



Planning Objective: 6a

Executive Lead: Lee Davies

Reporting Period: November 2023

Overall status: On track as per revised timeline (note: revised issues paper date)

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

March 2023 – Clinical Services Plan approved by Board June 2023 – Establishment of programme governance structure

November 2023 – SBAR to Board to request and confirm the dates for production of an issues paper to Board in March 2024.

February 2024 – Issues Paper Draft (previously December 2023) variance is due to risk to delivery below (highlighted initially at SDODC in September 2023, raised at Board 28/9)

Activities completed (Stroke, Planned Care, Diagnostics, Primary Care) in previous reporting period

- Incidents data has been reviewed and incorporated into a dashboard
- Complaints data has been reviewed and incorporated into a dashboard
- Targeted early engagement with a multidisciplinary team Staff and Patient Survey has been completed (with 9 of 10 programme domains)
- Issues paper methodology has been approved by Steering Group
- A review and documentation of all updates to Public Board around temporary changes which are still ongoing and haven't been reversed or made permanent have been captured
- Project Initiation Documents (PIDs) have been completed
- Stakeholder Maps have been completed with services
- Patient experience completed uploading patient surveys to Civica
- Transformation Programme Office (TPO) completed cleansing the patient data to support the surveys
- Confirmed Data Sources for complaints, incidents and claims data and agreed methodology for reporting
- Reviewed Project Administration and Communication Environment (PACE) project software to establish critical path aligned to methodology of the issues paper. Developed risks logs, decision logs and timelines within the PACE system for the Task and Finish Groups
- Primary Care workforce survey developed with input from The Consultation Institute and Opinion Research Services (ORS)
- Additional funding secured for the analysis of the PC workforce survey by ORS, within the overall Clinical Services Plan (CSP) timeline.
- Wales National Workforce Reporting System (WNWRS) review for General Medical Services (GMS) workforce completed
- Review of Assurance and Risk registers for Primary Care completed

Activities planned (Stroke, Planned Care, Diagnostics and Primary Care) for next milestone and reporting period

- Equality Impact Assessments (EQIA) being developed by Task and Finish Group
- Review and documentation of all risks reported at Board
- Review and documentation of all local and regional work (where applicable) - A Regional Collaboration for Health (ARCH) and Getting It Right First Time (GIRFT) reports
- Review and documentation of all National work (where applicable) - National Clinical Strategies, Wales Audit Office Reviews
- Review and documentation of Clinical effectiveness - National Institute for Health and Care Excellence (NICE) Guidance and other national guidance
- Final production of activity appendices including outsourced data where relevant
- Final production of workforce appendices
- Final production of Incidents and Complaints appendices
- Confirmation of the compliments data and in what format this should be used within the issues paper
- Planned Care (PC) PID to be developed following on from agreement on community scope.
- PC Review wider workforce data, including Health Education and Improvement Wales (HEIW) feedback report for inclusion in the issues paper
- PC Sense check alternative sources of complaints incident data for inclusion in the issues paper
- PC Review documentation for Clinical effectiveness, including NICE Clinical Governance Practice Self-Assessment Tool (CGPSAT) and QUS.
- PC Review community model in relation to the A Healthier Mid and West Wales (AHMWW) capital planning requirements.
- PC Review the community model in relation to the Public Health Wales (PHW) and SMfHW

Any other Comments

Matters for information: The programme is currently looking to understand as to whether finance how and should be in scope of the issues paper following advice from tCI and learning from the Paediatrics approach.

Risks to delivery: Risk to slippage of the timeline agreed at Board due to work required for annual plan recovery and RAAC issue at Worthybush Hospital

Any other comments:

6a Clinical Services Plan

- Lee Davies
- Yvette Pellegrotti | Anna Henchie | Ben Rogers | Alex Martin
(Principal Programme Managers)

Monthly Clinical Services Plan Steering Group

What is the aim of the Planning Objective?

The Scope and Impact of Planning Objective 6a:

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.

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

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, in particular at Prince Philip Hospital	Director of Operations
Urgent and Emergency Paediatrics	As per the current public consultation	Medical Director / Deputy Chief Executive
Planned Care	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients	Director of Operations
Emergency General Surgery	To respond to service fragility particularly at Withybush Hospital, as referenced in the March 2023 operational update	Director of Operations
Stroke	To meet standards and respond to service fragility	To be confirmed
Diagnostics	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients	Director of Operations
Primary Care	To respond to the service sustainability issues as discussed at the Extraordinary Board Meeting in February 2023	Director of Primary Care, Community and Long-Term Care

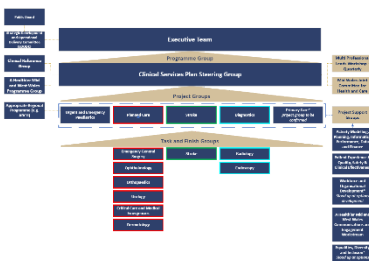
The Ministerial Priorities 6a POAP is aligned to:

- Planned Care, Recovery, Diagnostics and Pathways to Care (linked to 4a, 4b PO)
- Access to Primary Care (linked to 7a PO)

Key achievements so far

Programme Design

- Establishing Programme Governance
- Standing up key meetings (Project groups, Steering Groups)
- Completing the programme approach and methodology
- Setting out the approach to understand the activity, demand and capacity
- Stakeholder relationship building



Programme Delivery

- Communications & Engagement Plan for 10 project domains (Primary Care being updated into the plan)
- Quality, Safety and Patient Experience Group supporting delivery of the early targeted engagement approach
- Finance, Workforce, and activity data group support in defining the data, workforce and supporting finance queries
- Clinically led Health Board wide Task and Finish groups to test, check and challenge and deliver the approach
- **PACE** utilisation for project management

Programme Outputs

- Early targeted engagement output report for staff side and service users in development
- Activity Dashboard (Primary Care separate data approach) including outsourced data. At report production phase
- Workforce analysis at report production phase
- Dashboard updates for concerns data (complaints, incidents) producing at report production phase
- Stakeholder Mapping
- Equality Impact Assessment (EQIA) development

Early Targeted Engagement

Patient Early Targeted Engagement

As at 08:08 05NOV23		
Service	Responses	Response Rate
Dermatology	502	10.20%
Urology	429	12.05%
EGS	267	11.47%
Critical	39	9.77%
Stroke	85	10.91%
Orthopaedics	935	13.54%
Ophthalmology	932	13.62%
Endoscopy	818	15.15%
Radiology	2049	6.86%

Workforce Early Targeted Engagement

Row Labels	Count of Survey Reference
Clinical Services Plan programme - Critical Care Service - Staff Survey	46
Clinical Services Plan programme - Dermatology Service - Staff Survey	21
Clinical Services Plan programme - Emergency General Surgery - Staff Survey	47
Clinical Services Plan programme - Endoscopy Service - Staff Survey	36
Clinical Services Plan programme - Ophthalmology Service - Staff Survey	51
Clinical Services Plan programme - Orthopaedic Service - Staff Survey	42
Clinical Services Plan programme - Radiology Service - Staff Survey	50
Clinical Services Plan programme - Stroke Service - Staff Survey	40
Clinical Services Plan programme - Urology Service - Staff Survey	20
Grand Total	353

Early Targeted Engagement intends to support the issues paper through understanding what's good, what's challenging, and what could be done differently within our services from the perspective of our service users and workforce. The methodology included a randomised selection of service users over a 5 year period going back to 2018.

Primary Care plan to undertake Provider Early Targeted Engagement in December 2023.

Urgent and Emergency Children and Young People's (Paediatric) Services at Withybush and Glangwili Hospitals

Board Decision 30 November 2023 to proceed with Option 1 as the preferred option

Next Steps:

1. Implementation Project Plan to be developed and presented at Board on 25 January 2024 to consider the following:

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

2. Development of an Environmental Health Impact Assessment (EHIA) for Option 1.

Option 1

This option builds on what is currently being provided following the temporary measures introduced in 2021 due to COVID-19.

- The Post Anaesthesia Care Unit (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 this option. 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.

What is unique or new?

- Some additional outpatient services for children and young people at Withybush Hospital but no PACU at Withybush Hospital (where this is their nearest hospital). The service would be available 9am - 5pm, Monday to Friday.
- Improved access to clinics would be available in Withybush Hospital via a Rapid Access Clinic. This would allow a child or young person needing to be seen by a paediatrician within 72 hours of an initial assessment by a GP or by the emergency department (A&E) to be seen at Withybush Hospital (when this is their nearest hospital)



What remains the same

There would be a Minor Injuries Unit for children and young people (under 16) at both Glangwili and Withybush hospitals.

Emergency care (A&E) for children and young people (under 16 years old) remains at Glangwili Hospital

No overnight or weekend paediatric care would be provided at Withybush Hospital. Children's services at Glangwili Hospital would remain as they are now, 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

The Dedicated Ambulance Vehicle (DAV) would remain. The DAV supports the emergency/ urgent transfer of children and young people from Pembrokeshire, including Withybush

Procedures are already in place to ensure any children and young people with a critical condition arriving at Withybush have the best care available, at the most appropriate location.

Improved telephone/digital links between Pembrokeshire GP surgeries and paediatric staff at Withybush Hospital



What needs to be done next?

The Next Steps include:

- Primary Care Provider Early Targeted Engagement
- Health Board wide clinically led approvals through the governance structure for key reports in the appendices including activity data, workforce and concerns
- Draft production of the issues paper with Task and Finish Groups as chapters for each service domain within the programme
- Completion of the independent analysis of the early targeted engagement
- Final production of an overarching issues paper for the programme with a service summary of the issues for discussion at Board Seminar on 22 February 2024
- Issues paper presented at Board on 28 March 2024 for a decision around defining the scope of the next steps

The Issues Paper* will look back to 2018/19 at how the service has performed.

- A review and documentation of all updates to **Public Board**
- **Targeted early engagement with a multidisciplinary team** who work within the service areas including Medical, Nursing, Therapies, Operational and Support staff. Staff members will be invited to provide their views about what was good, bad, needed improvement, and/or, any issues regarding the service(s)
- Review of **patient experience data** collated by the service(s)
- Review of **concerns data** collated on the Health Board's concerns management system provided by DatixCymru and RLDatix
- **Targeted early engagement survey** undertaken with service users
- Service **Activity Data** including identified **outsourced activity data**
- Reference to **regional work** (where applicable) e.g. ARCH and Getting It Right First Time (GIRFT) reports
- Review of **workforce data**

* This process doesn't include Primary Care

What are your take home messages for the Committee?

Updates to the Committee:

- Finance –Advice has been received from the Consultation Institute around the development of hurdle criteria for the next phase (options development). The Health Board is currently discussing these with wider teams, including Workforce and Finance.
- The timeline intentions as described in the Board paper for 30 March 2023 highlighted an aspiration for both the issues and options to be developed throughout 2023. However, following an assessment of the required resource, these timelines have now been revised. The issues development will take place throughout 2023 and will be updated through the agreed governance process to Board on 28 March 2024 with a view that a summary of the findings will be presented at Board Seminar on 22 February 2024 for discussion due to the number of services within the programme.
- Following a Board decision on 28 March 2024, a subsequent phase will then commence to consider options development, where services are identified as requiring this. This includes a deliberative session with key stakeholders, setting the hurdle criteria, long listing options, shortlisting options and scoring these, culminating in an Options Paper to Board in the latter part of 2024.
- Key risks to delivery:
 1. The potential risk to the associated timeline agreed at Board on 30 March 2023 has now been realised. Specifically in relation to the delivery, systems and available resource to utilise the Health Board's key engagement platform, Civica. A learning event has also taken place to reflect on some of the realised impacts which include a dependant delay in the independent analysis of the Workforce and Patient feedback. As highlighted above, it is expected that the Issues Paper will be available for a Board decision on 28 March 2024.