



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 May 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Clinical Services Plan Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Executive Director of Strategy and Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Ben Rogers, Principal Programme Manager, Transformation Programme Office Conrad Hancock, Senior Project Manager, Transformation Programme Office

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The Health Board has an approved health and care strategy, “A Healthier Mid and West Wales – 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 which has been further exposed through the COVID-19 pandemic.

The purpose of this report is to provide an update on the Clinical Services Plan which was approved by Board in March 2023. Within this, establishment of a programme approach to develop a Clinical Services Plan in response to these 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.

This report also seeks a decision to approve the indicative consultancy costs required for the development of the issues papers as part of the Clinical Services Plan Programme.

**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 the 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 which have not returned to pre-pandemic activity levels which is limiting access for patients, e.g. 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:

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 review and forthcoming 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 Wthybush General Hospital, 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	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

### Asesiad / Assessment

Due to the nature of service provision across Mid and West Wales, it is recognised that a wide range of services have inherent fragilities. This was a key driver behind the development of the Health Board's strategy which seeks to reduce, if not eliminate, the risks to sustainable service provision. Until the strategy is fully implemented, in particular the establishment of the proposed new hospital network, services are having to manage these fragilities daily. The pandemic has further exposed these fragilities, with many services unable to return to pre-COVID activity levels or service models.

In response to this, the following steps are in progress:

- 1.1 Programme Scope
- 1.2 Programme Governance
- 1.3 Programme Approach (including Product Outputs)

**Programme Scope:** The scope will cover aspects associated with the Health Board's response to Targeted Intervention, the interim years (until the establishment of the proposed new hospital network) as well as supporting progress towards the delivery of our strategy. Within this, the issues paper will look at how the services have performed, and people's experiences of the services. This includes service user feedback and reviewing historical data. The findings from the issues paper will help define the scope for each service area.

**Programme Governance:** As illustrated below, the Clinical Services Plan Steering Group will be led by Executive members and will report into the Executive Team and 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

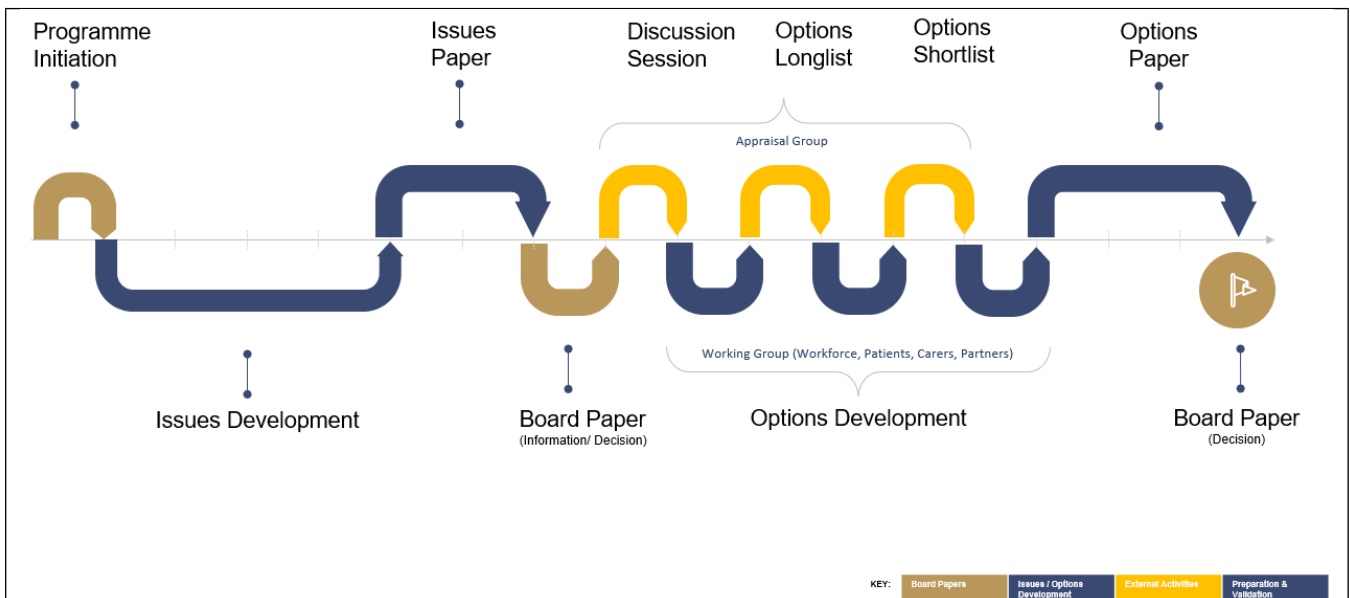
project groups into the project support groups as well as bespoke task and finish groups as identified within the course of business.



Below is a brief of Programme and Project updates to date:

- The Clinical Services Plan Programme Steering Group inaugural meeting is planned for Tuesday 20 June 2023.
- Clinical Services Plan initiation briefings have taken place with both the Critical Care Task and Finish Group and the Stroke Steering Group. Both areas will be dedicating a portion of their current business meeting to support the Clinical Service Plan. Within Stroke, an aspect of the issues paper fact find is being expedited. This has been driven by the changes to clinical guidelines, as well as the 'A Regional Collaboration for Health' (ARCH) business case for the Stroke Pathway.
- Further Clinical Services Plan project initiation briefings are planned by the end of Quarter One 2023/24 within Planned Care, Emergency General Surgery, and Diagnostics. Higher level briefings within these areas have taken place in May 2023.
- With reference to Primary Care, higher level briefings are planned for May and June 2023 to scope out the detail and approach.

**Programme Approach:** The intended approach for the Clinical Services Plan is to establish a thorough and detailed understanding of the issues. Utilising a proven approach as evidenced through the Paediatric Issues and Options Papers process. It is expected that, in part, the issues papers will also support the response to the Health Board's approach to Targeted Intervention. This programme approach is expected to be replicated for each project group as illustrated within the graphic below.



Specific components in the approach to the development of an issues paper will use business improvement methodology to capture a wide range of areas within a clinically defined Data Collection Plan which may include information relating to:

- Patient Journey (Performance, Demand, Benchmarking)
- Workforce (Surveys, Establishments, Capacity)
- Quality (Patient Experience, Clinical Guidelines, Incidents)
- Early Targeted Engagement (Workforce, Patients, Partners)
- Interdependent Workstreams (National, Regional and Local workstreams)
- Finance and Estates considerations
- Published Document Analysis

It should be noted that this timeline remains in planning and may be subject to variation pending:

- Establishment of all project groups and project subgroups
- The scope and requirements of each issues paper
- Services included. Due to fragility may be unable to release clinical leads, including GP leads, to support the process if service pressures are sustained or increased
- Reliance of other functions and departments being able to support requests for information. For example, information and support from functions such as Patient Experience, Data Scientists, Communications & Engagement
- By running the programme projects concurrently, it is highly likely that the Clinical Services Plan will create capacity constraints within Support Services.

Each of the Clinical Services Plans will be clinically led and developed in an open and transparent manner, with engagement of stakeholders and an equality impact assessment for each service area. The intention is to initially consider the issues within each of the services and then develop options, providing regular updates to Board.

The development of the issues papers will require the support of specialist consultants to advise and provide assurance that the process to be undertaken follows best practice guidance and that the outputs from the early engagement work planned is reviewed independently.

The Board is asked, therefore, that the use of consultants (already agreed for the urgent and emergency Paediatric pathway) is extended to the issues development for:

- Critical Care
- Planned Care
- Emergency General Surgery
- Stroke
- Diagnostics

**\*Indicative costs** are set out below (please note that the cost for Primary Care is to follow once a scope has been established):

Specialist advice and guidance £0 (utilising available days from the land and paediatric consultations)

Early engagement analysis £37,175

Total costs £37,175

Funding for the above will be derived from the Strategy and Planning budget line. The appointment of a consultant to undertake the early engagement analysis will follow the Health Board's Procurement Framework.

### **Urgent and Emergency Children and Young People's Services (Paediatrics) Consultation**

An Issues Paper was completed in September 2022 which outlined the changes, impacts and issues to date. A series of workshops were then held where key stakeholders including children and young people, parents and guardians, and staff developed and appraised options which could respond to the needs identified within the issues paper for how urgent and emergency children and young people's services could be provided.

This work resulted in the three options that are now part of this consultation. Under all the options, emergency and inpatient care for children and young people would be retained at Glangwili Hospital, and the existing Minor Injury Unit would be retained at Withybush Hospital. One of the following options would also be offered at Withybush:

- **Option 1:** Some additional outpatient services for children and young people at Withybush Hospital and no Paediatric Ambulatory Care Unit (PACU)
- **Option 2:** PACU at Withybush Hospital from 10am – 6pm, Monday to Friday. Limited outpatient activity due to clinical space needed for PACU.
- **Option 3:** Same as Option 2, PACU at Withybush Hospital from 10am – 6pm, Monday to Friday. Limited outpatient activity due to clinical space needed for PACU, but with some extra services like provision of some non-emergency treatments such as radiology, and day care for those, for example, returning for medication or dressing change.

The Board in November 2022 agreed to consult on all three options and in January 2023 the Board approved the Consultation Project Plan, including the consultation scope and mandate and timescale for delivery and the commencement of the detailed consultation planning (pre-consultation period).

The launch of the 12-week consultation is planned for 26 May 2023, enabling us to seek the views of our service users and community ahead of, and including, the summer holiday

period. A communication and engagement plan is prepared, taking account of the broad range of stakeholders that we will need to include in the consultation, including engaging with staff and service users who may be directly impacted by the different options. A range of documentation will be available to support the consultation – including a bilingual full consultation document, a youth version, and easy read documents. The documentation will also be available in additional languages and British Sign Language (BSL).

The Eisteddfod, Europe's largest youth cultural festival, will be hosted in Llandovery from 29 May – Saturday 3 June 2023 inclusive, and provides an opportunity to engage with young people and their parents and guardians, and other service users (both local and from further afield) and highlight the opportunities to provide feedback through completion of a questionnaire and attendance at public drop-in events for the Urgent and Emergency Children and Young People's Services (Paediatrics) Consultation.

### **Emergency General Surgery Update**

The interim contingency plan for the Surgical Consultant on call rota was agreed at Board in March 2023. Prior to this, the approach was discussed and agreed at Acute Leadership Group (ALG), Executive Team (ET), Quality, Safety and Experience Committee (QSEC) and Operational Planning and Delivery Performance (OPDP) and implemented from Monday 1 May 2023.

Prior to the plan being implemented, the Standing Operating Procedure (SOP) to support the change in the on-call consultant rota was presented at the ALG meeting. In addition to this a series of meetings engaged all clinicians and site triumvirate teams from BGH, GGH and WGH to discuss the SOP. Senior Clinicians answered any clinical concerns that were raised at these meeting.

The SOP, WGH Consultant Rota, Consultant Site Rota and BGH/GGH Consultant rotas have been shared with all parties.

During this interim arrangement, the service will continue to run recruitment campaigns for Consultants at WGH, A recent substantive consultant advert for a post has closed and there was one applicant who was not eligible to be shortlisted, the two locum consultant posts have closed and there are nine candidates shortlisted. Interviews are being arranged.

The Interim SOP will be a live document and updated as required with any key points presented in future Clinical Service Plan updates.

### **Argymhelliad / Recommendation**

The Board is asked to:

- **TAKE ASSURANCE** that the Clinical Services Plan Programme is being established
- **NOTE** the progress and planned approach to deliver the Clinical Services Plan Programme
- **APPROVE** The indicative consultancy costs required for the development of the issues papers as part of the Clinical Services Plan Programme
- **NOTE** the launch date and timeline for the Consultation on Urgent and Emergency Children and Young People's Services (Paediatrics) at Withybush and Glangwili Hospitals

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	<ul style="list-style-type: none"> <li>➤ 1363 - (Critical Care) Inability to safely support Level 3 Critical Care provision across PPH and GGH (current score 20)</li> <li>➤ 1082 – (T&amp;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)</li> <li>➤ 1531 - (General Surgery) Inability to safely support on call rota at WGH and GGH (current score 20)</li> <li>➤ 1235 - (Urology) Urology Urgent Suspected Cancer (USC) and PCNL (PERCUTANEOUS NEPHROLITHOTOMY) Treatment Delays (current score 16)</li> <li>➤ 1407 - (Corporate Level Risk) Risk to delivery of Annual Recovery Plan &amp; achievement of WG Ministerial Priorities or the reduction in elective waiting times</li> <li>➤ 1488 - (Endoscopy) Decontamination BGH (current score 12)</li> <li>➤ 1092 - (OPD) Progress against F/UP OPD Targets (current score 12)</li> <li>➤ 1255/56 - (T&amp;O) Lack of Orthogeriatric Consultants and ANP Support (current score 20)</li> <li>➤ 747 - (Dermatology) Delivery of sustainable Dermatology Service (current score 8)</li> <li>➤ 1428 - (Rheumatology) Unable to meet Service requirements (current score 4)</li> <li>➤ 632 - (Ophthalmology) Ability to fully implement WAG Measures (current score 16)</li> <li>➤ 1066 – (Ophthalmology) Inability to provide nursing staff to cover required level of activity within Ophthalmology across HB (current score 9)</li> <li>➤ 1234 - (OPD) Inadequate ventilation GGH/WGH (current score 12)</li> </ul>
Galluogwyr Ansawdd: Enablers of Quality: <a href="http://sharepoint.com">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Parthau Ansawdd: Domains of Quality <a href="http://sharepoint.com">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources 3. Striving to deliver and develop excellent services 3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care 5. Safe sustainable, accessible and kind care

Amcanion Cynllunio Planning Objectives	6a Clinical services plan 4a Planned Care and Cancer Recovery 4b Regional Diagnostics Plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	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.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The Clinical Services Plan is intended to improve Quality and Patient care but at this stage this cannot be assessed.
<b>Gweithlu: Workforce:</b>	The programme is in response to workforce challenges. The impact will be assessed as the plans are developed.
<b>Risg: Risk:</b>	As outlined above
<b>Cyfreithiol: Legal:</b>	N/A
<b>Enw Da: Reputational:</b>	It is anticipated there may be political and media interest in the development of these plans. A communication and engagement plan will be developed as part of the programme.
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	This will be assessed as the service plans are developed