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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

AGENDA ITEM

2.1

CTM BOARD

SOUTH WALES PROGRAMME – PROGRESSING OUTSTANDING RECOMMENDATIONS - UPDATE REPORT

Date of meeting	27/02/2020
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	██████████ Programme Director
Presented by	██████████ Executive Medical Director (SRO)
Approving Executive Sponsor	Executive Medical Director
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
This specific paper has not been considered by any other committee or group. Progress with the project has separately been reported to Management Board	20/02/2020	NOTED

ACRONYMS

CHC	Community Health Council
CRG	Clinical Reference Group
ED	Emergency Department



EM	Emergency Medicine
GP	General Practitioner/General Practice
MIU	Minor Injuries Unit
PCH	Prince Charles Hospital
POWH	Princess of Wales Hospital
RGH	Royal Glamorgan Hospital
SWP	South Wales Programme
UHB	University Health Board
WAST	Welsh Ambulance Service NHS Trust

1. SITUATION AND BACKGROUND

1.1 Situation

In September 2019 consideration of the future model for emergency services began in earnest again and in November 2019, the University Health Board established a formal project, within the regional context, to take forward the consideration of the implementation of outstanding recommendations of the South Wales Programme (SWP). As a first stage, the project is considering and assessing alternative options, focusing on emergency medicine at the Royal Glamorgan Hospital (RGH), in order to ensure safe, sustainable and effective care. The sustainability of safe services has become more acute since December requiring the pace of the work to be brought forward and requiring immediate attention to maintain safe services whilst a sustainable solution is being developed. The staff continue to be highly committed, doing everything they can to care for patients.

At its public meeting on 30 January 2020, the Board agreed that the following two options should be prioritised for further, more detailed, development and assessment within the project structure, primarily through the work of Clinical Reference Groups (CRGs):

Option	Specific features	Common features
Option A	<p>Implementation of the remaining SWP recommendations with additional service changes</p> <p>Transition the RGH Emergency Department (ED) from a consultant-led service to a 24 hour nurse practitioner led Minor Injuries Unit (MIU).</p>	<p>Increase access to 'care closer to home' across the University 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.</p>
Option B	<p>Overnight reduction in the hours of consultant led ED at RGH</p> <p>Consultant-led EDs to continue at RGH, Princess of Wales Hospital (POWH) and Prince Charles Hospital (PCH), but with an overnight reduction in the hours of the RGH ED (exact operational hours to be determined based on modelling of demand).</p>	<p>Implementation of already planned move of inpatient paediatrics from RGH to PCH in September 2020</p> <p>Development and implementation of an appropriate paediatric service model at RGH (tailored to interface appropriately with the selected ED service model)</p>

	Determine how best to deliver a nurse practitioner-led MIU on the RGH site during the hours when a consultant-led ED is not provided.	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
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In addition to further work on Options A and B, the Board tasked the project with continuing to test the viability of retaining a 24/7 consultant led ED at RGH, including through enhanced efforts to recruit medical staff.

This paper summarises the work that has been done within the scope of the project since the January Board meeting, including:

- Communication and engagement
- Work by the CRGs to develop and refine Options A and B
- Work to recruit medical staff and make more flexible use of existing staff

1.2 Background

The background to the current project is set out in the paper *South Wales Programme – Progressing Outstanding Recommendations*, received by the Board on 30 January 2020.

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

2.1 Communication and Engagement

Overview and approach

The project has had a high public and media profile since the publication of the paper for the January 2020 public Board. The January Board meeting was well attended by members of the public with a particular interest in the issues under consideration and a peaceful and well mannered demonstration took place outside the building.

Outward communications and receiving feedback through engagement with staff, the public, elected representatives and the Community Health Council (CHC) are vital elements in ensuring safe and sustainable services.

It is essential that concerns raised and ideas suggested by individuals, communities and organisations are considered and used to help shape the development and assessment of options for service change. The University Health Board has already learned a huge amount from listening to what has been said so far.

The project is working to a draft Communications and Engagement Strategy and Plan. Liaison continues with the CHC to ensure that these are formally approved by the CHC as a basis for the University Health Board's engagement activities. The Strategy and Plan were presented to the CHC's Strategic Planning Committee on 14 February 2020 prior to further development and scrutiny.

Key messages delivered by the University Health Board

The University Health Board has focused its outward communications to date on explaining the rationale for the project and the nature of the high level options under consideration.

Key messages have included:

- The reason for the project is to make sure that services provided are safe for patients and communities and that staff can work in safe and supportive environments
- There are not enough medical staff, training opportunities are limited and the circumstances in which our staff are working pose risks that are too high
- The staffing challenges we face make the current way services are provided unrealistic in the long-term
- External independent reports have agreed that action must be taken for patients, for staff and for communities
- There is a need to take action in response to the recommendations contained in Regulation 28 notices issued by Her Majesty's Coroner
- The University Health Board recognises and understands that members of the public and members of staff have legitimate concerns about potential service changes and the impact such changes may have on them and their families, friends and colleagues
- The University Health Board recognises that many people have questions about potential service change, not all of which can currently be answered
- The University Health Board knows that its staff are hugely committed and are continuing to work exceptionally hard for patients and communities in difficult and stressful circumstances

- Conversations are taking place with staff and communities, listening to people's concerns and, most importantly, their suggestions about how emergency services can be delivered for our communities safely and sustainably, with the right numbers of staff, into the future
- No decisions about the best solution and actions have been made
- There will be no change to ITU, theatres and surgical services
- There will be no job losses
- RGH will not be closing
- Services at RGH have been developed recently, with the diagnostic hub, the acute medicine model and the Tirion Birth Centre
- Investment in RGH will continue to be made to deliver a wide range of services to patients
- As new ways of providing safe and sustainable services are developed, the University Health Board is committed to making sure that as many people as possible can still access their emergency needs at RGH. This will include increasing the number of people who can be admitted directly to RGH medical and surgical wards when referred by their GP or brought in by ambulance with medical or surgical conditions
- Work is under way with the transformation programme to identify where investment and resource are best placed to strengthen and develop services closer to home.

Engagement activity to date

Specific engagement activity to date has included:

- attendance of the Chair, Interim Chief Executive and Medical Director and other relevant staff at well attended public meetings organised by Assembly Members and Members of Parliament
- discussion of the project with individuals attending public 'Let's Talk Healthcare' events organised by the University Health Board
- specifically convened staff meetings and 'drop in' sessions and existing 'Let's Talk' events at all three general hospitals, attended by the Interim Chief Executive, Medical Director and members of the project team. These have attracted a wide range of staff, including members of staff from the RGH ED
- attendance by Board members at the Rhondda Cynon Taf County Borough Council Scrutiny Committee

A list including engagement events and key activities to date is included in Appendix 1.

Key messages received from staff, the public, and their representatives

Concerns, ideas and other views put forward by the public, members of staff, politicians and CHC members are being listened to, considered and carefully factored into the ongoing work of the project.

The key themes from the engagement events, and correspondence received, to date include:

- Concerns about **transport and accessibility** (including journey times to other hospitals in a variety of circumstances)
 - The unique topography of the Valleys makes it impossible to rely entirely on maps for calculating distances or estimating travel times
 - Mountain roads are difficult to navigate in bad weather and are often closed
 - Other roads feature bottle necks and are heavily congested at busy times
 - Accidents can lead to the closure of the M4, the A470 and other trunk roads, greatly increasing travel times
 - Many people do not have their own transport and would not be able to easily travel to more distant hospitals
 - Ambulance response times are cited as a problem and this will be exacerbated by more ambulance journeys to and from more distant hospitals
- **Impact on other hospitals** of any changes to services at RGH (including staffing, facilities, parking etc.)
 - There will be an adverse impact on PCH and POWH, especially around ED waiting times and attendances, pressure on existing staffing levels and parking
- **Staff recruitment and retention** (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)
 - Efforts made to recruit ED medical staff to RGH in recent years have been inadequate
 - Uncertainty over the future of RGH and its services have hampered efforts to recruit and retain staff
 - Greater, more creative, efforts should be made urgently to recruit ED medical staff, highlighting the advantages of working in the University Health Board
 - The University Health Board should make use of community expertise and resources in attracting potential candidates to work in the area
 - Consideration should be given to a range of recruitment incentives

- The University Health Board should deploy existing staff more flexibly to support all three EDs
- **Impact on other RGH services** (including as a result of uncertainty over future emergency medicine service provision)
 - Any reduction in RGH ED services would impact on other services in the hospital and could lead to further reductions in services, including critical care
 - It would be difficult to ensure the safety of very ill patients attending the hospital at times when there was no consultant led ED provision
- The need for detailed **impact assessments** of any proposed changes
 - The University Health Board must undertake impact assessments on any proposed changes which take into account equality, access, disability, socioeconomic, environmental and population health issues
 - To fully understand the implications of any proposals, impact assessments need to be robust, using high quality and up to date information and modelling
- Doubts about the **continued relevance of the South Wales Programme**
 - Assumptions made by the SWP are outdated, given changes within the population, such as new housing developments, and other service changes
 - The current project must take into account changes in demographics and other developments and assumptions around travel times need to be tested
 - It has been queried why RGH is the hospital where changes have to be made and whether the outcome of the SWP can be reconsidered to look at alternative sites and options
- The need to improve **access to primary and community care services**, in particular the MIU service at Ysbyty Cwm Cynon and Ysbyty Cwm Rhondda
 - Access to primary and community care services must be improved to reduce unnecessary ED attendances
 - Existing MIUs, particularly at Ysbyty Cwm Rhondda, should allow walk-in access and be open for longer hours
 - There should be further investment in primary care services, particularly in more deprived areas, to improve access to appointments and supporting services that can help people in their communities
- Confusion about the **scope of minor injuries services**
 - There is a lack of understanding about the definitions of minor illness and minor injury and what conditions can be treated in an MIU

- There needs to be greater public awareness of what MIUs can be used for
- **A lack of trust and confidence** in the University Health Board and its senior leaders
 - The University Health Board is not trusted to listen to people, to take action in the public interest and, specifically, to make sufficient effort to recruit staff
 - It is widely believed that a decision has already been made to close, or significantly reduce, the ED service at RGH as part of an overall plan to reduce services

Advice from the Consultation Institute

In parallel with the communications and engagement activities referred to above, the project has been taking advice from the Consultation Institute on best practice in planning and associated engagement and consultation, in the context of current legislation and case law. Key messages from the Consultation Institute have included the need to comply with the relevant requirements of:

- section 183 of the **NHS (Wales) Act 2006**
- the **Community Health Councils Regulations 2010**
- the **2011 Guidance for engagement and consultation on health service changes in Wales**
- the **Well-being of Future Generations (Wales) Act 2015**
- the three imperatives of the **Equality Act 2010**
- Section 149 of the **Public Sector Equality Duty (PSED)**
- the **Equality Act 2010**
- the **Gunning Principles** (derived from *R ex p Gunning v LB Brent* 1985)

2.2 Work through the Clinical Reference Groups (CRGs) to develop and refine Option A and Option B

The following multi disciplinary Clinical Reference Groups have commenced work within the project:

- Emergency Medicine
- Acute Medicine
- Paediatrics

The CRGs are using iterative modelling work, to assess the patient access and flow implications of each option, and to help define more specific and detailed 'optimal' service models under each option, using the most up to date data available.

The CRG are working to fulfil the following **objectives**, set by the Project Board:

- Safe and high quality care for patients which matches the best elsewhere
- Deliverable by a sustainable workforce
- Optimise access by ensuring patients received the right care as quickly as possible

The outputs from the CRGs will be assessed against the following **Critical Success Factors**:

- Quality
- Safety
- Sustainability
- Access
- Equity
- Strategic Fit

The objectives are supported by a set of **design principles**, which are set out in Appendix 2.

Each CRG provides the professional leadership and advice to develop safe and effective service models and has 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 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

2.3 Work on the recruitment and deployment of Emergency Medicine doctors

Active recruitment for permanent consultants and middle grade doctors to work across the University Health Board's emergency departments is underway. This has included:

- prominent job advertisements in the British Medical Journal (BMJ)
- postings on the NHS Jobs website
- commissioning of recruitment agency work
- discussions with existing agency staff
- promotion of the recruitment campaign through social media (with the University Health Board's posts being widely shared)

It is, however, important to note that there is a national shortage of emergency medicine doctors and the experience of others shows that recruitment is likely to be very challenging.

Consultants based at POWH are providing support to the RGH ED as an interim arrangement while a safe and sustainable way of providing emergency services is developed.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD

The following remain key risks and issues relating to the project:

- There is an ongoing need to take operational action 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 University 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 **NOTE** the content of this report and **APPROVE** the continuation of the project, including the following next steps:

- Completion of the first phase of the work of the Clinical Reference Groups to develop and assess more detailed service models under Options A and B
- Continuation of public and staff engagement under the Communications and Engagement Strategy and Plan
- Continuation of efforts to recruit ED medical staff
- The production of a further report for consideration at the March meeting of the Board

Appendix 1 – COMMUNICATIONS AND ENGAGEMENT ACTIVITIES (to week ending 21 February)

Date	Project Governance	Staff Engagement	Public Engagement	Community Health Council	Partner Engagement
21/01	Acute Medicine Clinical Reference Group preliminary meeting at Royal Glamorgan Hospital				
22/01		Programme briefing e-mailed to all staff regarding forthcoming Public Board paper		Programme briefing shared with CHC regarding forthcoming Board paper	Programme briefing shared with neighbouring health boards regarding forthcoming Board paper
23/01		Publication of Cwm Taf Morgannwg Public Board paper			Chief Executive & Programme Director met with Leader, Councillor and Director of Social Services for Bridgend CBC
		Let's Talk... event at the Ysbyty Cwm Cynon			



24/01		Programme Director meeting with Pontypridd & Rhondda Integrated Locality management team	Chief Executive statement on Royal Glamorgan Hospital emergency department posted on social media	CHC Chief Officer attended AM/MP/Local Authority Engagement Event with Chairman, Chief Executive and Medical Director	AM/MP/Local Authority Engagement Event with Chairman, Chief Executive and Medical Director
27/01				Programme Director and AD Planning & Partnerships attended CHC Strategic Planning Committee	
28/01		Programme briefing and FAQs e-mailed to all staff and made available to public via social media and website			
29/01			Programme briefing and Medical Director video made available to public via social media		Programme Director gave briefing to RCT GP Cluster meeting
30/01		Medical Director and Programme Director discussion with Children & Young People Clinical Director			



	Cwm Taf Morgannwg Public Board Meeting			
30/01	Acute Medicine Clinical Reference Group preliminary meeting at Prince Charles Hospital	Chairman, Chief Executive & Medical Director attended Public Meeting in Tonypany hosted by Chris Bryant MP		
		Media Interviews with Chief Executive		
31/01	Cwm Taf Morgannwg Project Board meeting with representation from across UHB, CHC and WAST	Programme briefing sent to all staff via e-mail regarding Board discussions	Cwm Taf Morgannwg Project Board meeting with representation from across UHB, CHC and WAST	
				Project meeting with Richard Bowen, Programme Director 111 Wales Service



Date	Project Governance	Staff Engagement	Public Engagement	Community Health Council	Partner Engagement
03/02	Regional Project Board meeting with representations from neighbouring HBs and WAST	Emergency Medicine Clinical Reference Group preliminary meeting with Clinical Leads from across the UHB	Chairman, Chief Executive & Medical Director attended Public Meeting in Porth hosted by Leanne Wood AM		Regional Project Board meeting with representations from neighbouring HBs and WAST
		Medical Director and Programme Director Drop-In Session at Royal Glamorgan Hospital			
		Paediatric Clinical Reference Group Chair meeting at Prince Charles Hospital			
04/02		Programme briefing regarding proposals for the emergency department at the Royal Glamorgan Hospital sent to all staff via e-mail and made available to the public via social media		Programme briefing shared with Community Health Council	
05/02		Chief Executive Staff Drop-in Session at Royal Glamorgan Hospital			Chairman, Chief Executive and Medical Director attended the RCT CBC Meeting



06/02		<p>Paediatric Clinical Reference Group preliminary meeting at Prince Charles Hospital</p>	<p>Let's Talk Your Healthcare at Rhondda Sports Centre with Community Health Council present</p>		
07/02			<p>Chairman, Chief Executive & Medical Director attended Public Meeting in Llantrisant hosted by Mick Antoniw AM and Alex Davies-Jones MP</p>		<p>Chairman, Chief Executive and Medical Director attended meeting with Local AMs, MPs and Council Leader</p>
			<p>Statement on the Campaign for Save Emergency Care across Cwm Taf Morgannwg shared with public via Social Media</p>		
10/02		<p>Chief Executive Staff Drop-in Session at Royal Glamorgan Hospital</p>	<p>Let's Talk Your Healthcare at Llantrisant Leisure Centre with Community Health Council present</p>		
		<p>Let's Talk... event at Ynysmeurig House</p>	<p>Public Meeting in Ferndale hosted by Leanne Wood AM</p>		



11/02		<p>Programme briefing regarding proposals for the emergency department at the Royal Glamorgan Hospital sent to all staff via e-mail and made available to the public via social media</p>			
		<p>Let's Talk Your Healthcare at Redhouse, Merthyr Tydfil with Community Health Council present</p>			
12/02	<p>Acute Medicine Clinical Reference Group (CRG) Meeting with clinical representation from across HB and WAST</p>				<p>Acute Medicine Clinical Reference Group (CRG) Meeting with clinical representation from across HB and WAST</p>
13/02	<p>Emergency Medicine Clinical Reference Group (CRG) Meeting with clinical representation from across HB and WAST</p>		<p>Chairman, Chief Executive & Medical Director attended Public Meeting in Llanharan hosted by Huw Irranca-Davies AM and Chris Elmore MP</p>		<p>Emergency Medicine Clinical Reference Group (CRG) Meeting with clinical representation from across HB and WAST</p>
					<p>Programme Director and AD Planning & Partnerships attended Stakeholder Reference Group</p>



14/02	Paediatrics Clinical Reference Group (CRG) Meeting with clinical representation from across Health Board and WAST			Programme Director and AD Planning & Partnerships to attend Extraordinary CHC Strategic Planning Committee	Paediatrics Clinical Reference Group (CRG) Meeting with clinical representation from across Health Board and WAST
17/02		Chief Executive Staff Drop-in Session at Royal Glamorgan Hospital			
18/02			Let's Talk Your Healthcare at Abercwmboi RFC with Community Health Council present		
19/02		Staff Drop In Session for Proposals for RGH Emergency Department at the Princess of Wales Hospital, Bridgend	Let's Talk Your Healthcare at Bridgend Life Centre with Community Health Council present		



Date	Project Governance	Staff Engagement	Public Engagement	Community Health Council	Partner Engagement
20/02		Staff Drop In Session for Proposals for RGH Emergency Department at the Prince Charles Hospital, Merthyr Tydfil Extraordinary Medical Staff Advisory Committee meeting with Medical Director and HB Consultants			
21/02		Staff Drop In Session for Proposals for RGH Emergency Department at the Royal Glamorgan Hospital, Llantrisant			

Appendix 2 – CLINICAL REFERENCE GROUP DESIGN PRINCIPLES

- Safe services should be provided as locally as possible
- Service delivery should be evidence based and be consistent with national quality standards
- The workforce must be fit for purpose, sustainable and affordable
- Services should positively promote good health and prevent illness, disease and injury
- Services should be designed from the patient’s point of view
- Services should be delivered in the most appropriate care environment, as close to home as possible, and should ensure that acute hospital admissions are kept to a minimum
- Local services should be developed as part of a wider network to ensure that patients can be “escalated” to more specialist care where necessary
- There must be robust and effective transfer protocols for patients who require more specialist services
- Services should, as far as possible, provide a ‘one stop shop’ approach
- Services should provide optimum efficiency and be deliverable within the existing resource envelope using value-based healthcare principles
- The service model must be supported by patients, parents, the public, our partners and other key stakeholders
- Where there are opportunities to do so, the service model should optimize equity and minimize health inequality
- There is a need to ensure that the service model should minimize the number of secondary transfers where possible to avoid delays in the patient pathway
- Access to appropriate senior clinical decision maker and treatment should be available 24/7 for major emergencies
- Provision of sufficient ambulance resources to undertake inter-facility transfers in a timely manner
- Impacts on theatre workload and workforce will need to be considered in the redesign
- Services should be provided in comfortable, child-friendly environments
- Services should be planned to meet peaks and troughs in demand