1. PURPOSE

The purpose of this report is to present the recommendations of the South Wales Programme Board on the future configuration of consultant-led maternity and neonatal care, inpatient children’s services and emergency medicine (A&E), for South Wales and South Powys. These recommendations follow the outcome of the formal public consultation held between May and July 2013 and take into account all the information available to the Board prior to, during and following the consultation phase.

Substantial information to support and inform the South Wales Programme has been produced and published. References and links to the South Wales Programme website are included where appropriate (www.wales.nhs.uk/swp).

This report provides:-
- an executive summary that may be used for broader distribution to stakeholders;
- the background to the Programme and the work undertaken to date;
- the key messages received through consultation and the lessons we have learned through this process;
- our vision of the future built on the outcomes of the South Wales Programme;
- the process adopted by the Programme Board in making its recommendations;
- the conclusions and recommendations of the Programme Board for consideration by the Local Health Boards and Welsh Ambulance Services Trust.
2. EXECUTIVE SUMMARY

2.1 Background and Path to the Recommendation

The South Wales Programme was established in January 2012 to review those services deemed ‘fragile’ in terms of their ability to deliver safe and sustainable models of care. The immediate challenges identified across South Wales and South Powys was the sustainability of four services that would require regional solutions: consultant-led maternity and neonatal care, in-patient children’s services and emergency medicine (A&E). The challenges – meeting clinical standards and workforce requirements – are starker now than they were in 2012 and it is imperative that a decision is made on the future configuration of these services so that implementation planning can commence.

Clinical leadership, engagement and professional advice have been central to the South Wales Programme (SWP) from the outset. Through these arrangements proposals were developed for safe and effective service models. Broader engagement has also taken place and, in accordance with Welsh Government Guidance for Engagement and Consultation on Changes to Health Services (March 2011) a formal period of engagement took place between 26th September and 19th December 2012, followed by formal consultation from 23rd May to 19th July 2013.

The engagement phase discussed and debated the evidence of the challenges faced by the NHS and the need for service change across South Wales and South Powys as well as six possible scenarios that could be considered for reconfiguring the four identified services on fewer hospital sites across the area. Following the engagement feedback and further discussion with our clinical leaders, the six potential scenarios were reduced to four possible options that were put forward for public consultation as practical solutions to the challenges we face in these services.

The options for public consideration were that the four identified services should be located on either four or five hospital sites, namely:-

<table>
<thead>
<tr>
<th>OPTIONS</th>
<th>HOSPITALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>University Hospital of Wales Cardiff; Morriston Hospital, Swansea; the planned Specialist Critical Care Centre, Cwmbran; and Prince Charles Hospital, Merthyr Tydfil</td>
</tr>
<tr>
<td>2</td>
<td>University Hospital of Wales Cardiff; Morriston Hospital, Swansea; the planned Specialist Critical Care Centre, Cwmbran; and Royal Glamorgan Hospital, Llantrisant</td>
</tr>
<tr>
<td><strong>3</strong>  <strong>(identified as the ‘best fit’ option)</strong></td>
<td>University Hospital of Wales Cardiff; Morriston Hospital, Swansea; the planned Specialist Critical Care Centre, Cwmbran; Prince Charles Hospital, Merthyr Tydfil and Princess of Wales Hospital, Bridgend</td>
</tr>
<tr>
<td>4</td>
<td>University Hospital of Wales Cardiff; Morriston Hospital, Swansea; the planned Specialist Critical Care Centre, Cwmbran; Prince Charles Hospital, Merthyr Tydfil and Royal Glamorgan Hospital, Llantrisant</td>
</tr>
</tbody>
</table>
A framework was agreed by the South Wales Programme Board to guide the development of its recommendations to Health Boards and the Welsh Ambulance Services Trust (WAST). The framework detailed an extensive suite of information that included the detailed work in the planning for and lead up to the public consultation exercise, the evaluation of the responses to the public consultation, and the further work that ran concurrent to the consultation or took place in the post-consultation phase.

The Programme Board has considered all the evidence available to it prior to, during and following the consultation and this is clearly laid out in the framework for making recommendations attached to this report as Annex A.

In consideration of the various views expressed during the consultation and also the longer term vision described in this report, the Programme Board has concluded that a five centre model is possible through working across South Wales and South Powys as a network and should be developed as a transition to a model of acute hospital care networks/alliances described later. Option 3 as a five centre model is recommended as the starting point for this work. It is recognised that the Welsh Ambulance Services Trust will be a crucial partner in delivering the new models of care and the success of the proposed arrangements going forward.

The Programme Board has recognised and described the immediate pressures on medical staffing and recruitment that represent current risks to maintaining services. This has been made very explicit through the engagement and consultation process and there is a need to make decisions that address these safety concerns for delivering services currently as well as to describe positively the way in which hospitals in the future will work together.

2.2 Conclusions

Taking into consideration all of the work undertaken by the Programme, together with all the products of the consultation, the Programme Board has come to a number of conclusions as follows:

- There was a strong message from members of the public participating in the consultation that, whilst acknowledging service pressures and staffing difficulties, they would prefer to maintain a 5 centre model for access reasons if this is possible, although sustainability remains an ongoing concern for the future;

- The National Clinical Forum (established at the request of the LHBs to provide independent advice) considers that the proposal for five centres is not sustainable in the long term and suggests that a more radical approach rather than a limited realignment of services may be required to provide a long term sustainable solution;

- The evidence that has been considered both prior to and during the consultation is pointing strongly to the fact that the traditional models of service delivery are not sustainable - even if we provide them from a smaller
number of sites. Although our hospitals have always worked together to provide services for the wider population, we reflected in our consultation document that in the future, services would need to be provided “…as part of a wider integrated healthcare network”. This requirement for hospitals and NHS staff to work more collaboratively, in networks and alliances, in order to provide the best care for patients, has been strongly reinforced throughout this programme and will need to be the foundation for models of care in the future;

- The principles and methodologies that have been adopted by the South Wales Programme for the purpose of this programme have been extremely effective and must continue to facilitate joint service planning and delivery across South Wales and South Powys in the future;

- Health Boards must describe more clearly the developments in primary, community and social care that will underpin new models of acute care in the future. This must happen at the same time as any changes in hospital services and may benefit from a South Wales and South Powys perspective;

- The NHS in Wales is committed to delivering safe and sustainable services, as locally as possible. For many services this may mean that nothing will change, however for some services, concentration on a smaller number of hospital sites will be essential to deliver best outcomes for patients. Health Boards have committed to the fact that all our hospitals will continue to play an important role in the overall system of healthcare in South Wales and South Powys. The importance of local access, particularly for the frail and elderly in our communities, has been reinforced by the consultation responses received and will form an important part of local service models as we move forward. We will not be losing any of our A & E departments but there will be changes in what is delivered in some of those departments;

- There is absolute recognition that health boards must work together to deliver sustainable services that meet clinical standards and that no community becomes isolated in trying to develop independent solutions that have detrimental impacts on the whole system;

- The role of the Welsh Ambulance Services NHS Trust (WAST) in providing pre-hospital care, the safe and effective streaming of patients and supporting the new pattern of services across South Wales and South Powys is crucial. LHBs will work with WAST to develop and agree the most appropriate clinical pathways for patients;

- The clinical reference groups, established from membership across all partner organisations, have been extremely powerful in generating evidence for change and establishing cross-organisational thinking about the future shape of local services;

- Throughout, this Programme has been open about the specific pressures on medical staffing that underpin many of these specialist services and the need
to reconfigure services so that we can improve medical training and recruitment for the future. We also know that there are clear opportunities for us to put our services in South Wales and South Powys on a firmer and more flexible footing by being innovative and developing new and advanced roles for Nurses and Allied Health Professionals to work as part of the wider clinical team to deliver high quality services. It will take some time to train and accredit staff with these new skills and we need to act quickly to ensure these roles are developed so that we can maximise the opportunity for delivering local services;

- The NHS in Wales has an extremely positive track record of implementing pathways for complex and “major acute” care that improves patient outcomes. The key to any future model of care is the need of the individual patient being put at the heart of the decision-making and this must continue to be the founding principle for future service delivery;

- The consultation has confirmed the strategic importance of Prince Charles Hospital (PCH) in preserving access to services for the residents of South Powys and the wider heads of the valleys communities. Recognising some of the critical mass challenges this hospital faces, health boards will accelerate the network arrangements requiring support from both the South Central and South East Networks in delivering services in Prince Charles Hospital in the medium and long-term

2.3 Recommendations

The Programme Board has made a number of recommendations for consideration and agreement by LHBs and endorsement by WAST.

1. **New systems of care which network hospitals and their services more firmly together must be developed to strengthen the delivery of services across the whole of South Wales and South Powys.** This will allow all the skills, expertise and facilities within that network to be maximised for the benefit of all patients. The Welsh Ambulance Services NHS Trust will be an important partner in the development and success of the new arrangements, particularly in delivering pre-hospital assessment and care and ensuring that when patients require hospital care, they are conveyed to the most appropriate facility;

2. **Three such networks or alliances should be established for the wider South Wales area (including Hywel Dda) based around three “major acute” centres at Morriston Hospital, University Hospital of Wales(UHW) and the Specialist and Critical Care Centre(SCCC) (when built).** These alliances will need to develop new systems of governance to ensure that clinical and financial accountabilities are appropriately ascribed and that clinical services are safely delivered. It is recognised that there will need
to be continuing engagement with stakeholders as these alliances develop;

3. In recognition of the need to balance the risks (as articulated by, amongst others, the National Clinical Forum) associated with a greater number of centres providing these services with a clear public preference to maintain access in as many places as possible, it is recommended that the key services affected, namely specialist accident and emergency, inpatient paediatrics, neonatal services and consultant-led maternity services should be located on 5 sites;

4. Following the engagement and consultation exercise, Option 3 (University Hospital of Wales Cardiff; Morriston Hospital, Swansea; the planned Specialist Critical Care Centre, Cwmbran; Prince Charles Hospital, Merthyr Tydfil and Princess of Wales Hospital, Bridgend) is the recommended starting point for the transition to three alliances. This represents the start of a process of closer joint working across Health Boards to deliver new models of care that create sustainable services in the longer term. In order to develop a transition and implementation plan, our planning assumptions include the following:-

- 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.

5. The South Wales Programme Clinical Reference Groups (CRGs) will be maintained, and others will be established, to ensure clinical leadership remains at the heart of service redesign;
6. Where the evidence points clearly to improved outcomes for patients and where proper engagement has occurred to ensure a shared understanding of clinical benefits, the principle of clinical pathways determining location of treatment will be extended across other services. All current and future decisions made about service reconfiguration will be consistent with the alliance model and the joint arrangements that will be established to strengthen local service delivery;

7. On the basis of the operational and workforce requirements, some changes will need to be made urgently and certainly ahead of the development of any potential capital solutions, Local Health Boards and the Welsh Ambulance Services NHS Trust will work together to develop a transition and implementation plan that ensures continuity of service delivery during the transition to the networked arrangements. This transition and any urgent change required should be consistent with Option 3;

8. The NHS in Wales will work with the Wales Deanery to align the allocation of trainees to the alliances so that education can be optimised - delivering an effective blend of learning across the full range of health services;

9. Health Boards will work together urgently to collectively commission training providers to develop and deliver advanced practitioner roles locally to support the implementation of the new service models;

10. Health Boards and NHS Trusts will work together to develop new systems that facilitate cross-organisational working for clinical staff whilst preserving clear lines of governance and accountability to employers;

2.4 Transition and Implementation

In supporting transition and implementation, it is recognised that not all changes can and need to happen at the same time. There has been a very clear view from our clinical leads that in the future these specific services need to be located on the same sites. However, as we develop transition plans for the next 12 months there will inevitably be a need to move services, potentially at different times, based on the most acute staffing pressures. As we reduce the number of specialist sites, we will use the transition plan to specify this clearly and with associated timescales.

The transition plans will require flexibility to ensure that specific sites where activity will grow (e.g. obstetric services at UHW) have enough time to ensure that the
physical infrastructure needed is in place to accommodate the increased patient flow.

As part of the alliance arrangements, and in advance of the opening of the SCCC, Aneurin Bevan Health Board, Cwm Taf Health Board and Powys Health Board will need to work together to sustain services particularly in relation to the Heads of the Valleys and South Powys populations.

Transition arrangements need to be implemented safely, noting existing pressures on services that have remained difficult and at times acute throughout the whole of this engagement and consultation period. There needs to be a pragmatic approach but one which ensures that there is sufficient clarity to allow trainee placements for August 2014 to be confirmed, within the context of allocating trainees to the new emerging networks rather than individual Health Boards.

The Programme Board has committed to ensuring that a high level of activity in these specific services should continue to be provided locally e.g. midwifery led care, minor injuries services, acute medicine and local paediatric assessment services. The implementation plans need to demonstrate that this commitment is met and that by moving into this implementation stage, we ensure that appropriate activity is safely accommodated within those hospitals most directly affected.

In order to implement these arrangements speedily and in a cost effective way, existing hospital accommodation will be used to maximum effect. Given the constraints on space and capacity and the cost and lead time for capital investment, there is a recognition that space will need to be freed up for services which are expanding on the five sites and this might only be achieved by moving services between hospitals.

There may also be the need to transfer other services between sites and this will form part of the transition and implementation plan and fulfil our commitment to reciprocity.

A framework to guide the transition and implementation of service change will be developed and agreed to avoid confusion and ensure the safe delivery of services in the interim period.

Parallel work and further stakeholder engagement on the development of Acute Care Alliances will be initiated describing the future collaborative arrangements between Local Health Boards and WAST across South Wales and South Powys in delivering safe and sustainable services.
3. BACKGROUND

The South Wales Programme (SWP) is a joint programme of work between five health boards providing healthcare services in South Wales and South Powys – Abertawe Bro Morgannwg, Aneurin Bevan, Cardiff and Vale, Cwm Taf, and Powys – and the Welsh Ambulance Services NHS Trust (WAST). The programme aims to ensure the delivery of safe and sustainable specialist services for people living in South Wales and South Powys which match the best in the world and address quality and staffing issues.

Health boards have a responsibility to provide care for their local population but, as a National Health Service, also have a duty to do what is right for the whole of the population. This wider commitment has meant that the health boards and WAST have come together to find ways to improve services for patients living in South Wales and South Powys.

This has been a unique approach towards planning and providing future hospital services across the area. The health boards and WAST are working together in an innovative and collaborative way to develop a network of hospitals which together, and with the support of primary and community-based care, provide the totality of secondary and very specialist healthcare for the population of South Wales and South Powys.

The South Wales Programme was established in January 2012 and the services under review are those deemed ‘fragile’ in terms of their ability to deliver safe and sustainable models of care. These are:

- consultant-led maternity and neonatal care
- inpatient children’s services, and
- emergency medicine (A&E).

Significant work has been undertaken with strong clinical leadership and engagement, robust planning, excellent relationships with Community Health Councils, and formal periods of engagement and consultation.

The South Wales Programme Board acts as the collective sponsor for the programme. The Programme Board is independently chaired and comprises Chief Executive and Chair membership from all health boards and the Welsh Ambulance Services NHS Trust. The Programme Board has the authority to make recommendations to the constituent boards. Within this arrangement, the boards are committed to working together to reach shared conclusions about the pattern of specified services across South Wales and South Powys. Recommendations from the Programme Board are reported to each health board/WAST to consider and to confirm their respective decisions.

4. CASE FOR CHANGE

The South Wales Programme was established in response to the Welsh Government’s policy document, “Together for Health: A 5 Year Vision for the NHS in
Wales” (2011). This document sets out a vision for healthcare in Wales and challenges the NHS and the communities it serves to aspire to match the standards of the best in the world and to aim at achieving excellence everywhere. The policy described the important challenges that NHS Wales faces now and in the years to come.

The immediate challenges identified across South Wales and South Powys were the sustainability of four services that would require regional solutions: consultant-led maternity and neonatal care, in-patient children’s services and emergency medicine (A&E). The challenges – meeting clinical standards and workforce requirements – are starker now than they were in 2012 and it is imperative that a decision is made on the future configuration of these services so that implementation planning can commence.

It is important to remember the basis on which the Local Health Boards and the Welsh Ambulance Service came together to address these challenges:

- these services are fragile and may fail in some areas very soon
- we are not meeting the standards of care that we should be delivering to our population everywhere
- care delivery is not consistent and is highly variable across days of week, times of day and site of delivery
- workforce - quantity and quality cannot be maintained and training in some areas is poor
- the services are costly to maintain and are unsustainable in their current form
- the solution to the challenges we face cannot be found within a single health board
- this scale and commitment to collaboration has not been seen before in South Wales and South Powys
- we need to manage and overcome the tension between a local focus and a regional solution
- together or separate, we cannot ignore the inevitable need to concentrate some services on fewer sites
- failure to make a decision will result in consequences that are unplanned and a loss of confidence in the NHS in South Wales and South Powys

5. SOUTH WALES PROGRAMME – THE PATH TO A RECOMMENDATION

5.1 Clinical Leadership, Engagement and Professional Advice

Clinical leadership, engagement and professional advice have been central to the approach to the South Wales Programme (SWP) from the outset. A number of clinical conferences and summits were held in 2012 which led to the development of six scenarios which would focus services on four or five sites across South Wales and South Powys. This formed the basis of the engagement and listening exercise undertaken from September to December 2012.

Further clinical conferences took place in 2013 and clinical reference groups, led by a medical director of one of the participating health boards and comprising leading clinical professionals, have provided professional leadership and advice in the development of safe and effective service models to deliver the benefits required through the South Wales Programme. The outcome of the work of the CRGs, which informed the options for consultation, has been published on the SWP website: http://www.wales.nhs.uk/SWP/supporting-documents

5.2 Engagement and Consultation

**Welsh Government Guidance for Engagement and Consultation on Changes to Health Services** (March 2011) requires that, where substantial change is identified, the NHS is required to undertake a two-stage process in which extensive discussion with the public, staff, staff representatives, professional bodies, stakeholders, third sector and partner organisations is followed by formal consultation. The South Wales Programme ensured this guidance was followed in planning for and managing the engagement and consultation arrangements and this has been confirmed by the Consultation Institute through its compliance assessment.

5.2.1 Engagement

In accordance with the Welsh guidance, the South Wales Programme undertook a 12-week formal engagement process from 26th September to 19th December 2012, supported by local Community Health Councils: “Matching the Best in the World” – the challenges facing hospital services in South Wales” September 2012. http://www.wales.nhs.uk/sitesplus/documents/1077/Matching%20the%20Best.pdf

The purpose of engagement was to raise awareness of the challenges faced in South Wales and South Powys in delivering inpatient children’s services, neonatal services, consultant-led maternity care, and emergency medicine (A&E), and to engage in discussion about the future shape of these specialist services based on six possible scenarios, each describing either a four or five-site hospital model.

Three hospitals were included in each of the six scenarios:
- University Hospital of Wales, Cardiff (UHW)
- Morriston Hospital, Swansea
- A new Specialist and Critical Care Centre (SCCC), planned for Cwmbran

The fourth and possible fifth site/s were considered from the following hospitals:
- Prince Charles Hospital, Merthyr Tydfil (PCH)
- Royal Glamorgan Hospital, Llantrisant (RGH)
- Princess of Wales Hospital, Bridgend (POWH)

The outcomes were formally reported and discussed at each of the health board meetings in January/February 2013 and all boards agreed to proceed to prepare for consultation. The outcome of the analysis of the questionnaire responses received during the engagement phase are published on the SWP website “Engagement Questionnaire Findings” January 2013 http://www.wales.nhs.uk/SWP/how-we-got-here

Report of the South Wales Programme Board
Final January 2014
5.2.2 Responding to Engagement and Preparing for Consultation

Further consideration of the original six scenarios was undertaken between January and April 2013. Significant planning work was undertaken during this period, through the clinical reference groups, to develop the proposed service models and assess patient activity, workforce requirements and access/equity, the latter in terms of journey times. This was informed by the outcomes of the engagement process and through further clinical and stakeholder conferences.

Also during this period, the Programme Board engaged with staff, clinicians, public and other key stakeholders to agree a set of benefit criteria against which the service options would be evaluated. Opinion Research Services (ORS) supported this process by running focus groups and analysing the full set of results, the outcome of which was published in ‘Establishing possible weights for the given select criteria (March 2013)’

The collective views, therefore, determined the overall weighting of the criteria as follows:
Safety (22)
Quality (21)
Sustainability (20)
Access (20)
Equity (9)
Strategic fit (8)

The benefit criteria and their respective weighting were approved by each health board prior to their application in the evaluation process.

In April 2013, the detailed analysis of the wide range of objective information developed through the programme was considered by clinicians and NHS managers, stakeholders and the public at a series of events where the six scenarios were scored against agreed benefit criteria. This culminated in ORS publishing this further analysis, on behalf of the South Wales Programme, in “Towards a Preferred Option (April 2013)”

The feedback from the engagement, the further work undertaken and the outcome of the scoring exercise informed the development of four options for formal public consultation and a “best fit” option identified by the Programme Board:

**Option 1** – University Hospital of Wales (UHW), Morriston, Specialist & Critical Care Centre (SCCC), + Prince Charles Hospital (PCH)
**Option 2** – UHW, Morriston, SCCC + Royal Glamorgan Hospital (RGH)
**Option 3** – UHW, Morriston, SCCC + PCH + Princess of Wales Hospital (identified as the best fit option)
**Option 4** - UHW, Morriston, SCCC + PCH + RGH

Report of the South Wales Programme Board
Final January 2014
The recommendations from the Programme Board were approved for consultation by each of the health boards, and endorsed by WAST, on 22nd May 2013.

5.2.3 Consultation


Following agreement with all the Community Health Councils, and approval/endorsement by the six programme partners, the consultation period commenced on 23rd May 2013 and ran until 19th July 2013. Significant activity took place during this period to ensure the public, staff and stakeholders had full opportunity to hear about the options and to provide opportunities for people to respond.

There was an unprecedented response to the consultation with more than 61,000 responses received through a variety of mediums. ORS provided support to the consultation process and undertook the detailed evaluation of the responses. The full evaluation report and an executive summary are published on the website [http://www.wales.nhs.uk/SWP/post-consultation-documents](http://www.wales.nhs.uk/SWP/post-consultation-documents)

5.2.4 Key messages from consultation

Key messages from the consultation were:

- we engaged with all sections of the population through the variety of consultation methods
- we need to ensure a robust primary and community care infrastructure is developed
- there were different perspectives between each group of respondents about hospital care
- there is huge commitment and loyalty to the local hospital
- generally, the case for change was accepted by the large majority of respondents
- the need for all hospitals to work together in an agreed network was raised by many respondents from all sections of the community
- the majority of the public supported a 5 site model of service
- Option 3, presented as the “best fit”, was supported by most respondents across South Wales and South Powys
- support for both Option 3 or 4 was strongest based on geography
- few people commented upon Options 1 and 2
- many “professional” responses and submissions questioned the sustainability of a five centre model and also advocated fewer sites in the long term
- a very small number of politicians believed the South Wales Programme to be unnecessary

Other issues raised were:

- differences of opinion regarding the flow of patients to different hospitals
• concerns regarding ‘support’ services such as the ambulance service and public transport
• potential impact for visitors having to travel further
• concerns about current demand on A&E services and a recognition of the need to reduce attendances through improving awareness and uptake of the range of urgent care services
• uncertainty regarding the planned Specialist Critical Care Centre
• potential tensions caused by cross border issues and associated funding flows between health boards.

5.3 Consideration of Equality and Human Rights Issues

The South Wales Programme Board and the constituent LHBs have been mindful of the statutory duty placed on each health board under the Wales Public Sector Equality Duty 2011 and, accordingly, an equality impact assessment has been undertaken on the Programme’s proposals.

The first stage equality impact assessment (EIA) evidence document was published on the South Wales Programme website at the launch of the consultation and during the consultation process, a wide range of discussions were held with key interested groups and forums about the proposals. In addition, specifically targeted meetings and events took place to ensure the health boards gave full opportunity to equality and diversity groups to put their views forward on the options, identify any particular impacts due to their protected characteristic and to identify possible ways to minimise or remove these effects.

The EIA evidence document has been reviewed and updated in light of the feedback from the consultation responses and the post consultation analysis forms an important element of the decision-making process.


5.4 Financial Assessment

There is a requirement on LHBs to assess the financial consequences of the proposals to inform their consideration and decision making. Whilst it is recognised that this is not a criterion identified in the consultation as determining the outcome, it has to be an issue for assurance in making a decision about services in the future.

The context of the financial estimates undertaken as part of the SWP both in the initial phase and in a second phase is:

• Further work on costing was undertaken to update the financial evaluation that was presented for consultation. The purpose of this update was to describe the estimated incremental cost impacts against current costs for each option as well as a theoretical cost of providing the same level of safe and sustainable services within the existing hospital configuration. This evaluation was intended to support the decision making by LHB boards, by providing a view on the affordability of proposals, including a “do nothing”
option, at both the South Wales and South Powys and now individual LHB level;

- Capital costs have been assessed for comparative purposes only and are based solely on new build;
- Finance in itself is not a decision making criterion, but is intended to be an assurance threshold. Clearly, given the current and future financial outlook for NHS Wales, Boards need to be sighted on the potential financial impact of any decisions made, but also to set this against the potential financial consequences (alongside all others) of the “do nothing” option;
- The initial costing work completed for the consultation and “Phase 1” focussed solely on the basis of investment in quality of care, primarily in terms of safe and sustainable services in terms of medical and midwifery staffing levels, and ambulance conveyancing costs;

The updated and current “Phase 2” costing is consistent with this but also seeks to enhance and build on it to evaluate the potential impact on other areas of services.

This costing is still at a high level and can only be regarded as indicative at this stage;

Further detailed planning is needed to ensure service models are described which maximise value for money and minimise, in particular, capital expenditure.

5.4.1 Summary results and conclusions of financial assessment

A summary of the revised costing exercise, at a South Wales and South Powys level, which was presented to the Programme Board on 3rd December 2013 is provided in the table below.

<table>
<thead>
<tr>
<th>Option</th>
<th>Revenue cost with 50% of A&amp;E saving</th>
<th>Capital cost (Assumes ALL new build)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do nothing</td>
<td>£20.9m</td>
<td>0</td>
</tr>
<tr>
<td>Option 1 – 3+ PCH</td>
<td>£17.4m</td>
<td>£142m</td>
</tr>
<tr>
<td>Option 1 adjusted</td>
<td>£18.1m</td>
<td>£136m</td>
</tr>
<tr>
<td>Option 2 – 3 + RGH</td>
<td>£16.0m</td>
<td>£136m</td>
</tr>
<tr>
<td>Option 2 adjusted</td>
<td>£16.7m</td>
<td>£130m</td>
</tr>
<tr>
<td>Option 3 – 3+ PCH/POW</td>
<td>£17.6m</td>
<td>£75m</td>
</tr>
<tr>
<td>Option 3 adjusted</td>
<td>£18.1m</td>
<td>£72m</td>
</tr>
<tr>
<td>Option 4 – 3 + PCH/RGH</td>
<td>£16.6m</td>
<td>£80m</td>
</tr>
<tr>
<td>Option 4 adjusted</td>
<td>£17.3m</td>
<td>£77m</td>
</tr>
</tbody>
</table>

The key messages from this are:-

Report of the South Wales Programme Board
Final January 2014
All options are cheaper than do nothing from a revenue perspective but neither the ‘do nothing’ nor any of the options are included in the LHB current financial plans;

The “adjusted” line for each option is the estimated revenue cost of adjusted geographical flows for emergency medicine and paediatrics, and clinical sensitivity for maternity services;

Given the assumptions, the variation in revenue cost is not significant in distinguishing between options.

A high level estimate of the capital requirements for hospital services for each option has also now been assessed, by determining the potential impact for each on beds, theatres and A&E space requirements, using average lengths of stay, occupancy rates and theatre utilisation and standard square metres. This has assumed all capital is new build, whereas in practice there may be opportunities to reutilise existing estate, for example for reciprocal flows and release capacity, and thus reduce this total estimated capital requirement;

The initial impact by LHB is described in the following table:-

<table>
<thead>
<tr>
<th>Population share</th>
<th>Range of share for the 8 options</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABMU</td>
<td>27%</td>
</tr>
<tr>
<td>Aneurin Bevan</td>
<td>30%</td>
</tr>
<tr>
<td>Cardiff &amp; Vale</td>
<td>25%</td>
</tr>
<tr>
<td>Hywel Dda</td>
<td>(1) – 5%</td>
</tr>
<tr>
<td>Cwm Taf</td>
<td>15%</td>
</tr>
<tr>
<td>Powys</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

The key issues in relation to this are:-

- The maximum variance between population share and options is 14%;
- The “do nothing” is still being worked through – particularly the medical staffing/junior doctors impact – the LHB share is likely to fall within the above range of share, with overall costs more expensive;
- Aneurin Bevan Health Board impact is less because some of its investment costs into medical staffing are within the SCCC business case;
- Cwm Taf is the only LHB where the cost of the change options are all greater than the population share – this is because of the number of hospitals at which staffing needs to be enhanced;
- Maximum cost of any option is borne by Abertawe Bro Morgannwg University Health Board under the 3 + RGH option – 36% x 16.0m = £5.8m

5.4.2 Limitations to updated costing and areas not yet factored in

As described above, there are still some limitations of and caveats to the outcomes of this updated costing exercise. Until the very detailed future service models are understood, and the workforce and facilities through which these are going to be
provided are clear, a detailed bottom up costing exercise is still not possible. This will need to feature heavily though in the implementation phase.

6. WHAT WE HAVE LEARNED FROM THE SOUTH WALES PROGRAMME

- people of South Wales and South Powys are passionate about their local health services and have a great loyalty to the staff and hospitals that have served them so very well over the years;
- open and ongoing engagement with the community is critical to a shared understanding of the challenges facing the NHS;
- we should not wait until we are in a formal consultation process to have real conversations with people about the need for change in our health services;
- community health councils are a great source of information and an effective conduit for speaking with the public – we need to continue to develop this partnership;
- there is general acceptance of the need for change by the public and other stakeholders with a growing understanding of why we cannot continue to deliver all services in all places and at the same time meet quality standards;
- patients and the public want to preserve as much local access as possible but not at the expense of clinical quality;
- we must create sustainable models of service that are resilient for the longer term;
- clinicians and the public acknowledge that, to secure the best clinical outcomes, it is necessary to centralise some specialist services;
- there is a clear recognition of the value of specialist centres, particularly in terms of the experiences people have of accessing services at the University Hospital of Wales and Morriston Hospital;
- the public does not recognise organisational boundaries. For them, services should be designed around communities with hospitals and organisations working together to share skills and expertise so that everyone has equity of access to care;
- where it is necessary for patients to travel extra distances to access specialist services, we must work with transport providers and the voluntary sector to assist people with travelling both for services and to visit relatives in hospital;
- we must not make assumptions about where people will go based on distance alone. We must take into consideration that for some communities, the nearest hospital may be much less accessible than one that is further away due to infrastructure and transport difficulties;
- in practical terms, and in terms of equality and human rights, we must take into account our proposals and mitigate the impacts of changes on the “protected characteristic” groups when considering location of services.
- change is really hard for staff and the public. We need to articulate a clear vision for what the NHS in South Wales and South Powys will look like in five to ten years time and outline the journey that we are taking to get there.
7. THE VISION – AN ACUTE HOSPITAL NETWORK ACROSS SOUTH WALES AND SOUTH POWYS

When we started the South Wales Programme engagement process in September 2012, many people at that time suggested that all the hospitals and organisations in South Wales and South Powys would provide better care by working more closely together. This message came not only from clinical groups such as Local Medical Committees, Medical Advisory Groups and other professional forums but also from local councillors and members of the public.

The Programme Board heard and understood this message and carried this theme into the development of the consultation document that was published in May 2013. In the consultation document we spoke about a future where all our hospitals were important; where they did different things but where they worked together in a network; where staff in different hospitals were networked together to provide care for all patients. The need for this approach was reinforced during the public consultation period.

In taking into account the feedback from consultation, in particular in regard to longer term service sustainability and the need for hospitals to work together, the Programme Board has considered the opportunities for alternative ways of working and a longer term view of networked services. This thinking has emerged as a direct result of the work of the South Wales Programme and the key messages we have learned from this process.

The result is that we have been presented with nine new challenges all of which have emerged from the consultation – and these are in addition to the very real and recognised challenges that were addressed head-on through consultation such as transport and travel time, ambulance provision and access.

These are highlighted below to provide the context within which our vision is proposed:

**Patients will travel across health board boundaries more frequently**

Health Boards are based on a model that places responsibilities on them for their local population – with an acknowledgement that there will be some cross-boundary flows at the edges of their communities for reasons of geography or where patients need highly specialised or “tertiary” care. Under any of the outcomes of the SWP there will be a much greater flow of patients between Health Boards. This complicates the role of a Health Board as the principal provider of care for their resident population and also requires us to work together differently in delivering a comprehensive pathway of care for patients.

**Greater patient flow will require more sophisticated clinical governance models**

In order to support increased flows of patients between health boards, it will be necessary for clinical teams to collaborate far more than is the case today. On
occasions, pathways of care for patients will involve spending time in one hospital, followed by time in another (hyper-acute stroke care is a good example). We need to be able to create better ways of securing the right outcomes for patients across these more complex pathways, and clinicians working in this more complex setting need the assurance that the right governance arrangements will be in place. This will promote confidence amongst the clinicians and holistic care for patients.

This is not new. It is something that we have done very successfully for some of our complex cancer services for several years now with demonstrable benefits in terms of patient outcomes. However, as this model needs to operate on a larger scale, there will be greater need for more strengthened underpinning systems of clinical governance.

A greater flow of patients across Health Boards is likely to require a more sophisticated financial arrangement to be developed

People raised concerns about patients flowing across boundaries potentially being caught up in financial wrangles between health boards which could impact on their care.

The NHS in Wales operates in a planned system which allows practical solutions to be developed that will support a more complex financial environment, with patients moving between Health Boards more often than now. We recognise that it is our collective responsibility to ensure that we deliver safe, high quality services within the funding that is available to us to get the maximum value for the NHS. This includes using capital wisely and ensuring that no organisations are disproportionately disadvantaged through revised financial flows. Working individually as disconnected organisations will not achieve this and will probably cost more.

The persisting difficulty with recruiting doctors and other hard to recruit to posts will require new employment models to be developed

As services develop in new ways, ensuring that we have the right skills at the right part of the system may challenge the way in which we recruit, employ and deploy doctors, nurses, therapists and other professions to best effect. In some cases this will entail a greater range of shared posts and/or health boards contracting with people on behalf of others. It is likely that LHBs working together will play an important role in attracting the right quality of candidates who can then be deployed across the system to develop and enhance their skills and experience and provide a better opportunity for sub specialisation and research. We will need to address the way that these new employment models are developed and promoted to provide the greatest overall benefit to patients and staff.

New service models that tend to centralise some aspects of a service onto (for example) a major acute site will need the support of specialists working outside of the major acute site if the model is to work successfully.

New pathways of care for patients will need to be developed to maximise the potential of the post-SWP configuration and this will require new levels of co-
operation between specialists working across the whole system. It is clear that if these new models are to work successfully, all of the specialists involved with the care of patients who move between major acute care and local acute care will need to feel a sense of ownership and involvement with the major acute service so we maximise the contributions from everyone across the pathway. It is clear we need to ensure that all clinicians and all hospitals work as equal partners in new systems of care as we have seen in their contribution to the South Wales Programme.

For many patients, the outcomes that they experience will be the result of more than one LHB.

Increasingly, patient outcomes will be determined by the combination of hospital and community care that is provided locally and in other centres. This means that accounting for the quality of the overall outcome involves a more complex interplay between what one LHB does and another, with a far greater degree of mutual interdependence than now. This reinforces the need for mutuality and systems of governance that work within and across organisational boundaries.

Training will need to be redesigned to reflect the new ways in which services are delivered

In the future, the allocation of trainees will need to change to secure the right training outcomes that will be needed, particularly when patients and therefore training opportunities will be using new pathways which pass more frequently across Health Board boundaries than now. The richness of a diverse population with differing health needs, and the blend of major acute and generalist experience, makes an “alliance” approach very attractive to trainees and more experienced clinicians alike. This change in approach is supported by the Deanery who fully support a networked model as long as satisfactory rotas, suitable training environments and protected time for teaching are provided and sites are able to provide the breadth and depth of patient experience to fulfil the training curriculum. The Deanery would also wish to see the funding of trainees held by one organisation on behalf of the alliances.

There are many service challenges that have not been addressed by the SWP – but which need attention, including for example arterial surgery, stroke care and some diagnostics.

The SWP was focused on four specialist services that face imminent sustainability concerns. There is good international evidence that patients would receive better care (fewer deaths and complications) if some other services were to be redesigned so that every patient is given the opportunity to benefit from the best care across the whole pathway.

Clinical reference groups, the National Clinical Forum and other key partners have all commented that all the options that have been consulted on carry degrees of risk in terms of long term sustainability,

Advice from clinicians in South Wales and South Powys uniformly has suggested that maintaining the current models of care on four or five sites will not resolve all the
sustainability risks the NHS faces in South Wales and South Powys. This message has also been received from NHS partners, local authorities, Community Health Councils and members of the public. Big questions remain about the design of safe, high quality acute medicine, the improved management of long-term conditions and the frail elderly population and how to resolve the challenges faced by LHBs in driving up the quality of services such as arterial surgery and stroke care.

The call for innovation derives from a consistent clinical view that the existing models of care will not of themselves provide a sustainable blueprint for the future. In other words if we rely on doing what we have always done only on a smaller number of sites, we will not have addressed the broader sustainability of acute services across South Wales and South Powys. Resolving this will require LHBs to collaborate as never before with our partners and patients to co-create the new service models that must be developed – joining up and integrating at local level between acute care and primary, community and social care and joining up and integrating care between hospitals.

7.1 Responding to the New Challenges

The new challenges that flow directly from the consultation itself mean that LHBs in South Wales and South Powys must now consider how to respond to these as part of our overall decision-making. As the LHBs in South Wales and South Powys have worked together through the consultation process, we have built a much better appreciation of the challenges each of us is facing – and have become ever more keenly aware that the LHBs operate in a system which requires a deep level of co-operation, mutual reliance and careful planning if it is to work successfully. To put this more starkly, we now have a clear appreciation that a service problem in one part of South Wales and South Powys is very likely to have run-through consequences to other parts of the system and eventually impact on patient care.

We believe we now need to move rapidly into a new era of co-operation between LHBs as we approach these fundamental implementation challenges.

The Programme Board believes that this approach bridges the tension between the need where possible to provide local access and the delivery of sustainable services across South Wales and South Powys through a networked arrangement.

Throughout the engagement and consultation process, we have consistently referred to three fixed points within the South Wales and South Powys NHS system: Morriston Hospital in Swansea, the University Hospital of Wales (UHW) in Cardiff and the Specialist Critical Care Centre (SCCC) planned for Gwent.

Clinicians and communities alike all recognise that Morriston Hospital and UHW have, for a long time, had a different role for a much wider community than their local catchment population by nature of the more highly specialist services they provide. The SCCC, when completed, will also provide the focus of specialist care for the large population of Gwent with the tertiary services continuing to be provided in Cardiff as happens now.
We believe we now need to build the future pattern of acute service provision around these three fixed points – but do so with a new appreciation of the vital role that all of our hospitals play in making the whole system work. It seems clear from the clinical advice we have received that as we reach our conclusion around the consultation about which of the various options we should select, that this will be a starting point for work to develop a new system of hospital care, rather than a final end-point.

Throughout the consultation we have referred to the need for our hospitals and staff to work together in ‘networks’ to strengthen local delivery and clinical outcomes across the whole of South Wales and South Powys. This will require new systems of working where organisations support each other and collaborate much more closely to develop the system of acute care we will need to deliver sustainable services for the future. Inevitably, these new ‘networks’ will not map onto single LHB footprints and so we need to develop a new mechanism that will allow us to handle the challenges we face and maximise the opportunities for patients and staff.

Over the last decade we have developed many networks for individual services, for example for cancer services. Patients have their investigations locally; have complex surgery in the regional hospital where the specialist services are based and all their ongoing and follow up treatments are provided back in their local hospital, close to their home. This model of care works because the clinicians in both centres work as part of a single team, sharing information, skills and expertise for the benefit of the patient.

We do not want this successful principle to be restricted to a small number of complex services - we want this to become the normal way of working in future to ensure that as much care as possible can be done locally and when and where people need to travel for expert care it is in the context of a joint pathway that minimises the time patients need spend away from their communities in the specialist centre.

7.2 An Acute Care Alliance (ACA)

The use of the word ‘network’ to describe these new arrangements is unhelpful as it is already used to describe a range of other forms of co-operation and joint working in the NHS – and we want to distinguish our proposal from these other types of network. We have therefore developed a working title of Acute Care Alliance (ACA) to describe these new arrangements.

The alliances we propose are groups of health professionals and organisations working in a system that is not constrained by organisational or professional boundaries to ensure equitable provision of high quality, clinically effective care across South Wales and South Powys. The term ‘alliance’ might suggest diffused responsibility and a lack of clear accountability, but the alliances we will establish are not casual or informal but a managed approach to providing safe and sustainable services across a number of LHB areas.
A separate briefing paper is being developed to describe how these alliances will work in more detail, including the possible governance arrangements. What follows therefore is a high level overview only.

It is proposed that there will be three ACAs across South Wales and South Powys.

The proposed alliances will be population focused and will work together on service planning and delivery particularly where the catchment population crosses over LHB boundaries or are on the borders between alliances. This means that the Princess of Wales Hospital, as part of the South Wales Central alliance, will also maintain links with the South West and West Wales alliance where there are close clinical ties and where many patients receive tertiary care. Similarly, Prince Charles Hospital, whilst part of the South Wales Central Network, will work closely with the planned Specialist and Critical Care Centre, Nevill Hall Hospital and Ysbyty Ystrad Fawr Hospital to serve the population of the Heads of the Valleys and South Powys and maintain clinical relationships across this area.

South Powys residents will use the services of all three alliances as appropriate and the governance arrangements supporting the alliances will reflect this.

**South West and West Wales** – this alliance will primarily focus on the provision of acute hospital services from Neath Port Talbot Hospital, Singleton and Morriston hospitals in Swansea, Prince Philip Hospital, in Llanelli, Glangwili Hospital, in Carmarthen, Withybush Hospital, in Haverfordwest and Bronglais Hospital, in Aberystwyth.

**South Wales Central** – the primary focus of this alliance will be on the acute hospital services provided by Prince Charles Hospital, in Merthyr Tydfil, Royal Glamorgan Hospital, in Llantrisant, University Hospital of Wales Cardiff and the University Hospital Llandough.

This alliance will include the Princess of Wales Hospital (POWH), in Bridgend because of its geographic position to the alliance and its close working relationships with hospitals in Cwm Taf. Robust governance arrangements will ensure that the commissioning responsibility on behalf of the Bridgend population and the accountability for the delivery of services within POWH remain with Abertawe Bro Morgannwg.

**South East Wales** – this alliance is primarily focused on the pathway to the establishment of the Specialist and Critical Care Centre, which is expected to be completed in 2018-19 near Cwmbran as a new base for some services currently provided at Nevill Hall and Royal Gwent hospitals, in Abergavenny and Newport respectively. This alliance will work closely with the South Wales Central alliance particularly in respect of services provided to the heads of the valleys and South Powys.

Each ACA must ensure that the new challenges identified through consultation are addressed successfully. In addition, it will be important that the three Alliances also
work in collaboration to address the challenges each faces to produce a holistic and consistent approach across the whole of South Wales and South Powys.

Very specialist services would continue to be commissioned through the Welsh Health Specialised Services Committee, as they are at present and the alliance arrangements must not be allowed to destabilise tertiary services within the University Hospital of Wales in Cardiff or Morriston Hospital in Swansea.

Each of these ACAs has one of the ‘fixed point’ hospitals referred to in the consultation. We want to establish from the very beginning a new way to describe the hospitals in each of these ACAs.

Most importantly we want to move away from a description of the ‘fixed point’ hospitals as ‘specialist’ hospitals. We believe this is very unhelpful, not least because by implication, the remainder of the hospitals must therefore be ‘non-specialist’ and that is not necessarily the case. We think a more accurate description would be to describe these ‘specialist’ hospitals as “major acute centres” – as these will be the hospitals where high technology medicine (such as arterial surgery, hyper acute stroke and interventional cardiac care) will be based for each ACA.

For other acute hospitals in South Wales, we acknowledge that one of the most important challenges each ACA will face is to maximise the provision in them of the broadest possible range of safe and sustainable acute care locally in all hospitals.

It will remain a clear LHB responsibility to ensure that the right range of primary, community and social care is placed at the heart of its local community, as this will be key to the success of each local acute hospital. It will also be expected that each constituent LHB will be an equal partner in the ACA working together to maximise the use of the skills, experiences and hospitals within the Alliance to the benefit of the whole patient population.

Since each ACA is tasked with ensuring the strategic development of a resilient high quality acute care system for its citizens, the ACA will also want to ensure that its strategic plans are reflected fully in the Integrated Medium Term Plans (IMTP) of its constituent LHBs.

8. FRAMEWORK FOR MAKING RECOMMENDATIONS TO HEALTH BOARDS/WELSH AMBULANCE SERVICE TRUST BY THE PROGRAMME BOARD

The Programme Board has taken great care to ensure that all information generated throughout the entire process has been given due consideration in generating recommendations for change and further developments. The Board has also considered how the information received from the consultation may impact on the original thinking, current knowledge and the need to make recommendations to Boards on the way forward for the fragile services described within the current consultation.

A framework was agreed by the South Wales Programme Board to guide the development of its recommendations to health boards and to support the health
boards’ decision making processes. The recommendations will also be considered by the WAST board which will be asked to confirm their support for the recommendations.

An extensive suite of information was considered by the Programme Board in developing its recommendations. This included the detailed work in the planning for and lead up to the public consultation exercise, the evaluation of the responses to the public consultation undertaken by ORS, and the further work that ran concurrent to the consultation or took place in the post-consultation phase.

Attached at Annex A is the framework used in the assessment conducted by the Programme Board.

Appendix 1 of the Framework is a summary of the range of information considered by the Board. Appendix 2 is a précis of the outcomes/recommendations emanating from each of the information sources. Appendix 3 details the Assessment Matrix used by the Programme Board to develop its recommendations and its conclusion on the current consultation. Appendix 4 assesses the potential impacts of the adjusted flows and Appendix 5 reports some of the key messages received in respect of the sustainability of options.

The Programme Board recommendations are detailed later in this report and the executive summary.

Whilst it is the role of the Programme Board to make recommendations on which model of future service provision should be taken forward to implementation, it is the responsibility of each health board to independently consider the recommendations and determine its decision.

The Chief Executive of NHS Wales wrote to all health board Chairs on 19th November 2013 in anticipation of each health board’s consideration of the recommendations from the South Wales Programme Board on service reconfiguration and seeking assurances that the process for decision making would be in accordance with the Welsh Government’s Guidance for Engagement and Consultation on Changes to Health Services (2011). The letter also sought assurance that each health board had in place a clear and transparent approval and assurance process supported by a common suite of information to inform decision making, including relevant financial information and consideration of the responses to consultation and engagement. The Programme Director wrote to each health board to detail the common elements of the programme to support the individual responses.

9. PROGRAMME BOARD ASSESSMENT

The very nature of a change programme and consultation exercise of this scale and complexity means that there is no one simple method by which all the evidence can be assessed to generate a defined outcome.
It is also recognised that the data alone cannot point to an objective solution - there will always be the requirement for interpretation and a degree of professional judgement in moving from analysis to a recommendation.

Within the ‘framework for making recommendations’, the Programme Board included an assessment matrix to capture the process of considering the additional information developed during and following the public consultation process and how this might impact on its recommendations. The matrix uses the original six benefit criteria agreed prior to consultation and maps the additional information against each of these. Each element of the additional information is then considered in respect of its consistency with the “best fit” option that was presented for the public consultation.

In coming to its recommendations the Programme Board has considered:-

All of the information developed before consultation, taking into account the feedback from the engagement process undertaken in 2012;

The Programme Board recognised the significant work of the clinicians in developing the scenarios that were presented for discussion during the engagement phase and the additional work undertaken during and following public consultation.

The process leading to consultation has been highly regarded and enhanced by a degree of rigour through the external scrutiny and advice from independent bodies such as the Consultation Institute, School of Mathematics, Cardiff University, Opinion Research Services and the Centre for Equality and Human Rights.

This process led the Programme Board to the development of a public consultation on four options with a “best fit” option identified based on the information available at that time.

The Community Health Councils across South Wales and South Powys have confirmed that the programme took into account the feedback from engagement and has conducted a very comprehensive consultation process.

The revised flows and clinical sensitivity impacts that have emerged during consultation following feedback from members of the public;

The original consultation information was based on a single scenario defined by planning principles and assumptions which was applied consistently to each option.

This scenario assumed that patients would access their nearest appropriate hospital and would completely conform to the clinical model pathway that had been developed by the clinicians through the clinical reference groups for the services under consultation.

It was recognised, during the consultation period and following receipt of feedback from this process, that there were some potential alternative flows for specific populations that should be taken into consideration.
A report describing the impact of the adjusted flows and clinical sensitivity applied to maternity services was developed and published on the SWP website. The members of the Programme Board have considered the adjusted flows and have made the following observations:

- the original flows were based on an objective approach across South Wales and South Powys and a technical assessment based on the nearest (by travel time) hospital - except where services are not changing; therefore people who already go to a hospital which is not their ‘nearest’ (e.g. UHW for people who work and socialise in Cardiff when they fall ill) will continue to go there;
- this approach was adopted by all partners prior to consultation and confirmed as a principle that WAST would adopt before and after consultation;
- it was recognised that the original flows impact was differential across the specialties within the SWP particularly around access and deprivation;
- the difference between the 5 site options in terms of flow is relatively small (when you compare the numbers of patients affected compared with the total patient population for each service) before and after the adjustments that have been made;
- the score of the “best fit “3 + Prince Charles + Princess of Wales” scored notably higher in overall terms (with a score of 74.5) and also scored highest across the significant majority of the scoring sub-groups. The data was provided to give an indication of the impact of the proposed change with each option based on what we could forecast and measure;
- the adjusted flows were developed from the public expression of “choice” and “natural” flow in one community in South Wales and South Powys as part of the consultation process although it was recognised that the degree of “choice” was limited due to travel and transport constraints;
- the adjusted flows were based on changes made by all LHBs, through a technical adjustment by Local Health Board Directors of Planning, not just the one where this was raised as part of the consultation;
- the LHBs have not tested the adjusted flows with the public outside of Cwm Taf and therefore the basis of adjustment cannot be proven to have been consistently applied across all LHB areas;
- we cannot re-run the original exercise across the SWP area using the adjusted flows as the processes would not be directly comparable, would be open to accusations of bias and the results would be challengeable;
- it was recognised that the impact of the revised flows affected Morriston as well as UHW and that, to date, the changes in Hywel Dda had also not been taken into account in assessing flow;
- whilst Option 3 was selected through option appraisal as the “best fit” option and the consultation was carried out accordingly, neither the original nor the revised flows information in themselves, definitively distinguishes between
option three (best fit) and option four. Therefore, as described above, it seems unlikely that further work on patient flows would create a clear differentiation.

The balance between the issues of access and sustainability in the context of providing safe care:

Following the public consultation further discussions have been held with clinicians involved in emergency medicine, paediatrics and maternity services regarding the concerns raised through consultation in relation to the sustainability of the options presented. In particular the discussions concentrated on the viability of a five site model, the outcome of which is outlined below:

- A four site model is more clinically sustainable than a five site model due to workforce challenges;
- Each of the specialties face a differing degree of challenge with emergency medicine facing the greatest compared with maternity and paediatrics which are in a better place due to the numbers of senior doctors available until 2018/19, although the forecast reduction in training posts will require a change to the workforce model with more consultant delivered services;
- The clinicians recognised the benefits that a hospital network arrangement will provide in the medium term and supported the vision as described above;
- The clinicians took into account actions that can be implemented to mitigate the workforce risks particularly for emergency medicine. These included the network model proposed, an agreed plan for these services across South Wales and South Powys, the proposals to develop a South Wales trauma network and trauma centre and the discussions around a pre-hospital Emergency Medical Retrieval & Transfer Service (EMRTS);
- Co-location of these services onto one site is strongly recommended by clinicians but the clinicians recognised that change may need to be incremental during the transition period;
- The clinicians supported a five site model as a step towards the networked arrangement described earlier although there are risks to sustaining this in the long term.

The challenges posed by the changing workforce and the need for innovation in delivery through a different workforce and clinical model;

The Programme Board has considered carefully the changing workforce and the need for innovation in deliberating its recommendations.

The Board has acknowledged that the detail of the stated innovative service and workforce solutions that will be required to deliver this are not yet fully articulated but have committed to work together and with the Deanery and Universities to progress this. It was also noted that the need for innovation and a changed service model is required whether a four or five site model is agreed at this stage.
Making a decision now that does not frustrate our longer term vision of a networked solution;

The Programme Board is making its recommendations in the context of the longer term vision that has been developed taking into account the work undertaken pre and post consultation on the South Wales Programme. The clear messages from the public and other stakeholders have directly shaped our thinking in this way.

The Board recognises that we cannot guarantee that any service will not change in the future but is being clear of the direction we must take within South Wales and South Powys if we are to provide safe and sustainable services across all our hospitals. The detail of the alliances is being developed for further consideration and debate.

Four or five site model;

The Programme Board has considered all the evidence available to it prior to, during and following the consultation and this is clearly laid out in the framework for making recommendations attached to this report.

In consideration of the various views expressed during the consultation and the longer term vision described in this report, the Programme Board has concluded that a five centre model is possible through working across South Wales and South Powys as a network and should be developed as a transition to a model of acute hospital care alliances described earlier.

A five centre option remains the best overall and is the preferred starting point for implementation as it:-

- provides greater access and better equity of access
- consultation responses overwhelmingly support a five centre model
- provides greater flexibility to use existing facilities and infrastructure and is a better strategic fit with our longer term vision
- supports a more timely transition and less disruption
- places less demand on the three fixed sites particularly in relation to protecting tertiary services at some of the sites
- requires comparatively less capital investment
- revenue consequences are marginal between a four and five centre model

The four centre options were not preferred as each is very expensive in terms of capital, would take far too long to deliver whilst services became more fragile, would be strategically out of step with our vision of a hospital alliance model of the future and would have significant impacts upon access and equity of provision. However, the Programme Board also recognises the challenges this places on securing the workforce required to deliver a five site model even as a transition and LHBs are committed to making this transition plan work as an interim solution.

The Programme Board recognises that a detailed implementation plan will need to be developed when Local Health Boards have made their decision on the preferred

Report of the South Wales Programme Board
Final January 2014
option and that there will be a period of transition requiring flexibility whilst we establish the new models of service.

The Programme Board accepts there are risks that may present during this time but again Health Boards have confirmed their commitment to working together to mitigate the risks and deliver safe services through this period.

Whether the additional evidence gathered during and after the consultation process alters our view of the “best fit” option described prior to consultation and how this informs the preferred way forward recommended to Local Health Boards.

The Programme Board has taken into account all the additional information received from the consultation and has assessed how this might inform its recommendations to the health boards. The Board has also considered how best to make an assessment of the potential impact of this information on our original thinking, current knowledge and the need to make recommendations on the fragile services described within the current consultation.

Programme Board members felt that this additional information should be considered with regard to whether it was “consistent” or “inconsistent” with the “best fit” option originally proposed. The outcome of this assessment is shown in the Assessment Matrix in the appendices of this report.

10. CONCLUSIONS

Taking into consideration all of the work undertaken by the Programme, together with all the products of the consultation, the Programme Board has come to a number of conclusions as follows:

- There was a strong message from members of the public participating in the consultation that, whilst acknowledging service pressures and staffing difficulties, they would prefer to maintain a 5 centre model for access reasons if this is possible, although sustainability remains an ongoing concern for the future;

- The National Clinical Forum (established at the request of the LHBs to provide independent advice) considers that the proposal for five centres is not sustainable in the long term and suggests that a more radical approach rather than a limited realignment of services may be required to provide a long term sustainable solution;

- The evidence that has been considered both prior to and during the consultation is pointing strongly to the fact that the traditional models of service delivery are not sustainable - even if we provide them from a smaller number of sites. Although our hospitals have always worked together to provide services for the wider population, we reflected in our consultation document that in the future, services would need to be provided “…as part of a wider integrated healthcare network”. This requirement for hospitals and
NHS staff to work more collaboratively, in networks and alliances, in order to provide the best care for patients, has been strongly reinforced throughout this programme and will need to be the foundation for models of care in the future;

- The principles and methodologies that have been adopted by the South Wales Programme for the purpose of this programme have been extremely effective and must continue to facilitate joint service planning and delivery across South Wales and South Powys in the future;

- Health Boards must describe more clearly the developments in primary, community and social care that will underpin new models of acute care in the future. This must happen at the same time as any changes in hospital services and may benefit from a South Wales and South Powys perspective;

- The NHS in Wales is committed to delivering safe and sustainable services, as locally as possible. For many services this may mean that nothing will change, however for some services, concentration on a smaller number of hospital sites will be essential to deliver best outcomes for patients. Health Boards have committed to the fact that all our hospitals will continue to play an important role in the overall system of healthcare in South Wales and South Powys. The importance of local access, particularly for the frail and elderly in our communities, has been reinforced by the consultation responses received and will form an important part of local service models as we move forward. We will not be losing any of our A & E departments but there will be changes in what is delivered in some of those departments;

- There is absolute recognition that health boards must work together to deliver sustainable services that meet clinical standards and that no community becomes isolated in trying to develop independent solutions that have detrimental impacts on the whole system;

- The role of the Welsh Ambulance Services NHS Trust (WAST) in providing pre-hospital care, the safe and effective streaming of patients and supporting the new pattern of services across South Wales and South Powys is crucial. LHBs will work with WAST to develop and agree the most appropriate clinical pathways for patients;

- The clinical reference groups, established from membership across all partner organisations, have been extremely powerful in generating evidence for change and establishing cross-organisational thinking about the future shape of local services;

- Throughout this Programme has been open about the specific pressures on medical staffing that underpin many of these specialist services and the need to reconfigure services so that we can improve medical training and recruitment for the future. We also know that there are clear opportunities for us to put our services in South Wales and South Powys on a firmer and more flexible footing by being innovative and developing new and advanced roles
for Nurses and Allied Health Professionals to work as part of the wider clinical team to deliver high quality services. It will take some time to train and accredit staff with these new skills and we need to act quickly to ensure these roles are developed so that we can maximise the opportunity for delivering local services;

- The NHS in Wales has an extremely positive track record of implementing pathways for complex and “major acute” care that improves patient outcomes. The key to any future model of care is the need of the individual patient being put at the heart of the decision-making and this must continue to be the founding principle for future service delivery;

- The consultation has confirmed the strategic importance of Prince Charles Hospital (PCH) in preserving access to services for the residents of South Powys and the wider heads of the valleys communities. Recognising some of the critical mass challenges this hospital faces, health boards will accelerate the network arrangements requiring support from both the South Central and South East Networks in delivering services in Prince Charles Hospital in the medium and long-term

11. RECOMMENDATIONS

The Programme Board has made a number of recommendations for consideration and agreement by LHBs and endorsement by WAST.

1. New systems of care which network hospitals and their services more firmly together must be developed to strengthen the delivery of services across the whole of South Wales and South Powys. This will allow all the skills, expertise and facilities within that network to be maximised to the benefit of all patients. The Welsh Ambulance Services NHS Trust will be an important partner in the development and success of the new arrangements, particularly in delivering pre-hospital assessment and care and ensuring that when patients require hospital care, they are conveyed to the most appropriate facility;

2. Three such networks or alliances should be established for the wider South Wales area (including Hywel Dda) based around three “major acute” centres at Morriston Hospital, UHW and the SCCC (when built). These alliances will need to develop new systems of governance to ensure that clinical and financial accountabilities are appropriately ascribed and that clinical services are safely delivered. It is recognised that there will need to be continuing engagement with stakeholders as these alliances develop;

3. In recognition of the need to balance the risks (as articulated by, amongst others, the National Clinical Forum) associated with a greater
number of centres providing these services with a clear public preference to maintain access in as many places as possible, it is recommended that the key services affected, namely specialist accident and emergency, inpatient paediatrics, neonatal services and consultant-led maternity services should be located on 5 sites;

4. Following the engagement and consultation exercise, Option 3 (University Hospital of Wales Cardiff; Morriston Hospital, Swansea; the planned Specialist Critical Care Centre, Cwmbran; Prince Charles Hospital, Merthyr Tydfil and Princess of Wales Hospital, Bridgend) is the recommended starting point for the transition to three alliances. This represents the start of a process of closer joint working across Health Boards to deliver new models of care that create sustainable services in the longer term. In order to develop a transition and implementation plan, our planning assumptions include the following:-

- 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.

5. The South Wales Programme Clinical Reference Groups will be maintained, and others will be established, to ensure clinical leadership remains at the heart of service redesign;

6. Where the evidence points clearly to improved outcomes for patients, and where proper engagement has occurred to ensure a shared understanding of clinical benefits, the principle of clinical pathways determining location of treatment will be extended across other services. All current and future decisions made about service
reconfiguration will be consistent with the alliance model and the joint arrangements that will be established to strengthen local service delivery;

7. On the basis of the operational and workforce requirements, some changes will need to be made urgently and certainly ahead of the development of any potential capital solutions, Local Health Boards and the Welsh Ambulance Services NHS Trust will work together to develop a transition and implementation plan that ensures continuity of service delivery during the transition to the networked arrangements. This transition and any urgent change required should be consistent with Option 3;

8. The NHS in Wales will work with the Wales Deanery to align the allocation of trainees to the alliances so that education can be optimised - delivering an effective blend of learning across the full range of health services;

9. Health Boards will work together urgently to collectively commission training providers to develop and deliver advanced practitioner roles locally to support the implementation of the new service models;

10. Health Boards and NHS Trusts will work together to develop new systems that facilitate cross-organisational working for clinical staff whilst preserving clear lines of governance and accountability to employers;

12. TRANSITION AND IMPLEMENTATION

In supporting transition and implementation, it is recognised that not all changes can and need to happen at the same time. There has been a very clear view from our clinical leads that in the future these specific services need to be located on the same sites. However, as we develop transition plans for the next 12 months there will inevitably be a need to move services, potentially at different times, based on the most acute staffing pressures. As we reduce the number of specialist sites, we will use the transition plan to specify this clearly and with associated timescales.

The transition plans will require flexibility to ensure that specific sites where activity will grow (e.g. obstetric services at UHW) have enough time to ensure that the physical infrastructure needed is in place to accommodate the increased patient flow.

As part of the alliance arrangements, and in advance of the opening of the SCCC, Aneurin Bevan Health Board, Cwm Taf Health Board and Powys Health Board will
need to work together to sustain services particularly in relation to the Heads of the Valleys and South Powys populations.

Transition arrangements need to be implemented safely, noting existing pressures on services that have remained difficult and at times acute throughout the whole of this engagement and consultation period. There needs to be a pragmatic approach but one which ensures that there is sufficient clarity to allow trainee placements for August 2014 to be confirmed, within the context of allocating trainees to the new emerging networks rather than individual Health Boards.

The Programme Board has committed to ensuring that a high level of activity in these specific services should continue to be provided locally e.g. midwifery led care, minor injuries services, acute medicine and local paediatric assessment services. The implementation plans need to demonstrate that this commitment is met and that by moving into this implementation stage, we ensure that appropriate activity is safely accommodated within those hospitals most directly affected.

In order to implement these arrangements speedily and in a cost effective way, existing hospital accommodation will be used to maximum effect. Given the constraints on space and capacity and the cost and lead time for capital investment, there is a recognition that space will need to be freed up for services which are expanding on the five sites and this might only be achieved by moving services between hospitals.

There may also be the need to transfer other services between sites and this will form part of the transition and implementation plan and fulfil our commitment to reciprocity

A framework to guide the transition and implementation of service change will be developed and agreed to avoid confusion and ensure the safe delivery of services in the interim period.

Parallel work and further stakeholder engagement on the development of Acute Care Alliances will be initiated describing the future collaborative arrangements between Local Health Boards and WAST across South Wales and South Powys in delivering safe and sustainable services.

13. COMMUNITY HEALTH COUNCILS

The Welsh Government “Guidance for Engagement and Consultation on Changes to Health Services” (March 2011) sets out the role of community health councils in the engagement and consultation arrangements.

The ‘Community Health Councils (Constitution, Membership and Procedures)(Wales) Regulations 2010 state that health boards have ‘a statutory duty to involve the CHC in the planning of services and the development and consideration of proposals for changes” (para 27(1)(a) and (b)).
Relationships with CHCs are strong across the South Wales Programme partners. At a regional level liaison has been coordinated through the South Wales Programme and at a local level between the individual health boards and the partner CHC. In moving towards a recommendation by the Programme Board and decision making by the health boards, the process and timescales were discussed frequently with the CHCs and with reference to the Welsh guidance. The CHCs confirmed their satisfaction with the consultation process and that it has complied with the Welsh Government guidance.

Paragraph 41 of the Welsh guidance sets out that ‘at the end of the consultation the CHC should have the opportunity to consider all comments received and record its own observations on them’.

Each of the CHCs – Abertawe Bro Morgannwg, Aneurin Bevan, Brecknock and Radnor, Cardiff and Vale and Cwm Taf - met during the week commencing 25th November 2013. The outcome of their meetings and their observations on the consultation response have been reported to their respective health boards and will be taken into account by the health board alongside the recommendations of the Programme Board as detailed within this report.

14. ACTION REQUIRED

Each of the partner health boards to the South Wales Programme is asked to:

CONSIDER the content of this report and the recommendations of the South Wales Programme Board;

CONFIRM its support for the longer term vision described in the report, to develop a network of acute hospitals across South Wales and South Powys formed by three alliances;

DETERMINE its decision in respect of the recommendations for the future configuration of consultant-led maternity and neonatal care, inpatient children’s services and emergency medicine (A&E) for South Wales and South Powys.

The Welsh Ambulance Services NHS Trust is asked to consider and confirm its support to the recommendations from the Programme Board.