



**CYFARFOD BWRDD PRIFYSGOL IECHYD
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Orthopaedic Model
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Craig Toutt, Regional Orthopaedic Programme Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Regional Orthopaedic Programme is a strategic initiative designed to transform orthopaedic healthcare delivery across South West Wales. The clinical model outlined in this report was approved by Swansea Bay and Hywel Dda's Executive Teams on the 7 August 2024, and aligns with the Welsh Government's (WG) commitment to regional collaboration and their expectations for its execution.

The report presented to the Executive Teams on 7 August 2024 requested the following:

- The Regional Orthopaedic Programme Board recognise the financial challenges both Health Boards currently face and the need to utilise the allocated money across multiple service areas, as well as identify potential savings where possible.
- The Regional Orthopaedic Programme Board requested that should additional funding become available, consideration is given to utilise the money on key service areas within the Orthopaedic Service to support the implementation of the regional model, improve patient outcomes, reduce waiting time disparities, prevent patient harm and work towards achieving the 104-week wait Ministerial Priority within the target timeframe.

The report sought the collective agreement of the Executive Teams on the developing clinical model and its implementation, in principle, pending the outcome of Hywel Dda's new Clinical Service Plan and the review of Swansea Bay's Clinical Service Plan.

The Executive Teams agreed the following:

1. Endorsement and Engagement:

To endorse the proposed Regional Orthopaedic Model, ensuring alignment with organisational expectations and to facilitate clinical engagement in regional collaboration.

2. Integration with Clinical Service Planning:

To incorporate the Regional Orthopaedic Model into the development of Clinical Service Plan options, and fully integrate the regional model into future clinical service planning.

3. Financial Support:

To request the respective Directors of Finance to work together to set out how the programme would be resourced financially to reflect the proposed new model, and to take into account the monies allocated by Welsh Government based on the original business case submitted. This would include the necessary flows of funding to cover the increased non pay costs associated with working on different sites and both organisations having rationalised to different suppliers of equipment.

To consider the allocation of any additional revenue if / when it becomes available to expedite the delivery of the ministerial priorities for the treatment of orthopaedic patients across the region.

4. Insourcing/outsourcing scoping exercise:

To support a scoping exercise to determine the financial requirements needed to close the regional 104 cohort gap by December 2024, considering both insourcing and outsourcing options.

This report provides context for the implementation of the Regional Orthopaedic programme and offers an update on the current achievements.

Welsh Government has clearly articulated its vision for regional collaboration in healthcare, emphasising the need for integrated services that transcend traditional organisational boundaries. This directive underpins efforts to reconfigure Orthopaedic services, ensuring they are not only efficient but also patient-centric. The commitment to regional working is pivotal in addressing the current challenges faced by both Health Boards, including lengthy waiting times and fragmented service delivery.

The Regional Orthopaedic Programme Board was established to advance regional orthopaedics in South West Wales, following the National Clinical Strategy for Orthopaedic Surgery (NCSOS) and the Get It Right First Time (GIRFT) recommendations. Since November 2023, the Board has promoted regional collaboration by standardising operating procedures, engaging stakeholders for broader support, and developing regional efforts incrementally, addressing challenges as they arise. A primary goal of this regional approach is to ensure equitable access to treatment across South West Wales, improving patient outcomes, reducing waiting time disparities, and preventing patient harm.

At present, the regional model is based across three hospital sites:

1. **Prince Philip Hospital (PPH):** Utilising capacity to accommodate both High Volume Low Complexity (HVLC) and Low Volume High Complexity (LVHC) patients across the South West region.
2. **Neath Port Talbot Hospital (NPTH):** As a HVLC centre to cater to the region's high-volume low-complexity cases.
3. **Morrison Hospital:** To continue to treat complex and tertiary level cases requiring level 3+ Critical Care support.

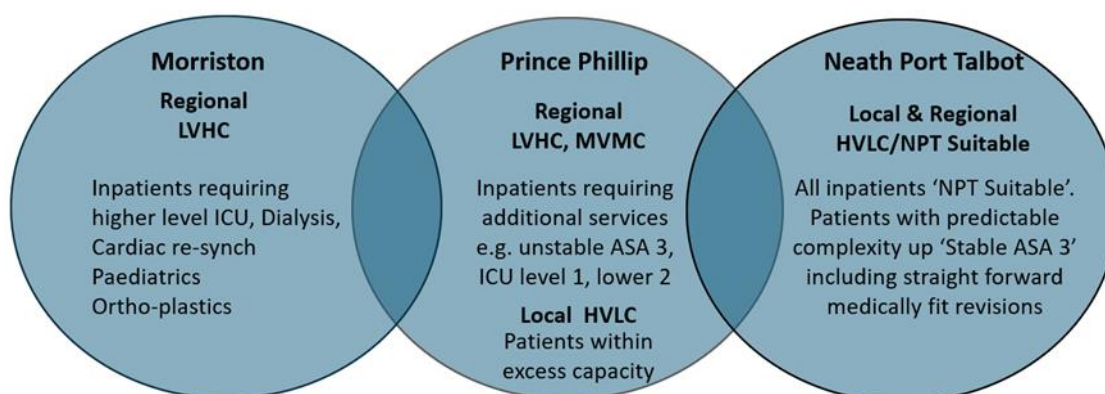
In the context of the above model, it should be noted that Bronglais Hospital provides elective inpatient orthopaedic surgery for the Ceredigion and Mid Wales population.

Withybush General Hospital currently undertakes High Volume Low Complexity surgery on a day case and potentially overnight stay (23:59 hour) basis, but no inpatient elective activity.

This is the arrangement that has been in place since Covid-19. Elective orthopaedics is one of the services included within Hywel Dda's Clinical Services Plan programme and as such the options for future service models are currently under review.

At a senior leadership meeting on 31 May 2024, key principles were agreed upon to ensure equity of care across the South West Wales region and long-term service sustainability. Patients will be treated in hospitals equipped with the necessary resources to meet their needs, and where possible, this care should be provided as close to home as regional demand and capacity allow. The model must remain adaptable to changes in the waiting list and population needs over the next six, 12, and 24 months.

Diagram 1 outlines the service provision at each site:



During the first quarter of 2024, a number of steps have been taken to allow regional work to gain momentum. These include:

- The development of a South West Wales Hand Surgery network proposal, which is soon to be implemented.
- The development of a bespoke South West Wales Arthroplasty Standard Operating Procedure (SOP), completed in June 2024.
- The recruitment of orthopaedic consultants with regional working specifically stated within the job descriptions / job plans and a commitment to recruit to the regional model going forward.
- Greater engagement from consultants prepared to work across Health Boards.
- Increased regional activity throughout June, July and August at Prince Philip Hospital.
- Greater stakeholder engagement in the Clinical Reference Group.

Whilst the funds allocated for regional working have been invested in strengthening resources and reducing waiting lists through several approaches across both Health Boards, at present the scale of regional working as outlined in the business case with shared utilisation of resources has yet to be fully realised. Since April 2024, Swansea Bay University Health Board (SBUHB) has backfilled 12 lists (24 sessions) at Prince Philip Hospital, with no reciprocal activity from Hywel Dda at NPTH.

Cefndir / Background

The 2014 the GIRFT programme reviewed orthopaedic surgical services in Wales, recommending measures to reduce infection risks and improve service delivery. Many recommendations were not implemented, leading to longer waiting lists, worsened by Covid-19. A 2021 review emphasised the need for urgent action and collaboration between Health Boards. The NCSOS described elective orthopaedic services in Wales as critical and

nearing collapse. Despite over £300m in investment since 2015, service delivery and access issues persisted. The report called for urgent investment and regional collaboration to ensure patient safety and service sustainability.

In April 2023, Hywel Dda (HDd) and Swansea Bay University Health Boards submitted a joint business case for a regional orthopaedic service. The goal was to have 99% of patients wait less than 104 weeks by March 2024. Investments in NPTH and PPH would aim to improve care for High Volume Low Complexity and Low Volume High Complexity patients, reducing waiting times for orthopaedic and spinal treatments. The Regional Programme Board would align services with the NCSOS for a sustainable regional service.

In July 2023, the Welsh Government allocated £50m for Planned Care in the South West Region. This funding, based on Health Boards' proposals and needs, aimed to improve Planned Care services, focusing on diagnostics, treatments, enhancing surgical facilities, transforming outpatient services, and increase productivity in elective and treatment services. In order to continue to facilitate the Regional Orthopaedic Service, the South West Wales region was allocated £21.6m recurrently.

To mobilise the vacant capacity at PPH to support more complex patients being treated regionally, the business case highlighted the need for investment in the High Dependency Unit (HDU), theatres, anaesthetists, and resources to increase the number of beds for the anticipated rise in patient numbers.

Table 1. Allocation of funding for the region:

Health Board	Scheme	Assessment of longest waits and diagnostic allocation	Recurrent impact	Final Allocation	Total Allocation
Hywel Dda	Diagnostics	2.1	1.3	1.1	6.60
	Orthopaedics	2.7	3.6	1.5	
	104-week backlog	4	0	4	
Swansea Bay	Diagnostics	1.5	1.5	1.5	15.50
	Orthopaedics	14	18	14	

In January 2024, Hywel Dda and Swansea Bay University Health Boards were escalated to Targeted Intervention/Level 4 of the WG Performance Framework. The regional reference reflects a lack of progress in the implementation of the regional model. National-level support for regional orthopaedic work aims to address individual Health Board challenges, improve access to services, and reduce waiting times in South West Wales. Significant funding has been allocated to develop a Regional Orthopaedic Model.

On March 19 2024, Eluned Morgan, Minister for Health and Social Services for Wales, announced the formation of a Joint Committee for the Swansea Bay and Hywel Dda Health Boards. This Committee's goal will be to ensure effective planning and delivery of healthcare services in the region, with an emphasis on safety, quality, and sustainability.

Officials will work with both Health Boards to establish the Committee's membership and structure, ensuring their 3-year plans are ambitious, regionally focused, and have clear deliverables. The Health Boards will be accountable for these plans through the Quality, Performance, and Delivery Framework and the NHS Wales Oversight and Escalation

Framework. A primary focus for the Joint Committee will be the regional Orthopaedic service.

Asesiad / Assessment

Table 2 highlights a predicted deficit of 1191 patients breaching the 104 weeks wait position by the end of December 2024. Without additional activity through focused investment neither Health Board will achieve the December 2024 Ministerial target. It should be noted that SBUHB has developed a plan that delivers the zero position but currently the financial allocation is insufficient to deliver it.

Table 2: Overview 104 activity December 24

	Planned Core Activity				Predicted Demand	104+ Estimated Breaches by December 2024
	Planned core activity (Demand and capacity (D&C) Plans)	Projected Reasons Other Than Treatment (ROTT)	Other (Efficiency)	Core Activity (Planned + ROTT + other)		
Hywel Dda UHB December 2025 <i>(As of May 2024)</i>	996	620	261	1877	2494	617
Swansea Bay UHB December 2025 <i>(As of July 2024)</i>	547*	320	245	1169	1746	577

**The variation in the size of the numbers is due to the different timeframes as highlighted in red.*

Regional activity has been incorporated into the SBUHB annual delivery plan, which currently schedules two sessions per fortnight. This is expected to increase to four sessions per week once the model is fully established. HDdUHB plans to introduce additional activity at Neath Port Talbot Hospital when the new consultant is in post towards the end of 2024. As consultant recruitment progresses, regional working will be integrated into job descriptions, leading to increased regional orthopaedic activity.

Regional Orthopaedic Workshop: 27 June 2024

On 27 June 2024, a Regional Orthopaedic Workshop was convened, led by the Medical Directors from Hywel Dda and Swansea Bay UHBs. The primary objective of this workshop was to address the ongoing challenges in orthopaedic services and reaffirm both organisations' commitment to regional collaboration. The discussion emphasised the long-term benefits of regional working and its alignment with both local and national strategic goals. Given the current backlog in both Health Boards and updated demand and capacity analyses, it was unanimously agreed that a regional approach is essential for the sustainability of orthopaedic services across both Health Boards. Current modelling indicates a shortfall in workforce capacity to fully staff theatres across all professions, presenting a fundamental challenge to making regional working truly effective at this point. However, with adequate resources and initiatives such as pooled waiting lists, revised prioritisation

classifications, and a shared Patient Tracking List (PTL), a regional approach will ensure timely access to treatment for patients, reduce waiting times, and lead to improved clinical outcomes.

The following key points were agreed upon to guide the future development of the regional model:

1. **Formation of Sub-specialty Groups:** Sub-specialty groups will be established to report to the Clinical Reference Group (CRG). This structure will mirror the national model, facilitating efficiency and productivity improvements across the service. These groups will be tasked with developing sub-specialty plans for regional collaboration, as demonstrated by the proposal from the South West Wales Hand Surgery Network.
2. **Refinement of Demand and Capacity Plans:** The outputs from the sub-specialty CRGs will refine the Regional Demand and Capacity Plan, which will then inform the Regional Delivery Plan. This will utilise all available capacity in accordance with accepted national guidance from GIRFT and the Wales Orthopaedic Network.
3. **Pooling of Patients:** Both Health Boards will review the pooling of patients to support regional working, ensuring a more streamlined and efficient process.
4. **Review of Prioritisation Classification:** The prioritisation classification system will be reviewed to ensure greater consistency across the region, enhancing fairness and efficiency in patient care. An Open Predictor pilot will be initiated, supported by Welsh Government, targeting the next wave of patients who must meet the upcoming Ministerial target (104 cohort). This pilot will support pre-assessment teams in early patient allocation to appropriate pathways, enhancing service efficiency and productivity.
5. **Regional Recruitment:** Both Health Boards will continue to recruit on a regional basis, embedding regional working in job descriptions and job plans to ensure a cohesive and integrated workforce.

These measures aim to create a sustainable and efficient regional orthopaedic service, ensuring that patients receive timely and high-quality care.

Hywel Dda Clinical Service Plan

To inform the development of the Hywel Dda Clinical Service Plan (CSP), an Issues paper was developed, identifying the following issues in Orthopaedics, many of which align to the need for investment in the regional orthopaedic business case.

- 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.

Based on the identified issues, four options are being developed and evaluated against the programme evaluation criteria through the Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, which takes into consideration the future direction of the regional orthopaedics programme. Recommendations for changes to the orthopaedic service were initially scheduled for the Health Board meeting in September 2024 but to allow for greater stakeholder engagement, will now be made on 28 November, 2024.

Swansea Bay Clinical Service Plan

The current Clinical Service Plan for SBUHB runs until 3¹ March 2025. Work is currently underway to review and revise it during this financial year.

In conclusion, to realise the regional model ambitions, sustained support from the Executive teams of both Health Boards is essential. This support will enable the Regional Programme Board to build on its initial successes, scale initiatives, and ensure the long-term sustainability of the regional orthopaedics programme. There is confidence that the region can create a resilient, high-performing healthcare system that serves as a benchmark for others to follow.

Argymhelliad / Recommendation

The Committee is requested to:

- **Note** the progress the Regional Orthopaedic Programme has made to date.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
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:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 4 Planned care, diagnostics and cancer Recovery 6 Clinical services plan 10 Population health
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 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Regional Orthopaedic Programme Board

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Appendix 1. 2024-25 Plan

0-3 Months	3-6 Months	6-12 Months
<ul style="list-style-type: none">▪ Improve Clinical engagement▪ Finalise Regional Arthroplasty SOP▪ Standardise quality reporting measures▪ Backfill fallow sessions on a regional basis▪ Begin discussions around the development of a complex primary and revision service▪ Agree Regional Hand Model▪ Agree a plan to resolve the predicted 1191 patient 104 breach position by December 2024	<ul style="list-style-type: none">▪ Continue regional arthroplasty work▪ Increase Ward 6 bed capacity to 28▪ Integrate regional working into current and future appointments▪ Trial regional hand working to confirm proof of concept▪ Develop an outline business case for the complex primary and revision service▪ Continue to monitor and proactively manage regional waiting times▪ Create sub-specialty groups to improve inequities in regional waiting times and facilitate service improvement and sustainability▪ Work towards sustainable and scheduled arthroplasty sessions in PPH.▪ Take work from PPH to NPTH▪ Redefine the prioritisation classifications	<ul style="list-style-type: none">▪ Align Hywel Dda's Clinical Service Plan outcome with regional model and adapt the plan accordingly.▪ Continue regional arthroplasty work▪ Increase regional activity through the appointment of new consultants▪ Build on the regional Hand model▪ Hywel Dda activity in NPTH▪ Implement Sub-specialty initiatives▪ If practicable start developing a regional complex primary and revision service▪ Develop a regional team to treat from a joint PTL