



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 January 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Clinical Services Plan Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and 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 Sicrwydd/For Assurance

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 that 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 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, 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 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 and the 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.

[The Board update in September 2023](#) highlighted positive progress with reference to the delivery of the workstreams within the Clinical Services Plan subgroups. Specifically, the scoping of concerns data, development of surveys, and activity data as to support and issues paper. In addition to this an update on the scope and inclusion of the approach for Primary Care was highlighted in [The Project Plan to Develop a Primary Care Strategy](#). Reference was also made to the Reinforced Autoclaved Aerated Concrete (RAAC) issue and In Year Recovery Planning work impacting the programme, thus creating additional timeline risks to programme delivery.

The [Board update in November 2023](#) highlighted positive responses from both the workforce and patient early targeted engagement surveys, the development of the communications and engagement plan as well as the development of key appendices for an issues paper including activity data, concerns data and workforce data. The paper also highlighted a key timeline change for an Issues Paper to be presented to Board for decision in March 2024, with a planned summary update for discussion at the Board Seminar in February 2024.

Asesiad / Assessment

Programme Update

Within the reporting period, the Clinical Services Plan programme has continued to progress in line with the methodology requirements of an issues paper. These updates include, but are not limited to:

Patient Experience Subgroup:

- As previously updated, the Staff Survey closed on 20 October 2023: 353 responses were received. With an addition of 6056 responses received from the early targeted engagement with service users.
- Opinion Research Services (ORS) are conducting the analysis of the surveys and have provided preliminary templates of how this data will be presented. This has also included analysis of demographic profiles of respondents to ensure that the workforce and service user surveys have representation throughout the Health Board and also across the timeline meeting the scope of the programme.

Communications & Engagement Subgroup:

- Opinion Research Services (ORS) are currently undertaking a review of both surveys, resulting in a report for inclusion within the Issues Paper.
- The Primary Care provider early targeted engagement survey ended on 2 January 2024.

Activity, Informatics, and Finance Subgroup:

- Activity Data Appendix documents are being completed and approved by each task and finish group.
- Incidents and Complaints data appendices covering the scope timeline have been generated.
- Patient Experience and Workforce templates are being developed. With workforce reports being agreed through the governance structure.
- With reference to Primary Care, there will be variations identified under the structure of the methodology due to the nature of available information for contracted services.
- Available activity, workforce and concerns data is being established for Primary Care for inclusion within the Issues Paper.

Programme Timeline

Following the Board update in November 2023, it was agreed that an Issues Paper will be taken to Board for decision in March 2024, with a summary update for discussion at Board Seminar in February 2024. The programme continues to work to this timeline.

Programme Approach

The programme team is currently working through the specific methodology for the second phase of the programme, supported by the Consultation Institute (tCI).

Considering the programme size and number of services involved, the programme team is developing an approach based on all services moving together into an options development phase. Though it is noted that this is subject to Public Board decision in March 2024, following consideration of the Issues Paper.

Further details will be provided in future updates on the specific steps involved in the second phase of the programme approach, including suggested timelines and potential resource requirements.

Programme Risks

The programme has identified risks in relation to the development of the current and second phase of the programme. Specifically, with reference to operational and clinical capacity to support the requirements of the process, given the breadth of the Clinical Services Plan. It is highly likely that the second phase of the programme will require an intense piece of work regarding the development of options.

Clinical Services Plan Service Updates

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

Emergency Paediatric Service at Withybush Hospital and Glangwili Hospital

The Board made a decision at the November Public Board meeting on the future model for the Emergency Paediatric Service at Withybush Hospital and Glangwili Hospital, and the implementation project plan is being discussed by the Board as a separate agenda item.

Stroke

The Stroke Steering Group is acting in part as the project group for Stroke governance within the programme. Working to this group, the clinically led task and finish group has drafted a summary factual assessment of stroke services within the Health Board which will support the development of the issues paper.

Further work has been progressed on key supporting information in relation to concerns, workforce and patient experience data.

The programme team supporting the Stroke service continue to link in with the ARCH regional programme, ensuring that links are maintained and any developments captured.

Planned Care

Development of the Issues Paper is ongoing for all Planned Care services:

- Orthopaedics
- Ophthalmology
- Urology
- Dermatology
- Emergency General Surgery
- Critical Care and Medical Emergencies

The Project Group, as well as the task and finish groups, continue to meet; with progress in the reporting period being aligned to the subgroup activity in the production of activity data, concerns, workforce and patient experience templates.

The next focus for this group is the development of the Issues Paper utilising the available information gathered through the subgroup governance structure.

Diagnostics

The Diagnostics Project Group 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.

Clinical Guidelines, Risk and National Strategy information has been received, shared and agreed with the task and finish groups. Any work outsourced has been identified and shared with the activity modelling subgroup. Incidents and Complaints data templates have been produced and reviewed by task and finish groups. EqlAs for the services are being progressed in line with the other services and are being finalised.

Primary Care

The Primary Care Issues Paper is being supported by all CSP subgroups and is adhering to the agreed methodology as far as reasonably possible. Progress has been made to compile the information necessary to meet the data requirements, with the proviso that there will be variations in the data that can be collected. The Primary Care activity dashboard varies from the standard dashboard being used by other CSP services due to the nature of data collection and availability. It was presented at Board Seminar on 14 December 2023. The data sets will provide cluster-based information, as well as specific GMS information as it pertains to Managed Practices.

A Primary Care workforce survey has been disseminated, which closed on 2 January 2023. It was developed with input from tCI and ORS and based on the staff survey question set used in other CSP service areas. There is a challenge in ensuring a representative sample is reached, in part due to the time of year it was released. Follow up sector-specific engagement sessions will be used to gain more feedback if response rates remain low. Primary Care has undertaken an analysis of the WNWRS dataset. It provides GMS workforce data, based on self-reporting from contractor services. A review of the data against managed practice workforce data is underway. There is limited data available for other contractor services, due to the contractual limitations on reporting workforce numbers.

Whilst the issues paper is focussed on Primary Care specifically, the output from the paper will feed into a wider programme of work, to deliver a Primary Care and community services strategy. Progress has been made to scope out the areas of 'community' business in scope of the strategy that reflect the ongoing programmes of work that are being taken forward through other planning objectives. The appointment of a Head of Primary Care transformation has been made, with a view to provide additional project leadership in the development of the strategy and the subsequent delivery of its objectives.

Argymhelliad / Recommendation

The Board is asked to:

- **TAKE ASSURANCE** that the Clinical Services Plan programme is progressing in line with the Board agreed plan.
- **NOTE** that, at the Public Board meeting in March 2024, the programme will seek a decision on the scope of the next phases of the programme for each service, including understanding which services require an options appraisal phase.

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)

	<ul style="list-style-type: none"> ➤ 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	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
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within 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 – Worthybush 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 EqIA – Equality Impact Assessment tCI – The Consultation Institute ORS – Opinion Research Services WNWRS – Welsh National Workforce Reporting System GMS – General Managed Services
Partion / 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) 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.