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WALES

Bwrdd Iechyd  
Hywel Dda  
Health Board

Dyddiad/Date 12 December 2013  
Ein cyf/Our ref:  
Gofynnwch am/Please ask for: Mr Chris Martin  
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E-bost/E-mail: chris.martin@wales.nhs.uk

Mr William Powell AC/AM  
Chair  
Petitions Committee  
Cardiff Bay  
Cardiff  
CF99 1NA

Dear William

Thank you for your letter dated 12 December 2013.

Ms O'Dell advised the Health Board of her petition and she was at the Health Board meeting held on 27 November 2013 where she was given permission to address the Board.

The Board carefully considered Ms O'Dell's concerns in reaching its decision but, on balance, felt that a reduction in orthopaedic capacity over the winter months and with a surgical focus on those with the most urgent clinical needs, emergency surgery and cancer was appropriate and would help ensure that we could manage the anticipated winter pressures. Our surgeons are reviewing their lists to determine which cases they feel to be urgently indicated and will be maximising day surgery cases. We have also advised those patients already on our lists to contact our booking offices if they have any concerns and to see their GP if they feel their clinical needs have changed.

I attach the paper presented to the Board, the draft minutes incorporating the decision made and the formal response to Ms O'Dell.

If I can be of further assistance please let me know.

Yours Sincerely

Chris Martin  
Chairman

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Cadeirydd / Chairman  
**Mr Chris Martin**

Prif Weithredwr /Chief Executive  
Yr Athro/Professor Trevor Purt

**CYFARFOD BWRDD IECHYD  
HEALTH BOARD MEETING**

<b>Dyddiad y Cyfarfod: DATE OF MEETING:</b>	28 November 2013
<b>Eitem ar yr Agenda: TITLE OF REPORT:</b>	Proposal to temporarily reduce some non urgent elective orthopaedic operations
<b>Arweinydd Cyfarwyddwr EXECUTIVE LEAD:</b>	Paul Hawkins, Director of Operations & Delivery
<b>Swyddog Adrodd: REPORTING OFFICER:</b>	Paul Hawkins, Director of Operations & Delivery

**Pwrpas yr adroddiad / Purpose of the Report** (*dilewch fel yn addas / delete as appropriate*)

<b>I'w Gymeradwyo For Approval</b>	<b>Ar Gyfer Cefnogaeth For Endorsement</b>	<b>Ar Gyfer Penderfyniad For Decision</b>	<b>Ar Gyfer Trafodaeth For Discussion</b>
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**ADRODDIAD SCAA / SBAR REPORT**

**Sefyllfa / Situation**

Following discussions at the Hywel Dda Health Board meeting held on 26<sup>th</sup> September 2013, it was agreed that the Health Board must take measures to:-

1. Secure the quality and safety of services by reducing our reliance on temporary staff and variable pay
2. Prepare the Health Board for the winter pressures
3. Ensure that we operate within our allocated resources
4. Concentrate the resources we have on our most urgent patients.

As a consequence, a proposal to temporarily reduce some non urgent elective orthopaedic capacity across the Health Board until 31<sup>st</sup> March 2014 has been discussed with staff groups. Clearly, this proposal would be subject to any robust and pragmatic suggested alternatives, particularly from Orthopaedic clinical colleagues.

It was noted that this would not affect our identified priorities of cancer, emergency trauma, day cases and any other elective surgery.

Following this period of engagement with colleagues, agreement has been reached on a potential temporary reduction in elective inpatient orthopaedic capacity across the Health Board. Subject to Board approval, these reductions will take effect from 29 November 2013 until 1 April 2014.

**Cefndir / Background**

The Health Board operates the All Wales Organisational Change Policy in relation to permanent staff changes and also has a Flexible Deployment of Staff Procedure to be used in circumstances of temporary staff changes that need to be made. This procedure sets out the processes and documentation to support deployment of staff in a way that aims to ensure



individuals are treated fairly and with respect when they are asked and/or required to move to another role. Individual circumstances and reasonable travel distances will be considered by managers when implementing these changes.

As any service change necessary following a period of engagement would only equate to a temporary change we have commenced an engagement process with staff and stakeholders over a four week period. As part of this process there are ongoing discussions with staff exploring the potential for realistic and achievable options for a temporary service change which will enable us to manage any potential additional pressures through the winter period. This is consistent with the Health Boards winter plans to ensure we can flex our services according to need.

### **Assesiad / Assessment**

The engagement period runs from the 28<sup>th</sup> October until the 22<sup>nd</sup> November and an ongoing series of meetings with clinical and non clinical staff, trade union representatives, LNC and CHC colleagues have taken place. Furthermore, the Medical Director has written to all GPs advising them of the process.

Agreement has been reached with senior Orthopaedic clinical colleagues that we will, in addition to the usual cessation of inpatient elective orthopaedic work over the Christmas and New Year period, temporarily reduce by 50% inpatient elective Orthopaedic capacity for a period lasting no longer than the remainder of this financial year and subject to regular review driven by need. This will enable us to better manage the inevitable winter bed pressures leading to last minute cancellation of inpatient procedures. All sites will have elective Orthopaedic beds.

Following a series of meetings with staff and their representatives, where partial wards are temporarily closing, greater use of flexible working practices will enable staff to move to other areas to cover vacancies and/or meet additional staffing requirements in rotation.

Key learning from the process for the future is being absolutely clear about communication directly into the organisation operationally and with speed.

### **Argymhelliad / Recommendation**

The Health Board are asked to formally agree to the proposed actions to take effect from 29 November 2013

<b>Effaith / Impact: (rhaid cwblhau / must be completed)</b>	
<b>Ariannol / Gwerth am Arian Financial/VFM:</b>	This action will assist the Health Board to operate within our allocated resources.
<b>Risg / Cyfreithiol Risk/Legal/ Regulatory:</b>	The proposed action is within the relevant legal and statutory frameworks and the risks have been identified and will be mitigated.
<b>Answadd / Gofal Claf Quality/ Patient Care:</b>	This action will enable the Health Board to concentrate the resources we have on our most urgent patients.
<b>Gweithlu Workforce:</b>	Staff have been involved in discussions regarding the potential temporary service changes.
<b>Cydraddoldeb Equality:</b>	Assessment is being undertaken.

<b>Amcanion / Objectives: (rhaid cwblhau / must be completed)</b>	
<i>Safon(au) Gofal Iechyd</i> Healthcare Standard(s):	The action will support Healthcare Standards
<i>Amcanion Strategol y BI</i> HB Strategic Objectives:	<ol style="list-style-type: none"> <li>1. Secure the quality and safety of services by reducing our reliance on variable pay</li> <li>2. Prepare the Health Board for the winter pressures</li> <li>3. Ensure that we operate within our allocated resources</li> <li>4. Concentrate the resources we have on our most urgent patients.</li> </ol>
<b>Gwybodaeth Ychwanegol / Further Information:</b>	
<i>Ar sail tystiolaeth</i> Evidence Base:	The proposed action has been discussed at length with clinical colleagues and is supported by past experiences of winter pressures and their impact on our ability to deliver inpatient elective procedures during the winter period.
<i>Rhestr Termiau</i> Glossary of Terms:	N/A
<i>Partïon/Pwyllgorau â ymgynhorwyd ymlaen llaw y Bwrdd/Pwyllgor</i> Parties/Committees consulted prior to Board	<p>Executive Team</p> <p>County Management Teams</p> <p>Clinical leaders</p> <p>Staff and their Trade Union representatives</p>



**EXTRACT FROM DRAFT UNAPPROVED MINUTES OF THE HYWEL DDA  
HEALTH BOARD MEETING HELD ON 28<sup>TH</sup> NOVEMBER 2013**

<b>PM(13)159</b>	<b>HDHB'S WINTER PLAN/PROPOSAL TO TEMPORARILY REDUCE SOME NON-URGENT ELECTIVE ORTHOPAEDIC OPERATIONS</b>	
	<p>Mr Paul Hawkins presented Members with the Health Board's Winter Plan, drawing attention to the comprehensive executive summary and the supplementary guidance circulated.</p> <p>Members were reminded that NHS Wales has had significant problems delivering care during previous winter periods due to unprecedented levels of urgent and emergency pressures. In light of this, Health Board's have been asked by Welsh Government to make winter planning a priority for 2013/14, particularly in terms of their alignment with Social Services.</p> <p>Members acknowledged that whilst delivering care within the winter period constitutes a challenge throughout the UK, Wales has moved forward quickly to rise to this challenge, and to better understand the connectivity involved with partner agencies such as Local Authorities and WAST.</p> <p>Members noted that all three Counties of Hywel Dda are working to the same escalating factors to ensure a prompt escalation process in place, both throughout the organisation and across neighbouring LHBs. Mr Martin commented that this will ensure that the Health Board is in a better position to manage winter pressures than in previous years, with further improvements to come for future years given the iterative process involved.</p> <p>In regard to influenza vaccination uptake, Dr Laurence Williams advised of the availability of an influenza spray for children which should be incorporated into the Health Board's Pandemic Influenza Plan. Ms Teresa Owen confirmed this would be included for the following year's plan and took the opportunity of conveying her gratitude to all those who had supported the recent flu campaign within the organisation with an uptake to date of 38% compared to 30% the previous year, and testimony to the significant work involved.</p> <p>Mr Simon Hancock added his congratulations to those involved with producing the comprehensive winter planning documentation and was pleased to note the close collaboration between Health and Local Authority Social Services departments.</p> <p>Accepting the need for the discharge of patients in a timely manner and for the monitoring of this on a daily basis, Mr Wales queried</p>	



how any reductions in Local Authority beds might impact, and Mr Martin suggested this underlined the need for Health and Social Care to work collaboratively together to gain a better understanding of the interdependencies involved.

Mr Purt referred to the effort made with Local Authority colleagues over previous years to recognise that where services sit needs to be clearly aligned to the responsibility for those services, and a need for a systematic approach to those services that should be within Local Government and those within Health.

Dr Williams commented that Residential Home capacity will be key to the management of hospital beds and suggested the requirement for GPs to understand their capacity status at all times. Mr Hawkins confirmed that sitting behind the Health Board's Winter Plan, will be operational plans to address these issues, all of which would be shared with GPs.

In terms of the proposal to temporarily reduce some non-urgent, elective orthopaedic operations, Mr Hawkins advised that this is a proposal which underpins the Health Board's Winter Plan and is therefore an integral decision. The proposal was consulted upon between 28<sup>th</sup> October and 27<sup>th</sup> November 2013 with the clinicians and staff involved, and Dr Sue Fish, Medical Director and Ms Kathryn Davies were part of those discussions to address any Consultant concerns. Following several meetings, the need was agreed to ensure 50% of elective orthopaedic beds remained operational across the four hospital sites with permanent nurse staffing in place in order to maintain an appropriate patient flow and to avoid cancelling procedures on the day. Members noted that this proposal does not affect orthopaedic day surgery or emergency surgery. Members further noted that clinicians would be making decisions on the more urgent orthopaedic cases, with referral made to Dr Fish if required.

Mr Purt commented that this proposal would bring with it additional benefit in terms of an ability to release up clinical time for Consultants to spend within A&E departments to treat the anticipated increase in elderly patients suffering fractures, etc.

Members were reminded that the Health Board had opened up to 160 surge beds the previous year staffed largely by agency staff, with a whole range of elective procedures which had to be cancelled either on the day or the day prior to surgery which was agreed as unacceptable. Members were further reminded that the Health Board has already agreed to concentrate the resources allocated to it on its most urgent patients i.e. cancer, stroke and emergency trauma patients, to manage through the winter period which will allow it to plan with some certainty going forward.



Mr Eifion Griffiths welcomed the Health Board's planned approach to winter pressures, acknowledging that whilst there may be some disappointed patients facing delays to their procedures, it is preferable that patients are informed of their expectations for surgery, rather than being turned away on the day.

Whilst welcoming the Health Board's Winter Plan, Mr Wales remained concerned in terms of the planned 50% reduction of elective orthopaedic procedures given there are already 1,300 patients currently on the waiting list which will only increase by April 2014. Mr Wales also expressed concerns in regard to the communications involved in terms of being clear with patients when they will receive their surgery, adding that the CHC would also wish to have a clarity in this regard.

Mr Hawkins advised that he would be holding regular meetings with the Orthopaedic Consultants to monitor the situation as the winter period progresses, and that he would work with the Consultant body to manage the additional volume, by exploring additional day surgery procedures, etc.

Mr Martin recognised that these are difficult decisions to make but stressed the need for better planning in place, given how stressful previous years have been for front line staff, but acknowledging the need to manage patient expectations and to ensure communications are effective.

Mr Wales referred to the Health Board's routine annual close down for elective procedures between Christmas and New Year and queried its duration for 2013/14. Mr Hawkins confirmed that the close down period for elective procedures would commence on 20<sup>th</sup> December 2013 for a period of 2 weeks but that a full CEPOD theatre and trauma surgery would continue for the duration.

Dr Williams accepted the requirement for a Winter Plan, and assuming intelligent monitoring in place, queried whether the proposed end date to the temporary reduction of 31<sup>st</sup> March 2014 would remain a fixed point. Mr Martin advised that monitoring would be undertaken on a weekly basis throughout the next 4 months and that if winter pressures did not impact as severely as anticipated, consideration could be given to the flow of patients in a different manner, dependent upon the level of forecasting.

Mr Griffiths stressed the need to communicate effectively with GPs given that patients will rely upon them for their information and Dr Fish confirmed that communication would take place immediately following today's Board decision.

Mrs Karen Howell commented that the Health Board's Winter Plan had not been written in isolation but had benefited from significant



input from primary, community and mental health services and has therefore been communicated widely in order to reach this final version.

Mrs Sian-Marie James requested that the Board be kept apprised of the effect of winter planning on patients through the Health Board's Quality & Safety Committee and Corporate Directors Group.

Mr Martin referred to the question raised by Ms Kate O'Dell for the Public Forum section of the Board questioning the Health Board's management of its winter pressures, and checked with Ms O'Dell that the discussion held had provided her with the response required.

Ms O'Dell addressed the Board, advising of the frustration felt in terms of the lack of communication involved, including the BBC statement which had identified that all orthopaedic procedures would cease, leading to a lack of clarity for patients on when their surgery would take place. Ms O' Dell also referred to the confusion over the terminology involved, with its vague wording in terms of urgent and emergency care which patients believe is when they are waiting in agony on a list as opposed to trauma surgery. The public are also aware that the Health Board has just been provided with additional funding and should not therefore accept a seasonal elective orthopaedic service.

Mr Martin thanked Ms O' Dell for her informed insight, and agreed with the difficulty around interpretation, particularly in terms of urgent and emergency care, and some of the messaging within the proposals. However, the Board has a statutory requirement to make a decision on its winter plans, with the reasons why it considers the proposals it has made appropriate, played out in the earlier discussion.

Mr Martin accepted the frustration felt by Ms O'Dell in terms of the apparent lack of communication and vaguely worded messages involved, however, Mr Martin refuted the statement made by the BBC and quoted by Ms O'Dell as inaccurate, and advised that this had been taken up with them at the time of the statement being made. Mr Martin stressed that the Health Board continues to make every effort to provide accurate information and to keep the public and staff fully informed, and that lessons would be learned from this. Mr Martin also accepted the challenge raised by Ms O'Dell that orthopaedics should be a 12 month service, and that the Health Board would work with its Consultants to ensure that this remained the case.

Mr Martin undertook to write to Ms O'Dell with the Health Board's formal response.

The Board **AGREED** the Winter Plan and the proposal to temporarily reduce some non-urgent elective orthopaedic operations





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Dyddiad/Date: 10<sup>th</sup> December 2013  
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Ms Kate O'Dell  
(via e-mail [kate.odellm@gmail.com](mailto:kate.odellm@gmail.com))

Dear Ms O'Dell

**QUESTION FOR CONSIDERATION AT PUBLIC BOARD MEETING:**

***Question: "I've been told by the Vice-Chair that this is not about saving money. Why can't the public have a ringfenced orthopaedic service which is non-seasonal and not dependent on winter pressure admissions? The present proposals are unacceptable and vaguely worded and you've already been paid £15m for unscheduled care. We do not understand the logic."***

Thank you for your question which, as you are aware, was raised for consideration at the Health Board's meeting in public on 28<sup>th</sup> November 2013. Whilst the minutes will confirm that your question was discussed at the meeting, they will also confirm that I undertook to provide you with a formal written response.

The minutes will also reflect the subsequent discussion that was held when you addressed the Board following the two agenda items pertinent to your question i.e. winter planning and the proposal to temporarily reduce some non-urgent elective orthopaedic operations.

You will know from the debate that was held, that NHS Wales has had significant problems delivering care during previous winter periods due to unprecedented levels of urgent and emergency pressures. In light of this, Health Boards were asked by Welsh Government to make winter planning a priority for 2013/14.

Part of the preparations for this winter planning have involved taking measures to concentrate the resources allocated to the Health Board on its most urgent patients i.e. cancer, stroke and emergency trauma patients, and to secure the safety of its services by reducing its reliance on temporary staff.

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Cadeirydd / Chairman  
**Mr Chris Martin**  
Prif Weithredwr /Chief Executive  
**Mr Trevor Purt**

Proposals to temporarily reduce some non-urgent elective orthopaedic capacity across the Health Board until 31<sup>st</sup> March 2014 were consulted upon between 28<sup>th</sup> October and 27<sup>th</sup> November 2013 with the clinicians and staff involved, and, as a consequence, a proposal to temporarily reduce non-urgent, elective orthopaedic capacity across all Health Board sites by 50% to better manage the inevitable winter bed pressures ahead, was approved at the Health Board meeting in public on 28<sup>th</sup> November 2013.

I understand from the feedback you were able to share at that meeting, the frustration felt in terms of the apparent lack of communication and vaguely worded messages involved. I acknowledge the points you have raised on this. However, the story published by the BBC you quoted was inaccurate and this was taken up with them at the time. We always make every effort to provide accurate information and to keep the public and staff fully informed and we will learn from what happened. I also accept the challenge you raised that orthopaedics should be a 12 month service, and the Health Board will work with its Consultants to ensure that this is the case.

As I stated at the Board meeting, I am grateful for the informed discussion that was held, and I trust that my written reply provides you with the response you require. Thank you, once again, for putting forward your question at our Health Board meeting in public on 28<sup>th</sup> November 2013.

Regards.

Yours sincerely

**CHRIS MARTIN**  
**Chair**