

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 July 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Clinical Services Plan Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy & Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Yvette Pellegrotti, Anna Henchie, 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 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 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 is also an action within the Targeted Intervention requirements of Welsh Government.

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:

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 current 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 General 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	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 May 2023 highlighted](#) the development of the governance, scope, and programme approach for the Clinical Services Plan and, within this, that the issues development for a service would be considered at a Health Board level, noting the drivers above may be pathway or site specific. The update also noted that the Clinical Services Plan programme approach may have up to three phases: Phase 1 being the issues development, Phase 2, if required, options development, and Phase 3, if required and approved to do so, further engagement and/or consultation.

Asesiad / Assessment

Programme Update

The inaugural Clinical Services Plan Steering Group meeting took place in early June 2023 with a priority focus on the governance and structure of the programme. Further updates below include the timeline, as well as an update on resources.

Updated Programme Timeline

The timeline intentions as described in the Board paper for 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 in January 2024. A subsequent phase will then commence to consider options development, where services are identified as requiring this.

The establishment of the clinical project groups through the Project Administration Communication Environment (PACE) application has commenced. PACE supports the governance approach in managing timelines highlight reports, programme related risks, issues,

benefits, and decisions. It should be noted that at this stage the timeline articulated below does not include the issues development in relation to Primary Care as this is at the stage of requiring agreement through the governance structure.

Resource Update

In response to Targeted Intervention and the requirement of the Clinical Service Plan Programme, an assessment has been made of the resources required to effectively realise programme deliverables. This assessment used the Health Board's experience of the Urgent and Emergency Children and Young People's process as an indicative baseline. This has identified a deficit in resource of 12WTE posts across clinical and operational, digital, project management, workforce and communications and engagement.

The programme, as described in the Clinical Services Plan May 2023 update, will be a phased approach and the weighting of the resource required leans heavily into the options development phase. There is, therefore, an opportunity to phase the resources to align to the demands of the programme, however this does add to the risk that recruitment timelines could impact on the programme timelines. The resource requirements will be incorporated into request for support under Targeted Intervention to Welsh Government. If this is unsuccessful it is likely there will be an impact on either timelines or scope of the programme.

In the meantime, the Board is asked to note that a review and re-prioritisation of corporate resources is underway to support delivery of the Clinical Services Plan. This is expected to have consequences for other programmes of work which will be considered by the Executive Team.

Clinical Services Plan Programme Pathway Updates

All specialities have been allocated a project manager who has made initial contact with the service leadership team to instigate the project meetings, draft Project Initiation Document (PID), and Terms of Reference (ToR) for each project group.

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

The consultation launched on 26 May 2023 and a number of engagement events have taken place, both in-person and online, to engage with staff, the public, and key stakeholders identified through stakeholder analysis.

In-person activities have been run as informal drop-in sessions with staff available to respond to queries and signpost attendees to consultation and technical materials. Online events have been run with presentations followed by questions and answers.

During the initial six weeks of the consultation, the engagement activities have been planned to ensure coverage across staff bases and localities impacted. At these events, participants have been invited to complete equality monitoring forms which, along with completed questionnaires, have allowed us to understand who we have engaged with to date.

The remaining six weeks of the consultation will include targeted engagement with demographic groups who may not have responded to the level we would expect, and this will be reviewed at the mid-point review and the end-point review, in order to engage as effectively as possible throughout the consultation period. Engagement will be online and face-to-face, as appropriate.

Stroke

A business case for the Comprehensive Regional Stroke Centre (CRSC), formally known as the Hyper Acute Stroke Unit (HASU), has now been developed via the ARCH (A Regional Collaboration for Health) Programme in collaboration between Swansea Bay University Health Board (SBUHB) and Hywel Dda University Health Board (HDdUHB). This has been considered by the Executive team and discussed at the June 2023 Strategic Development and Operational Delivery Committee (SDODC) ([available here](#)). At this stage, the Executive team has indicated support in principle for the development of such a unit but recognised a significant amount of work will be required between now and the unit potentially being in a position to serve Carmarthenshire residents (currently anticipated to be Year 3 of the implementation plan). In particular, the whole pathway will need to be considered in order to ensure the Hywel Dda units have the staffing levels to meet national standards and support timely repatriation.

For this reason, a multi-disciplinary Task and Finish group has been convened, initially to compile a Factual Assessment of the impact on the Stroke Pathway in Carmarthenshire. The group is led by the Director of Therapies and Health Science and consists of representation from medical, nursing, therapies, and operational leadership, supported by the Transformation Programme Office.

The Factual Assessment for Carmarthenshire has been completed and specifically focuses on the staffing and associated funding required to fulfil the national expected standards of acute and rehabilitation phases of stroke care for Carmarthenshire residents. The assessment ([available here](#)) was presented to the June 2023 SDODC meeting and enables the Board to fully consider a recommended phased approach and investment required to meet national standards, including alignment with the proposed CRSC.

The Task and Finish Group will now undertake a similar assessment for both Ceredigion and Pembrokeshire. The group will also work on the Clinical Services Plan to capture information for the data collection plan that will help inform the issues paper.

During June 2023, the Health Board received new, recurrent funding of circa £640,000 from Welsh Government, which will be used, in part, to implement Early Supported Discharge (ESD) across all three counties. ESD has been evidenced within Stroke Pathways to improve early discharge in up to 30% of stroke patients, as identified within the paper to SDODC, as well as reduce the average length of stay and subsequent demand bed utilisation for the pathway once the benefits have been realised.

The Stroke Steering Group will oversee the governance aspects of the Stroke Task and Finish Group for the purposes of delivering the Clinical Services Plan, and the standing agenda has been updated to reflect this change. The membership of the Stroke Steering Group is across Hywel Dda and includes representation from third sector partners.

Planned Care

Meetings have taken place with senior leads to discuss the method and approach, and service lead meetings are now taking place to establish Task and Finish groups for each of the specialties identified. The specialties identified within Planned Care for inclusion in the Clinical Services Plan are as follows:

- Orthopaedics
- Ophthalmology
- Urology
- Dermatology
- Outpatients
- Endoscopy

Every specialty Task and Finish Group will produce a Project Initiation Document (PID) which will set out the process to enable the development of the issues papers.

Outpatients

With reference to outpatients, conversations are ongoing to agree the scope of this work and as to whether this will be incorporated into the existing planned care pathways within the Clinical Services Plan or have a standalone project group noting the interdependencies between elective care and diagnostic pathways.

Endoscopy

Endoscopy sits within the Scheduled Care directorate in the organisational structure and has also been identified within the ARCH programme of work for regional diagnostics. As such an agreement will be sought through the governance structures as to whether endoscopy remains under planned care or will sit within the Diagnostics Project Group with radiology.

Critical Care & Medical Emergencies

A workshop took place on 4 July 2023 which reflected on the current position, what is working well, what the challenges are, and what may need further understanding, specifically focusing on Carmarthenshire and the PPH Critical Care and Medical Take. This meeting was supported by the Adult Critical Care Transfer Service (ACCTS) Cymru. The workshop was positively received, and a number of ideas were formulated for further consideration in the bi-weekly Task and Finish group.

Recurrent meetings are in place with the critical care triumvirate leadership team to collate information for the data collection plan that will help inform the issues development. These include the sustainability of critical care and medical emergencies in Carmarthenshire as well as the recurrent standing meetings in place across Hywel Dda, which incorporate representation from Ceredigion and Pembrokeshire.

Emergency General Surgery

The interim contingency plan for WGH surgical consultant on call rota was agreed at Board in March 2023.

During this interim arrangement, the service will continue to run recruitment campaigns for consultants at WGH. Since the last update two locum consultants have been recruited to join the rota, one expected to take up post in August 2023 and one in September 2023. This will relieve pressures on the current rota. The position will be reassessed once the roles are active as to whether the current SOP (Standard Operating Procedure) needs review.

The interim SOP is a live document and updated as required with any key points presented in future Clinical Services Plan updates.

Diagnosics

The Diagnostics Project Group currently includes radiology. As highlighted above, pending further discussion and agreement through the Clinical Services Plan governance structure, it may extend to include endoscopy. Both pathways are also being considered at a regional level as part of ARCH. Project managers have had meetings with ARCH representatives as to be aware of the early discussions and ensure alignment with the planned programme of work.

Meetings have taken place with senior leads to discuss the method and approach and service lead meetings are now taking place to establish the Diagnostics Project Group.

Primary Care

A series of meetings have taken place in relation to exploring, defining, and refining the scope of the work for Primary Care. This has included presentations and discussions at Executive team meetings. The next stage of this project is for scope sign off and development of the governance structure to support programme and project deliverables.

Argymhelliad / Recommendation

- **NOTE** the progress with the Clinical Services Plan programme.
- **NOTE** the assessment of resource requirements and the re-prioritisation of existing resources to deliver the programme.
- **NOTE** the updated timeline for delivery of the Clinical Services Plan programme and risk to timeline associated with resource requirements and recruitment timescales.
- **NOTE** the intention to utilise Welsh Government funding to implement Early Supported Discharge for Stroke and the work undertaken to assess the requirements to meet national standards for Stroke care, which will now be incorporated into the scope of the Stroke project within the Clinical Services Plan.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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 20)
- 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

	<ul style="list-style-type: none"> ➤ 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	6a Clinical services plan 4a Planned Care and Cancer Recovery 4b Regional Diagnostics 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:	Contained within body of the report
Rhestr Termiau: Glossary of Terms:	Contained within body of the report also: BGH – Bronglais General Hospital WGH – Withybush General Hospital GGH – Glangwili General Hospital
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	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)

Parties / Committees consulted prior to University Health Board:	Executive Team
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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:	N/A
Enw Da: Reputational:	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.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	This will be assessed as service plans are developed