AGENDA ITEM 1.13

SOUTH WALES PROGRAMME UPDATE

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Financial impact  Change in financial flows between organizations

Quality, Safety, Patient Experience impact  Delivery of safe and sustainable services to the population of South Wales

Healthcare Standard Number  1,7 and 8  CRAF Reference Number  2.4

Equality Impact Assessment Completed:  Yes

RECOMMENDATION

The Board is asked to:

• NOTE the progress made towards implementing the agreed South Wales Programme changes

• AGREE the next phase of implementation of the South Wales Programme

SITUATION

This paper provides an update to the Board on the implementation of the South Wales Programme.

BACKGROUND

Following a detailed options appraisal and extensive public engagement and consultation process, the outcome of the South Wales Programme was confirmed in March 2014. Paediatric, obstetric, neonatal and Emergency Unit services would be concentrated at five sites, namely UHW, Morriston, Specialist Critical Care Centre, Prince Charles Hospital and Princess of Wales Hospital. It was agreed that implementation would be progressed through an Acute Care Alliance (‘ACA’) network. Together with Cwm Taf Health Board and Princess of Wales Hospital, the UHB is part of the South Central ACA. The South Wales Health Collaborative arrangement remains in place to drive the next phase of the South Wales Programme, focusing largely on acute medicine and surgical services.
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ASSESSMENT

At the meeting held on 9 September 2014, the UHB Board considered and approved the governance arrangements to implement the South Wales Programme. These arrangements have been established as follows:

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<th>Cardiff and Vale</th>
<th>South Central</th>
<th>Collaborative</th>
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<tr>
<td>UHB Board</td>
<td>ACA CEO Delivery Group Meeting</td>
<td>South Wales Health Collaborative Board</td>
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<td>South Wales Clinical Change Programme Group</td>
<td>ACA Implementation Leads</td>
<td>ACA Executive Steering Group</td>
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The UHB’s Chief Executive chairs the ACA Delivery Group meeting and attends the South Wales Health Collaborative Board. The UHB’s Director of Planning has been nominated as the interim South Wales Programme Lead Executive and attends regular meetings of the ACA Implementation Leads and Executive Steering Group.

A South Wales Clinical Change Programme Group has also been established within the UHB to provide overall leadership and to oversee implementation of the plans.

A closing Stage 3 Equality Impact Assessment has been completed which describes how Health Boards made the final decision on the South Wales Programme and the steps taken to show how they complied with their duty to show due regard to equality. The documents notes that the process was “rigorous and robust” and that the South Wales Programme met its obligations and is able to “demonstrate fully that due regard has been given.”

Planning work to implement the agreed changes is underway and a programme manager has commenced to develop detailed implementation plans. Workforce challenges in the short term are accelerating the pace of change and some interim arrangements will be required until the agreed plans can be fully implemented. The UHB’s clinicians are playing a key role in developing these plans.

The UHB is working closely with colleagues at the Community Health Council (‘CHC’) and has set up monthly meetings to ensure effective and continuous engagement. Joint meetings with neighbouring CHCs are also being established.

Implementation of the interim arrangements and the agreed South Wales Programme changes will necessitate a change in financial flows. The programme will also require some significant capital developments. A collaborative financial work stream group has been established to consider how this will work in practice.

The South Wales Health Collaborative has commenced a review of acute medical and surgical services in the region. This considers how these services could be
configured across the region. Any future changes to the configuration of these services will require effective collaborative working to ensure that there are clear protocols in place to repatriate patients closer to their home when it is clinically appropriate. The UHB will also need to consider the benefit of some services moving off the UHW site. This work will dovetail into the UHB’s clinical services strategy work and the estates master plan that is being developed in response to the changes we will need to make over the coming years. The key milestones are reflected in the IMTP.

The South Central ACA CEO Delivery Group has given support to exploring a proposed new service model to deliver ear, nose and throat services across the region. The agreed next steps are to initiate discussions with CHCs, complete an initial Equality Impact Assessment and undertake modelling to explore the impact of the proposed changes on patients and hospital sites.

A Gateway Review is being undertaken which is focusing on implementation planning and governance arrangements.