



**PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL**  
**STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	25 April 2024
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Implementation Project Plan for Urgent and Emergency Children and Young People's Services (Paediatrics) at Withybush and Glangwili Hospitals Update, April 2024
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Keith Jones, Director Secondary Care Andrew Carruthers, Executive Director of Operations
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Lisa Humphrey, General Manager Women & Children Nick Williams-Davies, Service Delivery Manager- Acute Paediatric and Neonatal Services

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

In January 2024, the Health Board received a paper which set out the steps of the implementation plan in relation to the development of paediatric services at Withybush and Glangwili Hospitals. This follows the decision taken by the Health Board in November 2023 to implement Option 1, following extensive consideration of the consultation findings.

For clarification, Option 1 was described within the consultation as the option which builds on the service currently being provided following the temporary measures introduced in 2021 due to COVID-19:

- The Paediatric Ambulatory Care Unit (PACU) model would remain at Glangwili Hospital (GGH), with no PACU at Withybush Hospital (WGH). Having no PACU at Withybush Hospital means a child with an acute illness (an illness needing assessment) requiring admission (an overnight stay) would be treated at the 24-hour inpatient unit at Glangwili Hospital.
- Booked outpatient appointments (for children not needing immediate assessment, an overnight stay, or for those without longer term conditions) at Withybush Hospital will be available as part of Option 1. This is in addition to a Rapid Access Clinic, a service which enables children and young people who have been referred by a GP/Emergency Department (ED) for non-emergency care, to be seen by a paediatrician at Withybush Hospital within 72 hours.

This paper will provide an update to the Strategic Development and Operational Delivery Committee (SDODC) in relation to this programme of work.

**Cefndir / Background**

An Implementation Project Plan has been developed which sets out how Hywel Dda University Health Board (HDdUHB) will manage the implementation of the chosen option and responds to

the Board's considerations in making their decision in November 2023. The Project Plan sets out the following:

### **Section 1: Introduction and Background**

This section sets out:

1. The option which will be implemented (Option 1) with details on the additional features requested by Board relating to:
  - Environment in Glangwili Emergency Department (ED) and its appropriateness for children
  - Staff training
2. The status quo.

### **Section 2: Assumptions**

This section sets out the assumptions used to develop the Implementation Project Plan.

### **Section 3: Governance**

This section sets out how the implementation of the chosen option will be managed, including decision making, issues, risks and assurance. Details are also included regarding the key work streams that will be established to support implementation.

It is proposed that:

- The implementation will be managed operationally through Operational Planning Governance and Performance (OPGP).
- SDODC will monitor delivery of the implementation on behalf of the Board.
- Updates will be provided to Board through the Clinical Services Plan (CSP) updates.

### **Section 4: Public / Patient Task and Finish Group**

This section provides an outline of the scope of the Task and Finish Group, some key deliverables and details of progress to date.

### **Section 5: Clinical Model Task and Finish Group**

This section provides an outline of the scope of the Task and Finish Group, some key deliverables and details of progress to date. Membership for this group includes Informatics representation to ensure alignment with the Digital agenda and the involvement of Primary Care, particularly General Practitioners (GPs).

### **Section 6: Enablers Task and Finish Group**

This section provides an outline of the scope of the Task and Finish Group, some key deliverables and details of progress to date.

### **Section 7: Risks**

This section provides detail on how risk will be managed during implementation and provides details around some key high-level risks.

### **Section 8: Benefits Plan**

This section provides details on the development of a Benefits Plan for the implementation phase.

### **Section 9: Next Steps – Action Plan**

This section contains some key deliverables for implementation.

### **Asesiad / Assessment**

Significant operational pressures within the wider Health Board system have resulted in some delays in the ability to progress this piece of work at pace. However, the following areas of progress have been made:

- Baseline assessment of current demand and capacity has been completed (and trajectories for increased activity) identified;
- Formal estates assessment and costing of Puffin Ward decommissioning and refurbishment has been completed;
- Assessment and identification of transportation opportunities and pathways has been completed - this will be reviewed (in terms of accessibility and sufficiency) as the implementation plan progresses.
- The Director of Secondary Care has been assigned as Senior Responsible Officer (SRO) and the General Manager as Project Director. The Project Lead role will be undertaken by the Service Delivery Manager.

The need for Project Management Support has been identified as this is not currently held as a resource within the Directorate. The role of the Project Manager (PM) will be:

- To support the Establishment and project management of all work streams (as identified in the Implementation Plan);
- To manage the Governance reporting;
- Managing risk, decision and action log (clarified these are Programme risks not service risks (which will be managed by the service)).

It has now been confirmed (April 2024) that programme management support has been identified from within the Transformation Programme Office (TPO) for two days per week, though the Clinical Services Plan will remain the priority duty of the PM.

A meeting has now been scheduled with the PM and implementation leads for 18 April 2024 with the aim to confirm membership of the task and finish groups and to assign timescales to the work streams.

One further important consideration within this work relates to the availability of Puffin Ward at Withybush Hospital. As things are currently, Puffin Ward is unlikely to be available until October 2024, and so this is the current earliest opportunity for capital works to commence. An exit strategy to support the current occupancy of that ward environment will be needed to support the delivery of the consultation outcome.

#### Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to **NOTE** this update report.

#### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objectives 4 (The best health and wellbeing for our individuals, families and our communities) and 5 (Safe, sustainable, accessible and kind care), in accordance with the Board approved timescales, as set out in HDdUHB's Annual Plan.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1274: Pembrokeshire Paediatric Pathway (Acute and Emergency presentations at WGH)  793: Emergency care of Paediatric patients affecting WGH

Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	6a Clinical services plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	8. Transform our communities through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Contained within the body of the report.

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Financial considerations have been identified as part of the consultation - A Financial oversight (supported by a task and finish group) will be reported as part of a service implementation.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	A Quality Impact Assessment has been developed and will be updated as part of service implementation.

<b>Gweithlu: Workforce:</b>	Workforce considerations have been identified as part of the consultation - A workforce plan (supported by a task and finish group) will be developed as part of a service implementation.
<b>Risg: Risk:</b>	A risk log will be developed as a part of the implementation plan
<b>Cyfreithiol: Legal:</b>	No known risk
<b>Enw Da: Reputational:</b>	No known risk
<b>Gyfrinachedd: Privacy:</b>	No known risk
<b>Cydraddoldeb: Equality:</b>	EqlA screening and assessment has been completed as a part of options appraisal. This will be updated (and Quality Impacts identified) as a part of implementation

# Emergency Paediatric Service at Withybush General Hospital and Glangwili General Hospital

## Implementation Project Plan January 2024



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## Contents

	Page no
Section 1: Introduction and Background	4 - 6
Section 2: Assumptions	7
Section 3: Governance	8–10
Section 4: Public / Patient Task and Finish Group	11 -12
Section 5: Enablers Task and Finish Group	13
Section 6: Clinical Model Task and Finish Group	14
Section 7: Risks	15
Section 8: Benefits Plan	16
Section 9: Next Steps – Action Plan	17 - 18



## Section 1: Introduction and Background

Following a public consultation held between 26 May and 24 August 2023 that invited the public, health board staff, partner organisations and the broader community to share their views on three potential options for the future of urgent and emergency Paediatric Services at Withybush and Glangwili Hospitals.

Board members on 30 November, following extensive consideration of the consultation findings that were independently collated and analysed by Opinion Research Services (ORS) as well as Equality Impact assessments, the scoring of the options by stakeholders and feedback from the conscientious consideration process reached a decision to proceed with Option 1, with an Implementation Project Plan to be developed and presented at Board in January 2024 to consider the following:

- Workforce
- Travel, Transport and accessibility
- Digital agenda
- Involvement of Primary Care , particularly GP's
- Environment in Glangwili ED and it's appropriateness for children
- Staff training
- Communication and engagement plan

Details of the Board's decision along with the consultation findings and all other considerations can be found [here](#).

The consultation process for the selection of an option for the future provision of urgent and emergency services for children and young people at Withybush and Glangwili Hospital has achieved Best Practice Quality Assurance accreditation from the Consultation Institute.

### What is Option 1:

Option 1 was described within the consultation as the option which builds on what is currently being provided following the temporary measures introduced in 2021 due to COVID-19.

- The PACU model would remain at Glangwili Hospital, but with no PACU at Withybush Hospital. Having no PACU at Withybush Hospital means a child with an acute illness (an illness needing assessment) requiring admission (an overnight stay) would be treated at the 24-hour inpatient unit at Glangwili Hospital
- Booked outpatient appointments (for children not needing immediate assessment, an overnight stay, or for those without longer term conditions) at Withybush Hospital will be available as part of option 1. This is in addition to a Rapid Access Clinic, a service which enables children and young people who have been referred by a GP/emergency department (A&E) for non-emergency care, to be seen by a paediatrician at Withybush Hospital within 72 hours
- Minor Injury Unit for under 16s at both Glangwili and Withybush Hospitals
- Emergency care (accident and emergency) for under 16s still provided at Glangwili Hospital
- No overnight / weekend paediatric care at Withybush Hospital
- Children's services at Glangwili Hospital would remain as they are, with investment in staffing the PACU model in Carmarthen to permanently support the treatment of children and young people who would have previously attended Withybush Hospital
- Procedures are in place to ensure children and young people arriving at Withybush Hospital with a critical condition have the best care at the most appropriate location
- Dedicated Ambulance Vehicle (DAV) supports the emergency / urgent transfer of children and young people from Pembrokeshire to Glangwili Hospital
- Improved telephone/digital links between Pembrokeshire GP surgeries and paediatric staff at Withybush Hospital

## Section 1: Introduction and Background

### Additional Features:

The Board's decision on the 30 November also asked for the chosen option to be expanded to include the environment at Glangwili's Emergency Department and staff training, these elements were described within the consultation as **additional features** for Option 3 as follows:

- The emergency department (A&E) at Glangwili Hospital would offer an enhanced service and give children and young people an improved experience on arrival, for example, via a dedicated waiting area
- Emergency department (A&E) staff at Withybush and Glangwili hospitals would receive additional training to treat children and young people in cases where a review by a consultant paediatrician is not immediately required.
- Additional training would be provided to paediatric staff (based in the PACU) at Glangwili Hospital to manage emergency department (A&E) activity differently. This could include improving the initial assessment for children and young people on arrival at accident and emergency, improving the experience for emergency cases, and ensuring they are dealt with appropriately (including through rapid review by the paediatric team)

### The Status quo :

- Minor Injury Unit for under 16s operates from both Glangwili and Withybush Hospitals
- Emergency care (accident and emergency) for under 16s is provided at Glangwili Hospital
- Procedures are in place to ensure children and young people arriving at Withybush Hospital with a critical condition have the best care at the most appropriate location
- Dedicated Ambulance Vehicle (DAV) supports the emergency / urgent transfer of children and young people from Pembrokeshire to Glangwili Hospital
- Following the temporary closure of the PACU at Withybush Hospital in March 2020 also known as Puffin Ward, some Planned Care outpatient and Rapid Access Clinic activity has been maintained within the Child Health portacabin at the Withybush Hospital site
- The Child Health portacabin is over 30 years old and is in need of significant investment in order to upgrade, modernise and maintain the fabric of the building
- Paediatric activity is currently managed within 4 consultation rooms in the Child Health portacabins, situated at Withybush Hospital
- Outpatient activity is managed across the 5 day week, there is no evening or weekend activity
- Rapid access activity is managed across 4 days of the week, there is no evening or weekend activity
- Each room is managed by a centralised booking diary and controlled by administrative staff
- General and specialist paediatric Outpatient clinics supported through the clinic rooms include:
  - General paediatric (new & follow up) appointments
  - Specialist clinics (e.g. Diabetes, Cardiology, Allergy, Gastro etc.)
  - Nurse led interventions: bloods, heights and weights
  - Community paediatric clinics (new & follow up)
  - In the 2022/2023 financial year, there were a total of 2802 outpatient appointments held at Withybush. This equates to 67 per week on average.
  - Rapid Access clinic runs over 4 days (not operational on a Wednesday) and supports approximately 16 - 24 patients per week. This equates to an average of 840 patients per year.

## Section 1: Introduction and Background

### The Status Quo (cont.)

#### Staffing provision- Withybush Hospital current model

	Currently in post (WTE)
Paediatric consultant	2.5
Senior sister Band 7 (oversees GH &WH Outpatients)	1
Junior sister Band 6 (Works across GH &WH Outpatients)	1.61
Register Nurses Band 5	1.32
HCSW Band 2	1.4
Ward Clerk Band 3	1
<b>TOTAL</b>	<b>8.83</b>

#### Glangwili Hospital emergency department waiting area

There is currently no dedicated paediatric waiting area within the emergency department at Glangwili

#### Staff Training

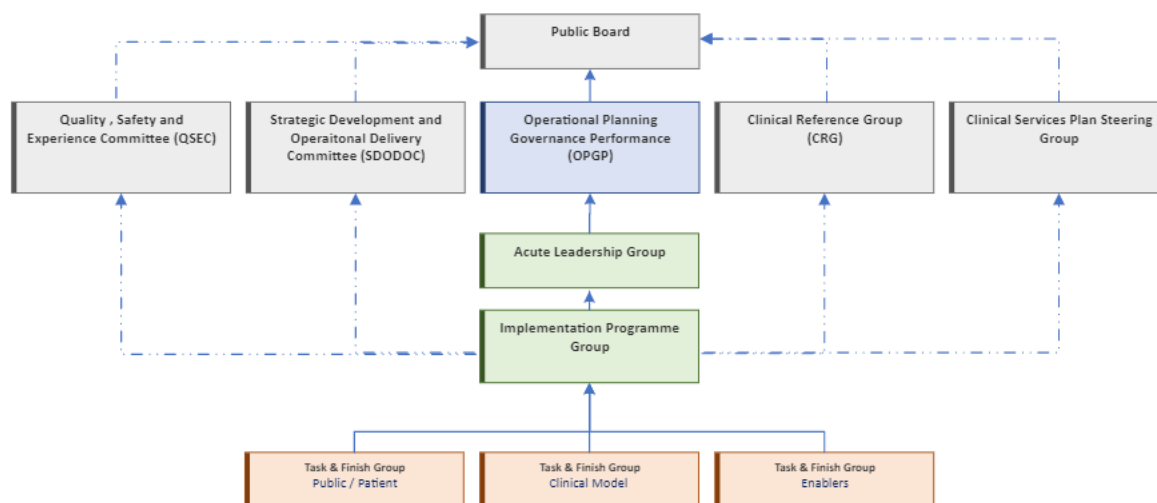
Current staff training for emergency department Staff and paediatric staff (based in the PACU) at Glangwili Hospital is identified as part of an annual training plan, any training identified in relation to the outcome of the Consultation would be in addition to this

## Section 2: Assumptions

The Implementation Project Plan has been developed based on the following assumptions, any variances to the assumptions may impact the operationalisation of the chosen option.

Assumptions
Capital delivery funding will be sought through the Discretionary Capital fund in April 2024 (and subject to an application process)
Revenue funding will be sought through the IMTP financial planning process in 2024/25 (and subject to an application process)
Ability to successfully recruit into vacant posts
Clinical staff are supported to provide clinical leadership for the implementation of the chosen option
A suitable space will be provided for at Withybush Hospital within the ward configuration plans following the emergency RAAC work

## Section 3: Governance



1. The implementation of Board's chosen option will be overseen by the **TBC** , supported by the Senior Responsible Officer, the General Manager Women and Children's Directorate
2. An Implementation Programme Group for the Emergency Paediatric Service has been set up to support implementation, reporting to the Acute Leadership Team

The Implementation Programme Group will consist of:

- Senior Responsible Officer: General Manager Women and Children's Directorate
- Programme Lead: Service Delivery Manager – Acute Paediatric and Neonatal Services (Chair)
- Senior Nurse: Senior Nurse Paediatrics
- Outpatient Manager: Senior Sister PACU and Paediatric OPD
- Service EHIA and QIA Lead: Directorate Nurse Family & Child Health
- Clinical Lead: Consultant Paediatrician
- Consultant Paediatrician
- Project Manager: Service Manager, Acute Paediatric and Neonatal Services
- General Manager Withybush Hospital

3. Implementation will be managed operationally through Operational Planning Governance and Performance (OPGP)
4. Strategic Development and Operational Delivery Committee (SDODOC) will monitor delivery of the implementation and updates will be provided to Board through the Clinical Service Plan updates
5. The Implementation Programme Group will report issues, risks, and matters to provide assurance to QSEC, SDODOC, OPGP and Clinical Services Plan Steering Group in relation to the Clinical Pathways with advice sought from the Clinical Reference Group (this group is yet to be established).
6. The Implementation Programme Group will report issues, risks, and matters which require assurance in relation to Quality, Safety and experience to the Quality, Safety and Experience Committee (QSEC)

## Section 3: Governance

7. A number of task and finish (T&F) groups will be established (as required) to support the Implementation Programme Group. These include:

### I. Public / Patient Task and Finish group

This group will take account of:

- Travel, Transport and Accessibility
- Communication & Engagement
- Equality Health Impact Assessment (EHIA)
- Quality Impact Assessment (QIA)

Proposed membership as follows:

- Directorate Nurse Family & Child Health (Chair)
- Transport Development Manager
- Transport and Travel coordinator
- WAST representative
- Senior Diversity and Inclusion Officer
- Directorate Nurse Family & Child Health
- Senior Communications Officer
- Engagement Manager
- Llais representative
- Trade Union representative
- Senior Diversity and Inclusion Officer
- Service Delivery Manager – Acute Paediatric and Neonatal Services

### II. Clinical Model Task and Finish group

This group will take account of:

- clinical pathways for implementation in conjunction with interdependent service

Proposed membership as follows:

- Clinical Lead: Consultant Paediatrician (chair)
- Consultant Paediatrician (vice chair)
- WAST representative
- Withybush Hospital Consultant in Emergency Care
- Glangwilli Hospital Consultant in Emergency Care
- GP representation
- Project Manager Workforce Planning
- Health Records Manager
- Senior Sister PACU and Paediatric OPD
- Practice Development Nurse
- Service Delivery Manager – Acute Paediatric and Neonatal Services
- Head of Digital Operations
- Consultant Anaesthetist (Pembrokeshire)

## Section 3: Governance

### III. Enablers Task and Finish group

This group will take account of:

- Capital requirements of implementation
- Revenue requirements of implementation
- Workforce aspects of implementation

Proposed membership as follows:

- Service Delivery Manager, Acute Paediatric and Neonatal Services (chair)
- General Manager Women and Children's Directorate
- Senior Nurse Paediatrics
- Project Manager Workforce Planning
- Workforce Manager (recruitment)
- Trade Union representative
- Finance Business Partner
- Assistance Head of Workforce
- Discretionary Capital Project Manager
- Senior Project Manager Informatics
- Capital Programme Manager Planning
- Service Delivery Manager Glangwili Emergency Department



## Section 4: Public / Patient Task and Finish Group

### The scope of the work will include:

- Development of a QIA
- Development of a EHIA for the chosen option. The EHIA will build on the EQIA which is currently in place
- Review current transport provision and services available for paediatric patients attending Withybush Hospital and Glangwili Hospital from Pembrokeshire including return journeys
- Explore further opportunities to enhance accessibility of services and provide mitigations for the Equality Health Impact Assessment (EHIA)
- Development of a Communications and Engagement plan for implementation plan development:

Our approach to communications and engagement will build upon the activities undertaken during the consultation on the future of urgent and emergency paediatric services at Glangwili and Withybush hospitals that sought to inform and engage service users, staff, and our communities. Following the Board's decision to implement Option 1 in the paediatric consultation, the communication and engagement plan will seek to inform stakeholders about the change and the scope of new services. We will aim to ensure that all relevant stakeholders, including our staff, primary care colleagues, parents and carers, and our broader community, are informed and aware of the changes and how they will affect them. While the detail of our communication and engagement plan will need to evolve to reflect the project plan, we intend to achieve the following activities in early 2024.

### Stakeholder mapping and communication approach:

To effectively communicate these changes, we will revisit existing stakeholder mapping. This will enable us to tailor our communication approach according to their needs. We will develop communication materials that address the concerns and questions of our stakeholder groups and ensure that our messages and materials are accessible to the different needs of our audiences.

### Communication methods and target audience:

To reach a wide range of stakeholders, we plan to utilise various communication methods. For example, we will create engaging and child-friendly/easy to read content, such as videos that illustrate how the new service works, especially in emergency situations. These videos will be designed to inform parents, carers, and the broader youth community about what to expect and how to access the service in different scenarios.

Additionally, we will incorporate case studies that highlight successful experiences with the new services. Collaborating with clinical staff, we can identify patients and their families who have experienced the paediatric pathway and share their stories to provide reassurance and build trust among our patients.

We will also employ a variety of methods to cascade that information including digital screens, social media platforms, press advertisements, and letters sent home through schools to ensure maximum reach and engagement. The communication will emphasize our target audience's understanding of the most appropriate actions to take should a young person be taken ill or experience an accident, to try and ensure they follow the pathway to attend the location which will quickly and successfully meet their health needs.



## Section 4: Public / Patient Task and Finish Group

### The scope of the work will include (cont):

#### Continuous communication and engagement:

We will continue to update stakeholders on an ongoing basis to share information about how individuals can access the service, address any concerns, provide updates, and ensure consistent communication. We will continue our strategic partnership with Llais for feedback on our efforts. Communications will not only focus on provision of information about access to services at Withybush but also share how paediatric services are provided at other locations, including our acute sites and through primary care providers.

To enhance the patient experience, especially for children and young people, we will involve them in the process. The Engagement Team will review existing feedback from children and young people to extract their views on how best to achieve this. For example, by assessing their input on what could make them feel comfortable and at ease ahead of needing to access the services

Our approach involves developing tailored communication materials, utilising a variety of channels, and engaging with stakeholders in an ongoing manner. By addressing the specific needs of our various stakeholder groups, we aim to ensure a smooth transition and successful integration of the new services.

#### Progress to date:

- Review of current transport provision is underway
- Initial meeting has taken place to scope the requirements for the EHIA between the Service and the Diversity and Inclusion team

#### The deliverables for the Public / Patient Task and Finish Group include:

- Review of current transport provision
- Exploration of accessibility mitigations for the EHIA
- Development of a QIA
- Development of an EHIA
- Development of a Communication and Engagement Plan that supports the project delivery and service change. This will evolve as the project plan and operational delivery progresses.

#### Next steps:

- Terms of Reference established and membership to be agreed
- Deliverables to be agreed
- Any additional resource requirements identified

## Section 6: Enablers Task and Finish Group

### The scope of the work will include:

- Identify location at Withybush Hospital
- Agree the specifications for the new facilities
- Secure Capital funding
- Manage the delivery of the Capital works programme Withybush Hospital
- Manage the delivery of the Capital works programme at Emergency Department Glangwili Hospital
- Manage the delivery of the Digital works programme
- Application through the 2023/24 IMTP financial planning process for the allocation of additional budget into the Paediatric directorate to substantiate the services agreed by the consultation process
- recruitment of additional posts (identified though the Clinical Pathways Task and Finish Group)
- management of internal organisational change in line with Organisational Change Policy (OCP) (if required)

### Progress to date:

#### Capital Funding:

As part of the current pre commitments for 2024/25 a provisional sum of £200k has been allocated from Discretionary Capital Funding for this project, this will need to be reviewed once final project costs have been calculated. If the full costs, including Digital, exceed £200k then this will mean a reprioritisation of capital priorities for 2024/25

#### Capital works programme Emergency Department Glangwili Hospital:

Initial meeting took place on 8 December 2023 with the General Manger (Glangwili Hospital) and Service Delivery Manager from Glangwili Emergency Department. An options appraisal is being developed which will look at risks, issues and relevant guidelines

#### Indicative timelines for recruitment have been provided:

- Recruitment of an additional substantive consultant would take between 3 and 5 months
- All other posts could be recruited into within 1 month and 3 months

### The deliverables for the Enablers Task and Finish Group include:

- Identification of location at Withybush Hospital
- Agree the specifications for the new facilities
- Identification of additional capital funding requirements
- Secure capital funding
- Capital works complete, clinical area handed over to service
- Emergency Department Glangwili Hospital , dedicated Paediatric waiting area operationalised
- Identification of additional revenue funding requirements
- Secure additional revenue funding
- Recruitment into additional posts
- Delivery of Organisational Change Policy (OCP) (if required)

### Next steps:

- Terms of Reference established and membership to be agreed
- Deliverables to be agreed
- Any additional resource requirements identified

## Section 5: Clinical Model Task and Finish Group

### The scope of the work will include:

- Review current outpatient service provision to enable additional booked outpatient services, Monday to Friday 9am – 5pm
- Develop pathways to enable improved access to clinics via a Rapid Access Clinic
- Develop pathways to manage emergency department (A&E) paediatric activity differently at Glangwili
- Advise on staffing to inform the workforce recruitment plan
- Develop staff training plan to provide additional training
- Develop opportunities to enhance clinical advice that is available to the DAV team

### Progress to date:

The Clinical Model Task and Finish group have their first meeting in early January

### The deliverables for the Clinical Model Task and Finish Group include:

- Enhanced outpatient service operationalised at Withybush Hospital
- Improved access to clinics via a Rapid Access Clinic operationalised at Withybush Hospital
- Implementation of revised emergency department (A&E) paediatric pathway at Glangwili
- Delivery of additional training

### Next steps:

- Terms of Reference established and membership to be agreed
- Deliverables to be agreed
- Any additional resource requirements identified

## Section 7: Risks

Any risk related to the implementation of the chosen option will sit on the Paediatric service Risk Register which will continually evolve and be reviewed. This will include consideration of the likelihood and impact of risks, as well as defining the control measures to mitigate risks as far as possible. High level risks include, but are not limited to, the following:

- Delay in a suitable location being made available at Withybush Hospital
- Inability to recruit into any identified vacancies
- Capital funding request not approved
- Revenue funding request not approved
- Impact on implementation timeline due to RAAC at Withybush Hospital
- Impact on implementation timeline due to Fire Protection Works at Withybush Hospital
- Suitable space is not identified to enable a dedicated paediatric waiting area within the Emergency Department at Glangwili

## Section 8: Benefits Plan

A Benefits Plan will be developed to support the implementation of the chosen option. The benefits plan will outline the proposed benefits and how this will be evidenced (i.e. how we will know if the benefit has been achieved?)

## Section 9: Next Steps – Action Plan

Some key deliverables for the implementation of the chosen option are listed below, these will be refined and a timeline for implementation produced following establishment of the Task and Finish groups, progress against the agreed timeline will be overseen by the Implementation Programme Group (further details can be found in section 3)

Deliverable	Responsibility
Review of current transport provision	Public / Patient Task and Finish Group
Exploration of accessibility mitigations for the EHIA	
Development of a QIA	
Development of an EHIA	
Development of a Communication and Engagement Plan	
Enhanced outpatient service operationalised at Withybush Hospital	Clinical Model Task and Finish Group
Improved access to clinics via a Rapid Access Clinic operationalised at Withybush Hospital	
Implementation of revised emergency department (A&E) paediatric pathway at Glangwili	
Delivery of additional training	
Identification of location at Withybush Hospital	Enablers Task and Finish Group
Agree the specifications for the new facilities	
Identification of additional capital funding requirements	
Secure capital funding	
Capital works complete, clinical area handed over to service	
Emergency Department Glangwili Hospital , dedicated Paediatric waiting area operationalised	

## Section 9: Next Steps – Action Plan cont.

Deliverable	Responsibility
Identification of additional revenue funding requirements	Enablers Task and Finish Group
Secure additional revenue funding	
Recruitment into additional posts	
Delivery of Organisational Change Policy (OCP) (if required)	