Bwrdd Iechyd Prifysgol Hywel Dda University Health Board — GIG CYMRU NHS WALES

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 June 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Clinical Services Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Yvette Pellegrotti, Anna Henchie, Alex Martin, Conrad Hancock, Ben Rogers, Principal Programme Managers, Transformation Programme Office

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Health Board has an agreed Health and Care Strategy; A Healthier Mid and West Wales (AHMWW) – our future generations living well, which sets out our vision for health and care services across Hywel Dda, including the future configuration of services. This remains our direction of travel and was reinforced through the Programme Business Case approved by Board in January 2022. The fragility of our services was a key driver for the strategy and remains a risk that has been further exposed through the COVID-19 pandemic and in the period since.

The purpose of this report is to provide an update on the programme of work to develop a Clinical Services Plan, as agreed by Board in March 2023, in response to these fragilities and based on the principles of care that is safe, sustainable, accessible, and kind. The development of a Clinical Services Plan (CSP) is also an action within the Targeted Intervention requirements of Welsh Government.

Since the initiation of the Clinical Services Plan in March 2023, Hywel Dda's escalation status has changed from Targeted Intervention for Planning and Finance to now include the entire organisation. It is recognised that in order for the organisation to reduce its escalation status changes need to take place to improve both the sustainability and the performance of services.

The Board has developed a series of risk appetite statements to support the organisation to make changes, which also support the development of options within the Annual Plan, as well as support the option development process within the Clinical Services Plan.

Cefndir / Background

The long-term plans for services remain as per those set out in our Strategy; however, there is a need to consider service provision over the medium term. Prior to the pandemic, and in our Strategy, it was recognised that many of our services are fragile, predominantly because our clinical teams are spread across multiple sites and therefore there is an over-reliance on a small number of individuals. This remains the case, and in certain areas (for example Critical

Care), that risk has materialised. Similarly, there are services that have not returned to pre-pandemic activity levels, which is limiting access for patients, eg for those patients awaiting elective surgery.

At the Board meeting held in March 2023, it was agreed that the following services required focused support and would form a programme of work to deliver a Clinical Services Plan:

Table 1: Drivers for Pathways within scope of the Clinical Services Plan Programme

Service	Driver	Executive Lead
Critical Care	Response to service fragility, in particular at Prince Philip Hospital (PPH)	Director of Operations
Urgent and Emergency Paediatrics	As per the outcome of the consultation. Currently at Implementation phase as updated at Board in January 2024	Director of Operations
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 (WGH), as referenced in the March 2023 operational update	Director of Operations
Stroke	To meet standards and respond to service fragility	Director of Therapies and Health Science
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 and Community	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 Board update in March 2024 presented the findings of the Clinical Services Plan Issues Paper (Phase 1). At this meeting, the Board made a decision for the Clinical Services Plan to move to Phase 2 of the programme approach and the Options Development process. It was agreed that Primary and Community Care would separate from the other nine services, with a focus on the development and delivery of a Primary Care and Community Services strategy. The update also included details of Phase 2 and updates on progress to developing the interdependencies and hurdle criteria.

Asesiad / Assessment

Programme Update - Phase 2 - Aims and Objectives:

The scope of Phase 1 of the programme was to develop an Issues Paper that would further refine the next steps. Following the decision by Board in March 2024 for all services within the Clinical Services Plan to progress to the Options Development process, the Programme Steering Group have defined the following aims and objectives for this phase of the Programme:

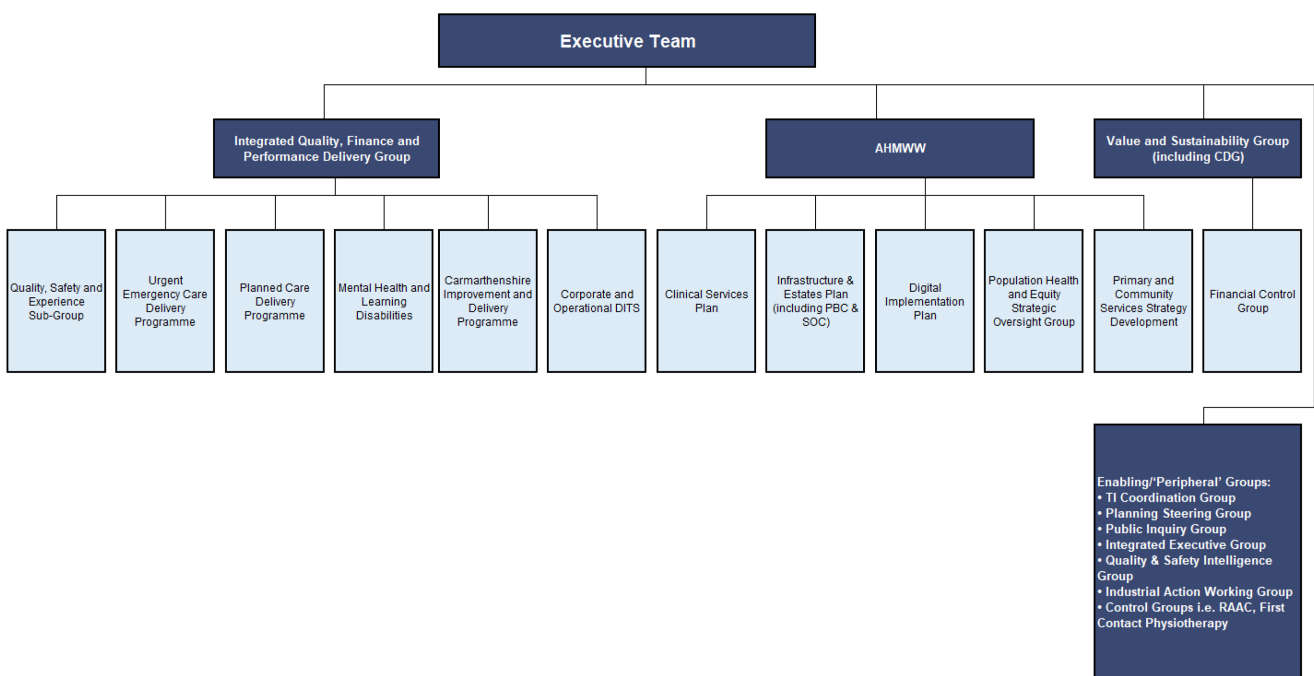
Aim:

- Develop a series of options for delivery of the Clinical Services Plan programme in response to service fragilities or unsustainability 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

Objectives:
- Respond to Critical Care service fragility
- Respond to Emergency General Surgery service fragility
- Sustainably improve access and reduce waiting times for patients for Planned Care (Ophthalmology, Dermatology, Urology, and Orthopaedics) and Diagnostics (Endoscopy and Radiology)
- Improve standards and respond to service fragility within the Stroke service

Programme Governance

The Programme governance will remain consistent with Phase 1. As illustrated below, the Clinical Services Plan Steering Group will be led by Executive members and will report into the AHMWW Group and for assurance to the Strategic Development and Operational Delivery Committee (SDODC). The Clinical Services Plan Steering Group will receive assurance from the project oversight groups and coordinated subgroups as to optimise resource. There is an expectation of clinical representation from the project groups into the project support groups as well as bespoke task and finish groups as identified within the course of business.



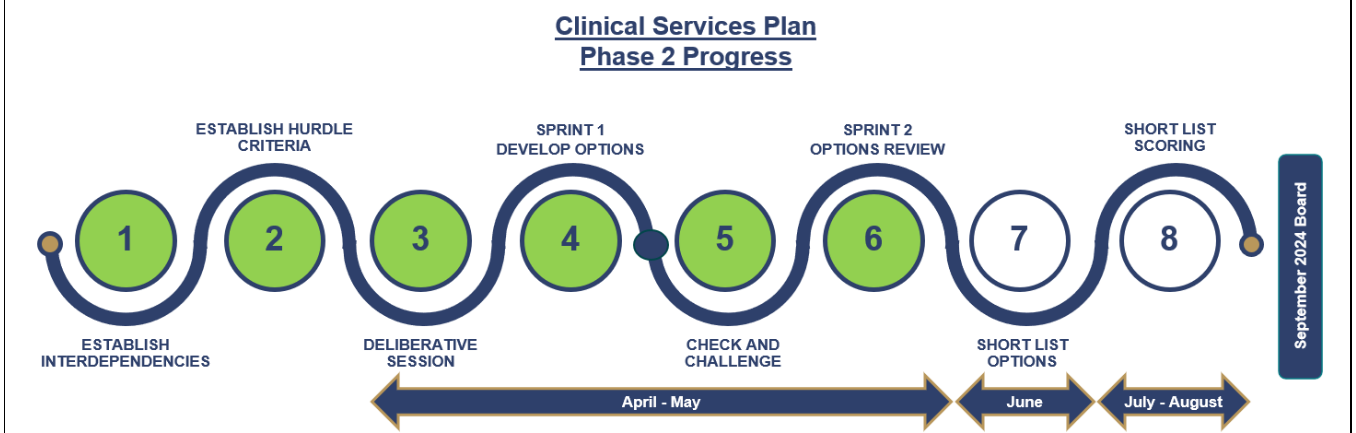
Programme approach

Throughout Phase 1 and during Phase 2, an overall programme approach for the process has been adopted to work up options for how and where the nine services will be delivered in the medium term. The Consultation Institute (tCI) has approved this approach, which means that a programme approach has been adopted (developing options which outline the configuration of all nine services, whilst taking into account individual service requirements and interdependencies).

As the programme is moving at a considerable pace, the updates below for each step look to provide assurance on both the volume, commitment, and level of complexity of work that has been involved to date.

Programme Timeline

The programme is moving in line with its planned timeline, as agreed by Board in March 2023. To date, the first four steps have been achieved; however, it should be noted that, by receipt of this report, Steps 5 and 6 will also have been realised.



Communications and Engagement Subgroup:

- The Communications and Engagement Plan has been developed and sets out the details ensuring the key aspects of the programme are shared with identified stakeholders, including our staff and service users. The plan identifies opportunities for stakeholders to engage during the process, from broad service user involvement to targeted engagement with identified individuals at various stages. The Communications and Engagement Plan is contained in Appendix 1. Details on the types of engagement activity will be included within the updates of the timeline steps below.
- The programme continues to support updates at a number of internal standing meetings to keep colleagues informed on progress, including the Staff Partnership Forum, Healthcare Professionals Forum, and the Stakeholder Reference Group

Activity, Informatics, and Finance Subgroup:

- The subgroup continues to work on the development of the baseline financial information template which is aligned with workforce data and activity data.
- The group has also expanded to include representation from Estates as to support any requests with reference to schedules of accommodation and site expertise.
- This group will also be supporting the information requests developed through Sprint 1 as described below, and will include representatives from Workforce, Finance, Estates, and Data Science
- It is important to note that the Clinical Services Plan is focusing on the medium term and so is not expected to have a direct impact on the financial plan for 2024/2025, but the use of financial hurdle and evaluation criteria will seek to ensure that options developed are financially sustainable.

Quality Impact Assessment/Equality Impact Assessment Development Group:

- An additional subgroup will be set up from Step 6 (Sprint 2 – Short list development group)
- This group has not been established before this step, as there will not be sufficient information within the longlist options to carry out these assessments.

Step 1 – establish the interdependencies

The interdependencies were developed as per the update to Board in March 2023. To date, a total of 142 service interdependencies has been identified. These continue to be tested and where the process identifies further interdependencies these are checked through the Clinical Reference Group (CRG). An assessment is made as to whether the interdependency is:

1. Critical to the options development process (known as the Options Development Group)
2. Important to check and challenge the options (the Check and Challenge Group includes but is not limited to 700 plus representatives from the early targeted engagement process used within the Issues Paper, Medical Leadership Forum (MLF), Healthcare Professionals Forum (HPF)), or
3. Key to be kept informed as per the process defined within the Communications and Engagement plan

To date 45 interdependencies have been identified as '*critical'* to the Options Development Group which is supported by a mix of circa 80 representatives across Clinical, Nursing, Therapies, and Support Services (including Llais, service users across the Health Board and Trade Union colleagues).

Step 2 – establish hurdle criteria

The hurdle criteria were adopted by the Clinical Services Plan Steering Group in April 2024 following approval by the Executive Team. The criteria were developed by the Clinical Reference Group, with surveys issued to the Check and Challenge Group and further testing through the Deliberative session and the Deliberative session Check and Challenge, as described in Step 3 below.

The hurdle criteria explore what an option must be able to deliver as a minimum in relation to Quality, Workforce, Deliverability, Sustainability, and Finance, and are aligned to the Health Board's themes of Safe, Sustainable, Accessible, and Kind services.

These were informed by advice and examples of other practice received from the Consultation Institute. The hurdle criteria have been expanded based on feedback to include equity of access and improving population health.

At this stage in the process, options will only be sufficiently worked up to allow the criteria to be applied, so will not have detailed pathway level information. Along with evidence that the Option Development Group may need to support them, the criteria will be assessed using informed professional judgement and expertise to determine whether an option passes into short list development (Step 7) or fails and is not taken further.

In addition to the above, the Health Board's risk appetite and tolerance statement, as agreed by Board in January 2024, has been used to inform option design and support the groups working on options to understand what the Board appetite and tolerance would be around service changes and patient impacts, for example.

Step 3 – a one-day Deliberative session

The Deliberative session took place on 9 April 2024 with 82 representatives including service users, Llais, and Trade Union colleagues. The output report for the Deliberative session independently produced by the Consultation Institute can be found in Appendix 2.

Deliberative session approach

The approach for the Deliberative session, which was facilitated by the Consultation Institute, focused predominantly on several areas:

- Checking and understanding the findings of the Issues Paper through service lead presentations. These were grouped into sets of three services per presentation to allow appropriate discussion and feedback to be captured on any missing issues and/or agreement of the issues.
- Checking and testing the interdependencies and whether any services or representatives that were critical to the discussions were missing.
- Checking and testing the hurdle criteria.
- Afternoon session focused on ideas generation and what solutions could possibly look like, and what may be needed to facilitate these

Deliberative session key findings

In principle, attendees agreed with the outputs of the Issues Papers. The following summaries provide a highlight of the outputs from the session:

The following issues were identified as important to address:

- Establishing comprehensive Stroke services accessible seven days a week
- Prioritising workforce development and enhancing collaboration between hospital sites
- Improving infrastructure and resource allocation to optimise service delivery
- Enhancing referral pathways and demand management to reduce waiting times
- Expanding the scope of practice for healthcare professionals to alleviate workload pressures
- Addressing recruitment barriers promptly through transparent and efficient processes
- Centralisation and service accessibility

Additional comments, concerns, and opportunities raised:

- Emergency Medical Transport and Community Hospital Beds
    - Challenges in meeting emergency medical transport targets due to extended delays and resource limitations
    - Need to maximise existing infrastructure in community hospitals and bridge the gap between health and social care
- Service Considerations
    - Importance of establishing a regional Stroke service and enhancing collaboration between services
    - Addressing staffing shortages and facilitating early discharge through rehabilitation
    - Integration of care of the elderly services across hospital sites and leveraging physician expertise
    - Leveraging resources through collaboration and addressing equity concerns
- Opportunities Emerging
    - Success stories and data analysis to inform future needs and services' planning
    - Centralisation of services and workforce optimisation to enhance efficiency
    - Collaboration and resource sharing to address capacity issues
    - Redefining care delivery and workforce roles to maximise efficiency and patient care

Themed outputs and idea creation:

- **Technology Integration**: Many ideas emphasise leveraging technology to enhance patient care, whether through remote consultations, telemedicine, Artificial Intelligence (AI) booking systems, or digital infrastructure. Technology is seen as a tool to improve access, efficiency, and patient experience
- **Patient-Centred Care**: The focus on patient empowerment, choice, and engagement is evident across multiple ideas. Initiatives include providing pre-consultation materials, transparency in decision-making, and tailoring services to patient needs and preferences
- **Workforce Development and Training**: Ideas highlight the importance of training, upskilling, and retaining healthcare professionals to meet evolving patient needs. Strategies include incentive schemes, career advancement opportunities, and collaboration with external partners for training initiatives
- **Streamlining Service Delivery**: Many ideas advocate for consolidating services, centralising resources, and establishing specialised hubs or centres to optimise care delivery. This includes pathway centres, diagnostic hubs, and regional service hubs to improve efficiency and accessibility
- **Collaboration and Integration**: Collaboration among healthcare stakeholders, including local authorities, universities, and external partners, is a recurring theme. Ideas stress the importance of inter-organisational coordination, alignment of training programmes, and partnership with other Health Boards or regions
- **Accessibility and Equity**: Addressing barriers to access, including travel challenges, rural healthcare disparities, and transport issues, is a common concern. Ideas aim to improve equity by centralising services, providing virtual care options, and considering patient transport solutions
- **Data-Driven Decision Making**: Ideas emphasise the use of data analysis and planning to inform service configuration, resource allocation, and capacity planning. Data-driven approaches are seen as essential for future-proofing healthcare delivery models and addressing patient needs effectively

Step 3 - Deliberative session Check and Challenge

The findings of the Deliberative session and the tCI output report were tested and checked with the Check and Challenge Group. Representatives were able to feedback on whether they agreed and had further comments that could support the process. The following summary feedback was received from the Deliberative session Check and Challenge process:

- **The main concerns of the staff**: The staff raised various concerns about the CSP, such as the representation and equity of different services and professions, the involvement of Primary Care, Public Health, Social Care, and the input of other stakeholders, the criteria for choosing the nine services, the availability of data and evidence, and the potential impact of the options on the quality and accessibility of care
- **The requests for clarification or participation**: Some staff asked for more information about the CSP timeline, the running order of the Sprint session, the scoring of the options, and the triangulation of the Healthcare Professionals Forum and Clinical Reference Group. Others expressed their interest in being part of the Option Development Group or the Deliberative session for specific services
- **The suggestions for improvement or innovation**: The staff also offered some suggestions for improving or innovating the CSP, such as using the new Integrated Care Centres in Ceredigion, exploring IT solutions for efficiency and communication, incorporating the Public Health agenda and the 3Ps work, addressing the generalist palliative end of life care, and creating a dedicated department for Dermatology

Responding to concerns raised by staff:

- The Clinical Reference Group support with the decision making and as to whether and to what level a represented area is critical to the options development process. A number of the areas raised as a concern are either involved in the Options Development group, the Check and Challenge group or will be involved at a future point as described in the steps of the programme below
- A Communications and Engagement plan has been developed to support delivery of Phase 2 of the Clinical Services Plan (Appendix 1). The Plan includes information about our continuous engagement approach, which will support the process and provide regular updates on progress. It also includes information about additional opportunities for members of our population to receive information about the Clinical Services Plan and how they can share their views at different stages of the process. Data asks are being supported through the Activity Subgroup and any published information relevant to the programme is shared through the intranet site and again updated through the Communications and Engagement Plan

The findings from the Deliberative session Check and Challenge were presented at the start of the Sprint 1 workshop.

Step 4 – a two-day workshop, Sprint 1, develop an options longlist

The aim of this two-day session was to develop a draft longlist of options, desirable criteria and review the scoring methodology.

Sprint 1 approach

The workshop for Sprint 1 was facilitated by tCI and was supported by members of the Executive Team throughout the two days. The itinerary included the following summarised approach:

Day 1

- Reflection and feedback from the Deliberative session and the Deliberative session Check and Challenge process
- Service options development with focused discussions with associated critical interdependencies and advice from support services on the development of a series of options in how they feel their service could look. These were informally checked against the hurdle criteria and presented to the room, with the attendees scoring these in prioritisation order
- Options development across the Programme, using the options developed by the services in the morning session in addition to their own professional judgement to design a programme option that could be considered. These were then shared with participants and developed the baseline for what would be used on Day 2

Day 2

- Consolidation of groups into five longlist options development groups with reflections on Day 1. The rationale here was to encourage more rich discussion and negotiation of how services could deliver.
- Further refinement, discussion, and development of the options, negotiation and discussion of services and how they will look.
- Participants were asked for their views on what the evaluation criteria should be; this will support the short listing of options (Step 8). The short list scoring methodology was also discussed.

Sprint 1 – longlist options development key output

The Sprint 1 workshop was well attended, with 77 participants on Day 1 and 72 participants on Day 2, including all support services, Executives, and observers. In most areas where representatives were not able to attend, a deputy supported the process. Participants were set the task of creating one delivery option for all services across the Programme. In developing the options participants were reminded of the aim and objectives of the Programme and the Hurdle Criteria. They were encouraged to act with permission, challenge one another and negotiate to develop the best configuration of services as possible, doing what they could with the existing resources.

The output report for Sprint 1 was independently produced by the Consultation Institute and can be found in Appendix 3. A draft long list of five options were developed on the day, along with additional references to what would be the key interdependencies to consider in addition to those present within the current process, the key enablers in order to deliver that option and key information required as to understand whether the option could be realised.

The themes across these domains included but were not limited to:

- Data in relation to the movement of care to different locations including what this may mean for estates and workforce.
- Key enablers considering such aspects of transport for stabilise / treat and transfer of patients with robust repatriation protocols.
- Interdependencies including impacts on services that are not in scope of the programme.

Longlist scoring methodology

In order to score the options, the room will need to use their professional judgement to determine whether an option has met all of the hurdle criteria. Consensus agreement, where everyone in the room agrees, is often difficult to achieve and can result in extreme scenarios of all options proceeding or failing.

The methodology proposed was that a majority in the room would be required for an option to proceed, otherwise it would fail. Voting members of the Options Development Group will use a poll to say whether they believe the option has met the criteria, this poll will give the vote count and percentage.

It was agreed that at least two thirds of the room would need to be in agreement for an option to pass into the shortlist phase. In addition, it was felt that, as a programme option will cover nine services, there would also need to be the same majority view from each individual service to prevent a service configuration which is sustainable for most services but potentially non-sustainable or unsafe for one or more services.

It was also agreed that the voting information and feedback from those who feel that an option does not meet the hurdle criteria will be collected and recorded as part of the process and output reporting.

Evaluation criteria survey

Although this stage is still focused on developing a longlist of options, evaluation criteria need to be developed at the same time to allow for the process to flow from longlist to short list.

Where hurdle criteria are pass or fail based on professional judgement, evaluation criteria are evidence based with a clear metric to determine how well an option performs. Unlike a hurdle criterion, an option is not ruled out if it fails to meet an evaluation criterion; this becomes a way of measuring how successfully an option performs against the criteria set and in comparison, to other options.

In order to determine which criteria should be used, a survey was shared with the room which has since been circulated to a wider membership to achieve as many views as possible. The survey looks at whether there are existing hurdle criteria which should be kept going forward, whether there are any that have been previously used by the organisation in short-listing which should be used and lastly whether there are any additional criteria not already considered which should be included.

At the time of submitting this report, the survey remained open to responses.

Short list scoring methodology

Short list scoring is undertaken in two parts, firstly the evaluation criteria are weighted and then the room scores how well they think an option meets each evaluation criterion. The scores are then multiplied by the weighting so that the final scores reflect the importance placed on the criteria.

This process will not be undertaken until the short list scoring phase in Step 8.

Step 5 – virtual Check and Challenge

The tCI output report for Sprint 1 was checked and challenged in the following ways:

- Check and Challenge Group (with more than 700 representatives invited)
- Options Development Group including service users, Llais, and Trade Union colleagues, with the addition of Public Health Wales colleagues.
- Medical Leadership Forum

The tCI output report for this session has been included as Appendix 4 with this report.

Step 6 – a two-day workshop, Sprint 2 options review and evaluation criteria

The Sprint 2 workshop was attended by 66 on Day 1 and 61 on Day 2. This session was designed to consider additional information requests, the findings from the Check and Challenge, refine the options, and scoring of the longlist. The expected output from this session was to be a short list of options which could be further analysed and evidenced as to develop and understand the requirements in more detail.

This stage of the process, also set the evaluation criteria, allowing the Options Development Group to understand what their additional data requirements are, feeding into additional data requests as required and allowing them to carry out the work required in Step 7.

The tCI output report for this process is in draft and will be shared following the governance process.

Next Steps

Step 7 – four workshops, short list options development

The aim of the short-listing workshops is to develop, analyse, and refine the options, and, in addition to this, complete a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis for the short-listed options.

Following a review and consideration of the complexity of the information requests being generated for the options, the programme has reviewed the requirements of this stage. As a result, Stage 7 has now been extended to four days from the originally planned one and a half days.

Step 8 – a one day virtual workshop, short list scoring

At this stage, the Programme Options Development Group, informed by the SWOT analyses, will score the short-listed options against the evaluation criteria.

The criteria will be weighted, reflecting the priorities of the organisation and those in the room, by attendees allocating marks to each one. Once the room have heard all of the options, they will then have the ability to score each option out of 10, and the overall weighting will then be applied.

Urgent and Emergency Paediatric Services at Withybush and Glangwili Hospitals

Following the presentation of the Implementation Project Plan for Urgent and Emergency Children and Young People's Services (Paediatrics) at Withybush and Glangwili Hospitals to Board in January 2024, a number of task and finish groups have been established to deliver the components of Option 1 (Some additional outpatient services for children and young people at Withybush Hospital but no Paediatric Ambulatory Care Unit (PACU) at Withybush Hospital).

Whilst project support is being provided by the Transformation Programme Office, the delivery of the Implementation Plan is the responsibility of the service itself, with a provisional deadline of October 2024 in preparation for the proposed accommodation handover to the service at the beginning of November 2024. At present, a review of the accommodation, transport requirements, and the Equality Health Impact Assessment is underway.

Further progress on the Implementation Project Plan will be reported through SDODC with an outline of progress against the timeline provided within the Clinical Services Plan SBAR report.

Phase 3

Subject to a decision from Board in September 2024 to proceed to Phase 3.

Should we advance to Phase 3 of the programme, we plan to engage or consult on a potentially publicly and politically sensitive issue. In line with similar matters recently considered by the Health Board, we anticipate there will be benefit from utilising independent support and assurance for this phase of the process. As a result, we are seeking to secure quality assurance services and independent consultation engagement, agreed by Public Board in May 2024.

Programme Risks

The following programme risks have been realised during the reporting period:

- Corporate services unable to meet resource demand of the Programme. The financial information baseline template to support Phase 2 of the Programme is at risk of being

delayed beyond Sprint 2 due to resource pressures. This risk was further impacted by the end of year data required for the 2023-2024 reporting period, required to support an up-to-date position on the programme services within scope. The Programme is working closely with support service functions to reduce the impact of any realised delays.

Argymhelliad / Recommendation

The Strategic Development and 1Operational Delivery Committee is asked to:

- **NOTE** that the Clinical Services Plan programme is progressing in line with the Board agreed timeline.
- **NOTE** the aims and objectives for Phase 2 of the programme.
- **NOTE** the hurdle criteria for Phase 2 of the programme.
- **NOTE** the outputs of the Deliberative session, Check and Challenges, and Sprint 1 sessions.
- **NOTE** the progress of the Paediatric Service Implementation Plan.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 Seek assurance on delivery against all Planning Objectives aligned to the Committee (see Appendix 1), considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	➢ 1363 - (Critical Care) Inability to safely support Level 3 Critical Care provision across PPH and GGH (current score 20) ➢ 1082 – (T&O) Lack of Major Trauma Weekend Theatre Sessions GGH (current score 20) ➢ 1383 (Endoscopy) Nursing Staffing Issues/recruitment (current score 8) ➢ 1254 - (Endoscopy) Prince Philip Reconfiguration (current score 8) ➢ 1531 - (General Surgery) Inability to safely support on call rota at WGH and GGH (current score 10) ➢ 1084 - (General Surgery) Surgical Rota at PPH (current score 9) ➢ 1235 - (Urology) Urology Urgent Suspected Cancer (USC) and PCNL (PERCUTANEOUS NEPHROLITHOTOMY) Treatment Delays (current score 16) ➢ 1407 - (Corporate Level Risk) Risk to delivery of Annual Recovery Plan & achievement of WG Ministerial Priorities or the reduction in elective waiting times ➢ 1488 - (Endoscopy) Decontamination BGH (current score 12) ➢ 1092 - (OPD) Progress against F/UP OPD Targets (current score 12) ➢ 1255/56 - (T&O) Lack of Orthogeriatric Consultants and ANP Support (current score 20)

	➢ 747 - (Dermatology) Delivery of sustainable Dermatology Service (current score 8) ➢ 1428 - (Rheumatology) Unable to meet Service requirements (current score 4) ➢ 632 - (Ophthalmology) Ability to fully implement WAG Measures (current score 16) ➢ 1066 – (Ophthalmology) Inability to provide nursing staff to cover required level of activity within Ophthalmology across HB (current score 9) 1234 - (OPD) Inadequate ventilation GGH/WGH (current score 12)
Parthau Ansawdd: Domains of Quality [Quality and Engagement Act (sharepoint.com)]	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: [Quality and Engagement Act (sharepoint.com)]	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources 3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	6 Clinical services plan
Amcanion Llesiant BIP: UHB Well-being Objectives: [Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022]	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:	The Clinical services Plan follows the advice and direction provided by the Consultation Institute (tCI) proven through the Urgent and Emergency Paediatrics project – Information of the process is contained with body of the report
Rhestr Termau: Glossary of Terms:	Contained within body of the report, also: ARCH – A Regional Collaboration for Health BGH – Bronglais Hospital WGH – Withybush Hospital GGH – Glangwili Hospital PPH – Prince Philip Hospital CSP – Clinical Services Plan GIRFT – Getting it Right First Time QSEC – Quality, Safety, and Experience Committee EqIA – Equality Impact Assessment tCI – The Consultation Institute

	ORS – Opinion Research Services WNWRS – Welsh National Workforce Reporting System GMS – General Medical Services
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Board (March 2023 for approval to deliver the Clinical Services Plan Programme) Board (May 2023 for an update on progress of the Clinical Services Plan) Board (July 2023 for an update on progress of the Clinical Services Plan) Board (September 2023 for an update on progress of the Clinical Services Plan) Board (September 2023 Project Plan to develop a Primary Care and Community Strategy) Board (November 2023 for an update on progress of the Clinical Services Plan) Board Seminar (December 2023 for the agenda including items related to Primary Care and Community) Board (January 2024 for an update on progress of the Clinical Services Plan) Board (March 2024 for an update on progress of the Clinical Services Plan) Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	At this early stage of the programme, it is not possible to assess the potential financial implications. An early task is to identify the support required for each of the areas and this may lead to some financial impact.
Ansawdd / Gofal Claf: Quality / Patient Care:	The Clinical Services Plan is intended to improve Quality and Patient Care but at this stage this cannot be assessed.
Gweithlu: Workforce:	The programme is in response to Workforce challenges. The impact will be assessed as the plans are developed.
Risg: Risk:	As outlined above.
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	It is anticipated that there may be political and media interest in the development of these plans. A Communications and Engagement plan will be developed as part of the programme.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	The Clinical Services Plan is intended to improve equality, and this will be further assessed as service plans are developed. Baseline Equality Impact Assessments have been undertaken based on current service provision.

The Consultation Institute

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GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CLINICAL SERVICES PLAN (CSP)
Check and Challenge

(17 May 2024)

SUMMARY REPORT

20th May 2024

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1 Executive Summary

1.1 Introduction

Hywel Dda University Health Board is advancing its Clinical Services Plan to align with its vision of "A Healthier Mid and West Wales". The plan aims to enhance local care and sustain specialist services.

Key stakeholders reviewed the plan's challenges and scoped solutions at a Deliberative Event on 9th April. Sprint 1 on April 25th and 26th, 2024, developed five draft options to address nine clinical services. At a virtual meeting on 17th May 2024 service users had the opportunity to sense check these five options.

1.2 Methodology

Each of the five options were presented by lead members of the option development groups. Participants had the opportunity to discuss each of the options, asking questions and making observations. They were also asked to complete a survey by 21st May 2024 with their views and the rationale for these views.

1.3 Summary of Discussions

Specific comments were provided for some of the options, while more general principles were discussed across all of the options as they are further refined. Key issues emerging included:

- Addressing the suitability and sustainability of different services, particularly Critical Care, surgery, and oncology.
- Evaluating the impact of travel options, capacity, and demand management for patients.
- Ensuring the use of clear and precise language, especially regarding the national Stroke programme and service descriptions.
- Emphasising the importance of gathering feedback from service users and other stakeholders to refine and develop options further.
- Aiming to enhance patient care standards, reduce waiting times, and address service fragilities across various medical areas.

1.4 Next Steps

The feedback from this session will be provided to Sprint 2 to support the creation of a short-list of options. Participants will be invited back to support the scoring of the short list of options on 9th July 2024.

2 Introduction

Hywel Dda University Health Board has entered into its next phase to develop its Clinical Services Plan. The Clinical Services Plan seeks to deliver services in the medium term in line with Hywel Dda's longer term vision "A Healthier Mid and West Wales".

Elements of the strategy will require significant capital investment, some of which is already taking place such as the Cross Hands Integrated Care Centre or have been delivered such as Cardigan Integrated Care Centre.

The Clinical Services Plan programme has an opportunity to look at how and where we provide services, in line with the strategy's goal to deliver care closer to home, while also seeking to make specialist services more sustainable.

A deliberative event on 9th April 2024 brought together clinicians, operational leads, related services, service users and external stakeholders to review the case for change, examine the issues as described in the Clinical Services Plan Issues Paper[1] and begin to scope ideas to address the issues and challenges identified.

Sprint 1 followed on 25th and 26th April 2024. This was a clinically led process representing the nine clinical service areas to begin to develop options which would meet the aim and objectives of the programme:

Aim

- Develop a series of options for delivery of the Clinical Services Plan programme in response to service fragilities or unsustainability 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.

Objectives:

- Respond to Critical Care service fragility.
- Respond to Emergency General Surgery service fragility.
- Sustainably improve access and reduce waiting times for patients for Planned Care (Ophthalmology, Dermatology, Urology, and Orthopaedics) and Diagnostics (Endoscopy and Radiology) .
- Improve standards and respond to service fragility within the Stroke service.

As a result of this Sprint five different draft options were developed alongside a set of additional information requirements to allow further refinement of the options as the process progresses.

On 17th May a virtual Check and Challenge meeting with service users was convened. There was a total of 32 people in attendance:

[1] https://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-issues-paper-pdf/

- Six Service Users
- A Welsh Government representative
- A Llais representative
- A Trade Union Representative
- Two Health Board Executives
- Six Transformation Programme Office/Engagement team members
- Twelve service representatives and two Group 2 Check and Challenge' Options Development Group members
- A tCI representative to facilitate

3 Methodology

The session opened at 9.00am with Lee Davies, Executive Director of Strategy and Planning welcoming attendees. He set out the aim and objectives of the programme and provided an overview of the progress of the Clinical Services Plan programme option development work to date.

Participants were then informed of the session's objectives:

- To sense check the draft options developed during Sprint 1
- To gain an understanding of the development of Evaluation Criteria

To support participants' ability to sense check draft options they were presented with the Hurdle Criteria. They were then invited to use their smart phone to complete a survey as the options were presented but were also informed the survey would remain open until 21st May to allow additional thought.

Members from each of the Option Development Groups presented options one to four. Option five had been developed using information of possible service configurations devised during the Deliberative Session on 9th April 2024 and was presented by the clinical lead from the Transformation Programme Office. Alongside the draft option, information requirements to further refine the option and enablers to support its implementation were also presented.

After the presentation of each option there was a plenary discussion providing the opportunity for observations, questions, and comments regarding the option.

Once all five options had been presented and discussed Alex Martin from the TPO presented an overview of the development of the Evaluation Criteria:

- Safe
- Sustainable
- Accessible
- Kind

Andrew Carruthers, Director of Operations provided closing remarks emphasising the importance of participants completing the survey and informing them of the next steps in the process. The session closed at 10.40am.

Participants were provided with a copy of the slide deck presenting the options after the session closed. The survey remained open until Tuesday 21st May to permit sufficient time for participants to provide informed reflective views.

4 Summary of Plenary Discussion

4.1 Draft Option One

Presented by Stephanie Hire General Manager, Scheduled Care Services and Bethan Andrews, Service Delivery Manager/Interim General Manager.

Discussion Points

- Suitability of options for different services.
- Link between Critical Care and surgery; inclusion of oncology within each specialty.
- Consideration of travel options, capacity impact, and demand matching.
- Concern that service users lack sufficient information to judge options.
- Emphasis on using precise language in line with the national Stroke programme; aligned with national agenda and national language.
- Assurances were provided that there was more work to do on the refinement of the options.
- Participants were encouraged to use the survey to capture which service you feel doesn't work in the option and why, so that it can be considered by the options development group.

4.2 Draft Option Two

Presented by David Lewis, Service Manager for General Surgery & Associated Services

Discussion Points:

- Clarification sought on whether Dermatology is included within acute services.
- Need for precise use of terms distinguishing between basic diagnostics and complex interventional Radiology, noting that complex interventions are not feasible on every site.
- Plan to develop a non-acute minor unit in the Carmarthenshire area, in addition to existing community services.

4.3 Draft Option Three

Presented by Ceri Wisdom, Service Delivery Manager Dermatology, Outpatients, and Pain

- Concern about the impact on waiting lists and the diminishing Dermatology services in all options.

- Removing Gastrointestinal (GI) services from Prince Philip Hospital (PPH) could reduce capacity and affect demand management. Need to balance Urology, respiratory, and GI needs, as GI services are fragile.
- Prince Philip Hospital (PPH) cannot achieve Joint Advisory Group (JAG) accreditation without major reconfiguration; sustaining accreditation on other sites relies on sufficient capacity.
- Need clear information on service delivery, capacity release, and resource reallocation.
- Suggestion to relocate decontamination to Hospital Sterilisation and Decontamination Unit (HSDU) to create a new Endoscopy area at Bronglais General Hospital (BGH).
- Proposal to develop a second theatre by repurposing space, requiring capital investment.

4.4 Draft Option Four

Presented by Robin Ghosal, Hospital Director/ Respiratory

The discussion points became focused on the programme as a whole as participants began to consider the options in the round:

- Various concerns were raised about the complexity of the options and the need for clarity, especially regarding how they address the needs of patients with multiple conditions and comorbidities.
- The importance of understanding the positives and drawbacks of each option was highlighted, particularly from the perspective of service users and how they align with regional and national discussions on Stroke care.
- The refinement process for the options was highlighted, drawing reference to the need to pass hurdle criteria. The narrative around changes was mentioned with the need to communicate opportunities effectively.
- The unique challenge of developing a public consultation process for complex changes was acknowledged, with participants encouraged to provide their thoughts and questions to shape the options.
- Consideration of Stroke care pathways, engagement with neighbouring health boards, and focus on hurdle criteria rather than identifying the best option at this stage were highlighted as key aspects of the ongoing process.

4.5 Draft Option Five

Presented by Sarah Issac, Medicines Management Clinical Lead, Transformation Programme Office

Discussion points:

- The rationale behind designating Glangwili as the main Stroke unit by year 4 was questioned.
- Concerns were raised about the alignment of proposed Stroke services with regional models and the potential transfer of patients to centres outside Hywel Dda.
- Emphasis was placed on considering travel options and providing accommodations for relatives during patient treatment.
- Retention of Stroke specialists and the need for their presence on rehabilitation sites were discussed.
- Participants highlighted the need for evidence to support proposed changes and emphasised the importance of selling opportunities.
- The discussion acknowledged the fragility of current services and the necessity for radical changes to ensure up-to-date patient care.
- There was recognition that Stroke care across the four sites is substandard due to a limited number of specialists, underscoring the need for regional Stroke centres.

5 Next Steps

The feedback will be shared with the Options Development Group as part of further consideration ahead of the next Sprint event where a short list of options will be identified (23rd and 24th May).

Next session for this group will be to contribute to the short list scoring on 9th July 2024. The process continues to be underpinned by continuous engagement.

6 Appendix 1 – Check and Challenge Feedback

Check and Challenge sessions took place on the 16th and 17th of May.

The 16th of May Check and Challenge session took place with members from within the organisation as well as external interdependent service representatives and stakeholders.

The 17th of May Check and Challenge session took place in the morning and had Options Development Group patient representatives and the Check and Challenge Group who also took part in the Deliberative Session. This took place in the morning while the rest of the group considered the data requested.

The second Check and Challenge that took place on the 17th of May was with the Options Development Group that met as part of Sprint 1.

The same slides with draft options and survey were issued to all three groups with 79 responses received in total. Feedback for draft options have been themed together, with many of the themes raised in option 1 repeated through all of the options.

6.1 Draft Option One

- Concerns that the option doesn't consider regional working with Swansea Bay UHB, Powys THB or Betsi Cadwaladr UHB – Travel impact on patients, development of joint working and regional stroke models, and loss of revenue
- Concerns that changes to Critical Care do not reflect the patient needs in Pembrokeshire, Ceredigion, Powys or Gwynedd
- Impacts on service changes need to be explored with Emergency Departments, Patient Transfer Services and Allied Health Professional Services
- Impacts on staff need to be explored, especially for site specific therapy roles which cannot move or staff not wanting to relocate
- Concerns over lack of transport services available, as well as patient travel impacts and parking on busy sites
- Dermatology should be centralised on Prince Philip Hospital as a hub
- Concern that a centralised Stroke service on Prince Philip or Withybush sites won't have a level 3 Critical Care unit
- Queries around how Stroke rehabilitation will work for patients away from acute sites, especially those from Powys/ Gwynedd
- Concerns that Prince Philip will be unable to accommodate services and Bronglais will be under utilised
- Query whether options change enough to meet workforce/ financial challenges
- Breakdown in Radiology modalities would support understanding on what is being delivered on each site
- Question over suitability of accommodation available for current and future planned growth in service provision
- Trial Without Catheter services should be community based and not place based to best meet patient need

- Queries whether a Stroke medical and therapy rota can be sustainable across two sites for 24/7 care and whether it is required if providing a treat and transfer service

6.2 Draft Option Two

For draft option 2 many of the responses to draft option 1 were repeated. The bullet points below identify themes arising specifically around this option configuration:

- Impacts on staff need to be explored, especially for staff being relocated for Stroke and Gastroenterology
- Language needs to be consistent across options when describing the same things
- May be unable to staff Radiology on all 4 sites alongside a diagnostic hub given national staff shortages
- Consideration needs to be given around impacts on therapy staff available to support the option
- Consideration for what could be in Bronglais if Stroke care is removed, Care of the Elderly suggested
- Uncertainty for what this option means for Endoscopy, especially JAG emergencies and providing a service from a non accredited site
- Greater focus needed on decentralising activity which can be delivered in community to support population health management and overcome barriers to transport
- Concerns about lack of Emergency General Surgery in Pembrokeshire but also support for a centralised service for patient safety
- Several services note that Glangwili will need to retain aspects of most services as an emergency pathway
- Question over how many surgical beds will be available in Glangwili, noting its vulnerability to winter surge pressures, and whether this would be supported by a Same Day Emergency Care Unit
- Option does not satisfy issues with Ophthalmology workforce spread across multiple sites

6.3 Draft Option Three

For draft option 3 many of the responses to draft options 1 and 2 were repeated. The bullet points below identify themes arising specifically around this option configuration:

- Some felt this was the best option as it didn’t overload Glangwili site and maintained patient safety, while others felt that there was little differentiation between all options or even from the current delivery of some services
- Noted as the only option that identified High Dependency Support Unit as an enabler
- More clarity needed on how Trial Without Catheter services would be delivered
- Still a need to retain some elements of services at Glangwili for access to emergency theatre

6.4 Draft Option Four

For draft option 4 many of the responses to draft options 1, 2 and 3 were repeated. The bullet points below identify themes arising specifically around this option configuration:

- Transfer time for Bronglais Intensive Care Unit may cause patients to come to harm

- Only option to reference Pathology, but unclear what the impact on the service would be
- Space would be needed at Glangwili for interventional Radiology and recovery
- Serious consideration needs to be given to the amount of activity that can be carried out with a limited therapy workforce
- This option may have the greatest impact on patients from Mid Wales due to transport routes to Llanelli
- Concerns over how well retrieval and ambulance services will cope with all of the transport requirements
- It was felt that too many services were being removed from Withybush which would impact patients and staff skills

6.5 Draft Option Five

68 responses were received to the three surveys providing feedback for draft option 5. Most of the responses were repetitions of feedback for draft options 1-4. The bullet points below identify themes arising specifically around this draft option configuration:

- Concerns that this would result in unacceptable travel time for Stroke patients impacting on their outcomes
- No clear definition on the catchment area of a Regional diagnostic hub
- While many felt a centralised diagnostic hub was a good idea, concerns were also raised over viability to staff or to meet equipment needs, as well as impact on patients travelling
- Concern over loss of income from neighbouring health boards if Ophthalmology is not present in Bronglais as well as patient impact for travel time before and after treatment
- Some felt that while more radical, offered the better opportunity for longer term sustainability
- Clarity needed over what Orthopaedic activity would take place in Withybush and Bronglais
- Therapy provision needs consideration as they currently support multiple wards or services on a site basis