



Ein cyf/Our ref ATISN 12962

8 March 2019

Dear ,

Thank you for your request to the Welsh Government for information under the Freedom of Information Act (2000) received on 8 February. I interpreted your request as:

- Correspondence (emails and letters) between the Welsh Government and Cwm Taf University Health Board relating to the quality and safety concerns and any actions taken in relation to the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives review undertaken between 15-17 January, commissioned by the Welsh Government into maternity services at Cwm Taf University Health Board.

I can confirm that the Welsh Government does hold the information meeting the description of your request and some of this information is enclosed. However, the remainder of the information held is considered exempt under section 22 of the Freedom of Information Act. This section states (inter alia):

1. Information is exempt information if -

(a) The information is held by the public authority with a view to its publication, by the authority or any other person, at some future date (whether determined or not)

(b) The information was already held with a view to such publication at the time when the request for information was made, and

(c) It is reasonable in all the circumstances that the information should be withheld from disclosure until the date referred to in paragraph (a).

I can confirm that the conditions under (a) and (b) are satisfied. The Minister for Health and Social Services stated in his written statement of 23 January 2019 that he intends to publish the final report of the review of maternity services in Cwm Taf by the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives in the spring. The final report will contain the information captured by your request.



For (c), the Welsh Government believes that it is reasonable in all the circumstances that the information should be withheld from disclosure until that time.

Publishing the requested information now would not reflect the information that will be published in the final report; it would be misleading and not present an accurate picture of the quality and safety concerns and the full actions taken in relation to the review. For that reason, we believe it is reasonable to maintain the original publication schedule so as to ensure the accuracy and integrity of the information.

Section 22 is also a public interest tested exemption. This means that in order to withhold information under it, it has to be shown that the public interest in withholding the information outweighs that in releasing it.

The Welsh Government acknowledges that there is a public interest in relation to the quality and safety concerns raised by the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives review of the health board's maternity services. As such there is a genuine interest in the public being able to understand the concerns raised by the review team and the actions that will be taken to mitigate these concerns.

Whilst we acknowledge there is a public interest, we believe disclosing information at this stage prior to the final report being published would be confusing and present a misleading and incomplete account of the review teams findings, without providing any context to the issues. It would therefore not be in the public interest to disclose information that has not been fully formulated and considered and could lead to people drawing inaccurate conclusions before the final report is published. Preparations for the planned service changes by the health board to their obstetrics, neonatology and paediatrics services are due to take place this year and any information disclosed without context to the findings could have a negative impact on the smooth transition of these changes.

Because of this, we believe the public interest in withholding outweighs that in releasing and that this information should be withheld under section 22 of the Act.

In addition, we have decided that some of the information captured by your request is also exempt from disclosure under Section 40(2) – Personal Information of the Freedom of Information Act. As a result you will see that this information is redacted in the attached. The reasons for applying this exemption are set out in full in Annex 1.

It should be noted that the amount of written correspondence is minimal due to Welsh Government officials having held a number of telephone calls and face to face meetings with Cwm Taf University Health Board in relation to the quality and safety concerns raised by the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives review of maternity services undertaken between 15-17 January. Officials continue to work closely with the health board to ensure that progress is being made with the immediate actions that have been put in place and that improvement is being made to ensure the safety of maternity services.

The written statement: An update on maternity service provision in Cwm Taf University Health Board, 23 January 2019 that is mentioned in the correspondence is regarded as exempt from release under s21 of the Freedom of Information Act - Information accessible to the applicant by other means.

The written statement can be found in the attached link:

<https://beta.gov.wales/written-statement-update-maternity-service-provision-cwm-taf-university-health-board-0>

If you are dissatisfied with the Welsh Government's handling of your request, you can ask for an internal review within 40 working days of the date of this response. Requests for an internal review should be addressed to the Welsh Government's Freedom of Information Officer at: Information Rights Unit, Welsh Government, Cathays Park, Cardiff, CF10 3NQ or Email: Freedom.ofinformation@gov.wales

Please remember to quote the ATISN reference number above.

You also have the right to complain to the Information Commissioner. The Information Commissioner can be contacted at:

Information Commissioner's Office,
Wycliffe House,
Water Lane,
Wilmslow,
Cheshire,
SK9 5AF

However, please note that the Commissioner will not normally investigate a complaint until it has been through our own internal review process.

The request you sent me contains personal information about you – for example, your name and address. I will only use this personal information in accordance with the Data Protection Act 1998 to deal with your request and any matters which arise as a result of it. I will keep your personal information and all other information relating to your request for three years from the date on which your request is finally closed. Your personal information will then be disposed of securely.

Any information released under the Freedom of Information Act 2000 or Environmental Information Regulations 2004 will be listed in the Welsh Government's Disclosure Log (at <http://wales.gov.uk/about/foi/responses/?lang=en>).

Yours sincerely,

Annex 1

Section 40(2) – Personal Information

Section 40(2) of the Freedom of Information Act (FOIA) sets out an exemption from the right to know if the information requested is personal information of someone other than the requester and is protected by the Data Protection Act 2018 (DPA).

Personal data is defined in Section 3(2) of the DPA as:

“Personal data” means any information relating to an identified or identifiable living individual

We have concluded that, in this instance, the information, names and contact details of Welsh Government staff and Cwm Taf University Health Board staff, amounts to the personal data of others than the person submitting the request.

Under Section 40(2) of the FOIA, personal data is exempt from release if disclosure would breach one of the data protection principles set out in Article 5 of the General Data Protection Regulations (GDPR). We consider the principle being most relevant in this instance as being the first.

The first GPDR principle.

This states:

.....that personal data shall be:

a) processed lawfully, fairly and in a transparent manner in relation to individuals;

We consider that the information highlighted falls within the description of personal data as defined by the DPA and that its disclosure would breach the first data protection principle.

Guidance from the Information Commissioner’s Office (Personal information (section 40 and regulation 13) v 1.4) states:

If disclosure would not be fair, then the information is exempt from disclosure.

This approach was endorsed by the Court of Appeal in the case of Deborah Clark v the Information Commissioner and East Hertfordshire District Council where it was held:

“The first data protection principle entails a consideration of whether it would be fair to disclose the personal data in all the circumstances. The Commissioner determined that it would not be fair to disclose the requested information and thus the first data protection principle would be breached. (paragraph 63).

In this instance, we believe the data subjects have no expectation that their personal information would be made public. The members of staff whose details are withheld are grades below that of the Senior Civil service and below a senior level within the health board and therefore with no public profile. Thus, we believe release of this information would be unfair and so breach the first data protection principle. For that reason, the information is being withheld under section 40(2) of the Freedom of Information Act. This is an absolute exemption and not subject to the public interest tests.

1. Covering Email

From: Redacted – s40 (2) (Cwm Taf LHB - Corporate Development) **On Behalf Of** Allison Williams (Cwm Taf UHB - Chief Executive)
Sent: 18 January 2019 12:55
To: Redacted – s40 (2) (HSS - Office of the Chief Nursing Officer) ; Goodall, Andrew (HSS - DG - NHS Wales Chief Executive)
Cc: Allison Williams (Cwm Taf UHB - Chief Executive); Redacted – s40 (2) (Cwm Taf LHB - Corporate Development)
Subject: RCOG Review Feedback Session 17 January 2019

Dear Andrew/ Redacted – s40 (2) (HSS - Office of the Chief Nursing Officer)

Please find attached list of immediate actions with indication of where we are as of 12.30pm.

Please excuse the brevity but I am keen to keep ploughing through the detail - we will provide a more detailed update by the end of this afternoon.

I am available on my mobile if you need to discuss further with me.

Thank you.

Allison

Mrs Allison Williams
Chief Executive/Prif Weithredydd

Redacted – s40 (2)



Redacted – s40 (2)

Business Support Manager/Executive Assistant to Chief Executive/Chair
Rheolwr Cymorth Busnes/Cynorthwydd Gweithredol i'r Prif Weithredwr/Cadeirydd

Cwm Taf University Health Board | Cwm Taf LHB Headquarters, Unit 3, Ynysmeurig House, Navigation Park | Abercynon | Rhondda Cynon Taf | CF45 4SN
Bwrdd Iechyd Prifysgol Cwm Taf | Pencadlys BIP Cwm Taf, Uned 3, Tŷ Ynysmeurig, Parc Navigation | Abercynon | Rhondda Cynon Taf | CF45 4SN

phone | ffôn :

Redacted – s40 (2)

Please consider the environment before printing this email
A wnewch chi ystyried yr amgylchedd cyn argraffu'r neges hon.

1a - Attachment

RCOG Visit – Immediate actions Update (status at 12.30 pm 18-01-19)

Actions already completed	<ul style="list-style-type: none">• Inform Healthcare Inspectorate Wales• Inform Cwm Taf CHC
Actions identified, agreed and in progress	<ul style="list-style-type: none">• Consultant cover for labour ward MUST BE PRESENT• Fragmented labour ward cover TO BE ALTERED FOR SAFETY• Inadequate support for trainees – particularly in RGH –TO BE RESOLVED• Consultant out of hours cover for labour ward now• NO 28 WEEK BABIES at RGH immediate change to 32 weeks which is standard practice• High usage of locums – no adequate clinical induction programme and all locums should be met by a consultant to ensure the clinical safety of the service• Rota management needs to be overseen by a lead consultant• Clear lists of protocols / triggers/ guidelines
Actions to be agreed before end of today	<ul style="list-style-type: none">• Governance arrangements to support safe practice• Support for newly recruited midwives• High risk pregnancy clinic - consultant attendance• Review escalation processes and any capacity triggers for transfer to other health boards• Staff communication• Stakeholder communication• Proactive and reactive media strategy

2. Covering email

From: Redacted – s40 (2) (Cwm Taf UHB - Corporate Services)

Sent: 18 January 2019 17:22

To: Redacted – s40 (2) (HSS - Office of the Chief Nursing Officer); Goodall, Andrew (HSS - DG - NHS Wales Chief Executive) Atherton, Frank (HSS - Chief Medical Officer)

Cc: Allison Williams (Cwm Taf UHB - Chief Executive); Redacted – s40 (2) (Cwm Taf UHB - Medicine); Redacted – s40 (2) (Cwm Taf UHB - Planning and Performance); Redacted – s40 (2) (Cwm Taf UHB - Communications)

Subject: Cwm Taf UHB updated information RCOG Review immediate actions

Dear all

Please find the latest versions of the ongoing work to address immediate actions in response to the RCOG review as discussed on the conference call. These are now version controlled as the information is constantly updated and therefore are a moment in time.

I've updated the information that Allison provided at 1230 and also provided our ongoing operational plan with the whole Cwm Taf team.

Hope this is helpful, should you require further information please do not hesitate to come back to me

Thanks

Redacted – s40 (2)

Redacted – s40 (2)

Head of Corporate Services / Pennaeth Gwasanaethau Corfforaethol

Cwm Taf University Health Board

Headquarters

Ynysmeurig House

Unit 3 Navigation Park

Abercynon

Rhondda Cynon Taf

CF45 4SN

Phone 1:

Phone 2:

Redacted – s40 (2)

Bwrdd Iechyd Prifysgol Cwm Taf

Pencadlys

Tŷ Ynysmeurig

Uned 3 Parc Navigation

Abercynon

Rhondda Cynon Taf

CF45 4SN

Ffôn 1:

Ffôn 2:

Redacted – s40 (2)

2a. Attachment

RCOG review follow up meeting – immediate actions

Present

Redacted – s40 (2)

Actions	Actions	Who?	By when
Healthcare Inspectorate Wales	To inform that we have received the report from RCOG and the work ongoing <i>Letter sent/Telecon with Redacted – s40 (2) 430pm today</i> Anticipate the report on RGH will be released Monday – to share with Comms	Allison Williams	Today
		Redacted – s40 (2) Head of Midwifery	Today
CHC	To inform them of initial feedback Discuss potential for advocacy support line (including possible support from other CHCs)	Redacted – s40 (2) Deputy CEO	Today
Consultant cover for labour ward	Clear for arrangements for the weekend – clarify what is required and where staff will be and how they will work – links with coordinator handovers etc / safety huddles (need to audit and evidence)	Management team	Today
	Template for list of questions that staff can use	Management team	Today
	Issues to resolve and meeting with consultants particularly in relation to being present		next week
	Updating the board on labour ward /contact details		today
	Handover to include anaesthetic / neonatal teams		Next week
	Night proforma – registrar responsible for completion with labour ward coordinator		Today
	Levels of openness / escalation policy for neonates – ensure is clear once clarified by neonatal network		Today
Fragmented labour ward cover	Ensuring cover is in place as advised (RGH will be easier than PCH) Meet with consultants and develop proposals for urgent implementation		Management team
Trainee support	Immediate support – clarifying the deficit with trainees; change so labour ward so trainees with specific consultants Guardian of safe working ask Redacted – s40 (2) to help support Trainees to be contacted to discuss today Trainee forum early next week	Redacted – s40 (2) Directorate to contact and sort meeting Deputy Medical Director	Today Today Next week
	Post graduate dean to be notified by Redacted – s40 (2)	Redacted – s40 (2) Deputy Medical Director	Today

Actions	Actions	Who?	By when
	Royal College Tutor – options in Job Plan – single person at PCH (until March) but meanwhile need to identify and for interim have an individual as part of job planning process	Management team	Today
Availability of consultant cover within 20 mins	What is the scale of the issue now (affects all when move to PCH) Ensure immediate make-safe for this weekend and Monday Identify accommodation requirements etc Plan in place from Tuesday	Management team	Today
Locum staff	Locum list to be clarified Differentiate those which we are using longer term from short-term Locums Need to define parameters for mix of substantive, regular locum and short-term locum on shift Induction information to be sent to long standing locum staff - update the current pack with protocols / guidelines / triggers / escalation information Rota management to have lead clinician responsible	Management team	Next week
Clear list protocols triggers guidelines	Develop posters with key information and sign-posting (Junior Doctors to assist) Trigger list & how to access the guidelines to be posters Governance system to approve protocols triggers etc Send everyone the whole list of guidelines / protocols/ triggers Screen shot to all staff on Sharepoint – how to access guidelines Maternity page to be developed on Sharepoint together with potential for App	Management team	Next week Next week Next week Next week Today
32 week lower limit for neonates	Urgent discussion with Neonatal network; <i>discussion with the neonatal network has already taken place;; conference call with paediatric directorate management team complete; Network agreed to action today; likely to impact on 10 women to be transferred</i> Processes are already available when no capacity (included in comms plan). Thresholds to be reviewed and applied daily. Review escalation procedures and any capacity issues to transfer to other health boards in line with existing protocol	Redacted – s40 (2) Head of Midwifery Management Team including paediatrics	Today and ongoing RE send out today Today
Governance	Meeting Tuesday Structure developed but need the key staff to be present – maternity risk strategy – roles responsibilities for all the MDT Understand the process	Management team	Next week

Actions	Actions	Who?	By when
	<p>Helping people to own the governance etc Must be MDT – Midwives; obstetricians; doctors in training; paediatrics, neonatal anaesthetics etc Monthly meeting – use the PCH anaesthetic shut down audit dates from March onwards Communication and how to change the way information is shared</p>		
Independent helpline for women and their families	<p>Potentially could use CHC or Sands etc CHC – will be able to provide a helpline (Advocacy) some concerns related to demand and Redacted – s40 (2) will speak with the Chief Officer and Chair later today Potentially to ask other CHCs to support Cwm Taf</p>	<p>Redacted – s40 (2) Deputy CEO Welsh Government</p>	<p>Completed Today</p>
9 March move	<p>Subject to conversations with the Welsh Government Capacity plans to be urgently reviewed and shared with WG colleagues Discussion at Regional meeting for paedics obs and neonates Job plans to be in place by 9 March</p>	<p>Redacted – s40 (2) Management Team</p>	<p>Next week Next week Next Friday</p>
	<p>FMU – need to clarify that ready to go – need the plan to be approved through the governance / assurance groups</p>	<p>Redacted – s40 (2) Consultant Midwife</p>	<p>Next week</p>
Communication	<p>To Chief Execs neighbouring health boards – Allison Williams Heads of midwifery and Clinical directors – Management team Neonatal network – completed agreed and actions taken Medical directors – Allison Williams CHC – Redacted – s40 (2) Healthcare inspectorate Wales – Allison Williams RCM – Redacted – s40 (2) Develop a communication plan – Staff and Stakeholders – broad issues comms ready Proactive and reactive strategy Discuss support for those identified by the review to discuss with CHC</p>	<p>Allison Williams approved Comms team CHC</p>	<p>Now / today Now/ today Next week</p>
Culture	<p>OD plan – to be shared (Programme not yet commenced) Corporate day next week – how staff are communicated with / receive information training etc New midwives – additional support and guidance to be offered Next newsletter – end of the month Urgent Review of mechanisms for staff engagement</p>	<p>Redacted – s40 (2) Deputy Director of Workforce & OD Head of Midwifery Exec Team with TUs</p>	<p>Next week Today</p>
High risk AN clinic	<p>Job plan issue to be resolved so clinic fully covered</p>	<p>Management team</p>	<p>Next week</p>

Actions	Actions	Who?	By when
Job planning priorities	Consultant presence in planned sessions to be reinforced (consider audit) Mandatory attendance in governance arrangements (exceptions to be agreed with MD) Lead clinical roles – for clinical audit; rota management	Management team	Next week
Data	Plan for the review of data quality	Redacted – s40 (2) Assistant Director of Informatics	Next week
Training	Confirm the levels of training for all relevant staff Specific training on RCAs – external company to be procured	Management team	Next week
Midwife numbers	Over the weekend all shifts covered 7s and 8s – reviewed by HOM	Redacted – s40 (2) Head of Midwifery	Now

2b. Attachment

RCOG Visit – Immediate actions Update

	Issue	Status at 1530 on 18 January 2019
Actions already completed	<ul style="list-style-type: none"> • Inform Healthcare Inspectorate Wales • Inform Cwm Taf CHC • Raising awareness with senior team – senior midwives and consultants meeting has taken place to begin the engagement and ensure change and actions taken 	<ul style="list-style-type: none"> • Completed • Completed • First meeting completed
Actions identified, agreed and in progress	<ul style="list-style-type: none"> • Consultant cover for labour ward MUST BE PRESENT • Fragmented labour ward cover TO BE ALTERED FOR SAFETY • Inadequate support for trainees – particularly in RGH –TO BE RESOLVED • Consultant out of hours cover for labour ward now • NO 28 WEEK BABIES at RGH immediate change to 32 weeks which is standard practice • High usage of locums – no adequate clinical 	<ul style="list-style-type: none"> • Meeting being arranged for next week • Meeting being arranged for next week • Guardian for safe working outside of the directorate being contacted to support trainees and trainee forum to meet early next week – meeting being organised • Weekend cover clarified; process of change started at consultant meeting; satisfied that cover appropriate this weekend and into next week • Discussion with the neonatal network; paediatric management team involved for urgent action today; agreed and enacted; communication with other HBs; escalation procedures and capacity thresholds to be sent to all staff; information sent to staff re change

	Issue	Status at 1530 on 18 January 2019
	<p>induction programme and all locums should be met by a consultant to ensure the clinical safety of the service</p> <ul style="list-style-type: none"> • Rota management needs to be overseen by a lead consultant • Clear lists of protocols / triggers/ guidelines 	<ul style="list-style-type: none"> • All locum staff to receive updated information; arrangements will be made for the handover by the consultant; using long term locum over the weekend • Lead consultant will be identified as part of discussions next week; will discuss job planning and start the development of the team job plan; meanwhile CD is undertaking role • Clear list of protocols / triggers/ guidelines available; assistance being provided where to find; posters being developed; working on an app started

3. Covering Email

From: Redacted – s40 (2) (Cwm Taf UHB - Communications)

Sent: 18 January 2019 16:19

To: Redacted – s40 (2) @gov.wales (HSS - Communications)

Cc: Redacted – s40 (2) (Cwm Taf UHB - Communication)

Subject: Maternity comms

Hi Redacted – s40 (2) (HSS - Communications)

As requested please find attached our staff communication and also our draft handling plan.

The handling plan is yet to be signed off by Allison so there might be some additional work there but we wanted to share what we had at this stage with you.

Thanks, Redacted – s40 (2)

3a. Attachment



January 2019

Summary

The Royal College of Obstetricians and Gynaecologists has conducted an independent review of maternity services in Cwm Taf UHB.

This review was commissioned by Welsh Government following our own internal review into a number of cases in our maternity service where there was an adverse outcome.

The reviewers spent three days visiting both RGH and PCH to speak to a range of staff as well as women and families who have used our services.

A full report detailing their findings and recommendations will be shared with us in due course, however the reviewers have provided us with initial immediate feedback which has resulted in a number of immediate actions being taken.

KEY OBJECTIVES

The key communication objectives for each key stakeholder group are summarised as follows:

1. **Staff** - maternity staff will be fully informed of the review process, the initial feedback and the immediate actions required. They will also be aware of the next steps (publication of the report, our response, etc) and fully communicated and engaged with during the process. Wider staff are also briefed on the completion of the review and actions we are taking to respond.
2. **Other internal stakeholders** will be briefed on the review and the work that is going on following the initial feedback. They will also be informed of timescales of the report, our response and improvement actions; and appropriately involved in the internal governance arrangements to deliver assurance on the improvement trajectories.

3. **External Stakeholders** will be briefed on the review process; improvement actions being taken in line with the publication of the report. Ongoing communication will be tailored to need and agreed by the respective parties.
4. **Patient** communication, particularly with those who attended the public engagement event, will be sensitively handled and the timing and mechanism based on individual circumstances. Any follow-up counselling and/or support will be made available as required. Consideration needs to be given to re-establishing our own contact line.
5. **Wider Public and media** – preparations need to be made for forthcoming media enquiries following the initial feedback, the actions we are taken and the public engagement event. We will also need to prepare our full response and spokespeople in line with the publication of the RCOG's report.

If there is intense media scrutiny similar other maternity units, we must consider our duty of candour. Unless restricted by other agencies (and the publication of the report) full disclosure is always the best course of action to retain the trust of our patients and staff; avoid future accusations of covering up and provide reassurance that are taking the issues extremely seriously and are doing all we can to address them.

Should we receive enquiries from women outside of the review process these will be dealt with sensitively on an individual case by case basis with all relevant information shared in full.

Internal Communications / stakeholders

Stakeholder	Action	Lead
Maternity staff	<p>Staff briefing to be given to maternity staff as a matter of urgency.</p> <p>This should cover background, actions being taken, support and future communications. This should include email / phone contact for staff to ask questions. It should also include press enquiry guidance.</p> <p>Regular staff updates and engagement sessions to be provided following initial communication.</p>	<p>Director of Nursing/ CEO Head/Assistant Head of Communications Head of Midwifery Clinical Director</p> <p>Director of Nursing Head/Assistant Head of Communications Head of Midwifery Clinical Director</p>

Wider staff, including linked directorates	Staff briefing on review process being completed, initial feedback and any action we are taken to be issued. Regular staff updates to be provided following initial communication.	Director of Nursing / CEO Head/Assistant Head of Communications Head of Midwifery Clinical Director
Independent Board Members	To be briefed on initial feedback and immediate action being taken. To receive full briefing ahead of report publication and copies of our statements, etc.	Chair
	Briefed on immediate actions being taken. To receive notification ahead of publication of report and copies of our statements, etc.	Medical Director, Head of Midwifery, Clinical Directors
Switchboard and call handlers for helpline	Briefing for switchboard to refer to helpline Script for helpline call handlers	Assistant Director Quality & Patient Experience, Patient Care and Safety Unit Head of Communications / Assistant Head of Communications
Neonatal network	Informed of action around 28 week babies at RGH	Clinical Director for Paediatrics

External Communications / Stakeholders

Stakeholder	Action	Lead
Welsh Government	Updates and briefings to be provided to officials by Director of Nursing Communications updates to be shared between WG comms and Cwm Taf comms	Director of Nursing / CEO Head / Assistant Head of Communications
CHC	To receive briefing of initial feedback and actions we are taking. Possible patient helpline to be set up by CHC.	Deputy Chief Executive

	To receive briefing ahead of publication of report and copies of our statements, etc.	
HIW	Briefed on feedback and immediate actions	CEO
Royal Colleges / Medical Committees	To be briefed before publication of full report Briefed on immediate actions being taken. To receive notification ahead of publication of report and copies of our statements, etc.	
Women directly affected – involved in the review / attended the public engagement event	Script and briefing for staff meeting with them – if appropriate FAQs document to provide the women with Meetings to be offered and signposted to support Helpline set up for any queries	Director of Nursing / Assistant Director of Patient Care / Head of Midwifery / Clinical Director / Head of Communications and Assistant Head of Communications
Women not directly affected – those who have had adverse outcome but not directly involved in the review	Script and briefing for staff to provide reassurance Helpline set up for any queries Sign posted to further information and support	Director of Nursing / Head of Midwifery / Clinical Director / Head of Communications and Assistant Head of Communications
Current patients	Script and briefing for staff in affected directorates and linked directorates (A&E, paediatrics, etc)	Head of Communications / Assistant Head of Communications / Clinical Directors, DMs and Heads of Services
Media and wider public	Media responses to be prepared for media enquiries ahead of the report Press release / media statement prepared and published on website in line with publication of the report	Head of Communications / Assistant Head of Communications

	<p>Social media to be monitored and statement uploaded with details of helpline published</p> <p>Preparations for media interviews, including questions sheet for senior staff undertaking media interviews</p> <p>Reminder of media and social media protocol issued to all staff – all enquiries to come through communications team</p> <p>Script to be given to staff incase of public queries</p> <p>Bridgend population – reassurance to be provided as part of Bridgend transition engagement</p>	
Local politicians, including AMs, MPs and local council leaders	Briefing of report briefing to be provided followed by regular updates	CEO / Chair
Deanery	Updated on immediate actions taking place	Clinical Director for Medicine

3b. Attachment

Maternity review update for maternity staff

Dear colleagues,

As you will be aware, the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives have this week been conducting an independent review of maternity services in Cwm Taf UHB.

May I firstly thank everyone who has supported and participated in the review. These processes are never easy but your open and honest feedback will be instrumental to the review's findings.

This review was commissioned by Welsh Government following our own internal review into a number of cases in our maternity service where there was an adverse outcome.

The reviewers spent three days with us and visited both RGH and PCH to speak to a range of staff as well as women and families who have used our services.

As is always the case with these reviews, we receive some initial verbal feedback at the end of the visit with a full report detailing their findings and recommendations shared with us in due course.

We are now working with Welsh Government to go through the initial feedback and are in the process of developing a short-term action plan to start to address the issues identified.

We are arranging staff briefing sessions early next week and will follow these up with further written staff communications.

One action that we are taking immediately is to bring forward the planned change to the Royal Glamorgan Neonatal Unit admission threshold. This means that admissions will be aligned with the rest of the Level 2 neonatal units in Wales with the increase in gestational age from 28 weeks to 32 weeks.

We are also working through some other urgent actions to enhance communication; improve rotas and cover; and strengthen our escalation processes (particularly relating to staffing levels).

I know that everyone is committed to delivering the best possible maternity services for Cwm Taf and that we will do everything we can to achieve this. However there is clearly a considerable amount of work that we need to do and significant changes and improvements we need to make to the way we do things.

One of the really important bits of feedback that we had from the Review Team was that staff do not feel sufficiently engaged in the management, developments and changes in our maternity services. This is clearly unacceptable and I am sincerely sorry. We must and will take this opportunity to put that right. I am keen to take some time in the briefing sessions next week to discuss with you how you would like this to be done in a more meaningful and effective way. Your views and suggestions are critical if we are to be successful together going forward.

In the meantime, we also recognise that continued media coverage of maternity services has been very difficult for staff. With this in mind, we want to let you know that the report following the recent HIW inspection of maternity services at RGH will be published on Monday and might result in more coverage together with any changes arising from the RCOG feedback. We will, of course, keep you updated as best we can when information becomes available.

We know that staff across the directorate continue to work extremely hard, often in very difficult situations, and we'd like to reiterate our thanks to you.

If you have any queries about media, or are contacted by any reporters, please let Redacted – s40 (2), Assistant Head of Communications, know by emailing Redacted – s40 (2) or calling

Allison Williams
CEO