, based on an extensive consultation exercise, was that in order to address the fragility of these services, there would be a reduction in the number of sites delivering this level of care.

Whilst a number of these recommendations were implemented, there are outstanding elements, specifically emergency medicine, acute medicine and inpatient paediatric services. As a result, a PID was approved in the Management Board on 23rd October 2019 to review, develop and implement a new model for these remaining services.

The overall aim of the project is to:

"Set and supported effectively, within the South Wales regional context, to implement the remaining elements of the SWP to provide safe, quality, accessible and sustainable services. Specifically local service models for emergency medicine, completion of the acute medicine beacon site model, paediatric assessment at RGH and the transfer of consultant led inpatient paediatric services to PCH by September 2020."

A project structure is therefore being established to take forward a clinical review of the existing service provision and develop a model that will provide patients with equitable access to safe, effective and sustainable emergency medicine, acute medicine and inpatient paediatric services which can cope with changes in the future.

2.0 Scope

The scope of the project will primarily address the provision of emergency medicine, acute medicine and inpatient paediatric services across Cwm Taf Morgannwg (CTM) UHB working jointly with the region to ensure full consideration of future patient flows and service interdependencies.

The Regional Project Board will provide the leadership, influence and support to drive this piece of work forward, in line with the following operational objectives:

- Improve quality, safety and patient experience;
- Protect and improve population health;
- Ensure that the services provided are accessible and sustainable into the future;
- Provide strong governance and assurance;
- Ensure good value based care and treatment for our patients in line with the resources made available to the Health Board;
- Develop a motivated and sustainable workforce.

3.0 Aims and Objectives

- To review the feasibility of implementing the SWP emergency medicine, acute medicine and inpatient paediatric services model within the current regional context, understanding any changes which have taken place since the SWP agreement;
- To develop and agree a clinically acceptable sustainable service model for the future provision of emergency medicine, acute medicine and inpatient paediatric services across CTM, both in the short/medium term and the longer term;
- To ensure that all internal and external stakeholders are engaged in and committed to the development and implementation of the service model;
- To monitor the implementation of the project to ensure compliance with project timescales and requirements;
- To review identified risks and agreement for the planned approaches to mitigate their potential impacts through producing and maintaining a risk register.

4.0 Membership

Name	Role
Cwm Taf Morgannwg	
Dr Nick Lyons	Executive Medical Director / Senior Responsible Officer (Chair)
Mark Dickinson	Programme Director
Dr Amanda Farrow	Programme Clinical Director
TBC	Programme Clinical Lead
Clare Williams	Assistant Director of Planning & Partnership
Marie Evans	Head of Planning (Unscheduled Care)
Steffan Gwynne	Programme Manager
Aneurin Bevan	
Dr Paul Buss	Executive Medical Director
Nicola Prygodzicz	Executive Director of Planning & Performance
Cardiff & Vale	
Dr Stuart Walker	Executive Medical Director
Marie Davies	Deputy Director of Planning
Powys	
Dr Wyn Parry	Executive Medical Director
Hayley Thomas	Executive Director of Planning
Swansea Bay	
Dr Richard Evans	Executive Medical Director
Sian Harrop-Griffiths	Executive Director of Strategy
Welsh Ambulance Services Trust	
Mike Jenkins	Regional Clinical Lead (SE)
Rachel Marsh	Director of Planning

5.0 Procedural Arrangements

Quorum - For the meetings of the Project Board will be a minimum of 8 members and appropriate Chair or Vice Chair.

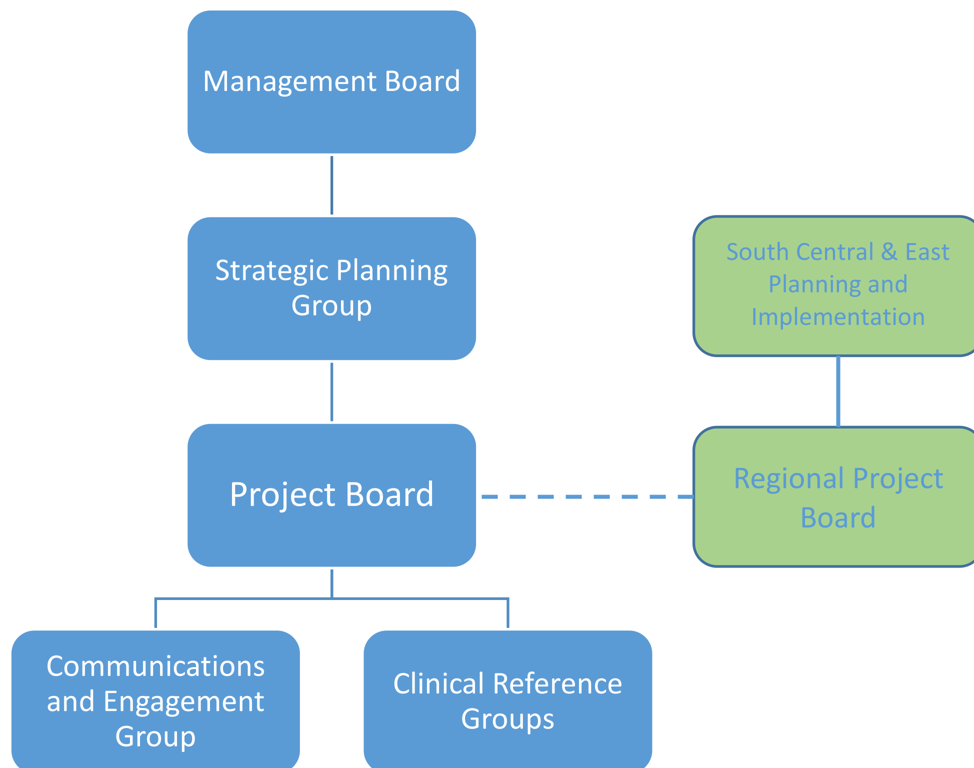
Chair – The Executive Medical Director of Cwm Taf Morgannwg University Health Board will Chair the meeting.

Attendance – Each member of the Project Board will be required to protect time to attend meetings. If on annual leave, the member of staff must notify the PMO giving apologies. If unable to attend, members will provide a suitable representative or Deputy.

Secretariat - Actions/outcomes will be documented by the PMO. Action notes will be sent out within 5 working days of the meeting. Planning and communication of dates and times for meetings will be coordinated by the PMO.

Frequency of meetings - The meetings will be held on a monthly basis. If cancelled for operational business, the meeting will be called as soon after that date as possible.

Reporting - The Regional Project Board will report directly to South Central & East Planning & Implementation Group.



6.0 Review

These Terms of Reference will be kept under review in the light of the development of the Programme and make any recommendations to the Regional Project Board on changes to its membership or responsibilities.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

PROGRAMME MANAGEMENT OFFICE

Appendix 5

Progressing South Wales Programme

Clinical Reference Groups
Terms of Reference

1.0 Introduction

During a period of extensive public consultation, the South Wales Programme (SWP) Board confirmed agreement of recommendations in relation to the provision of emergency medicine, acute medicine and consultant-led maternity and inpatient paediatric services. The outcome, based on an extensive consultation exercise, was that in order to address the fragility of these services, there would be a reduction in the number of sites delivering this level of care.

The Prince Charles Hospital and Princess of Wales Hospital were identified as two of the five sites that would continue to provide these services, along with the University Hospital of Wales, Royal Gwent Hospital and Morriston Hospital.

Within the recommendations, it was also agreed that the Royal Glamorgan Hospital would become a beacon site for developing a new and innovative model of acute medicine that maximises the opportunity of delivering the widest range of medical care in a local hospital setting.

The SWP also recommended that the Royal Glamorgan Hospital would develop a significant role in diagnostic and ambulatory care supporting the wider network of hospitals.

Whilst a number of these recommendations were implemented, there are outstanding elements, specifically emergency medicine, acute medicine and inpatient paediatric services. As a result, a Project Initiation Document was approved in the Management Board on 23rd October 2019 to review, develop and implement a new model for these remaining services.

The Clinical Reference Groups (CRGs) initially being established to support this work are:

- Emergency Medicine;
- Acute Medicine;
- Paediatrics.

2.0 Purpose

Each CRG will co-ordinate the development of the service models for Emergency Medicine, Acute Medicine and Paediatric services respectively. Members will act as the lead within their locality or service to provide feedback between the local specialty clinicians and the Project Board.

Each CRG will be accountable:
- To consider the national clinical standards underpinning the services;
- To consider the most appropriate clinical model for delivery;
- To consider the medical workforce required to deliver the new models of care.

3.0 Aims and Objectives

The CRG will provide the professional leadership and advice to develop safe and effective service models in order to deliver the benefits required through the project.

In order to achieve its purpose, the CRGs have responsibilities to:

- Agree the clinical service planning principles to support the project to design the best possible healthcare system;
- Advise on the core clinical standards that should apply to the delivery of services;
- Advise on the core workforce standards, including training and supervision, that should apply to the delivery of services;
- Review examples of best practice models of care that have been developed in other areas to deliver services;
- Review and develop the clinical service model for services;
- Specify core clinical assumptions and dependencies underpinning service model e.g. clinical transfer requirements, workforce availability, and facilities requirements;
- Test the impact of the proposed service model on the options within the SWP and describe the level of service that would be deliverable under each option;
- Provide appropriate advice and clinical input to enable the development of supporting workforce and finance assessments.

4.0 Membership

The membership shall be agreed by the CRG Chair, with the addition of the Quantitative Planner and Head of Planning, ensuring representatives from across the Health Boards, WAST and other clinical services.

5.0 Procedural Arrangements

Frequency of Meetings
Each Group will meet monthly initially and more frequent if required to consider matters in a timely manner.

Reporting
A highlight report of the work of each Group's activities and key decisions shall be submitted to each meeting of the Project Board.

6.0 Review

These Terms of Reference will be kept under review in the light of the development of the Programme and make any recommendations to the Project Board on changes to its membership or responsibilities.

Appendix 6

Progressing the South Wales Programme

Communications & Engagement Strategy

1. Introduction

A number of recommendations of the South Wales Programme (SWP), agreed by all health boards in South Wales in 2014, remain unimplemented. Perhaps most importantly, consultant led 24 hour emergency medicine services continue to be delivered from three sites in the UHB: Princess of Wales Hospital (PoWH), Bridgend, Royal Glamorgan Hospital (RGH), Llantrisant and Prince Charles Hospital (PCH), Merthyr Tydfil.

Inpatient paediatric services also continue to be delivered at RGH. The SWP recommendations included a transition to a nurse led minor injuries unit (MIU) and an end to inpatient paediatric services at RGH.

Other recommendations of the SWP, including in relation to maternity and neonatal services have been fully implemented.

Recent service and staffing pressures have highlighted that the rationale for the changes recommended by the SWP remain valid and have only become more pressing.

As a result, in November 2019, the UHB established a project, within the regional context, to take forward the implementation of the remaining recommendations of the SWP. As a first step, and in recognition of relevant recent changes, the project is considering and assessing alternative options, in addition to the original specific SWP recommendations, in order to ensure the very best model of care.

2. Progress So Far:

Implementation of the recommendations was, and remains, primarily a health board responsibility, with regional planning mechanisms being put into place to ensure the ongoing coordination of implementation and additional work across health board boundaries.

The position agreed through the SWP, with a specific focus on services at RGH, together with the current status in CTMUHB, is set out in the table overleaf:

Services	Agreed position at end of SWP in 2014	Current status
Obstetric and Neonatal services	Consultant-led obstetric and neonatal services should not be delivered from the RGH site in the future.	**Fully implemented** Consultant led obstetric and neonatal services now delivered from PCH and PoWH. There is a new midwifery led birth centre at RGH (the Tirion Centre) and a new neonatal unit opened at PCH in March 2019.
Acute Medicine, Ambulatory Care and Diagnostics	RGH should develop a significant role in diagnostics and ambulatory care, supporting the wider network of hospitals within a South Wales Central Alliance, and become a 'beacon site' for developing innovative models of care in acute medicine and diagnostic services.	**Partially implemented** A new 50 bed Acute Medicine Unit, co-located with the RGH ED was opened in September 2015. The unit bolsters the ability to treat patients with complex comorbidities and minor injuries. A Diagnostic Hub at RGH, providing regional services, was opened in February 2018.
Inpatient Paediatric services	Consultant-led inpatient paediatric services should not be delivered from the RGH site in the future.	**Not implemented, but planning has progressed** A consolidation of RGH and PCH inpatient paediatric services on the PCH site was originally scheduled to take place in June 2019 and was subsequently postponed several times. To ensure a safe and seamless transition, and allow time to consider and develop new models at RGH, this move is currently planned for late 2020.

Emergency Medicine (EM)	Twenty four hour consultant-led EM services should not be delivered from the RGH site in the future. The RGH Emergency Department (ED) should, over time, move from a consultant-led service dealing with major cases to a nurse practitioner led service dealing with minor injuries (MIU), co-located with a GP out of hours service and enhanced selected 24 hour medical intake.	**Not implemented** Consultant-led 24 hour emergency medicine services continue to be delivered from three sites in the UHB (PoWH, RGH and PCH) and there is no currently fully developed plan for an alternative service model.

3. Current Situation

As stated above, CTMUHB has continued to deliver consultant-led 24 hour emergency medicine services from three sites. This situation is becoming increasingly unsustainable and safe services cannot be sustained beyond the immediate short term without unacceptable risks to patient safety.

The following recent developments in the RGH ED significantly increased the risk of the need take urgent action to ensure service continuity:

- In the evenings of both 25 and 26 December 2019, due to sickness of middle grade ED doctors, the ED department at RGH was not able to maintain normal medical staffing levels.
- With support and agreement from WAST, ambulances were, therefore, diverted to PCH on both nights. The department remained open to minor injuries and any patient self-presenting.
- In the last week of December 2019, the UHB received the resignation of the only substantive ED consultant at RGH from April 2020. In addition to the loss of middle grade locum doctors, this expected retirement means that the current staffing model at RGH, already heavily reliant on agency staff, becomes further challenged.

Following engagement with clinicians and managers across the health board, the UHB has formally established a project, within the South Wales regional context, to address the remaining implementation of the SWP recommendations within the health board, specifically including the development and implementation of:

- local service models for emergency medicine, across the UHB footprint and within the regional context
- an appropriate paediatric service model at RGH
- completion of the acute medicine beacon site model at RGH
- the already planned transfer of consultant led inpatient paediatric services to from RGH to PCH.

The aim of the project is to develop and agree service models by Spring 2020, with implementation commencing in September 2020 (noting the interrelationship and interdependencies with actions to ensure service continuity in the meantime).

4. Communications Approach to the Changes

It is really important that we rebuild trust in our organisation and our ability to implement any large-scale change to services. We need to not only communicate with all our stakeholders in an open and honest way about what is happening and the reasons behind it, but listen to their views, questions and concerns and ensure this feedback informs our approach.

This comprehensive communications and engagement strategy will be implemented to ensure staff, patients, partners and the public are kept informed throughout and given the opportunity to have their voices heard. This approach will involve everyone throughout the organisation, including managers and frontline medical staff to ensure communications and engagement is widespread, that there is genuine understanding about the reasons for proposed change and so there is consistency of messaging.

We will explain what action we have taken so far and what efforts we have made to address the challenges we face but because of the current staffing situation we now need to take action ensure the safety and sustainability of services.

There will be key phases throughout the programme, and we will have to consider how and when we move on to each stage. These include:

- engaging with staff on proposals for service models;
- engaging key stakeholders about proposals and the thinking on this;
- making a decision about the changes;
- considering what support can be put in place for staff and our communities;
- engaging with staff about any decisions made on the models;
- what they mean and the support in place;
- engaging and communicating with key stakeholders about the impact of any proposed changes;
- any implementation and the support being put in place (see below for stakeholder needs).

A key priority is communication and engagement with staff and stakeholders on changes to ED as there has already been substantial communication and engagement on proposed paediatrics changes but proposals around any changes to ED are yet to be widely communicated.

Through a strong programme of communications and engagement we will provide a clear and definitive vision of what unscheduled care and paediatrics services will be provided at RGH and what this means for members of the public (where do they go and when, how do they get there, etc). This is key to supporting people's understanding of what any proposed changes mean for them and will help lower the risk of people going to the wrong place at the wrong time. We will also have a clear vision for what the RGH site will be in the future, which is important in addressing widespread concern and rumours that RGH is closing.

When engaging with the public we will ensure that we offer a range of opportunities, including online and face to face conversations at accessible times and locations across the CTM region.

Where possible and appropriate, we will use our clinical staff to explain the proposed changes and why they are being considered. People at all levels of the organisation will be involved in communicating and engaging about these proposals.

We will work hard to address the anxieties that exist within our communities about the proposed changes. Learning from existing feedback, these include transport issues, knowing where to go and when and the pressures which will be put on other services as a result of the changes (e.g. WAST). Within our key messages we will acknowledge these concerns and highlight and show understanding about people's concern and the emotions they will feel. We will highlight what services and support we will be putting in place to help alleviate some of the concerns.

Duty of candour and clear, simple explanations about what is happening and why, will be vital to improving trust, confidence and the reputation of both RGH and the wider organisation.

The project team will continue to review the potential requirement to consult with the public formally.

5. Stakeholders

As stated in our approach, we will have a clear vision about the proposed changes and a strong programme of engagement and communication with

all stakeholders. Each stakeholder will have different needs and therefore a tailored approach to communications and engagement will be required.

Below are the key stakeholders and their anticipated needs:

Staff at RGH

- All staff will need to clearly understand the proposals and what they mean for them professionally and personally (they live in our communities to will likely be affected by any changes on a personal level too);
- Paediatrics and ED staff will need to know what the proposals means for them on an individual basis (place of work, etc.);
- Staff in linked directorates will need to understand how they might work with the new models;
- All staff will need to be engaged and communicated with and given the opportunity to raise any questions or concerns;
- All staff will need support in communicating the proposed changes to members of the public;
- Staff will need additional support to cope with any proposed changes to their teams and workplace;
- They will need access to support to deal with the community raising concerns with them – again, staff live in the communities and will be asked about the proposed changes.

Staff at PCH

- Paediatrics and ED staff need to know what support they will be given to cope with extra demand as a result of any proposals. What will the flows be?
- They will also need to know how the teams might change – will RGH staff come to PCH, etc.?

Staff at PoWH

- Paediatrics and ED staff need to know what support they will be given to cope with extra demand as a result of any proposals. What will the flows be?
- They will also need to know how the teams might change – will RGH staff come to POW, etc.?

Board and Independent Members

- What the final decisions are around the proposals?
- What are the implications of the proposals?
- How we are addressing the impact on the other sites?
- The plans to help support staff through any proposed changes;
- The plans to support the community with any proposed changes;

- The future vision for RGH;
- Our approach to communications and engagement with all stakeholders.

Staff-side Representatives

- To be fully briefed on any proposed changes;
- To understand the staffing models;
- To understand what support is being in place for staff across all sites.

Welsh Government and Local Government Officials

- To be fully briefed on the proposed changes;
- How we are addressing any future impact on the other sites?
- The plans to help support staff;
- The plans to support the community;
- The future vision for RGH;
- Any financial / resources implications any changes might have and any effect on performance;
- Understanding of how we came to any decisions (particularly given our escalation status around governance);
- Our approach to communications and engagement with all stakeholders.

CHC

- To be fully briefed on the proposed changes;
- How we are addressing any future impact on the other sites?
- The plans to help support staff;
- The plans to support the community;
- The future vision for RGH;
- Our approach to communications and engagement with all stakeholders.

Local Politicians (AMs, MPs, County Borough Councils)

- To be fully briefed on the proposed changes;
- How we are addressing any future impact on the other sites?
- The plans to help support staff;
- The plans to support the community;
- The future vision for RGH.

Neighbouring health boards/WAST

- What their role will be and how they will need to change their ways of working with the proposals?
- To understand the flows and any resource implications this might have;

- To understand the implications on a regional basis and develop new ways of working across organisation;
- To understand what the future vision is for RGH and what services it might be able to deliver for the region.

Public

- To clearly understand what any proposals changes mean for them;
- To understand why the proposals for the service are being made and what we have done already;
- To know where to go and when – right service and the right place and time;
- To know about the measures we put in place to support;
- To be engaged and communicated with and given the opportunity to raise any questions or concerns.

Patients currently under services

- To clearly understand what any proposals mean for them;
- To understand why the proposals for the service are being made and what we have done already;
- To know where to go and when – right service and the right place and time.
- To know about the measures we put in place to support them through the changes;
- To be engaged and communicated with and given the opportunity to raise any questions or concerns.

Media

- To be briefed on the proposed changes;
- To have access to spokespeople – particularly medical staff;
- Regular updates throughout implementation;
- To understand what we have already achieved;
- To have strong understanding of why any changes need to take place and what we are doing to support people.

Different methods of communication and engagement will be required for each stakeholder group and consideration and resource will need to be provided for this work. The implementation plan detailed further below sets out some of the methods that will be used.

A detailed stakeholders list is attached at **Appendix A**.

6. Considerations required at organisational level

There is a number of key considerations that need to be made at Board level when it comes to communications and engagement on these issues, including the need for:

- A clear vision on the future of emergency / unscheduled care services at RGH and what this means for the population and staff. This will have included the views of staff about the future of these services.
- A clear vision for the model for paediatric services, what will be available at RGH and where people will need to go.
- A clear vision for the future of RGH and what services will be provided from this site.
- Consideration for what we can put in place to support staff and our communities.
- Resources for a robust programme of communication and engagement.
- Consideration to be given to what the role of communication and how it involves everyone at all levels of the organisation.
- Behaviour change takes time, and even with the strongest programme of communications and engagement with all staff and stakeholders, it is likely that people will might go to the wrong place at the wrong time.

7. Wider considerations that also impact communications and engagement

- Current escalation status following the RCOG review into maternity services and concerns about the Health Board's governance structures;
- The creation of CTM UHB resulting in potential wider impact of the service changes affecting Bridgend;
- Passing of time in implementing the SWP;
- Political climate – Assembly elections will take place in May 2021.

While some of these factors are not within our control, good quality and tailored communications and engagement to meet people's needs will help to regain trust.

8. Communications Implementation Plan

Patient, carer and public

- Community Health Council meetings and briefings
- Stakeholder Reference Group
- Dedicated events
- Let's Talk events
- Existing community and voluntary organisations' meetings and channels
- Reaching people where they already are – libraries, GP surgeries, pharmacies, leisure centres etc.

Staff

- Staff briefings and communications – briefings, bulletins, noticeboards, intranet
- Scheduled meetings
- Direct emails
- Newsletters/ bulletins
- Drop in Sessions

Stakeholder

- Programme governance meeting schedule (Board, Regional Board, CRG, other working groups)
- Stakeholder specific briefings, meetings and update communications to include, MPs, Councillors, neighbouring LHBs and providers
- Statutory meeting updates (Management Board, Public Board)

Communications – print, digital & broadcast media, LHB external and internal websites, e-bulletin, core content (slide decks, FAQs, public materials), direct mail, social media, advertising.

Feedback (from specific events and meetings, ad-hoc – via email, telephone and post) **summarised and fed into the Programme through Communications & Engagement Group** and result used to produce FAQs.

9. The role of communications

Communications for such significant proposals to services must be the responsibility of everyone involved in the process. While the Communications team will advise and support, it is important that everyone recognises their roles and responsibilities to ensure the models and the implications for staff and stakeholders are communicated well at all stages of the process.

The role of communications in supporting the implementation of any change, rebuilding of relationships and trust with the organisation and improving the reputation of the Health Board within our communities must be also recognised by everyone at all stages of the process. A robust programme of communications has to be properly resourced so it is able to have the impact required.

Finally, it must be understood that there are some limitations to what communications can achieve. Behaviour change takes time, and even with the strongest programme of communications and engagement with all staff and stakeholders, it is likely that people will still go to the wrong place at the wrong time. Therefore everyone involved in the delivery of the programme will need to consider what action needs to be taken to manage this.

Appendix A - Stakeholder List

Group	Name	Contact	Relationship Manager
Staff at RGH / Rhondda & Taff	Integrated Locality Group Director Interim Locality Director of Operations Locality Nurse Lead Emergency Medicine Consultant Acute Medicine Clinical Lead	(via HB e-mail)	Programme Board Clinical Reference Groups
Staff at PCH / Merthyr & Cynon	Integrated Locality Group Director Interim Locality Director of Operations Locality Nurse Lead Emergency Medicine Clinical Lead Acute Medicine Clinical Lead	(via HB e-mail)	Programme Board Clinical Reference Groups
Staff at PoWH / Bridgend	Integrated Locality Group Director Interim Locality Director of Operations Locality Nurse Lead Emergency Medicine Clinical Lead Acute Medicine Clinical Lead	(via HB e-mail)	Programme Board Clinical Reference Groups
Paediatrics	Clinical Director CYP Paediatrics Clinical Lead Directorate Manager CYP	(via HB e-mail)	Programme Board Clinical Reference Groups
Staff side	LNC Chair RCN Convenor	(via HB e-mail)	Programme Board
Independent Members	Independent and Associate Board Members http://ctuhb-intranet/useful/Documents%20for%20Staff/Cwm%20Taf%20Morgannwg%20Org%20Chart%20V9%20Dec%202019.pdf	Reports via Health Board Meetings	Health Board
Welsh Government	Carwyn Jones AM *Bridgend* Huw Irranca-Davies AM *Ogmore*		Chairman

	Leanne Wood AM *Rhondda* Michael Antoniw AM *Pontypridd* Vikki Howells AM *Cynon Valley* Dawn Bowden AM *Merthyr Tydfil & Rhymney* Andrew Davies AM *South Wales Central* David Melding AM *South Wales Central* Neil McEvoy AM *South Wales Central* Gareth Bennett AM *South Wales Central* Suzy Davies AM *South Wales West* Caroline Jones AM *South Wales West* Dai Lloyd AM *South Wales West* Bethan Sayed AM *South Wales West*		
UK Government	Dr Jamie Wallis MP *Bridgend* Chris Elmore MP *Ogmore* Chris Bryant MP *Rhondda* Alex Davies-Jones MP *Pontypridd* Beth Winter MP *Cynon Valley* Gerald Jones MP *Merthyr Tydfil & Rhymney*		Chairman
Local Government	**Bridgend CBC** *Council Leader*		Chairman

	Director, Social Services and Wellbeing *Chief Executive* **Rhondda Cynon Taff** *Council Leader* Group Director, Community and Children's Services *Chief Executive* **Merthyr Tydfil CBC** *Council Leader* *Chief Officer -Social Services* *Interim Chief Executive*		AD Planning & Partnerships
Community Health Council	*Chief Officer* *Chair*		Programme Board AD Planning & Partnerships
Local Health Boards	**Cardiff & Vale** *Medical Director* *Director of Planning* **Aneurin Bevan** *Medical Director* *Director of Planning* **Swansea Bay** *Medical Director* *Director of Strategy* **Powys** *Director of Planning* *Medical Director*		Medical Director Director of Planning Regional Programme Board
Welsh Ambulance Services Trust	*Medical Director* *Director of Planning*		Programme Board Regional Programme Board Clinical Reference Group

Patients **Representatives**	*Merthyr Tydfil* Vacant *Rhondda Cynon Taf* Vacant *Bridgend* *Service User Representative Regional Partnership Board*	Reports via Stakeholder Reference Group and Regional Partnership Board	Stakeholder Reference Group Regional Partnership Board
Carers **Representatives**	*Merthyr Tydfil* *Rhondda Cynon Taf* *Bridgend* *Carer Representative Regional Partnership Board*	Reports via Stakeholder Reference Group and Regional Partnership Board	Stakeholder Reference Group Regional Partnership Board
3rd Sector **Representatives**	*Merthyr Tydfil* *Rhondda Cynon Taf* *Bridgend*	Reports via Stakeholder Reference Groups	Stakeholder Reference Group
County Voluntary Councils	*Chair, VAMT* *Health & Well Being Manager, VAMT* *Chair, Interlink RCT* *Deputy Chief Executive Officer, Interlink RCT* *Chief Executive, BAVO* *Operations & Partnerships Manager, BAVO*	Reports via Stakeholder Reference Group and Regional Partnership Board	Stakeholder Reference Group Regional Partnership Board
Over 55 **Representatives**	*Merthyr Tydfil* *Rhondda Cynon Taf* *Bridgend*	Reports via Stakeholder Reference Groups	Stakeholder Reference Group
Care Forum Wales	*Nursing Professional Adviser* *Regional Partnership Board Representative*	Reports via Stakeholder Reference Group and Regional Partnership Board	Stakeholder Reference Group Regional Partnership Board

Age Connects Morgannwg	*Chief Executive Officer*	Reports via Regional Partnership Board	Regional Partnership Board
Social Care Wales	*Workforce Development & Contracts Manager*	Reports via Regional Partnership Board	Regional Partnership Board