



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	03 April 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Withybush Hospital (WH) Medical Staff Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Philip Kloer, Deputy CEO and Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Professor Philip Kloer, Deputy CEO and Medical Director

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to present to the People, Organisational Development and Culture Committee concerns raised by senior doctors at Withybush Hospital (WH). In response to the concerns raised a meeting took place between the Chief Executive Officer (CEO), the Medical Director (MD) and the Hywel Dda University Health Board Chair. A number of concerns were raised including visibility and communication with their management teams, autonomy of local decision-making, theatre utilisation and also the future of service configuration at WH.

Cefndir / Background

Through the Transforming Clinical Services Programme, the engagements and consultation which took place in 2017 and 2018, and the formation of the Health Board's health and care strategy – 'A Healthier Mid and West Wales' there was a recognition that hospital services in Hywel Dda University Health Board are not sustainable in their current configuration.

Fragility of existing services at WH was particularly evident in certain specialties, such as respiratory (no on-site respiratory physician), gastroenterology, cardiology, palliative care, rheumatology, general surgery. The General Surgery rota has further declined with only one substantive consultant working the on-call rota whilst a targeted recruitment drive is undertaken.

There is also a range of services which are not provided directly at WH including obstetrics, upper Gastrointestinal (GI) bleeds, interventional cardiology, inpatient paediatrics and urology.

A lengthy period of engagement was undertaken during this period, which included significant clinical engagement at WH. There was a recognition that, in the coming years, Glangwili Hospital (GH) and WH services would need to be working more and more closely together. If it had not been for the COVID-19 pandemic, the plans to support this work would have progressed further during this period.

It is challenging for clinicians and managers to work in a system that is recognised as unsustainable, with the knowledge that the new hospital system will not be in place until 2029, at the earliest. The additional challenge of emerging from the pandemic, together with natural concerns about what the interim period and the new hospital system will mean for patients and staff, and how the teams in GH and WH will adapt to being increasingly brought together due to the move towards the new hospital system. It is well recognised that bringing teams from two hospitals together into one hospital is always challenging, not just from a logistical, but also from a cultural perspective.

In addition, the operational structure for the Health Board seeks to address the combined issues of providing onsite presence, cross-hospital system oversight and local system oversight within each county. The structure therefore can at times be challenging to navigate and to maintain effective engagement and communication.

Asesiad / Assessment

The actions below were agreed by the Executive Team in response to the concerns raised:

1. Enhanced presence and visibility of operational teams, Executive Directors and Chair and Vice Chair at WH, with a focus on building relationships and trust
2. Explore potential for a series of clinical meetings focussed on both recovery and development of the new strategy, bringing together clinicians across sites
3. Review of operational structures to enhance effectiveness, visibility and connectedness on sites
4. Development of a wider long term organisational development (OD) programme to support cross organisation service delivery models
5. Consideration of OD support to the above interventions

In the period to date the progress made against the actions agreed, including further engagement and discussion with WH clinical colleagues include:

1) Enhanced presence and visibility of operational teams at WH and Chair and Vice Chair, with a focus on building relationships and trust.

- The WH Medical Staffing Committee is held on the first Monday of each month and Senior Medical Leadership are attending each meeting and feedback on Health Board-wide service and employment issues. To date, this has resulted in a useful platform to discuss issues with WH colleagues, update on emerging issues and to discuss and agree system-wide service pressures.
- The Director of Operations continues to be based at WH one day per week since late July 2022, spending time with a number of teams and individuals on site. This is proving effective, with greater engagement and connectivity pertaining to service-related issues.
- The Director of Acute Services and the Deputy Medical Director for Acute Services have increased presence on site, including undertaking clinical sessions at WH one day per week.
- Members of the Senior Theatres Team are spending increased time on site to help drive theatre efficiency improvements, which was a significant concern in original feedback from clinicians. Early feedback from clinical colleagues on site regarding the bi-monthly improvement mechanism is positive, with some early progress. Operating list management and efficiency are improving albeit acknowledging that more work is required to embed further.

2) Explore potential for a series of clinical meetings focused on both recovery and the development of the new strategy, bringing together clinicians across sites.

- Engagement continues with clinical staff on the progress with the Programme Business Case. This included an away-day on the 16 December 2022 to discuss clinical engagement within the next steps of delivery of the Clinical Strategy. This included members of the Medical Leadership Forum (including GP Cluster Leads), all clinical leads from across the Health Board and key planning colleagues. This was highly productive and engaging session, which has since seen a follow up meeting and further Medical Leadership engagement sessions planned over 2023/24.
- Work on the Interim Paediatric Review continues, with report presented to Board on 29 September 2022 following a Deliberative Session on 16 September 2022 with multi-disciplinary and public representation. The session considered feedback from the questionnaire completed by a wide range of Primary and Secondary clinicians, in order to understand how the temporary service changes have impacted the experience of people using our children's hospital services.
- The Medical Director, Director of Operations and the Director of Strategy and Planning are designing an engagement mechanism to bring together clinical teams to work through plans for key pathways of concern (e.g. Critical Care, Respiratory, Cardiology) and for addressing key service challenges around Urgent & Emergency Care and Planned Care Recovery. This will build upon the experience through the Transforming Clinical Services (TCS) Programme and the recent work on Paediatrics. It is envisaged this will effectively be a TCS/Target Operating Model Implementation Programme, supported corporately.

3) Review of operational structures to enhance effectiveness, visibility and connectedness on sites.

- A review of current operational structures is underway, with engagement from services and triumvirate teams to ensure leadership and management is effectively redesigned to provide the right level of direction and support to front-line services.
- Operational managers were asked to complete a questionnaire that highlights a number of issues which will help provide a thematic analysis of strengths, weaknesses and opportunities. These discussions will involve both clinical and managerial leaders as well as the Executive Team.
- Acute Service Business meetings continue to pull together the acute service triumvirate teams, to allow the operational teams to discuss the actions taken against the concerns raised.

4) Development of a wider long term OD programme to support cross organisation service delivery models.

- There are a number of service model changes either underway or planned, including Urgent & Emergency Care; integrated locality planning for population health; patient pathways and value-based healthcare; as well as the direction of travel towards the strategic goal of a social model for health; the repurposing of significant areas of our estate and the design and build of a new hospital. Also, infrastructure change opportunities emerging from digitisation; Artificial intelligence (AI) and increased work agility are also offering additional layers of complexity to an already crowded pitch.

- The change agenda outlined presents organisational and clinical complexity challenges when clinicians are experiencing significant pressures to deal with the challenges in the here and now. Part of what needs to happen in the early stages of the programme is a 'sense check' of how all these well-intended change initiatives weave together to form a coherent tapestry whereby the organisation as a whole can see the picture and make meaning of it so that they can choose how best to engage and coalesce around the change process. Further discussions are planned to work through the leadership roles and the relationships required to make these changes work effectively across the system.
- Current discussions around the Targeted Intervention (TI) agenda and the focus of the plan for the year ahead will determine which of these complexities are prioritised to support that agenda.
- Regular meetings with the Acute Clinical Leads from across all sites are held and Chaired by the Deputy Medical Director. Topics discussed related to the service challenges and issues above, as well as focusing on the softer issues such as leadership cultures and staff wellbeing. These meetings are well attended and help to improve empathy and understanding of particular site and service challenges and provides space for exploration and service solutions to emerge.

5) Consideration of OD support to the above interventions

- In the short term, flashpoints in relationships will be worked through with individuals in a sensitive way and conversations are already underway in this regard. Work is ongoing to support local operational management teams and the interface between them, as this field of complexity is navigated.
- Leadership Coaching provision will continue to be enhanced to support individuals as they embrace the opportunities and learn to work across the system.
- OD support for individual executives and their leadership teams will be stepped up in conjunction with the continuation of the executive team development programme.
- An engagement programme for medical leaders has been put in place for the autumn to ensure appropriate feedback and dialogue and to build leadership resilience across the system. This engagement phase includes:
 - Senior level medical leadership development team
 - Medical leadership forum
 - Annual Medical Conference
 - Clinical Leads meetings
 - One to one discussions with each of the Acute Clinical Leaders
 - Presentations by Deputy Medical Directors at the Grand Round service
- Clinical engagement on leadership development programmes such as those for New Consultants; Peer Mentoring; Value Based Healthcare and the ARCH Leadership Programme remains positive and programmes are well attended. Discussions are underway to commence a further cohort of the Aspiring Medical Leader Programme in 2024.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is asked to assurance on the actions taken and the progress to date in order to address the concerns raised.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.8 Ensure robust mechanisms are in place to deliver effective staff engagement in accordance with HDdUHB's values and behaviour framework.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 6.3 Listening and Learning from Feedback 3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively
Amcanion Strategol y BIP: UHB Strategic Objectives:	5. Safe sustainable, accessible and kind care 2. Working together to be the best we can be 1. Putting people at the heart of everything we do 3. Striving to deliver and develop excellent services
Amcanion Cynllunio Planning Objectives	2K Organisational listening, learning and cultural humility 2H Supporting talent, succession planning and leadership development 5A_22 NHS Wales Delivery Framework Targets 5N_22 Implement National Network and Joint Committee Plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Meeting with Withybush Hospital (WH) Medical Staff held 6 July 2022
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Included in the above
Ansawdd / Gofal Claf: Quality / Patient Care:	Included in the above
Gweithlu: Workforce:	Included in the above
Risg: Risk:	Included in the above
Cyfreithiol: Legal:	Included in the above
Enw Da: Reputational:	Included in the above
Gyfrinachedd: Privacy:	Included in the above
Cydraddoldeb: Equality:	Not applicable