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	[redacted], Programme Director
Presented by	[redacted], 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

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.

[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:

Option	Specific features	Common features
Option 1	**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).	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
Option 2	**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.	
Option 3	**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.	
Option 4	**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.	

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:

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 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.	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
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.	