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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	31st January 2019		Agenda Item	5.6
Report Title	Joint Regional Planning & Delivery Committee			
Report Author	Siân Harrop-Griffiths, Director of Strategy			
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy			
Presented by	Tracy Myhill, Chief Executive			
Freedom of Information	Open			
Purpose of the Report	This report has been produced as an update report following the meeting held on 3 rd December 2018.			
Key Issues	<ul style="list-style-type: none"> The increase in patient demand for cardiac treatment, and resulting challenges in terms of capacity across the region. Workforce and sustainability pressures within HDdUHB and ABMUHB. 			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			✓	
Recommendations	Members are asked to: <ul style="list-style-type: none"> NOTE the current joint working that is being progressed. 			

JOINT REGIONAL PLANNING & DELIVERY COMMITTEE

The Joint Regional Planning & Delivery Committee (JRPDC) has a key role in driving forward, at pace, a range of projects that have been identified by both Hywel Dda University Health Board (HDdUHB) and Abertawe Bro Morgannwg University Health Board (ABMUHB) as priorities for joint working on a regional basis; to deliver Ministerial objectives, especially those relating to the NHS Outcomes Framework, as well as alignment to the more strategic 'A Regional Collaboration for Health' (ARCH) Programme Board and that of the Service Transformation Programme.

This paper is an update of the meeting held on 3rd December 2018.

Orthopaedics Update

Following the update submitted to the JRPDC meeting on 11th October 2018 setting out a possible option to jointly commission a temporary standalone theatre and ward based facility which would sustain the orthopaedic waiting time position across the region, the Committee asked that the modelling work around this option be revisited to consider the impact of efficiency benchmarks on all possible options for orthopaedic sustainability.

The paper updated the JRPDC on developments since the last meeting in light of revisiting the modelling and in light of the considerations being made following the development of clinical strategies and clinical service plans in both Health Boards. The main points arising from the work are as follows:

- Increased elective orthopaedic pressures in ABMUHB requiring a range of additional actions to be implemented to manage the backlog back to planned levels in 2018/19.
- HDdUHB progress towards delivering a zero 36 week wait position in 2018/19.
- Service changes in ABMUHB which could result in the release of elective theatre capacity in Neath Port Talbot Hospital and Morriston Hospital.
- Consideration in HDdUHB of short term options to develop an enhanced endoscopy service in Prince Philip Hospital releasing space for an enhanced ring-fenced elective orthopaedic service in that hospital.
- Impact of revised modelling assumptions in terms of efficiency and sustainability in both organisations.

It was highlighted that, whilst the increase in options does not preclude delivery of a regional solution, the likelihood is that rather than commissioning a joint standalone unit, capacity may be available for either UHB to commission from the other, dependent upon the scale of local service development planned.

The JRPDC was asked to acknowledge the significance of the emerging clinical strategies and clinical services plans of both UHBs in shaping the final design for a regional elective orthopaedic model and to support the proposal to undertake a focused workshop in quarter 4, as clinical service models are refined, to agree a final design for the region.

The JRPDC acknowledged the good work completed to date and requested a meeting be arranged for Operational and Planning Teams from both UHBs to progress a workshop to map out demand and capacity details, to progress the work forward.

Cardiac Catheter Laboratory Update

A paper was provided to the JRPDC to update on a range of issues relating to regional cardiology in South West Wales (SWW). The paper focused specifically on:

- The status of the proposal to develop a local diagnostic cardiac catheter laboratory in HDdUHB;
- An update on the expansion requirements for tertiary cardiac catheter laboratory capacity at Morriston Hospital; and
- A timeline for completion of the scoping work to explore the benefits of developing an operational delivery network for Cardiology within south west Wales.

The JRPDC was asked to receive the update on regional cardiology and note that a workshop took place to discuss plans for a local cardiac catheter laboratory in HDdUHB. The Committee was also asked to note the progress and costs of expansion of tertiary cardiac catheter laboratory capacity.

The Committee recognised the increase of cross boundary working which has benefited patients from both UHBs. The JRPDC requested a paper detailing costs (including repatriation) to be submitted to both Executive Teams as well as an updated Joint Capacity Plan ahead of the next Committee meeting in February 2019.

The JRPDC also highlighted that the Welsh Health Specialised Services Committee (WHSSC) decision around the commissioning of Transcatheter Aortic Valve Insertion (TAVI) is yet to be confirmed and asked for a paper to be submitted with the cardiology plan (3 years and 5-7 years) to the next meeting.

Endoscopy Update

Following submission to the JRPDC at its October 2018 meeting, the Committee received the paper which highlighted the following key points:

- Both UHBs have submitted responses regarding the Nationally Directed Approach for Endoscopy Services in Wales, which provide a key baseline for how the two will approach endoscopy services moving forward.
- HDdUHB have been exploring demand and capacity tools, including the one used by ABMUHB in order to allow a robust analysis to be undertaken.
- In HDdUHB, an informatics analyst has been identified to assist in the regional demand and capacity modelling.
- A meeting was arranged for 5th December 2018 between the Executive Lead, the respective Service Managers for endoscopy services in the two University Health Boards, and the Strategic Planning Manager from HDdUHB who will act as the Planning lead for the work.
- HDdUHB are continuing to develop a scope as part of its capital programme of work to further develop the endoscopy facilities in Prince Phillip Hospital, Llanelli.

The JRPDC noted the progress highlighted and asked for the scale of the issue to be established and reported back to the next meeting in February 2019. The Committee

also asked for a meeting to be arranged for the Operations and Planning departments from both UHBs in respect of demand and capacity.

Vascular Update

The JRPDC received an update, which provided key progress points against the regional vascular workplan which is overseen by the Vascular Surgery Steering Group (VSSG) and identifies three main areas of work:

- **Joint Middle Grade Surgical Doctor** – Appointment process in train.
- **Joint Regional Planning of a Hybrid Theatre** – A hybrid theatre featured in previous ABMUHB Integrated Medium Term Plans (IMTPs) and a former ABMUHB business case has been recently updated. As a tertiary centre, Morriston is now an outlier in not having a hybrid theatre and this will impact adversely on medical recruitment. The theatre is not currently on the capital work programme and as a regional piece of work, it would need to be supported regionally.
- **Implementation of the Limb at Risk Pathway**
 - **Pathway start date** - proposed start date for the limb at risk pathway is April 2019.
 - **Value based health care project** - A paper with detailed resource savings and improvement actions will be submitted to the VSSG.
 - **Referral to National Exercise Referral Scheme (NERS)** - it has been agreed that named clinicians will be able to refer into NERS (currently podiatrists unable to do so); details of changing this process are currently being finalised.
 - **Education package** - content of the education package has been finalised and the first course is currently being set up for February 2019, with plans to run it twice a year for the patient.
 - **Multi-Disciplinary Team (MDT) clinic** – staff from both UHBs will pilot a Diabetic / Peripheral Vascular Disease MDT foot clinic which will provide the forum for decisions to be made more quickly for high risk patients.

The Committee was asked to note that discussions are ongoing between the Chief Operating Officers regarding opportunities to link to the thoracic centre business case and for considering the issues around putting the case forward as a regional case.

The JRPDC noted the paper and asked that an update on progress of the Hybrid Theatre Business Case is reported at the next Committee meeting as well as detail of the links to the Thoracic work programme.

Pathology Update

The report provided to the JRPDC summarised progress against specific actions identified at the previous Committee meeting and likely next steps. All actions were either completed or partially completed (where dates for meetings were yet to be finalised).

The next steps reported key milestones, including formal sign off of the draft Strategic Outline Case (SOC) and submission to Welsh Government in March 2019 with scrutiny questions expected February- April 2019. It is envisaged that the SOC will go to the Infrastructure and Investment Board April-May 2019 for decision and transition to Outline Business Case.

The Committee noted the update paper and asked that the scope of the business case be signed off through both Executive teams.

Integrated Medium Term Plan (IMTP) 2019/22

A paper was presented to the JRPDC to provide a progress update on the development of a joint narrative to be included in both UHB's respective plans for 2019/22.

The Committee noted the progress made and asked that clarity is included on what the joint regional work will be in 2019/20.

Regional Eye On Call Update (verbal)

The JRPDC was verbally updated on the progress of a local on call service at Bronglais General Hospital and Glangwili General Hospital, both of which were still being explored.

Any Other Business

Dermatology – It was highlighted that dermatology services at HDdUHB are insufficient due to a lack of Dermatology Consultants. The JRPDC suggested regional opportunities be considered in order to close the gaps.