





## **Appendix 23: CHC Recommendations**

The table below shows the CHC Recommendations.

We have undertaken to update the CHC as to the status of the Recommendations and to navigate them to where they are addressed in the Programme Business Case.

## Recommendations

- 1. For all services we expect the University Health Board to ensure that no service change can take place which would lead to care that was less safe or of a lesser quality than existing services.
- 2. We expect the University Health Board to assure the public that no final decisions on removing specific services will be made until a fuller case is developed
- 3. We expect the University Health Board to engage and where necessary consult further with the public on specific changes as a clearer picture of how new services would run emerges
- 4. We expect the University Health Board to ensure that plans are in place that put GP practices in a better long-term position as systemic change is developed
- 5. We expect the University Health Board to make a clear commitment to placing transport at the heart of its strategic plans with a willingness to innovate, a clear understanding of need, and appropriate funding to meet those needs. Transport providers including third sector providers need to be closely involved with planning
- 6. We expect the University Health Board to prioritise the development of community services given the strategic importance of this change to making further hospital changes
- 7. We expect the University Health Board to demonstrate how it will achieve better integration with social care, the third sector and carers, working with them to help develop more detailed plans



- 8. We expect the University Health Board to show how it will monitor quality and safety experience of people's care comprehensively as care moves away from traditional hospital settings and into the community
- 9. We expect the University Health Board to demonstrate a clearer picture of how community services would work for the public, including the possible early development of a community hub to help achieve this
- 10. We expect the University Health Board to develop workforce plans that illustrate how the changes would be supported by enough appropriately qualified staff to ensure services would be sustainable and of high quality
- 11. We expect the University Health Board to make a clear commitment to continue a co-productive approach and build flexibility into its planning
- 12. We expect the University Health Board to give due consideration to the alternative proposal put forward and note the concerns of people in relation to Prince Philip and Amman Valley Hospitals
- 13. We believe the University Health Board should give due consideration to Lampeter as a community hub venue and that the strategic future of Bronglais Hospital needs to be set out in a detailed plan which shows Ceredigion people (whole catchment area of mid Wales) and those in neighbouring counties (Powys and Gwynedd) how the hospital will develop in coming years
- 14. Given the concerns we heard from people in Pembrokeshire feel that the University Health Board needs to carefully consider healthcare equity across all areas as it looks at developing draft plans further, linking with Conclusion 1 around maintaining safety and quality through service change
- 15. We think that the University Health Board should consider developing a community hub in the north west of Pembrokeshire
- 16. We believe that the University Health Board needs to show how delivering such large scale change will not impact on its day-to-day ability to manage current and future problems that may arise
- 17. We expect the University Health Board to be mindful of the importance of cross border issues as it develops its plans, for its own residents and those living in other health board areas who could be affected