CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	30 May 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.

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.

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	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 March 2024 presented the findings of the Clinical Services Plan Issues Paper (Phase 1). At this meeting, the Board made a decision for the Clinical Services Plan to move to Phase 2 of the programme approach and the Options Development process. It was agreed that Primary and Community Care would separate from the other nine services, with a focus on the development and delivery of a Primary Care and Community Services strategy. The update also included details of Phase 2 and updates on progress to developing the interdependencies and hurdle criteria.

<u>Asesiad / Assessment</u>

Programme Update - Phase 2 - Aims and Objectives:

The scope of Phase 1 of the programme was to develop an Issues Paper that would further refine the next steps. Following the decision by Board in March 2024 for all services within the Clinical Services Plan to progress to the Options Development process, the programme Steering Group have defined the following aims and objectives for this phase of the programme:

Aim:

- Develop a series of options for delivery of the Clinical Services Plan programme in response to service fragilities or unsustainability based on the principles of care that is safe,

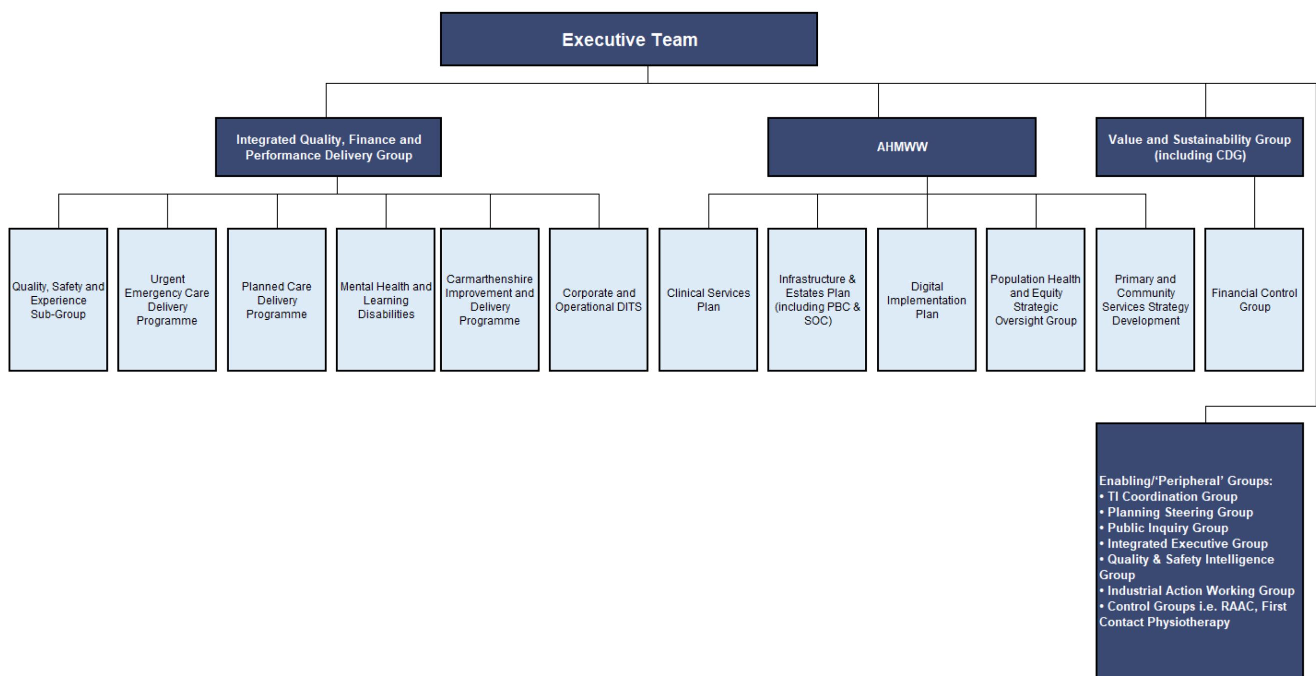
sustainable, accessible, and kind. The development of a Clinical Services Plan is also an action within the Targeted Intervention requirements of Welsh Government

Objectives:

- Respond to Critical Care service fragility
- Respond to Emergency General Surgery service fragility
- Sustainably improve access and reduce waiting times for patients for Planned Care (Ophthalmology, Dermatology, Urology, and Orthopaedics) and Diagnostics (Endoscopy and Radiology)
- Improve standards and respond to service fragility within the Stroke service

Programme Governance

The Programme governance will remain consistent with Phase 1. As illustrated below, the Clinical Services Plan Steering Group will be led by Executive members and will report into the AHMWW Group and for assurance to the Strategic Development and Operational Delivery Committee (SDODC). The Clinical Services Plan Steering Group will receive assurance from the project oversight groups and coordinated subgroups as to optimise resource. There is an expectation of clinical representation from the project groups into the project support groups as well as bespoke task and finish groups as identified within the course of business.



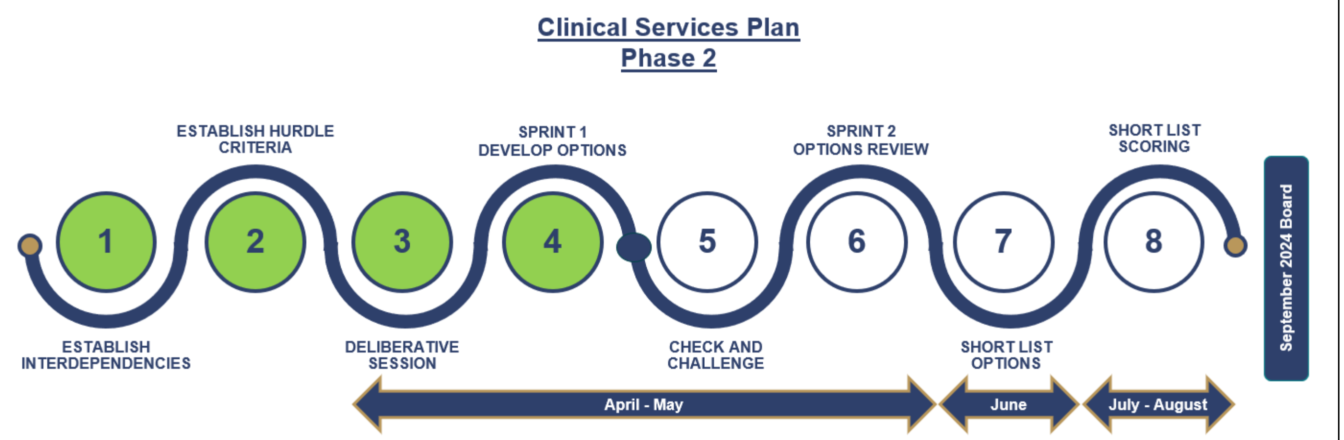
Programme approach

Throughout Phase 1 and during Phase 2, an overall programme approach for the process has been adopted to work up options for how and where the nine services will be delivered in the medium term. The Consultation Institute (tCI) has approved this approach, which means that a programme approach has been adopted (developing options which outline the configuration of all nine services, whilst taking into account individual service requirements and interdependencies).

As the programme is moving at a considerable pace, the updates below for each step look to provide assurance on both the volume, commitment, and level of complexity of work that has been involved to date.

Programme Timeline

The programme is moving in line with its planned timeline, as agreed by Board in March 2023. To date, the first four steps have been achieved; however, it should be noted that, by receipt of this report, Steps 5 and 6 will also have been realised.



Communications and Engagement Subgroup:

- The Communications and Engagement plan has been developed, and sets out the details ensuring the key aspects of the programme are shared with identified stakeholders, including our staff and service users. The plan identifies opportunities for stakeholders to engage during the process, from broad service user involvement to targeted engagement with identified individuals at various stages. The Communications and Engagement plan is contained in Appendix 1. Details on the types of engagement activity will be included within the updates of the timeline steps below
- The programme continues to support updates at a number of internal standing meetings to keep colleagues informed on progress, including the Staff Partnership Forum, Healthcare Professionals Forum, and the Stakeholder Reference Group

Activity, Informatics, and Finance Subgroup:

- The subgroup continues to work on the development of the baseline financial information template which is aligned with workforce data and activity data
- The group has also expanded to include representation from Estates as to support any requests with reference to schedules of accommodation and site expertise
- This group will also be supporting the information requests developed through Sprint 1 as described below, and will include representatives from Workforce, Finance, Estates, and Data Science
- It is important to note that the Clinical Services Plan is focusing on the medium term and so is not expected to have a direct impact on the financial plan for 2024/2025, but the use of financial hurdle and evaluation criteria will seek to ensure that options developed are financially sustainable

Quality Impact Assessment/Equality Impact Assessment Development Group:

- An additional subgroup will be set up from Step 6 (Sprint 2 – Short list development group)
- This group has not been established before this step, as there will not be sufficient information within the longlist options to carry out these assessments.

Step 1 – establish the interdependencies

The interdependencies were developed as per the update to Board in March 2023. To date, a total of 142 service interdependencies have been identified. These continue to be tested and where the process identifies further interdependencies these are checked through the Clinical Reference Group. An assessment is made as to whether the interdependency is:

1. Critical to the options development process (known as the ‘Options Development Group’)
2. Important to check and challenge the options (the ‘Check and Challenge Group’ includes but is not limited to 700 plus representatives from the early targeted engagement process used within the Issues Paper, Medical Leadership Forum (MLF), Healthcare Professionals Forum (HPF)), or
3. Key to be kept informed as per the process defined within the Communications and Engagement plan.

To date 45 interdependencies have been identified as ‘*critical*’ to the Options Development Group which is supported by a mix of circa 80 representatives across Clinical, Nursing, Therapies, and Support Services (including Llais, service users across the Health Board, and Trade Union colleagues).

Step 2 – establish hurdle criteria

The hurdle criteria were adopted by the Clinical Services Plan Steering Group in April 2024 following approval by the Executive Team. The criteria were developed by the Clinical Reference Group, with surveys issued to the Check and Challenge Group and further testing through the Deliberative session and the Deliberative session Check and Challenge, as described in Step 3 below.

The hurdle criteria explore what an option must be able to deliver as a minimum in relation to Quality, Workforce, Deliverability, Sustainability, and Finance, and are aligned to the Health Board's themes of Safe, Sustainable, Accessible, and Kind services.

These were informed by advice and examples of other practice received from the Consultation Institute. The hurdle criteria have been expanded based on feedback to include equity of access and improving population health.

At this stage in the process, options will only be sufficiently worked up to allow the criteria to be applied, so will not have detailed pathway level information. Along with evidence that the Option Development Group may need to support them, the criteria will be assessed using informed professional judgement and expertise to determine whether an option passes into short list development (Step 7) or fails and is not taken further.

In addition to the above, the Health Board's risk appetite and tolerance statement, as agreed by Board in January 2024, has been used to inform option design and support the groups working on options to understand what the Board appetite and tolerance would be around service changes and patient impacts, for example.

Step 3 – a one-day Deliberative session

The Deliberative session took place on 9 April 2024 with 82 representatives including service users, Llais, and Trade Union colleagues. The output report for the Deliberative session independently produced by the Consultation Institute can be found in Appendix 2.

Deliberative session approach

The approach for the Deliberative session, which was facilitated by the Consultation Institute, focused predominantly on several areas:

- Checking and understanding the findings of the Issues Paper through service lead presentations. These were grouped into sets of three services per presentation as to allow appropriate discussion and feedback to be captured on any missing issues and/or agreement of the issues
- Checking and testing the interdependencies and whether any services or representatives that were critical to the discussions were missing
- Checking and testing the hurdle criteria
- Afternoon session focused on ideas generation and what solutions could possibly look like, and what may be needed to facilitate these.

Deliberative session key findings

In principle, attendees agreed with the outputs of the Issues Papers. The following summaries provide a highlight of the outputs from the session:

The following issues were identified as important to address:

- Establishing comprehensive Stroke services accessible seven days a week
- Prioritising workforce development and enhancing collaboration between hospital sites
- Improving infrastructure and resource allocation to optimise service delivery
- Enhancing referral pathways and demand management to reduce waiting times
- Expanding the scope of practice for healthcare professionals to alleviate workload pressures
- Addressing recruitment barriers promptly through transparent and efficient processes
- Centralisation and service accessibility

Additional comments, concerns, and opportunities raised:

- Emergency Medical Transport and Community Hospital Beds
    - Challenges in meeting emergency medical transport targets due to extended delays and resource limitations
    - Need to maximise existing infrastructure in community hospitals and bridge the gap between health and social care
- Service Considerations
    - Importance of establishing a regional Stroke service and enhancing collaboration between services
    - Addressing staffing shortages and facilitating early discharge through rehabilitation
    - Integration of care of the elderly services across hospital sites and leveraging physician expertise
    - Leveraging resources through collaboration and addressing equity concerns
- Opportunities Emerging
    - Success stories and data analysis to inform future needs and services' planning
    - Centralisation of services and workforce optimisation to enhance efficiency
    - Collaboration and resource sharing to address capacity issues
    - Redefining care delivery and workforce roles to maximise efficiency and patient care

Themed outputs and idea creation:

- **Technology Integration**: Many ideas emphasise leveraging technology to enhance patient care, whether through remote consultations, telemedicine, Artificial Intelligence (AI) booking systems, or digital infrastructure. Technology is seen as a tool to improve access, efficiency, and patient experience
- **Patient-Centred Care**: The focus on patient empowerment, choice, and engagement is evident across multiple ideas. Initiatives include providing pre-consultation materials, transparency in decision-making, and tailoring services to patient needs and preferences
- **Workforce Development and Training**: Ideas highlight the importance of training, upskilling, and retaining healthcare professionals to meet evolving patient needs. Strategies include incentive schemes, career advancement opportunities, and collaboration with external partners for training initiatives
- **Streamlining Service Delivery**: Many ideas advocate for consolidating services, centralising resources, and establishing specialised hubs or centres to optimise care delivery. This includes pathway centres, diagnostic hubs, and regional service hubs to improve efficiency and accessibility
- **Collaboration and Integration**: Collaboration among healthcare stakeholders, including local authorities, universities, and external partners, is a recurring theme. Ideas stress the importance of inter-organisational coordination, alignment of training programmes, and partnership with other health boards or regions
- **Accessibility and Equity**: Addressing barriers to access, including travel challenges, rural healthcare disparities, and transport issues, is a common concern. Ideas aim to improve equity by centralising services, providing virtual care options, and considering patient transport solutions
- **Data-Driven Decision Making**: Ideas emphasise the use of data analysis and planning to inform service configuration, resource allocation, and capacity planning. Data-driven approaches are seen as essential for future-proofing healthcare delivery models and addressing patient needs effectively

Step 3 - Deliberative session Check and Challenge

The findings of the Deliberative session and the tCI output report were tested and checked with the Check and Challenge Group. Representatives were able to feedback on whether they agreed and had further comments that could support the process. The following summary feedback was received from the Deliberative session Check and Challenge process:

- **The main concerns of the staff**: The staff raised various concerns about the CSP, such as the representation and equity of different services and professions, the involvement of Primary Care, public health, social care, and the input of other stakeholders, the criteria for choosing the nine services, the availability of data and evidence, and the potential impact of the options on the quality and accessibility of care
- **The requests for clarification or participation**: Some staff asked for more information about the CSP timeline, the running order of the Sprint session, the scoring of the options, and the triangulation of the Healthcare Professionals Forum and Clinical Reference Group. Others expressed their interest in being part of the Option Development Group or the Deliberative session for specific services
- **The suggestions for improvement or innovation**: The staff also offered some suggestions for improving or innovating the CSP, such as using the new Integrated Care Centres in Ceredigion, exploring IT solutions for efficiency and communication, incorporating the public health agenda and the 3Ps work, addressing the generalist palliative end of life care, and creating a dedicated department for Dermatology

Responding to concerns raised by staff:

- The Clinical Reference Group support with the decision making and as to whether and to what level a represented area is critical to the options development process. A number of the areas raised as a concern are either involved in the Options Development group, the Check and Challenge group or will be involved at a future point as described in the steps of the programme below
- A Communications and Engagement plan has been developed to support delivery of Phase 2 of the Clinical Services Plan (Appendix 1). The Plan includes information about our continuous engagement approach, which will support the process and provide regular updates on progress. It also includes information about additional opportunities for members of our population to receive information about the Clinical Services Plan and how they can share their views at different stages of the process. Data asks are being supported through the Activity Subgroup and any published information relevant to the programme is shared through the intranet site and again updated through the Communications and Engagement Plan

The findings from the Deliberative session Check and Challenge were presented at the start of the Sprint 1 workshop.

Step 4 – a two-day workshop, Sprint 1, develop an options longlist

The aim of this two-day session was to develop a draft longlist of options, desirable criteria and review the scoring methodology.

Sprint 1 approach

The workshop for Sprint 1 was facilitated by tCI and was supported by members of the Executive Team throughout the two days. The itinerary included the following summarised approach:

Day 1

- Reflection and feedback from the Deliberative session and the Deliberative session Check and Challenge process
- Service options development with focused discussions with associated critical interdependencies and advice from support services on the development of a series of options in how they feel their service could look. These were informally checked against the hurdle criteria and presented to the room, with the attendees scoring these in prioritisation order
- Options development across the programme, using the options developed by the services in the morning session in addition to their own professional judgement to design a programme option that could be considered. These were then shared with participants and developed the baseline for what would be used on Day 2

Day 2

- Consolidation of groups into five longlist options development groups with reflections on Day 1. The rationale here was to encourage more rich discussion and negotiation of how services could deliver
- Further refinement, discussion, and development of the options, negotiation and discussion of services and how they will look
- Participants were asked for their views on what the evaluation criteria should be; this will support the short listing of options (Step 8). The short list scoring methodology was also discussed

Sprint 1 – longlist options development key output

The Sprint 1 workshop was well attended, with 77 participants on Day 1 and 72 participants on Day 2, including all support services, Executives, and observers. In most areas where representatives were not able to attend, a deputy supported the process. Participants were set the task of creating one delivery option for all services across the programme. In developing the options participants were reminded of the aim and objectives of the programme and the Hurdle Criteria. They were encouraged to act with permission, challenge one another and negotiate to develop the best configuration of services as possible, doing what they could with the existing resources.

The output report for Sprint 1 was independently produced by the Consultation Institute and can be found in Appendix 3. A draft long list of five options were developed on the day, along with additional references to what would be the key interdependencies to consider in addition to those present within the current process, the key enablers in order to deliver that option and key information required as to understand whether the option could be realised.

The themes across these domains included but were not limited to:

- Data in relation to the movement of care to different locations including what this may mean for estates and workforce
- Key enablers considering such aspects of transport for stabilise / treat and transfer of patients with robust repatriation protocols
- Interdependencies including impacts on services that are not in scope of the programme

Longlist scoring methodology

In order to score the options, the room will need to use their professional judgement to determine whether an option has met all of the hurdle criteria. Consensus agreement, where everyone in the room agrees, is often difficult to achieve and can result in extreme scenarios of all options proceeding or failing.

The methodology proposed was that a majority in the room would be required for an option to proceed, otherwise it would fail. Voting members of the Options Development Group will use a poll to say whether they believe the option has met the criteria, this poll will give the vote count and percentage.

It was agreed that at least 2/3rds of the room would need to be in agreement for an option to pass into the shortlist phase. In addition, it was felt that, as a programme option will cover nine services, there would also need to be the same majority view from each individual service to prevent a service configuration which is sustainable for most services but potentially non-sustainable or unsafe for one or more services.

It was also agreed that the voting information and feedback from those who feel that an option does not meet the hurdle criteria will be collected and recorded as part of the process and output reporting.

Evaluation criteria survey

Although this stage is still focused on developing a longlist of options, evaluation criteria need to be developed at the same time to allow for the process to flow from longlist to short list.

Where hurdle criteria are pass or fail based on professional judgement, evaluation criteria are evidence based with a clear metric to determine how well an option performs. Unlike a hurdle criterion, an option is not ruled out if it fails to meet an evaluation criterion; this becomes a way of measuring how successfully an option performs against the criteria set and in comparison to other options.

In order to determine which criteria should be used, a survey was shared with the room which has since been circulated to a wider membership to achieve as many views as possible. The survey looks at whether there are existing hurdle criteria which should be kept going forward, whether there are any that have been previously used by the organisation in short-listing which should be used and lastly whether there are any additional criteria not already considered which should be included.

At the time of submitting this report, the survey remained open to responses.

Short list scoring methodology

Short list scoring is undertaken in two parts, firstly the evaluation criteria are weighted and then the room scores how well they think an option meets each evaluation criterion. The scores are then multiplied by the weighting so that the final scores reflect the importance placed on the criteria.

This process will not be undertaken until the short list scoring phase in Step 8.

Next Steps

At the time of writing this update, the following steps are to be realised between May and July 2024:

Step 5 – virtual Check and Challenge

The tCI output report for Sprint 1 will be checked and challenged in the following ways:
- Check and Challenge Group (with more than 700 representatives invited)
- Options Development Group including service users, Llais, and Trade Union colleagues, with the addition of Public Health Wales colleagues
- Medical Leadership Forum

Step 6 – a two-day workshop, Sprint 2 options review and evaluation criteria

This session is designed to consider additional information requests, the findings from the Check and Challenge, refine the options, and scoring of the longlist. The expected output from this session will be a short list of options which can be further analysed and evidenced as to develop and understand the requirements in more detail.

By this stage in the process, the evaluation criteria will be set, allowing the Options Development Group to understand what their additional data requirements are, feeding into additional data requests as required and allowing them to carry out the work required in Step 7.

Step 7 – four workshops, short list options development

The aim of the short-listing workshops is to develop, analyse, and refine the options, and, in addition to this, complete a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis for the short-listed options.

Following a review and consideration of the complexity of the information requests being generated for the options, the programme has reviewed the requirements of this stage. As a result, stage 7 has now been extended to four days from the originally planned one and a half days.

Step 8 – a one day virtual workshop, short list scoring

At this stage, the programme Options Development Group, informed by the SWOT analyses, will score the short-listed options against the evaluation criteria.

The criteria will be weighted, reflecting the priorities of the organisation and those in the room, by attendees allocating marks to each one. Once the room have heard all of the options, they will then have the ability to score each option out of 10, and then the overall weighting will be applied.

Urgent and Emergency Paediatric Services at Withybush and Glangwili Hospitals

Following the presentation of the Implementation Project Plan for Urgent and Emergency Children and Young People's Services (Paediatrics) at Withybush and Glangwili Hospitals to Board in January 2024, a number of task and finish groups have been established to deliver the components of Option 1 (Some additional outpatient services for children and young people at Withybush Hospital but no Paediatric Ambulatory Care Unit (PACU) at Withybush Hospital).

Whilst project support is being provided by the Transformation Programme Office, the delivery of the Implementation Plan is the responsibility of the service itself, with a provisional deadline of October 2024 in preparation for the proposed accommodation handover to the service at the beginning of November 2024. At present, a review of the accommodation, transport requirements, and the Equality Health Impact Assessment is underway.

Further progress on the Implementation Project Plan will be reported through the Strategic Development and Operational Delivery Committee (SDODC) with an outline of progress against the timeline provided within the Clinical Services Plan SBAR report.

Phase 3

Subject to a decision from Board in September 2024 to proceed to Phase 3.

Should we advance to Phase 3 of the programme, we plan to engage or consult on a potentially publicly and politically sensitive issue. In line with similar matters recently considered by the Health Board, we anticipate there will be benefit from utilising independent support and assurance for this phase of the process. As a result, we are seeking to secure quality assurance services and independent consultation engagement.

To ensure value for money is achieved, a formal procurement process is proposed in anticipation of Phase 3, to avoid any delays to the commencement of that phase of the programme. Any award would be caveated as subject to Board decision in September 2024.

The following services are anticipated:

Service 1: Independent Quality Assurance

Independent Quality Assurance for a formal consultation exercise that will focus on understanding the views on Programme Options, developed for the nine services within the Clinical Services Plan. This has an estimated value of £93,000.

Service 2: Independent Consultation Engagement

Independent Consultation Engagement support for a formal consultation exercise that will focus on understanding the views on a shortlist of Options Developed for the nine Services within the Clinical Services Plan, including capturing and analysing multi-stakeholder views and feedback. This has an estimated value of £107,000.

The costs identified above are provided for within the budget of the Director of Strategy and Planning, with the Directorate's savings target for 2024/25 fully identified. No expenditure will be incurred or committed until a Board decision in September 2024.

Programme Risks

The following programme risks have been realised during the reporting period:

- Corporate services unable to meet resource demand of the programme. The financial information baseline template to support Phase 2 of the programme is at risk of being delayed beyond Sprint 2 due to resource pressures. This risk was further impacted by the end of year data required for the 2023-2024 reporting period, required to support an up-to-date position on the programme services within scope. The programme is working closely with support service functions to reduce the impact of any realised delays.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** that the Clinical Services Plan programme is progressing in line with the Board agreed timeline
- **NOTE** the aims and objectives for Phase 2 of the programme
- **NOTE** the hurdle criteria for Phase 2 of the programme
- **NOTE** the outputs of the Deliberative session, Check and Challenges, and Sprint 1 sessions
- **APPROVE** the procurement of independent support and assurance as set out in the report, subject to Board decision in September 2024
- **NOTE** the progress of the Paediatric Service Implementation 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	6 Clinical services 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:	The Clinical services Plan follows the advice and direction provided by the Consultation Institute (tCI) proven through the Urgent and Emergency Paediatrics project – Information of the process is contained with 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 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 Medical Services
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) 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 and Community) Board (January 2024 for an update on progress of the Clinical Services Plan) Board (March 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 that there may be political and media interest in the development of these plans. A Communications 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.