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01 April 2020

Janet Finch-Saunders AM  
Chair  
Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff

Dear Janet Finch-Saunders,

**Re: Petition P-05-906 save Sam Davies Ward at Barry Hospital**

Firstly, thank you for allowing the CHC additional time to provide you with information regarding the petition. This is appreciated especially at this difficult time.

Thank you for asking me to provide you with the background to the above which was part of a wider Cardiff & Vale University Health Board service change proposal, Frail Older People in the Vale of Glamorgan.

It may be helpful outlining the role of the Community Health Council when the NHS wants to change services.

Local health boards must plan, design and develop NHS services with local people, from the start. This helps to make sure local health services meet the existing and future needs of the people and communities they serve.

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Cadeirydd / Chair: **Mr Malcolm Latham, BA, MSc, MCMI, FIBMS**

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Health boards must tell their local CHC when they want to make a change that affects people. CHCs must work with their health board whenever it considers making a change.

CHCs represent the interests of public and patients. CHCs make sure that NHS organisations ask people for their views and listen to what they have to say.

What do we do when health boards tell us they want to make changes?

We ask the health board to show people:

- why it thinks things need to change;
- what it thinks will be better for patients if things change;
- who will be affected if things change; and
- How much it will cost.

We agree with our health board what they should do to help make sure people:

- know about their ideas for change; and
- Can easily share their views and ideas or ask questions.

What do we do once people have shared their views and ideas?

We look carefully at what people have said. Often, people have different views and ideas about what is best.

We make sure the health board:

- Has thought carefully about what everyone has said;
- Uses what people have said to change its plans where it needs to; and
- Answers the questions and any concerns people have raised.

Once we have done this, we need to decide if we agree with the changes the health board wants to make.

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When we decide, we must think about:

- the good and bad effects on all communities;
- how any particular groups of people may be affected;
- how services may be affected if things change or if they don't;
- whether there are things the health board can do to limit any bad effects; and
- How much things cost.

If we do not think the health, board has:

- given people enough chance to have their say;
- thought properly about what people have said;
- answered people's concerns; and
- come up with the best way forward

We will tell them and ask them to put it right.

If this does not work, we will ask the Cabinet Secretary for Health and Social Services to decide what should happen.

Within South Glamorgan CHC, we have an agreed process with the Cardiff & Vale University Health Board on how to manage requests for service change. This uses a service change flowchart, setting out and following the Welsh Government guidance on engagement and consultation.

South Glamorgan CHC initially received the Service Change proforma, which was presented to our Service Planning Committee in 20 June 2019. Clinicians and Health Board managers were present at this this meeting to discuss the proposals. These proposals would see a change in the patient pathway for Frail Older People in the Vale of Glamorgan with services channelled into the University Hospital Llandough (UHL), and the subsequent closure of Barry Hospitals' Sam Davies Ward.

This service change was noted and sent to our CHC's Oversight, Scrutiny and Performance Group (OSPG), where our volunteer members would review the Health Boards proposal and engagement plan in more detail.

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This went to the OSPG on the 1<sup>st</sup> July 2019 for review, comment and amendment, in discussion with the Health Board's Medicine Clinical Board who were leading the service change.

It was agreed that public engagement on these proposals would run for eight weeks between 2<sup>nd</sup> September 2019 and 6<sup>th</sup> November 2019. This included a mid-point review to see if any additional actions were needed based upon initial engagement feedback. The CHC was aware that engagement had started slightly earlier than was originally agreed. This was to ensure scheduled meetings and advisory forums could review and feedback their findings.

Based upon initial engagement feedback, a list of frequently asked questions was published and circulated. During this period, it had become clear that there were very strong local concerns about Sam Davies ward. Local politicians, elected Assembly Members and Members of Parliament with these concerns, had contacted the CHC.

It became very clear that the focus was now on the future of the Sam Davies ward. This meant the other significant changes were being lost in the engagement process and subsequent discussions.

Previously, we had agreed with the Health Board to hold an open workshop for the public to hear about the proposals and provide their views. It is a well-known that some people feel uncomfortable putting their views forward in a large traditional public meeting. To overcome this, in the workshop there would be round table discussions allowing the public to engage in small groups with key Health Board staff, so everyone's voice could be heard.

During engagement, Unison had launched a petition calling upon the Welsh Government to intervene and were planning a mass rally in Barry to "Save Sam Davies Ward". It was now very clear that the proposed changes were controversial, and that many NHS staff were not supporting the change. The CHC wanted to ensure during the engagement process,

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that all those responding to the proposals were fully sighted of what was being proposed. To help with this, the public including staff were signposted to key organisations, on the Cardiff & Vale UHB website.

The CHC also visited the Sam Davies Ward with a local Assembly Member and spoke to several patients and staff. We listened and fed their concerns back to the Health Board. We also attended a local MP's meeting to answer questions on the process and urge people to respond as part of the engagement process.

The planned public workshop took place at the Memo Arts Centre Barry on the 23<sup>rd</sup> September 2019. The Health Board with the CHC attending led this. This workshop started well, and then the Health Board presentation went on too long (nearly 57 minutes). Consequently, by the time the public asked to be involved many had lost patience with the Health Board. The workshop then turned into a question and answer session with the Health Board in the public's view failing to adequately answer most questions. It was during this workshop that the Health Board suggested holding an additional evening meeting and would work with the CHC to facilitate this. At this stage, the Health Board had not discussed the proposal with the CHC.

Subsequently, a meeting was agreed with the CHC and this was held on the 30<sup>th</sup> October 2020 attended by 57 members of the public, this was one day before the engagement process closed. Considering the previous workshops problems, the CHC agreed to chair the meeting to ensure individuals were heard and their concerns answered. The local AM and CHC then asked for an extension to the closing date to allow people to send in responses, and a further week was given. The Health Board held its weekly Executive briefing session on the 4<sup>th</sup> November 2019 where they discussed possible ways forward.

The CHC requested the Health Board to provide copies of any correspondence, and feedback relating to the engagement. This would help the CHC to form a view based on the comments of the public and

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other key stakeholders. We received the requested documents although the Health Board did not provide a copy of the public petition.

The CHC internal OSPG met earlier than planned at 2pm the 20<sup>th</sup> November 2019, which was the earliest possible date due to CHC volunteer member availability. The OPSG did form a view on the proposals. Members felt the process was flawed because of the focus on the Sam Davies ward closure and not the complete Frail Older People in the Vale of Glamorgan pathway. To overcome this, the OSPG recommended further engagement or public consultation on the full proposals.

The Health Board met in Barry on 28<sup>th</sup> November 2019, where it announced that they were going ahead with the changes but removed the Sam Davies ward closure from their proposals. While this decision addressed local concerns and kept the ward open, the CHC immediately raised a serious concern that it had not been given the chance to formally respond to the engagement period as laid out in the Welsh Government guidance. In addition, if the patient pathway was changing, how would the Sam Davies ward now fit into the new plans? While the Health Board recognised our concerns, it went on to approve the change. The Health Board would only revisit this decision if the CHC had alternative proposals.

The CHC Executive Committee met in public on the 10<sup>th</sup> December 2019 in Barry and based upon public feedback and our own concerns decided the Health Board appeared to be circumnavigating engagement guidelines and the agreed process.

In our letter to the Health Board following the meeting, the CHC called for a full public consultation on the published proposals. This would allow the Health Board to further reflect and obtain public approval for their revised proposals. The Health Board rejected our request to move to public consultation. This was because in their view they thought most respondents supported the direction of travel for this service change, because the Sam Davies ward closure had now been removed completely

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from the proposals. The CHC has seen no little evidence to support this assumption.

The CHC wrote to the Health Board again on 19<sup>th</sup> February 2020, seeking assurance on some of the key issues. The Health Board response suggests patients who would normally have gone to Sam Davies ward to access services would still be seen at the University Hospital Llandough. This was in the Health Board's original proposals and at that time would see the closure of Sam Davies ward or its role substantially changed.

The CHC is concerned about the patients who would normally access services via the Sam Davies ward and once directed to UHL, how these services would be delivered for them. We still have concerns about the long-term role of the ward and how any patient on the ward would be kept in the new pathway and receive timely care. The CHC is of the view that despite the concerns of the public and NHS staff, this could still lead to the closure of Sam Davies ward by stealth, because it is no longer used or part of the Frail Older People in the Vale of Glamorgan pathway.

I am very happy to provide the Petitions Committee with copies of all relevant documentation covering this service change. The CHC would be willing to meet the committee if this would help with your discussions.

Yours sincerely



**Stephen Allen**  
**Chief Officer**

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