

- Deep Dive Planning Objective 6: Clinical Services Plan
 - Lee Davies
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 - Monthly Clinical Services Plan Sub Group

What is the aim of the Planning Objective?

The Scope and Impact of Planning Objective 6:

To provide a set of plans for key clinical services to address critical sustainability risks up to the proposed new hospital network through the production of an issues paper.

- Stroke
- Planned care (Orthopaedics, Ophthalmology, Dermatology, Urology, Emergency General Surgery, Critical Care)
- Diagnostics (Radiology, Diagnostics)

Urgent and Emergency Paediatrics was also included within the broader Clinical Services Plan as it was an example of service change brought about to address sustainability issues, however that project was further established having already developed an issues paper, produced options and was preparing for consultation at the time of the Clinical Services Plan establishment.

What is the aim of the Planning Objective?

The drivers of the Clinical Services Plan:

In March 2023, Board approved the establishment of a programme approach to develop a **Clinical Services Plan** in response to service fragilities, based on the principles of care that is safe, sustainable, accessible, and kind. The development of a Clinical Services Plan is also an action within the Targeted Intervention requirements of Welsh Government.

Service	Driver	Executive Lead
Critical Care	Response to service fragility, <u>in particular at</u> Prince Philip Hospital (PPH)	Chief Operating Officer
Urgent and Emergency Paediatrics	As per the outcome of the consultation. Currently at Implementation phase as updated in Board in January 2024	Chief Operating Officer
Planned Care (Dermatology, Elective Orthopaedics, Ophthalmology, and Urology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients	Chief Operating Officer
Emergency General Surgery	To respond to service fragility, particularly at Worthy Hospital (WGH), as referenced in the March 2023 operational update	Chief Operating Officer
Stroke	To meet standards and respond to service fragility	Executive Director of Allied Health Professions and Health Science
Diagnostics (Endoscopy and Radiology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients	Chief Operating Officer

- Phase 1 – Issues Paper refresh:

Phase 1 included a clinically led assessment of the ten service areas included within the Clinical Services Plan programme across all sites within the Health Board. For the Primary Care issues paper, the assessment was led by the senior management team which oversees contracted services. This concluded with the Board endorsing the programme to move into Phase 2.

hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/board-agenda-and-papers-28-march-2024/item-4-3-clinical-services-plan-update-sbar-pdf/

- Phase 2 – Options Development

Phase 2 – Options Development stage focused on the development of a series of deliverable options. This stage also brought in interdependencies such as Therapies, Welsh Ambulance Service Trust (WAST), Trade Union representatives and Swansea Bay to name but a few.

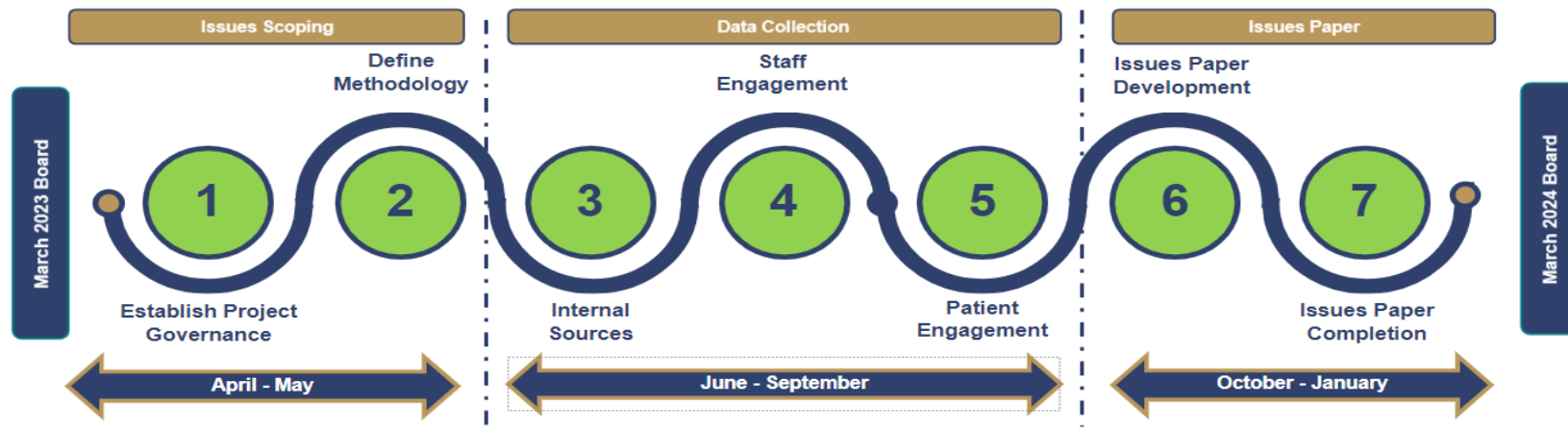
Achievements so far? - Structure

- The structure of the CSP described here highlights the latest position of the programme which builds on the Governance structures of Phase 1:
- **Clinical Services Plan Sub group** - the Clinical Services Plan Sub Group reports into, namely A Healthier Mid and West Wales (AHMWW), Executive Team, Strategic Development and Operational Delivery Committee (SDODC), and Public Board
- **Clinical Services Plan Project Group** - The combination of the Planned Care Project Group, Stroke Project Group and Diagnostics Project Group which were set up during Phase 1 of the CSP
- **Clinical Reference Group** - The Clinical Reference Group is an advisory group that the CSP programme team can access to seek advice from lead clinicians across the health sector. The membership includes members from Primary and Secondary Care as well as from the four hospital sites
- **Options Development Group (ODG)** - The group was composed of the medical, nursing, and operational lead for each service, along with representatives from internal interdependent services such as Anaesthetics, Theatres, Outpatients, Emergency Medicine, Therapies, Health Science, Trade Union Representatives etc., Primary Care, external interdependent services such as Welsh Ambulance Service Trust, as well as Llais and Welsh Government who attended in observatory roles
- **Wider Options Development Group** – This group included patient representatives, Local Negotiating Committee (LNC), Local Medical Committee (LMC) and the Stroke Association
- **Task and Finish groups** – for each of the nine services. Were able to check and challenge the process whilst also support in the development of detailed configurations and impact assessments
- **Check and Challenge Groups** (including other NHS Wales Organisations, Primary Care Representatives, third sector and Local Authorities.) With a purpose to feedback on the outputs to the ODG
- **Clinical Service Plan Subgroups**
 - Activity Modelling Group (AMG) – Represented by Workforce, Capital, Estates, Finance, informatics, Data Science, Transformation Programme Office (TPO) and Research and Development (R&D)
 - Communications & Engagement – Supported communications, targeted engagement and the continuous engagement channel
- **Impact Screening and Assessment**
- **Clinical Editors**
- **CSP SBAR and Phase 2 Closing report highlighting the progress of the programme to date can be found here - hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/**

Achievements so far? - Process

- **CSP SBAR and Phase 1 – Issues Paper** - <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/>
- **SDODC Deep Dive Clinical Services Plan 21 December 2023** hduhb.nhs.wales/about-us/governance-arrangements/board-committees/strategic-development-and-operational-delivery-committee-sdodc/sdodc-21-december-2023/item-5-3-deep-dive-po6a-clinical-services-plan/

Clinical Services Plan Phase 1



- **CSP SBAR and Phase 2 Closing report** highlighting the progress of the programme to date can be found here - hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/

Clinical Services Plan Phase 2



Achievements so far? - Outputs

- At the conclusion of Phase 2, four options have been developed and scored, with feedback from those that took part used to inform the conclusion on potential next steps for the Clinical Services Plan.
- While the process identified an option with a highest overall score, there is no substantial differentiation between the top two options. Similarly, the two lower scoring options were not considerably lower than the top two options to necessarily rule out at this stage.
- Some options, with further detail around workforce and capital impact would also fail to meet hurdle criteria, however by moving to a phased approach these can be retained but will become risks to programme delivery rather than be excluded.
- The emerging model, informed by the work on the Clinical Services Plan, seeks to build on the strengths of each of the sites in such a way that builds a networked model with complementary areas of expertise.
- The configurations at a higher level can be seen in the table to the right:
- CSP SBAR and Phase 2 Closing report highlighting the progress of the programme to date can be found here - hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/

Service	Current Service	Commonality	Variant 1	Variant 2	Variant 3	Variant 4
Emergency General Surgery	EGS service at GGH, WGH and BGH, no EGS service at PPH	EGS service at BGH, no service at PPH. EGS SDECs in WGH and GGH.	WGH EGS operations transferred to GGH	EGS operations alternate weekly between WGH and GGH		
Stroke	Acute Stroke Unit at GGH, PPH, WGH and BGH	BGH and GGH Treat and Transfer	PPH and WGH are Acute Stroke Units	WGH offers Treat and Transfer, PPH is Comprehensive Stroke Centre		
Dermatology	Medical Photography and Phototherapy at GGH, HB service (Temporary) at PPH, no service at WGH or BGH	Service at PPH only	AVH & CICC community delivery	SPH community delivery with community spokes through GP practices	Cross Hands paediatric clinics only, CICC and SPH community delivery with community spokes through GP practices	Cross Hands paediatric clinics only, CICC and SPH community delivery
Ophthalmology	HB service at GGH and BGH, outpatient service at PPH and WGH	WGH provides outpatients, no longer using SPH for community, clinics remain in NRC and AVH	HB service centralised in GGH, no longer using AICC for community	HB service provided in BGH and PPH, review community sites.		
Urology	HB service at GGH and PPH, Outpatients and day case at WGH and BGH	Emergency pathway in GGH, outpatients and day cases in WGH and BGH. TWOC in community.	Centralise diagnostic services to PPH	Create a diagnostic hub at PPH and surgery list one week a month in BGH		
Elective Orthopaedics	Local and regional arthroplasty pathway at PPH, local arthroplasty pathway at BGH, day case and short stay pathways at PPH, WGH & BGH (temporary changes)	Local arthroplasty, day case and short stay pathways at BGH	Regional arthroplasty pathway at PPH, day case and short stay pathways at WGH	Regional arthroplasty pathway at PPH, extended day case and short stay pathways at WGH	Local arthroplasty pathway at PPH, day case and short stay pathways at WGH	Regional arthroplasty pathway at PPH, day case and short stay pathways at WGH, increased service at BGH
Endoscopy	HB service at GGH, PPH, WGH and BGH	HB service at GGH, WGH and BGH	Diagnostic hub at PPH	HB service at PPH. Community sites for Bowel Screening Wales	HB service with extended working hours at PPH	
Radiology*	HB service at GGH, PPH, WGH and BGH	No X-ray service at LH or SPH, X-ray services remain at TCH	HB service day time only at all sites, X-ray service at CICC	7 day general HB service at GGH and BGH, 5 day interventional service at WGH, Diagnostic hub in PPH. X-ray service in CICC and Regional Diagnostic hub	HB Interventional service at GGH and BGH, HB service without interventional at PPH and WGH, X-ray service at CICC	HB service at PPH and WGH, 7 day HB service with at BGH, 7 day HB service with 24/7 interventional at GGH. No X-ray service at CICC
Critical Care**	Level 3 ICU in GGH, WGH and BGH, Level 2 ICU with level 3 Transfers (Temporary) at PPH	Level 3 ICU at GGH and BGH	Enhanced Care Unit at PPH and WGH	Level 3 ICU at WGH, Enhanced Care Unit at PPH	Level 3 ICU at WGH, Level 2 ICU with Level 3 Transfers at PPH	

Key:	All Options	Option 1	Option 2	Option 3	Option 4
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What needs to be done next?

At the Board meeting on 28 November 2024 the Board endorsed the CSP programme to progress with the recommendations as highlighted below:

- **NOTE** the proposed service configurations identified by the options development process and their risks to delivery against the programme hurdle and evaluation criteria and Quality Impact Assessments
- **ENDORSE** the proposed approach to identify the workforce and finance requirements to deliver the service configurations in a phased implementation
- **DECIDE** whether to seek alternative service configurations which may not have been considered or tested within the options development process (Phase 2 of the programme)
- **APPROVE** the procurement for the next phase of the programme
- **DECIDE** whether to expand the consultation scope to assess the impact of service change on hospital sites as a result of the findings
- **NOTE** that the Clinical Services Plan programme will produce a project plan with scope, matters for inclusion, phased service configuration options details, and an approach for consultation (Phase 3), for decision at Board in January 2025

Regarding the Urgent and Emergency Paediatrics Implementation Plan, the Board is asked to:

- **NOTE** the update on Urgent and Emergency Paediatrics Implementation Plan at Withybush Hospital

CSP SBAR and Phase 2 Closing report - hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/

What are your take home messages for the Committee?

Updates to the committee:

- The nine services included within the CSP were selected because of significant risks to service sustainability, attainment of quality standards and/or timeliness of care. It is therefore considered imperative that the programme progresses, to respond to these risks and provide clarity on the direction of travel. The SBAR paper sets out the proposed next steps and Board have endorsed the approach, with a further paper anticipated for the Public Board in January 2025. Discussions have been held with neighbouring Health Boards about the options and there is a commitment between organisations to assess the impact of potential service changes ahead of decisions being made.
- The CSP report also highlights that the options developed provide a strong steer on the potential role of the four acute sites over the medium-term, as we seek to deliver the strategy within the existing acute site configuration. To move towards sustainable services, improve quality, safety, experience and outcomes it will be necessary to follow the guidance of our clinicians, move to a networked model across our four sites, build on the respective strengths of each hospital, avoid duplication and consolidate our specialist workforce. These principles are of course entirely in line with the existing strategic direction set out in AHMWW.
- As discussed in the Board meeting on 28 November 2024, the options will need to be reviewed to ensure that they account for any regional impact on the delivery of services, as well as not prevent any future refresh of the strategy with service models which may be inconsistent with future service delivery changes.
- The work between the November 2024 and January 2025 Board meetings will focus on the approach to Consultation for the Clinical Services Plan. Within this how the configuration of the services can be delivered within their existing resources. Work is ongoing to understand what can be delivered at implementation phase and what may require identification of funds in the future as to realise improvements and further meet standards.

What are your take home messages for the Committee?

Updates to the committee:

- Key risks to delivery:

1. As the programme moves from options development to consultation the nature of the risks have changed. However the risks to timeline still remain due to the critical needs of some of the services in scope which have sustainability challenges such as Stroke and Emergency General Surgery.
2. As the consultation phase may be happening in 2025, a pre-election year, it is likely to receive political scrutiny and challenge given the impacts on hospital sites and the way services will be delivered.
3. The service changes identified could fundamentally change how the hospitals work in the medium term until the full implementation of the A Healthier Mid and West Wales strategy and is likely to be contentious with the public. This would need to be managed as far as reasonably practical through communications and engagement planning. However we should be prepared for narratives that circulate in the public which are outside of our influence, especially as the consultation and supporting messaging is unlikely to be available until mid Spring/early Summer 2025.
4. The options identified have been reviewed to consider a phasing approach, allowing the consultation to talk about a roadmap to sustainable and affordable service change, however this comes with the risk that some elements may take longer to implement if there are not clear and identifiable funding streams to support the service in the 2-4 year improvement period or 4+ year longer term period.
5. Whilst it is clear that there will be a large amount of engagement and/ or consultation in the next few years (Prince Philip Hospital Minor Injuries Unit, Primary Care and Community Services Strategy, Wider Strategic Refresh), a phasing plan which considers pre-election period for the election year, along with associated resource requirements, has not been developed and agreed. There is a risk that there may not be sufficient capacity within the organisation to manage these programmes of work alongside business as usual activity of any future demand which may arise.



Submitted By: Ben Rogers and Alex Martin, Principal Programme Managers

Date Submitted: 20 November 2024



Planning Objective: 6 – Clinical Services Plan

Executive Lead: Lee Davies/ Mark Henwood

Reporting Period: 21 October to 18 November 2024

Overall status: On-track

- Rationale for overall status: Four shortlisted options have been developed and appraised. Closing report for Board on 28 November 2024 completed and awaiting Board review

Progress against planned outcomes / trajectories / milestones:

- Since the last update in October 2024, the Clinical Services Plan has taken the four shortlisted options, alongside Quality Impact Assessments and Equality Impact Screening and developed a closing report for Board on 28 November 2024

Activities planned for next milestone and reporting period

- Presentation of Phase 2 Closing Report to Board on 28 November 2024
- Procurement activity for consultation/ engagement support should Board wish to progress to Phase 3 of the Clinical Services Plan
- Supporting with the analysis of Critical Care data to support with evidencing Enhanced Care Unit requirements within option configurations. This will impact the above assessments
- Completion of the Phased Assessment of what can be delivered within the existing resource from day 1 of the service implementation

Any other Comments

Matters for information:

- A phased assessment will consider configurations within existing resource. This will consider the implication of the service configuration and consideration of the finance and workforce assessments that have taken place
- Estate – service configurations to remain deliverable may require recognition and support from site leads as to ensuring space is available in consideration of this Planning objective

Any other comments:

- Work to support Phase 3 has not yet been planned as it will be dependent on the outcome of the Board decision in November. Should there be a decision to engage or consult on options, a plan will be developed detailing the timescales and resources to deliver this activity

Recommendation



GIG
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NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

The Strategic Development and Operational Delivery Committee is requested to:

- Note the Clinical Services Plan Update.