

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 September 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, 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 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 (CSP):

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 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 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.

The [Board update in July 2023](#) highlighted progress with reference to the programme rhythm and establishment of the project groups, subgroups, and task and finish groups as described within the governance structure. This update also gave reference to the programme timeline, resources required to deliver the programme, as well as how services would be managed within the governance structure.

Asesiad / Assessment

Programme Update

Positive progress has been made within the subgroup domains to support the development of issues papers in relation to each service.

- Patient Experience Subgroup: Progress has been made in developing draft methodologies. This includes collaborating with colleagues in Risk, Complaints and Incidents to support the current methodology. In addition to this, the data and coding required to support early targeted engagement for both staff and patients has been defined.

- **Communications & Engagement Subgroup:** Progress has been made with regard to the development of the staff and service user questionnaires. These are now in the process of translation into Welsh. Additional activities in progress include the development of both internal and external webpages to provide information and updates on the programme. A virtual early targeted staff engagement workshop has been planned for early Autumn to raise awareness of the Clinical Services Plan programme and to encourage staff engagement; the service user engagement is also planned for the same period and will be supported with external communications. Members of the engagement team are also supporting and have provided availability to support detailed stakeholder mapping sessions within each service.
- **Activity, Informatics, and Finance Subgroup:** Progress has been made with reference to the service definitions, which required detailed understanding of the codes in relation to clinical conditions. This has been supported with draft dashboards from informatics. Concurrent activities include workforce planning analysis which is also being developed.

Programme Timeline

Since the update to [Board in July 2023](#) there have been several significant impacts to the Clinical Services Plan operational rhythm. These include, but are not directly limited to, operational leads' capacity constraints in needing to support the Health Board's in-year Annual Recovery Plan following a request from Welsh Government, the identified issues with the Reinforced Autoclaved Aerated Concrete (RAAC) at WGH impacting key services within the programme; as well as the planning support required to respond to the immediate service pressures as identified from both challenges. This has had a direct impact on the rhythm of the service level task and finish meetings in several instances within the programme, which has resulted in cancellations to weekly groups at short notice and/or low representation to the groups from across the Health Board.

Newly identified programme timeline risks

As a result of the in-year work for both recovery planning and the RAAC issues at WGH, additional risks have been identified which could impact the Clinical Services Plan Issues Paper production (excluding Primary Care and Urgent and Emergency Paediatrics). These include a risk of:

- Weekly availability of operational teams, programme teams, and corporate teams to support the service task and finish groups with appropriate representation to ensure a consistent methodology and Health Board wide approach to developing the issues should any immediate service reconfigurations need to be realised.
- That slowing the Clinical Services Plan now may result in slippage of timescales later in the programme. There is a risk that there is attrition through turnover in corporate services and an inability to fill posts, reducing capacity to support future phases of the programme.
- The two issues (financial recovery planning and RAAC) may result in a change in the scope for the CSP, as yet not identified.

As a consequence, the impact on the programme timeline will not be fully known until the in-year RAAC issues, recovery and planning are fully understood.

Resource Update

At the [Board update in July 2023](#) it was noted there would be a review of internal resources to support the requirements of the Clinical Services Plan. This has now been completed and an

update on the Transformation Programme Office can be found within the Update on Annual Plan 2023/24 – Planning Objectives and Recovery.

Clinical Services Plan Service Updates

Please find below an update to specific services within scope of the Clinical Services Plan.

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

The consultation which launched on 26 May 2023 closed on 24 August 2023; during the 12-week consultation period, the Health Board held both in-person and online engagement events to highlight previous temporary changes to the service and the options for consideration.

Initial review of the findings shows that 244 online responses were received; work is being undertaken by ORS (Opinion Research Services) to analyse the consultation questionnaire responses including additional paper questionnaires received, along with the notes taken from meetings, engagement activities and messages received throughout the consultation.

The feedback will be presented as a report which will give an indication of people's views on each option, as well as summarising the questions and concerns raised by various groups throughout the consultation. The Consultation Institute (tCI) will be carrying out their last quality assurance gateway review once the draft report is ready to consider how the findings are presented, after which they will confirm the final quality assurance status for the whole consultation.

Once the final report has been received, there will then be a series of sessions carried out internally and externally to consider the findings from the consultation. Findings will be presented to Board in November 2023; this information should enable the Board to carry out their own conscientious consideration.

The consultation findings from the ORS will be presented to our partner organisations, clinical/nursing staff, and other stakeholders for comment. The consultation findings and stakeholders' views will be presented to the Board at the end of November 2023 for a decision on the future options for the urgent and emergency services for children and young people at Withybush and Glangwili Hospitals.

Stroke

The factual assessment work as updated in the [July 2023 Board Report](#) is continuing for Pembrokeshire and Ceredigion. Updates with reference to this will be confirmed through the programme governance approach, as to whether this will be incorporated into the scope of the Stroke Issues report.

Work with reference to supporting the programme approach continues, however there have been operational capacity constraints linked to RAAC and the in-year recovery planning during the summer period. Despite this, the service has been able to support with queries as required to progress the programme approach.

The Stroke national programme is also planning a national engagement approach which is being supported by the communications and engagement team. A West Wales Stroke engagement event has been postponed following updates with reference to capacity of our

workforce components as requested by the ARCH Stroke Programme. It is expected that this engagement will take place by the end of March 2024.

Planned Care

Planned Care Project Group meetings are taking place bi-weekly (Orthopaedics, Ophthalmology, Urology, Dermatology, Emergency General Surgery, and Critical Care and Medical Emergencies). Task and Finish groups have all been established and are meeting weekly. Project Initiation Documents (PID) are in the process of being produced and stakeholder mapping sessions are scheduled for all Planned Care Task and Finish groups, to contribute to details within the PID.

Critical Care & Medical Emergencies

Progress continues with the Clinical Services Plan programme approach as updated within the Planned Care Project Group update above. However, the current risks identified above have impacted the rhythm of Task and Finish meetings in recent weeks.

The Task and Finish Group has now confirmed named representation from all key sites within the Health Board. The Group has supported requests with reference to early targeted engagement in confirming patient cohorts and workforce to be engaged, patient experience, and activity data which is captured differently to other services.

With reference to the current sustainable model for Critical Care in Carmarthenshire and Medical Emergencies in Prince Philip Hospital, an update can be found within the [Quality, Safety and Experience Committee from August 2023](#).

The update notes the volume of patients transferred from PPH as a direct consequence of the amended admission protocols has remained below anticipated numbers. The intensive care consultants and consultant physicians continue to work together in support of the safe management of critically ill patients in PPH.

Whilst these protocols and supporting transfer arrangements have proven to be effective and safe, the joint critical care and acute medical teams will continue to monitor and assess all transfers to identify any opportunities for learning and to further inform appropriate thresholds for transfer.

The *Sustained Model for Critical Care in Carmarthenshire and Medical Emergencies in Prince Philip Hospital Task and Finish Group* is established to consider more sustainable alternative staffing models for the medium term with the potential for greater consultant physician input for patients with higher level needs in PPH but not requiring intensive care management/transfer.

Emergency General Surgery

A Task and Finish Group has been established and is meeting weekly. So far, engagement with the service has been positive and regularly includes attendance from clinicians from each applicable site. Reporting and oversight of the Emergency General Surgery Task and Finish Group work is managed through the Planned Care Project Group.

The Project Initiation Document is in the process of being produced and a stakeholder mapping session is scheduled for 5 September 2023, to contribute to the PID.

Getting It Right First Time (GIRFT) updates, operational risks, and details about the service change regarding Out of Hours Responsibility for WGH patients which was approved in May 2023 have been drafted within the issues paper draft. The draft is currently with the Emergency General Surgery team for comment and validation. The Task and Finish Group is collaborating with Workforce to produce details about the staffing establishment which will be included within the final issues paper.

Updates with reference to the current position for the WGH Emergency General Surgery rota can be found within the [QSEC update August 2023](#) where it is highlighted that the current mitigations continue to be in place with now only one locum planned to start on 4 September 2023, and recruitment efforts continuing to support the mitigation plan.

Diagnosics

The Diagnostics Project Group, following the update in the July 2023 Board report, includes radiology and endoscopy. Both services are also being considered at a regional level as part of ARCH. Project managers have met with ARCH representatives to ensure alignment with the planned programme of work.

Initial meetings have taken place with senior leads to discuss the method and approach and service lead task and finish meetings are now taking place. The radiology task and finish meetings have commenced after an initial delay and the scope of services provided as a department as part of other service pathways is being finalised. The endoscopy task and finish meetings have identified the services provided to inform the issues paper. There are again issues of service leads' capacity due to other pressures within the Health Board; therefore, progress may be slower than planned.

Primary Care

The scope of the Primary Care issues paper has been refined and data has been identified and collated to enable a report to be presented to Board in September 2023. The scope and governance for the programme of work has been reviewed and will be ratified through the CSP governance. Task and finish work will be actioned through existing standing Primary Care meetings within the primary and community directorate.

As set out in the Board report for Primary Care, the project will be working to a similar timeline as described above, as well as looking to follow a similar approach.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the progress of the Clinical Services Plan programme.
- **NOTE** that the programme timeline for Primary Care, Planned Care, Diagnostics, Stroke and Critical Care and Medical Emergencies may be impacted as a result of the RAAC WGH issues and in-year recovery planning for production of the Issues paper.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:

➤ 1363 - (Critical Care) Inability to safely support Level 3 Critical Care provision across PPH and GGH (current score 20)

<p>Datix Risk Register Reference and Score:</p>	<ul style="list-style-type: none"> ➤ 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)
<p>Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)</p>	<p>7. All apply</p>
<p>Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)</p>	<p>6. All Apply</p>
<p>Amcanion Strategol y BIP: UHB Strategic Objectives:</p>	<p>6. Sustainable use of resources 3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care</p>
<p>Amcanion Cynllunio Planning Objectives</p>	<p>6a Clinical services plan 4a Planned Care and Cancer Recovery 4b Regional Diagnostics Plan</p>

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
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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 Hospital WGH – Wthybush Hospital GGH – Glangwili Hospital PPH – Prince Philip Hospital CSP – Clinical Services Plan ARCH – A Regional Collaboration for Health GIRFT – Getting it Right First Time QSEC – Quality, Safety and Experience Committee
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) 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:	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.