Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	28 March 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)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Health Board has an agreed 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 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 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. Currently at Implementation phase as updated in 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 Services	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 an 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.

The Board update in January 2024 provided assurance on the final stages of the issues paper development. Phase 2 of the programme will be delivered as a single programme approach in order to optimise resources and time. For Primary Care specifically, the output from the Issues Paper will feed into a wider programme of work, to deliver a Primary Care and Community Services strategy.

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.

Asesiad / Assessment

To support the undertaking of this work, learning was drawn from the clinical land appraisal and the development of the Issues Paper for the Urgent and Emergency Children and Young People's (Paediatric) Services at Withybush and Glangwili Hospitals. Both pieces of work involved drawing on the skills and experiences of staff, services users and their carers, as well as the wider organisation to understand historical and current drivers as well as the wider regional and NHS Wales network Hywel Dda operates within.

A clinically led assessment of the ten service areas included within the Clinical Services Plan programme has been completed. For the Primary Care issues paper, the assessment was led by the senior management team which oversees contracted services. Urgent and Emergency Children and Young People's (Paediatric) Services at Withybush and Glangwili Hospitals has not been included as a part of this Issues Paper, as an Issues Paper regarding these services was published in September 2022 and a Board decision reached on the model.

The Issues Paper highlights the early engagement activities which have taken place, the processes and methodologies used, as well as the data. (In this context, the term 'early engagement' refers to engagement with stakeholders which is undertaken prior to, and in preparation for, the options appraisal process.)

Services within the Clinical Services Plan are delivered across Hywel Dda from hospitals and community sites. Acute inpatient services are delivered from Bronglais Hospital in Aberystwyth, Glangwili Hospital in Carmarthen, Prince Philip Hospital in Llanelli, and Withybush Hospital in Haverfordwest. Outpatient services are also delivered from these hospitals as well as community hospitals and clinics. Most of our Primary Care Services are delivered from a mix of commercial premises, for example Community Pharmacy and Optometry services, and premises owned and operated by contractor services like GP surgeries and Dental practices.

Whilst the programme of work is focused on producing a Primary Care and Community Strategy, for the purpose of the Issues Paper, Primary Care was identified as having sustainability problems and therefore the main area of focus. As discussions progressed, it was agreed that the scope needed to be widened into Primary Care and Community Services. In recognising the challenging timescales and the breadth of scope, further work will be undertaken to scope the issues around community service provision as the strategy is developed.

Please note the below summaries are highlights of the conclusions section of each chapter within the Issues Paper. Board Members are encouraged to read the conclusions section to gain a complete understanding of the key findings.

Primary Care and Community Services

- Patient feedback taken from previous population surveys highlighted that people felt that it was important to have services at a local level, either in the community or at local hospitals. In addition people felt that they were having to wait longer for services, especially since the COVID-19 pandemic.
- The Primary Care workforce engagement survey included feedback on workplace satisfaction. 60% of staff respondents said that their overall experience of working in the Primary Care service was good. 28% said their overall experience was neither good nor poor. 13% said it was a poor experience.
- Primary Care services are commissioned across the four contractor professions and have legislative Directions and Regulations in place to support the commissioning and management of the contracted services.
- With the majority of the service provision and contract monitoring arrangements set out through national frameworks, this places limitations on how swiftly the Health Board can react to making changes that are responsive to service pressures, and proactively transform services to meet the population needs whilst supporting the aspirations of the future model of health and care.
- The lack of workforce data across the contractor profession groups poses a challenge for workforce planning at both a professional and multi-professional level.
- The activity level data sets available to the Health Board do not allow for the individual contractor services to demonstrate impact or patient outcomes.
- The estate utilised by Primary Care contractors and community services is a mix of owned and leased premises which in general tend to be unsuitable for the provision of modern Primary Care and community services and limit the scope for expansion of services and the development of the workforce.
- Due to the mix of commercial and/or private plus NHS service provision for Dentistry, Optometry and Community Pharmacy, there are commercial and business viability decisions in considering multi-agency hubs which could also have an impact on the ability to deliver care closer to home.

Critical Care

- Patient early engagement included praise for the professional, kind, reassuring, and helpful staff; the quality of care; the timeliness and efficiency of the service received; and good communication and information provision. Others, though, gave negative comments about poor communication and information provision.
- Staff early engagement feedback included pride in the high level of care offered to patients and their families across all four sites; variety of their roles; good training and professional development opportunities; and the extensive skillsets and experience within Critical Care multidisciplinary teams. The lack of a rehabilitation pathway within Critical Care was a particular concern to staff.
- Comments were also made about the difficulties involved in standardising care across the four Critical Care units, not least due to an apparent reliance on agency staff; the lack of a clinical lead for the service; delayed transfers of care due to limited bed capacity on wards; sometimes unnecessary transfers between sites due to a lack of consultant cover at Prince Philip Hospital; and the sometimes emotionally draining nature of the job.

- There is currently a temporary service configuration change in place in Carmarthenshire at Prince Philip Hospital due to gaps in workforce. These workforce challenges impact finances and delivery of services sustainably in nursing and the medical workforce.
- Across the Health Board there are challenges in meeting *Guidelines for the Provision of Intensive Care Services* (GPICS) standards.
- There is an expectation from the National Strategic Clinical Networks that the Health Board will produce a demand, capacity and configuration plan for Critical Care services in Hywel Dda.
- Rehabilitation and limited access to Allied Health Professionals has also been highlighted as a key challenge in delivering outcomes.
- There is a lack of standardised working across all Critical Care units, which is made more difficult by agency usage and no clinical lead for the service.
- Critical Care beds frequently surge due to inpatient bed demand at increased cost.

Emergency General Surgery

- Patient early engagement included praise for the professional, kind, reassuring, and helpful staff; the service efficiency and speed; the good quality of healthcare received including procedure, treatment, and outcome; and the experience of and care received. Negative comments included that the service is inefficient and slow; that staff were unprofessional, unhelpful and could be more caring; and that they had a generally poor experience in the department.
- Staff early engagement feedback included the effective teamwork between experienced, hard-working, and dedicated staff. Other frequent comments included the positive working relationships formed between staff and managers, and the supportive and friendly environment formed by the teams. The most common difficulties cited were the lack of bed capacity across all sites and inefficiency of using a paper-based system to book rooms and make notes.
- It has been recorded as a Board risk that there is a lack of substantive Specialty and Specialist (SAS) level Doctors affecting the Emergency Department in Withybush.
- Another risk detailed an inability to safely support the Consultant on-call rota at Withybush Hospital and Glangwili Hospital.
- Surgery activity across three sites is low in volume impacting the ability to recruit appropriately skilled surgeons. Rota gaps are covered by locum posts causing additional cost pressures.
- There are issues with recruitment and sustainable patient numbers to enable retention of skills across all current sites.
- The Emergency General Surgery ‘Getting it Right First Time’ (GIRFT) review recommends consolidation of emergency take and sub-specialties in acute sites.
- The Emergency General Surgery GIRFT review recommends the development of Surgical Same Day Emergency Care (SDEC) in acute sites.
- There are issues with Emergency General Surgery rota sustainability – recruiting and retaining Consultant and Speciality Doctors.

Stroke

- Patient early engagement feedback included praise for the professional, kind, reassuring, and helpful staff; the timeliness and efficiency of the service received; good communication and information provision; and the generally good quality of care. Negative comments were received around a lack of timeliness and a generally poor standard of care.
- Staff early engagement feedback included praise for their colleagues, describing them as enthusiastic, passionate, caring, and committed to placing the patient at the centre of all

care. Positive multidisciplinary team working was thought to have been one of the main contributors to the service's success in recent years. The most prevalent issues raised were around capacity. Other key challenges were highlighted around consistency of staffing and therapy provision for stroke rehabilitation.

- Currently, Stroke services do not meet national staffing recommendations for stroke care.
- Our population does not have access to specialised hyper-acute stroke care (HASU), Integrated Community Stroke Service (ICSS), or psychological therapies at the time of review.
- There is no seven-day consultant cover, clinical nurse specialist or therapy services within Stroke services.
- As a result, the general stroke position assessed against Sentinel Stroke National Audit Programme (SSNAP) shows clinical and organisational positions declining. This declining SSNAP position is more prevalent in Carmarthenshire.
- There is a lack of ringfenced beds for Stroke patients, although it appears that there is an under-utilisation of total beds.
- Fewer Stroke patients are being admitted to Prince Philip Hospital in comparison to pre-COVID; this appears to be due to telephone advice to attend Emergency Department (Glangwili Hospital / Morriston Hospital).

Endoscopy

- Patient early engagement feedback included praise for the professional, kind, reassuring, and helpful staff in the department; good communication; and the speed and efficiency of the service provided. Some expressed a dislike of the treatment or procedure received (including feeling embarrassed).
- Staff early engagement feedback included praise for the high-quality physical and mental health care provided to patients; the interesting and varied nature of the work; and the excellent teamwork between friendly, supportive, compassionate, proactive, committed, and experienced staff. Other frequent comments were that some management and senior staff are supportive, approachable, and helpful; staff take pride in the JAG accreditation awarded to Withybush Endoscopy service; and that new members of staff are made to feel like a valued member of the team.
- All sites within the Health Board have now exceeded pre COVID-19 activity. Despite no configuration changes, the service has made progress in reducing the number of patients waiting for an endoscopic procedure.
- Workforce supply has historically presented a challenge to endoscopy service delivery across multiple staff groups, predominantly as a result of recruitment shortfalls. Substantive staffing levels generally do not meet demand; the gap is met by agency or locum staff.
- The key cost drivers are: consumable costs due to increase in activity and more complex procedures being undertaken; impact of on-boarding staff including clinical endoscopists to deliver capacity requirements and the level of agency nursing.

Radiology

- Patient early engagement feedback included praise for the professional, kind, reassuring, and helpful staff; the timeliness and efficiency of the service received; good communication and information provision; and the generally good quality of care. Some complained about a lack of timeliness (especially in relation to appointment access and speed of diagnosis).
- Staff early engagement feedback included highlighting the friendly, supportive, helpful, responsive, kind, and compassionate team; the willingness of employees to share their knowledge with others, and to learn and adapt to changing circumstances. Issues were raised around staff shortages, heavy workloads, and poor work-life balance.

- Activity levels have increased by 37%. This large rise in Radiology activity across all sites is driven in part by other pathway changes or services introduced.
- To overcome staffing shortfalls, the Radiology service has filled roles by locums and outsourcing scan reporting.
- The workforce has not increased to meet the rise in growing demand between 2020-2022; the workforce is a barrier to 24/7 hour services being offered despite the equipment being available in many areas.
- Corporate risks have been recorded around staffing and equipment upgrades, including workforce risks with reference to shortages and recruiting difficulties across Radiology.
- There is a requirement to invest in radiology equipment upgrades and make new purchases.
- NICE guidelines recommend Multi-parametric MRI [1] for Prostate cancer diagnosis. Currently Bronglais Hospital can offer it to half of the patients who would require a Multi-parametric MRI. This is because of issues with capacity within the Radiology service.

Dermatology

- Patient early engagement feedback included praise for the efficiency and timeliness of the service received; the professional, kind, reassuring, and helpful staff; the quality of care; and good communication and information provision. Some, though, gave negative comments about a lack of timeliness (especially in relation to appointment access and speed of diagnosis); and poor communication and information provision.
- Staff early engagement feedback included highlighting the good relationships formed in the workplace, describing their colleagues as dedicated, experienced, and helpful.
- The service is impacted by longstanding issues in recruiting consultants. This is a nationally recognised pressure. Dermatology patch testing is unable to take place due to recruitment issues.
- In turn this has impacted the retention of wider workforce roles and clinical supervision required to deliver these roles.
- Facilities have also been identified as key issues in maintaining a standard of service delivery.
- General pathways have been impacted by the growing demand of Urgent Suspected Cancer (USC) Over the past five years, 42% of the total referrals received into the Dermatology service have been patients on the Urgent Suspected Cancer pathway.
- Temporary change to Dermatology impacted on paediatric pathway, affecting patients and service capacity on Glangwili Hospital site.
- Loss of clinical space previously used, and poor access to Day Surgery Unit, prevents minor operations taking place at Glangwili Hospital. These issues increase waiting list demand and impacts capacity at Prince Phillip Hospital.
- Dermatology Phototherapy clinics have been cancelled since COVID-19 as clinical areas do not meet Health and Safety guidelines. This impacts on patients at an early intervention stage at Glangwili and Withybush Hospital.
- Paediatric patients can be seen at Prince Philip Hospital; however, these clinics take place in an adult Outpatient setting and a lack of available rooms in the Outpatient Department at the hospital means that Nurse led clinics are unable to take place. Paediatric patients are being seen by Medical staff only, which is having an impact on locum consultant capacity.

[1] A Multiparametric MRI is a special type of MRI scan that produces a more detailed picture of your prostate gland than a standard MRI scan does

Ophthalmology

- Patients mainly praised the professional, kind, reassuring, and helpful staff; the timeliness and efficiency of the service received; good communication and information provision; and the generally good quality of care. Others, though, gave negative comments about a lack of timeliness (especially in relation to appointment access and speed of diagnosis); and poor communication, information provision, and follow up.
- Staff early engagement feedback included positive working relationships between managers and staff across all sites; effective teamwork between dedicated, respectful, and caring staff; and being able to take pride in providing good quality patient care.
- There is a lack of staff in Ophthalmology, with a national shortage of Consultant Ophthalmologists, which impacts on follow up appointments and implementation of standards. This means that some services are not being delivered within the Health Board.
- Capacity was a key concern for staff respondents, with appointments in high demand and clinics often overbooked (it was felt, because of staff shortages and retention issues).
- The Ophthalmology GIRFT review recommends regional working, appointing clinical leadership, developing Multi-Disciplinary Teams (MDTs), and rationalising outpatient service locations and patient visits.
- The service is also impacted by high medical agency costs in order to fill rotas.

Orthopaedics

- Patient early engagement feedback included praise for the professional, kind, reassuring, and helpful staff; the timeliness and efficiency of the service received; and the generally good quality of care. Negative feedback included concerns about a lack of timeliness and generally poor standards of care.
- Staff early engagement feedback included positive working relationships within the service; dedicated staff, helpful and approachable toward patients and colleagues.
- There are many patients waiting several years for treatment.
- Theatre capacity is an issue with temporary configuration of inpatient services only being delivered on two sites, these are Prince Philip and Bronglais Hospitals. This is partly due to compliance with British Orthopaedic Association (BOA) Quality of Care Standards.
- There are also shortages within Anaesthetic and Therapy teams to support the service.
- Capacity is also impacted by the performance of equipment within operating theatres.
- The key cost drivers are medical agency supplied staff and additional hours to deliver the service.
- In Bronglais Hospital, Orthopaedic beds within bays are ring-fenced within a planned care ward, but there is no dedicated orthopaedic ward.
- Surgical waiting lists are increasing due to lack of theatre capacity, relating to therapy and anaesthetics recruitment and environmental factors, which is also preventing the recruitment of additional consultants.

Urology

- Patient early engagement feedback included the professional, kind, reassuring, and helpful staff; the efficiency and speed of the service received and the good communication. Others, though, said that they received a slow and/or inefficient service.
- Staff early engagement feedback included the supportive, cohesive, welcoming, and dedicated nature of the team; and the encouragement and support from management.
- There is a lack of capacity to meet demand at Glangwili Hospital and the service is split across two sites in Carmarthenshire.

- Whereas the workforce is at establishment it is finding it challenging to meet the growth in demand for services. There are gaps in consultants for specialist areas.
- There are realised financial pressures in the use of locum positions beyond the funded establishment.
- Radiology capacity across the health board impacts on the Urology service's ability to meet standards.
- The lack of Urology wards or clinical spaces has led to a deskilling of Urology staff.
- The Urology service within Prince Philip Hospital is a temporary change. The Urology service may repatriate to Glangwili Hospital unless other options are identified, or this change may be made permanent.
- Currently, there is not enough space or capacity for subspeciality Urology outpatient clinics at Glangwili Hospital.
- The majority of staff are substantively based at Glangwili Hospital but travel to cover activities on other sites.

Limitations of the Findings
The following is a list of known limitations that affect all or parts of the services. These limitations should be considered when reviewing the issues paper:

- The issues paper only considered a 5-year period and this timeline stopped in August 2023. As such, other issues may have been generated since this time which will not be represented.
- Only the information outlined within the methodology of the Issues Paper has been reviewed. Any risks identified are logged as programme risks, and the variation highlighted within the issues paper chapters. The data contained within the issues paper is limited to what is owned and held within the Health Board systems. For Primary Care this may mean that it will not fully represent all contracted services data.
- The findings are limited to the services within scope of the Clinical Services Plan programme as defined within the Project Initiation Documents (PIDs).
- Primary Care is the area of focus for the Primary Care and Community Services Issues Paper, for the reason explained above.

Programme Update – Phase 2
The Clinical Services Plan programme has continued to progress in line with the methodology to produce an issues paper – this concludes the end of phase 1. The following progress has been made in implementing phase 2 of the programme:

Patient Experience Subgroup:
- Following the support, identification, definition and development of a number of aspects of the Quality domains within the issues paper including the Early Targeted Engagement with Staff and Patients, Compliments, Complaints, Incidents, Claims and Clinical Effectiveness, this group has now been paused having achieved its initial objectives.

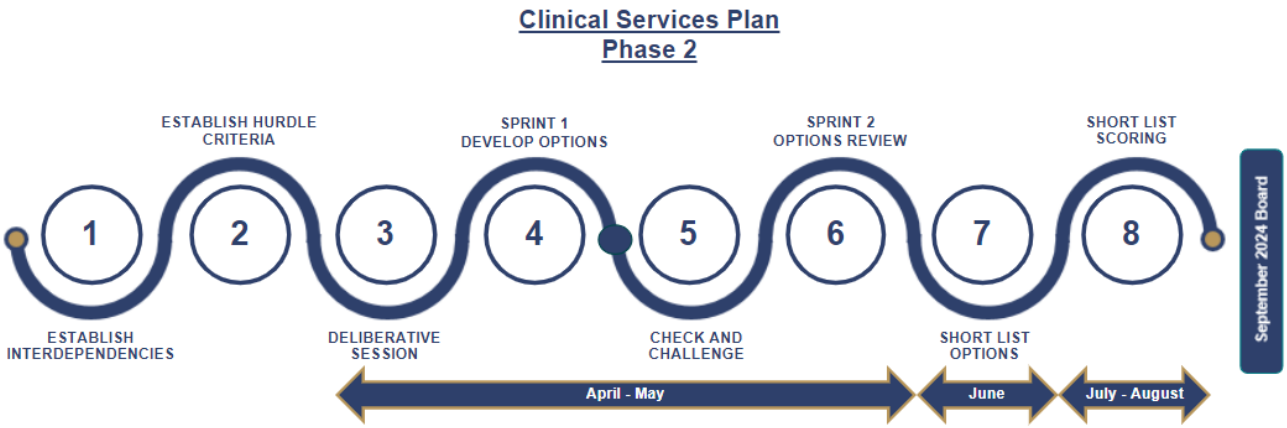
Communications & Engagement Subgroup:
- The group has supported the creation of a single master document (Issues Paper) for the programme, and a review of the formatting and language used.
- Service users were asked for expressions of interests (EOI) to support phase 2 of the programme. At this point, more than 90 EOIs have been received, with a balanced response from across the services within the scope of the programme, with the exception of Stroke. The Stroke Association has been asked to support this work.

Activity, Informatics, and Finance Subgroup:

- The focus of this subgroup has shifted to supporting the requirements of phase 2 of the Clinical Services Plan programme.
- Within this, Finance, Workforce, Informatics and Data Science have been identified as key workstreams for supporting phase 2.

Programme Approach – Phase 2 (Excluding Primary Care and Community Services)

The approach for phase 2 – options development – has been designed following advice from the Consultation Institute (tCI), learning from the Paediatric Review, and agreement through the Clinical Services Plan governance structure. The below graphic illustrates the steps and anticipated timelines for phase 2 of the programme. (Note: Primary Care and Community Services will be considered separately for phase 2, as this relates to the development of a Strategy).



Further detail of the methodology for phase 2 is described below:

- Step 1 – **Establish the interdependencies** and key people who need to be involved in Phase 2. This was developed through the Multi Professional Leadership Forum (MPLF) in February 2024, with a follow up discussion at the Clinical Reference Group (CRG) and further tested within the programme task and finish groups. In addition, this process has highlighted who will need to be involved in the check and challenge process (as defined in step 5); this will include wider stakeholder representation including service users and groups.
- Step 2 – **Establish Hurdle Criteria**, developed by the Clinical Reference Group and sense checked in Step 3. The hurdle criteria will be approved by the Clinical Services Plan Steering Group. These may include criteria in relation to Quality, Workforce, Deliverability, Sustainability and Finance. These will be informed by advice received from the Consultation Institute (tCI).

The following steps will be facilitated by tCI (all steps will be delivered in person unless otherwise stated):

- Step 3 – a one-day **Deliberative Session** – A detailed review of the issues paper findings with a wider group of stakeholders including service user representation.
- Step 4 – a two-day workshop, **Sprint 1 Develop options**, which will develop a long list of options, evaluation criteria and review the scoring methodology.
- Step 5 – Virtual **Check and Challenge** of the long list of options with wider stakeholders and service user representation.

- Step 6 – a two-day workshop, **Sprint 2 Options Review**, which will consider additional modelling data, the findings from the Check and Challenge, refine the options and scoring of the long list.
- Step 7 – three half-day workshops, **Short List Options**, which will develop Strengths, Weaknesses, Opportunities and Threats (SWOT) analyses for the short-listed options.
- Step 8 – a one day workshop, **Short List Scoring**, which will be supported by data and SWOT analyses, to score the short-listed options.

Programme Timeline
It is anticipated that a series of options for how the Clinical Services Plan programme could be delivered will be submitted to the Board for decision in September 2024.

Programme Approach – Phase 2 – Primary Care
Whilst Primary Care has been included as part of the Clinical Services Plan process, phase 2 will differ to the other pathways. The key objective from the Primary Care issues paper is to provide information and insight into Primary Care Services, which will inform the development of a Primary Care and Community Services Strategy for Hywel Dda.

A working group attended by key colleagues from across Primary Care, Community and partnership organisations will be established to review the issues paper key themes for Primary Care Services to renew the strategy project scope and agree the key strategic priorities. Contingent on the key themes and scope, a governance framework addressing each area will be constituted to support each stage of the strategy development.

The steps involved and anticipated timeline will be developed and shared in future updates.

Programme Approach – Phase 3 (Excluding Primary Care and Community Services)
Pending a board decision in Q3 2024/2025 on the outcome of phase 2 of the programme, it is anticipated that phase 3 of the programme may work towards developing further public engagement.

It is therefore anticipated there will be programme cost pressures in relation to the delivery of phase 3. These have been highlighted below as a risk and logged through the annual planning process.

Programme Risks (Excluding Primary Care and Community Services)
The following potential risks have been identified that may impact phase 2 and phase 3 of the programme:
- There is a risk that resources required including corporate support, operational teams and clinical time may not be available to support the continuity of the programme.
- There is a risk of scope creep in considering whole pathway approaches when considering options in relation to configuration.
- There is a risk relating to the current programme scope and that this reflected the position in the Health Board at the point in time the CSP commenced and does not consider further services that have been identified through the annual planning process that may need to be considered or supported for similar reasons.
- There is a risk of managing the interdependencies including the regional and recovery schemes taking place.
- There is a risk in relation to the finance required for Phase 3 of the programme. This has been articulated through the annual planning process and is logged through the relevant planning objective for the Clinical Service Plan.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** that the Clinical Services Plan programme is progressing in line with the Board agreed plan
- **AGREE** for all nine services (excluding Primary Care and Community Services) to move to phase 2 of the Clinical Services Plan programme
- **AGREE** that Primary Care at this stage will become a separate piece of work managed through its own governance structure, focussing on the development of a Primary Care and Community Services Strategy
- **TAKE ASSURANCE** on the methodology for phase 2 of the programme
- **NOTE** the risks identified by the programme for phase 2 and phase 3 of 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 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

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 – Withybush 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
Partïon / 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:	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) Board (January 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:	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:	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.