
South West Wales

Regional Clinical Services Plan – Our Intentions for Collaboration 2019-2024



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1 Hywel Dda and Swansea Bay University Health Boards - Our Shared Intent

‘A Healthier Wales: Our plan for Health and Social Care’ published by the Welsh Government in 2018 sets out a long term vision of a ‘whole system approach to health and social care’ which is focussed on health and wellbeing, and on preventing illness. Achieving this vision will require transformation, with pace and scale, both at a local and regional level.

This South West Wales Regional Clinical Services Plan takes its place alongside our individual organisational strategies and clinical plans and sets out our intentions to progress those actions that would realise value through a collaborative regional approach.

This plan sets out how Swansea Bay University Health Board (SBUHB) and Hywel Dda University Health Board (HDdUHB) will work on a collaborative basis in south west Wales to:

- facilitate our organisations to be individually and collectively successful in taking into account the needs of our population and services at a regional level;
- draw out the synergies and opportunities within our organisational clinical plans and strategies;
- focus on the priority areas where the partners working in collaboration can add the most value;
- drive value, quality improvement and innovation and put people at the centre of what we do.

We are not starting from scratch; we have a strong history of successful collaboration and partnership working across the region. The A Regional Collaboration for Health (ARCH) partnership and Joint Regional Planning and Delivery Committee (JRPDC) exemplify our commitment to regional working.

The ARCH partnership is a collaboration between SBUHB, HDdUHB and Swansea University, which aims to improve the health, wealth and well-being of the population through a longer-term transformative approach, driving innovation and research to prevent ill health and develop better treatments and new technologies.

The Joint Regional Planning and Delivery Committee has been successful in providing drive and cohesion to some challenging regional issues that require joined up and responsive action.

This Regional Clinical Services Plan signals progression to the next level of maturity for regional planning in south west Wales. It will build upon existing regional working arrangements, as well as the public consultation and engagement undertaken within the two University Health Boards to develop their respective clinical plan/strategy; SBUHB's Clinical Services Plan and HDdUHB's health and care strategy *A Healthier Mid and West Wales: Our future generations living well*. It will continue to develop in detail and granularity over the next 12 months, as we enter the next stage of delivering our clinical/transformational strategies and developing our Integrated Medium Term Plans (IMTPs).

Continuous engagement and public consultation will be key to improving our understanding of the challenges we face, as we formulate, prioritise and implement regional solutions together, tailored to the unique nature of our region.

Critically, this plan does not attempt to describe the breadth of work undertaken by the health and social care partners in south west Wales. Rather, this plan recognises and complements the range of plans and strategies developed through engagement and public consultation that have been prepared by the partner organisations in the south west of Wales.

The focus for regional collaboration in south west Wales, agreed through ARCH, to date has been on:

- Plan for a million population;
- Help develop sustainable workforce;
- Create investment opportunities and generate employment growth;
- Encourage collaborative working – create benefits across the entire region;
- Service fragility;
- Prudency - opportunities for maximising the use of capacity across the region

This plan seeks to present our intentions to plan and deliver a more proactive approach based on the following principles and in line with the overarching vision:



- Ensure that there is a focus on equitable care and excellent experience, no matter where in the region a patient lives
- Provide a clear focus on improving population health at a regional level
- Enable integration of a range of health services to support the needs of smaller and more rural communities in a sustainable way
- Deliver joined up decisions about what services can be provided where within the region; taking into account population needs, workforce availability, changing clinical practice and technology
- Confirm which specialist/tertiary services can be sustained and how they should be organised
- Take into account deliverables within national programmes to ensure best access for the regional population
- Provide an opportunity to explore whether value based healthcare can be realised on a regional basis.

We face many challenges as a south west region and **Our Change Context** is summarised in Section 2. As NHS organisations we are working to improve the health, wealth and wellbeing of our populations, to achieve the vision set out in national strategic policy and programmes and we intend to work together as a region, to support one another in achieving our contribution towards these national priorities.

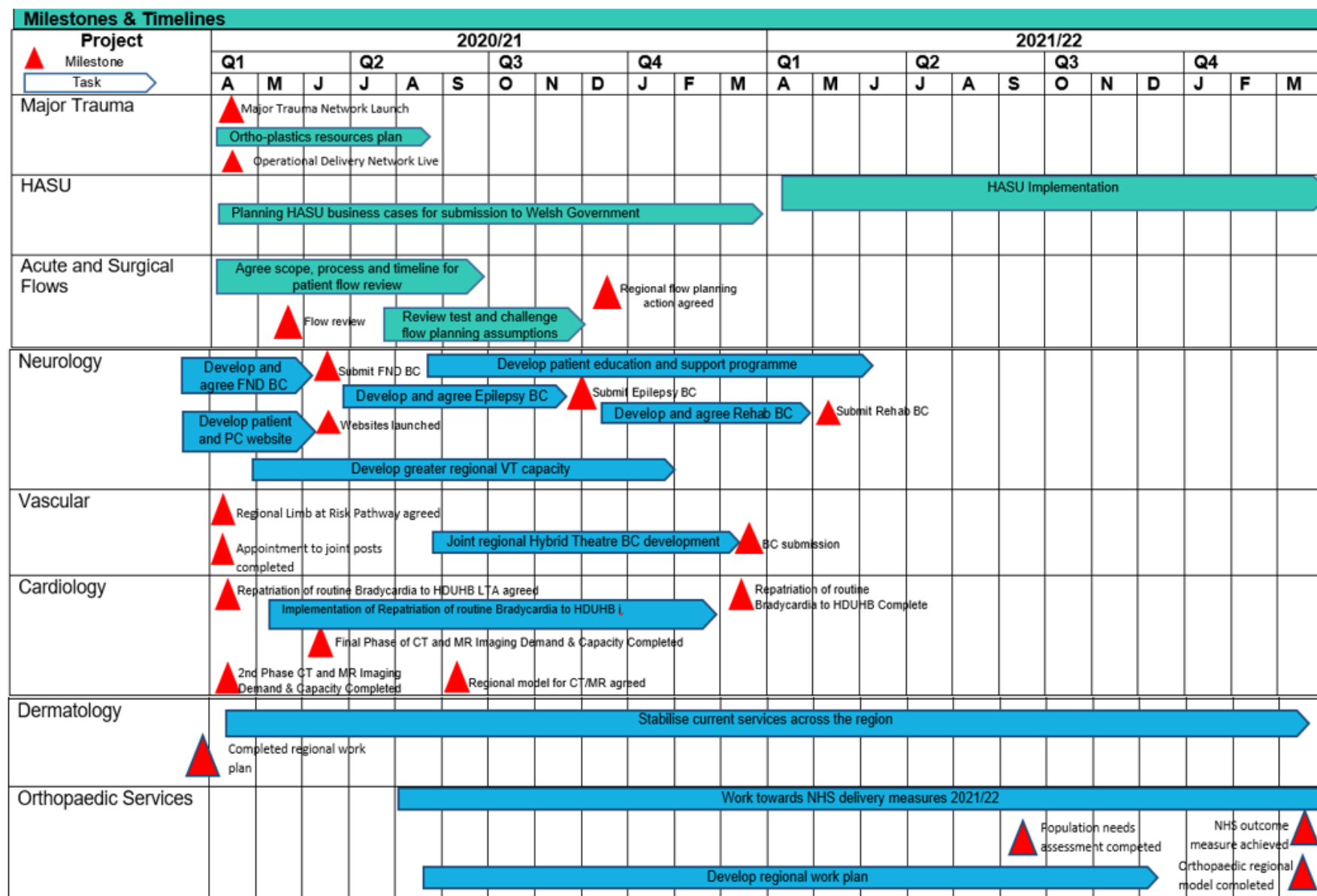
This RCSP reflects the particular issues that we face are facing as Health Boards around a number of fragile services and we are working together to look at solutions, however it is recognised that this RCSP but will not necessarily resolve all issues we facing.

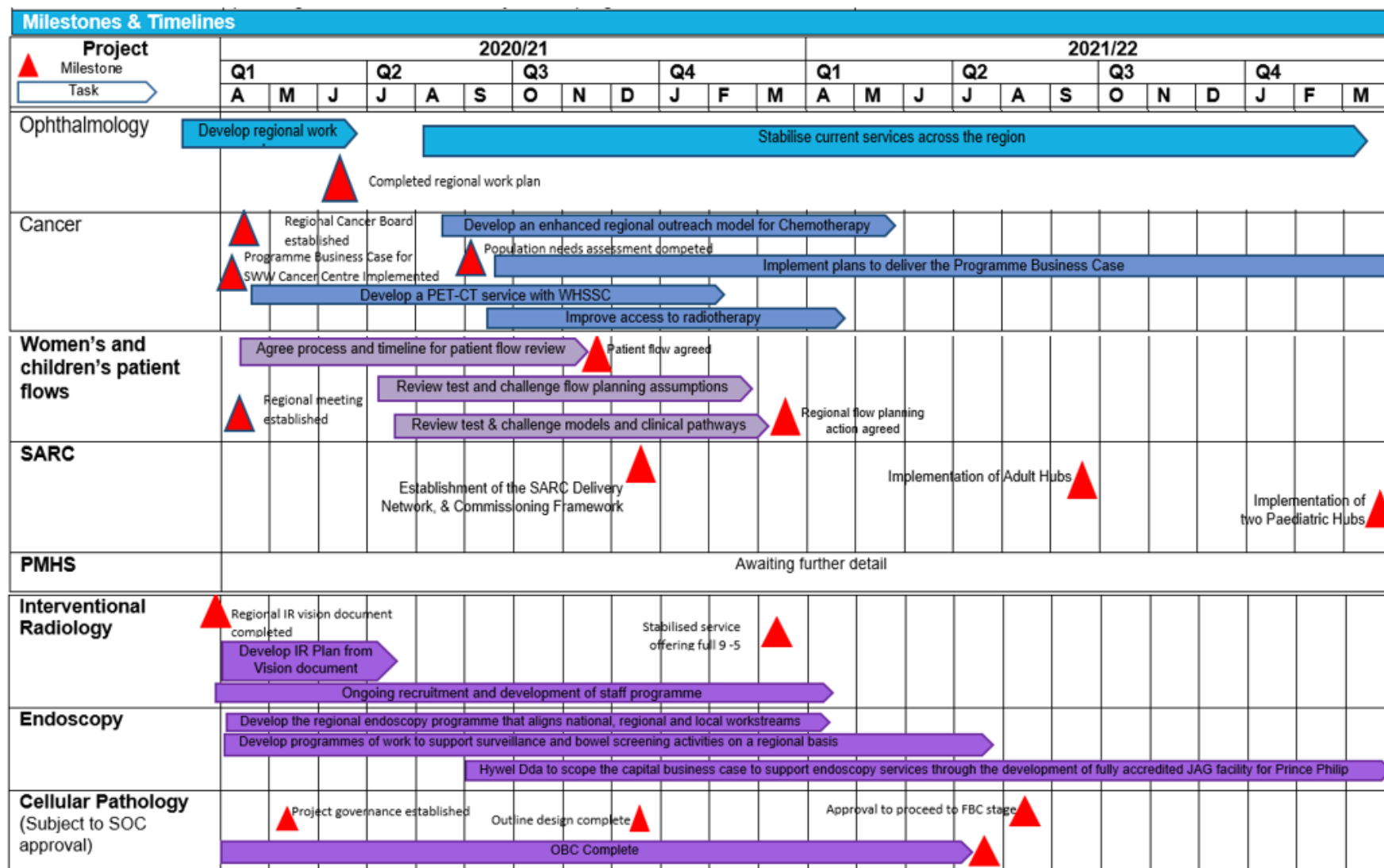
We intend to work in collaboration on a number of system-wide priorities and Section 3 describes **Our Regional Approach** to deliver this ambition through the following dedicated **Programmes of Work**:

- **Unscheduled Care**: major trauma, Hyper Acute Stroke Unit (HASU), rehabilitation and acute and surgical flows, as well as working to consider how we can support each other to better manage unscheduled care pressures on a day to day basis;
- **Planned Care**: neurology, vascular, cardiology, dermatology, orthopaedics, and ophthalmology;
- **Cancer**: radiotherapy, chemotherapy and non-surgical oncology;
- **Women and Children's Services**: women's and children's patient flows, Sexual Assault and Rape Centre (SARC), perinatal mental health service (PMHS);
- **Diagnostics**: interventional radiology, endoscopy, cellular pathology.

Detailed on the following pages are the key activities and milestones we will focus on in the next 1-2 years to meet both the immediate clinical, workforce and service challenges we face in the region, as well as deliver in line with national and local strategic priorities identified to date. This high level overview is underpinned by our shared ambitions, individual project plans and delivery and governance arrangements, contained in Section 4.

Many of our regional projects are well established and others will be developed in line with our emerging 3 year IMTPs, so timescales and activities in this RCSP are indicative and will be firmed up as projects mature. The first two years of our change plans will be included in our respective IMTPs, and is shown as follows;





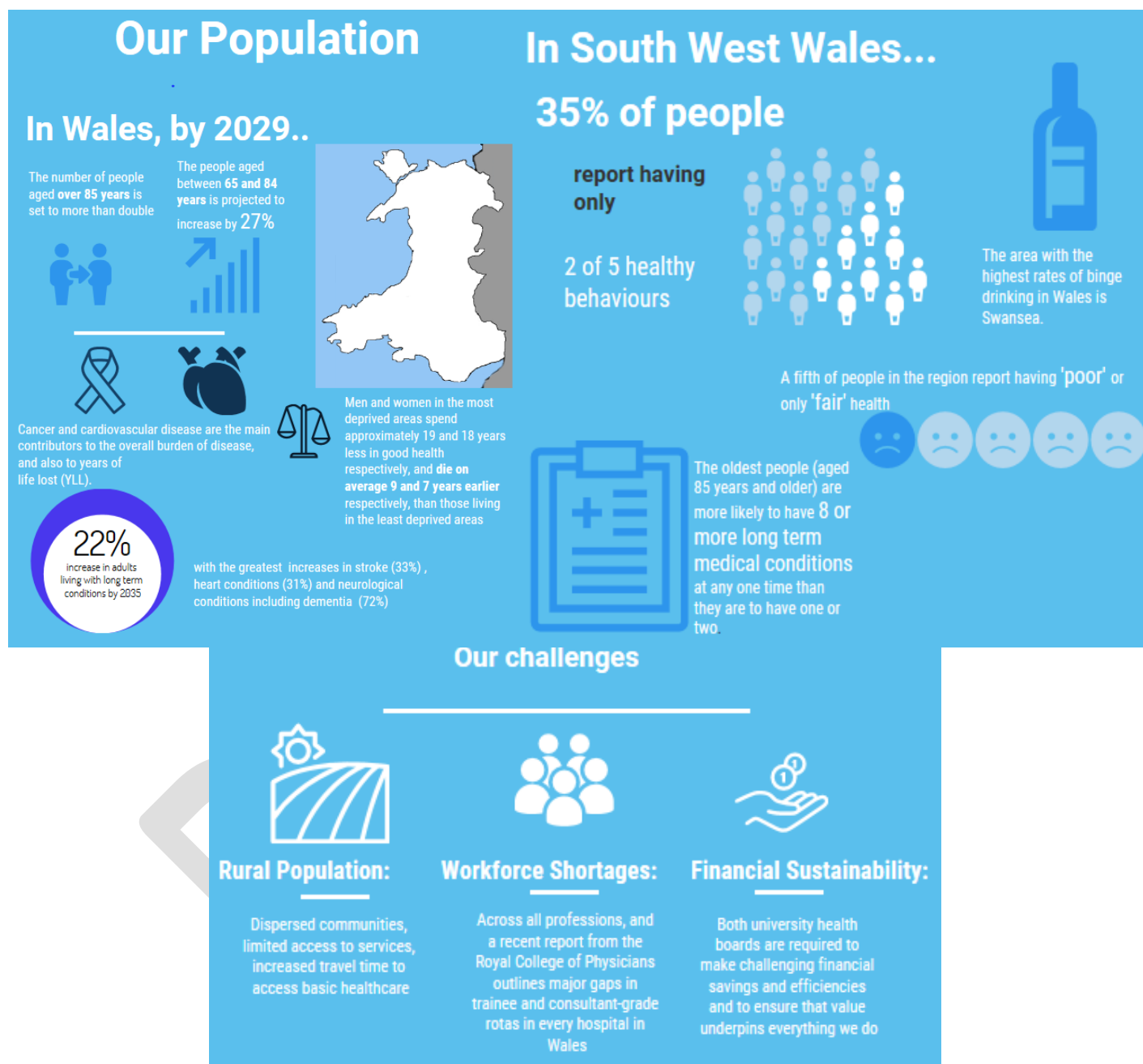
2 Our change context

2.1 National, Regional and Local Context

Our Regional Clinical Services Plan exists within a complex landscape:

- It recognises the specific needs of our regional population, whilst respecting the local needs and drivers of each individual organisation. Both Health Boards have recently published their clinical plans/strategies:
- HDdUHB's ***A Healthier Mid and West Wales, Our Future Generations Living Well*** (which sets out a 10-year clinical strategy and a 20-year vision for population health and wellbeing) and;
- ***SBUHB's Organisational Strategy, Better Health, Better Care, Better Lives*** (sets a vision for the next 10 years) ***and its Clinical Services Plan 2019-24***, sets ambitions for the next 5 years and beyond;
- It recognises and adds value to the statutory arrangements with multi-sector partners. There are two Regional Partnership Boards established within South West Wales: ***West Glamorgan Regional Partnership and West Wales Care Partnership***;
- It also contributes to the national strategic direction and ***The Well-being of Future Generations (Wales) Act, the Social Services and Well-being (Wales) Act, A Healthier Wales our Plan for Health and Social Care*** and ***Prosperity for All: the national strategy***;
- It aligns with national planning processes and programmes: ***Welsh Health Specialised Services Committee (WHSSC), Welsh Ambulance Services Trust (WAST), Health Education and Improvement Wales (HEIW), Welsh Clinical Networks***;
- It benefits from the advantages of the ***Swansea Bay City Region (SBCR) City Deal***.

2.2 Our Regional Case for Change



2.3 Our Local Plans and Strategies

Both our Health Boards have a statutory duty under the NHS Wales Finance Act 2014 to prepare IMTPs, which set out the ambition and intent for service change and delivery over a three-year period and within a balanced financial position. Both Health Boards are currently in financial deficit and are preparing annual plans for 2019/20.

Our Annual Plans for 2019/20 included the full scope of our joint working, with detailed delivery plans and timescales.

In addition to our statutory delivery plans, both SBUHB and HDdUHB have undertaken significant strategic planning work over the last three years, to provide longer-term context and direction and to frame our ambitions. In 2018/2019, both organisations approved their respective clinical services plans and strategies, namely the *Clinical Services Plan 2019-2024* and *A Healthier Mid and West Wales*.

Below are a summary of the guiding principles within each:

Hywel Dda - Health and Care Strategy



Be **safe** – safe and high quality care to secure equitable services and the best possible experiences and outcomes for patients in an environment that promotes staff wellbeing and effectiveness.

Be **sustainable** – services which are fit for future generations, focused on promoting wellbeing and preventing ill-health in the first instance, and staffed by the right people working in a joined-up way.

Be **accessible** – will enable patients to use services when and where they need them, with an emphasis on as much care close to home as possible using innovative solutions, particularly digital technology advancements.

Be **kind** – delivering compassionate services in the right place and at the right time, including a focus on promoting wellbeing and avoiding ill-health, and using patient experiences to make services better.



Swansea Bay Univeristy Health Board Clinical Services Plan



1. One System of Care

Clinical pathway processes that cross specialities, departments & delivery units



3. Right Place, Right Person, Right Time

Workforce, estates, equipment, digitalisation



2. My Home First

Pathways which enhance care delivery in or closer to the patients home where clinically safe



4. Better Together

Regional and local collaboration on networks of services that meet the care needs of patients



Our plans and strategies describe our programmes of work, designed to:

- improve our population health and wellbeing and transform our communities
- transform our hospitals within a wider network
- transform our mental health and learning disability services

Our individual plans and strategies describe in more detail how we will deliver a shift of emphasis from secondary care to primary and community care, through enhanced primary care clusters and implementation of the national primary care model.

In line with the quadruple aim, improving population health and wellbeing is at the centre of our plans, and our clusters/localities will facilitate healthy lifestyles, preventative programmes, self-care and out of hospital care.

Integrating primary and community services, physical and mental health services, with our partners, and transitioning care out of hospital into the community on a primary care Cluster basis, where possible, will strengthen our care system as a whole. Focusing our attention on developing community resilience and well-being and delivering outcomes that matter to people will improve the health of our population.

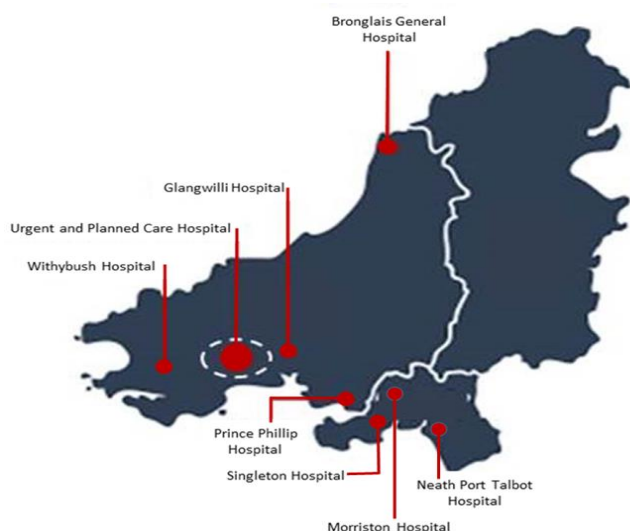
2.4 A Network of Hospitals

Within this regional plan, we will focus on how we can optimise our regional network of hospitals (described below), as joined up planning in this area is a priority for both

partners and is an example of where a regional approach will add value beyond what we could achieve as individual organisations.

In developing our individual organisational strategies, it was critical that we, as region, developed a shared view of the future roles of each of our hospital within our wider regional system.

In terms of our hospitals, this will mean:



Morriston hospital (SBUHB) will become a health campus and level four regional centre, including hosting of the South Wales major trauma network.

Business cases are in development for a new **Urgent and Planned Care hospital** (HDdUHB, to be located between Narberth [Pembrokeshire] and St Clears [Carmarthenshire] (location to be identified).

Glangwili (HDdUHB), Withybush (HDdUHB) and Neath Port Talbot (SBUHB) hospitals will provide minor injuries, ambulatory care and diagnostic access and support.

Singleton hospital (SBUHB) will provide diagnostic, rehabilitation and treatment services and an extensive range of elective surgery.

Bronglais General Hospital (HDdUHB) will build its reputation as an excellent rural provider of acute and planned care.

Prince Philip Hospital (HDdUHB) will provide GP-led minor injuries and acute adult medical care with diagnostic support.

Our regional network of local hospitals across both University Health Boards and in line with our respective engagement and consultation exercises will provide the right level of care in the right setting. They will form part of a network of Health Campuses that will streamline patient pathways throughout the region, to become more efficient

and patient-focused, as well as reducing variability and improving sustainability of services.

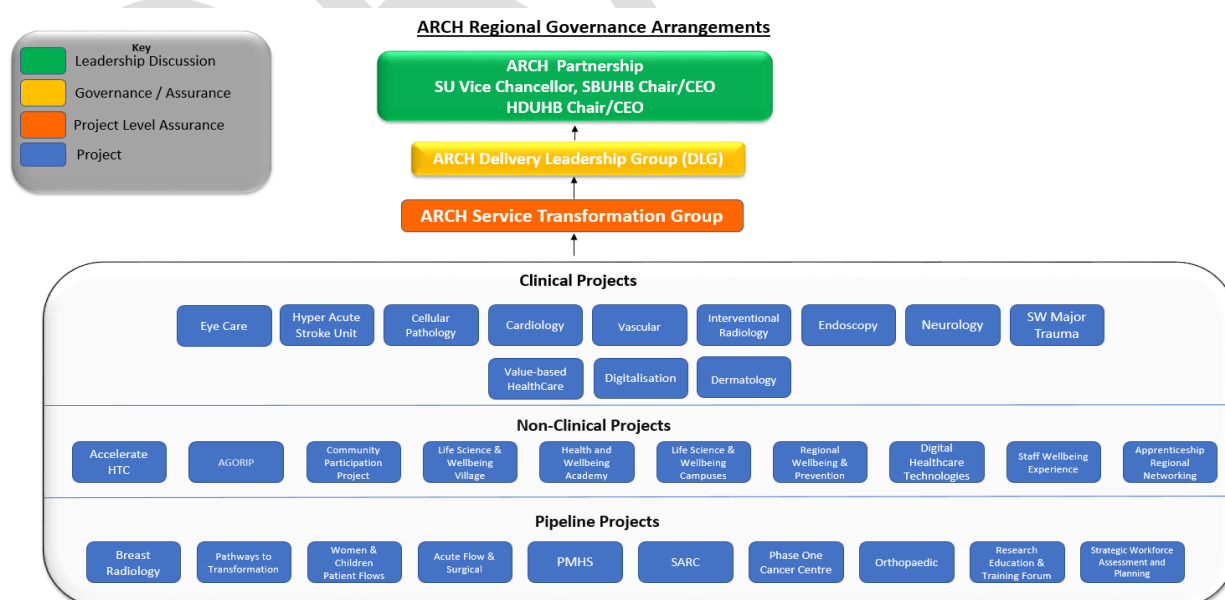
Our regional programmes of work that follow in section 4 are intended to support our network of hospitals to operate effectively and to support and sustain services that are an important part of patient pathways.

3 Our Regional Approach

There are many synergies between our local plans, and both emphasise the critical importance of joint regional planning and delivery in achieving our individual and collective ambitions.

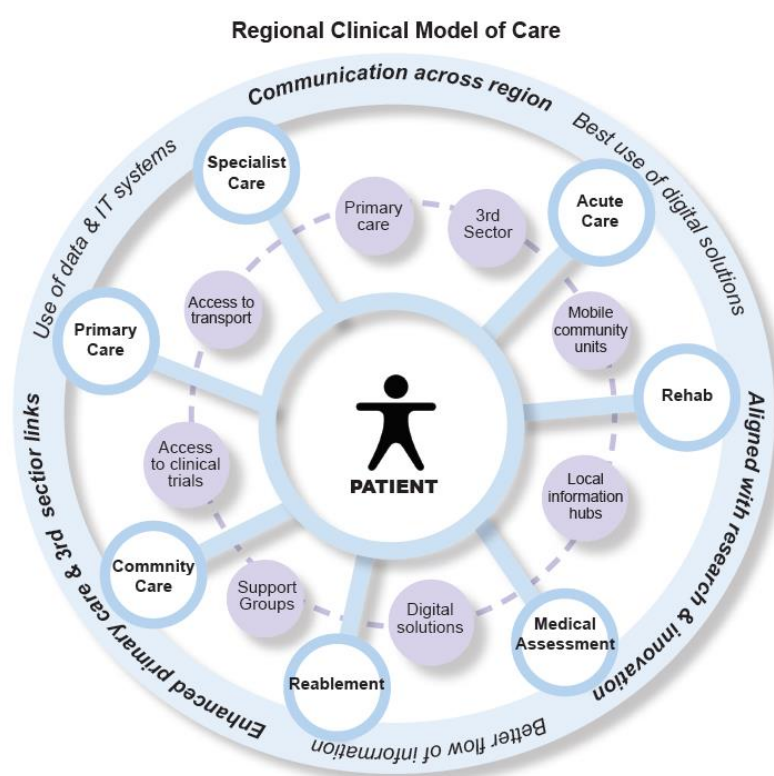
The relationship between both Health Boards has strengthened following the establishment of ARCH and the JRPDC, and has provided the organisations a solid and well-established foundation upon which to continue to build our partnership and collaborative working.

Our regional planning and delivery arrangements are outlined below:



In delivering the aspirations in our Clinical Services plans and strategies over the next five years and beyond, we will work with our public, staff and stakeholders to deliver a regional clinical model of care that complements the work we are doing to strengthen our communities and develop our regional network of hospitals.

We will take a whole system approach to health and wellbeing with the patient at the centre. For patients, this will mean access to care closer to home where appropriate and in hospital only when necessary.



In order to address our challenges and achieve the ambitions set out in this plan, we will focus on patient pathways that span the entire regional system and we will not think in terms of individual hospitals or organisational boundaries.

By this, we mean approaching services holistically, from prevention, detection, diagnostics, acute disease, planned intervention, mental health, chronic disease and end of life care.

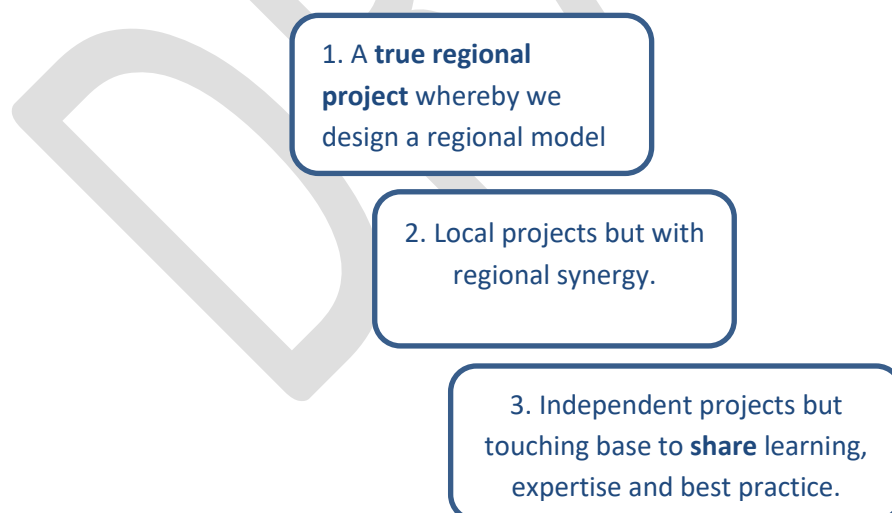
In transforming our regional pathways and models of care, we will involve patients, primary care clusters, community services and third sector partners as well as secondary and tertiary services to work collaboratively and seamlessly as part of one team delivering within one system.

We have developed a regional framework to drive this approach, which is summarised in the diagram below:

	Prevention	Detection/Diagnosis	Acute Disease Management	Planned Intervention	Chronic Disease	End of Life Care
Public Health	Lifestyle advice.	Symptom awareness	Patient self medication		Patient Support	Patient Support
Pharmacy/third party					Patient Support	Symptom control
Primary Care	Assessment/Advice	Assessment/Advice	Planned / Unplanned Care	Minor Surgery	Long term care	Home support
GP						
Cluster	Specialist review	Specialist review		Planned Surgery	Exacerbation Management	
Secondary Care						
Tertiary Care						
Diagnostics	Access, decision support, common standards.					
Information Sharing	Single Patient Record, Remote communication,					
Education	Regular planned education for all network members.					
Governance	Single system board with accountable officer and annual report to HB.					
Finance	System budget with defined SLAs.					
Performance	Agreed objectives with regular updates for network members.					

We intend to work together on a focussed number of programmes that we believe would benefit from an integrated, regional approach i.e. that will deliver better patient outcomes and experience, as well as driving efficiency and effectiveness through our collaboration. We are working regionally on a number of value based healthcare pathways and the outcomes of this work will inform our programmes of work.

We recognise that there are three tiers of regional working that require varying levels of collaboration, dependent on the nature and context of the work, as summarised within the diagram below:



This plan will primarily focus upon pieces of work that fall in to tier 1 and tier 2.

4. Regional Programmes of Work

We will take a systematic approach in determining the scope and scale of our regional work programmes and will do this on a service-by-service basis, in line with the priorities that are contained in our emerging IMTPs.

4.1 Enablers

In addition to our regional work programmes, we will work together to strengthen and establish other enabling mechanisms that will allow seamless regional working across organisational boundaries, in the first instance this will include:

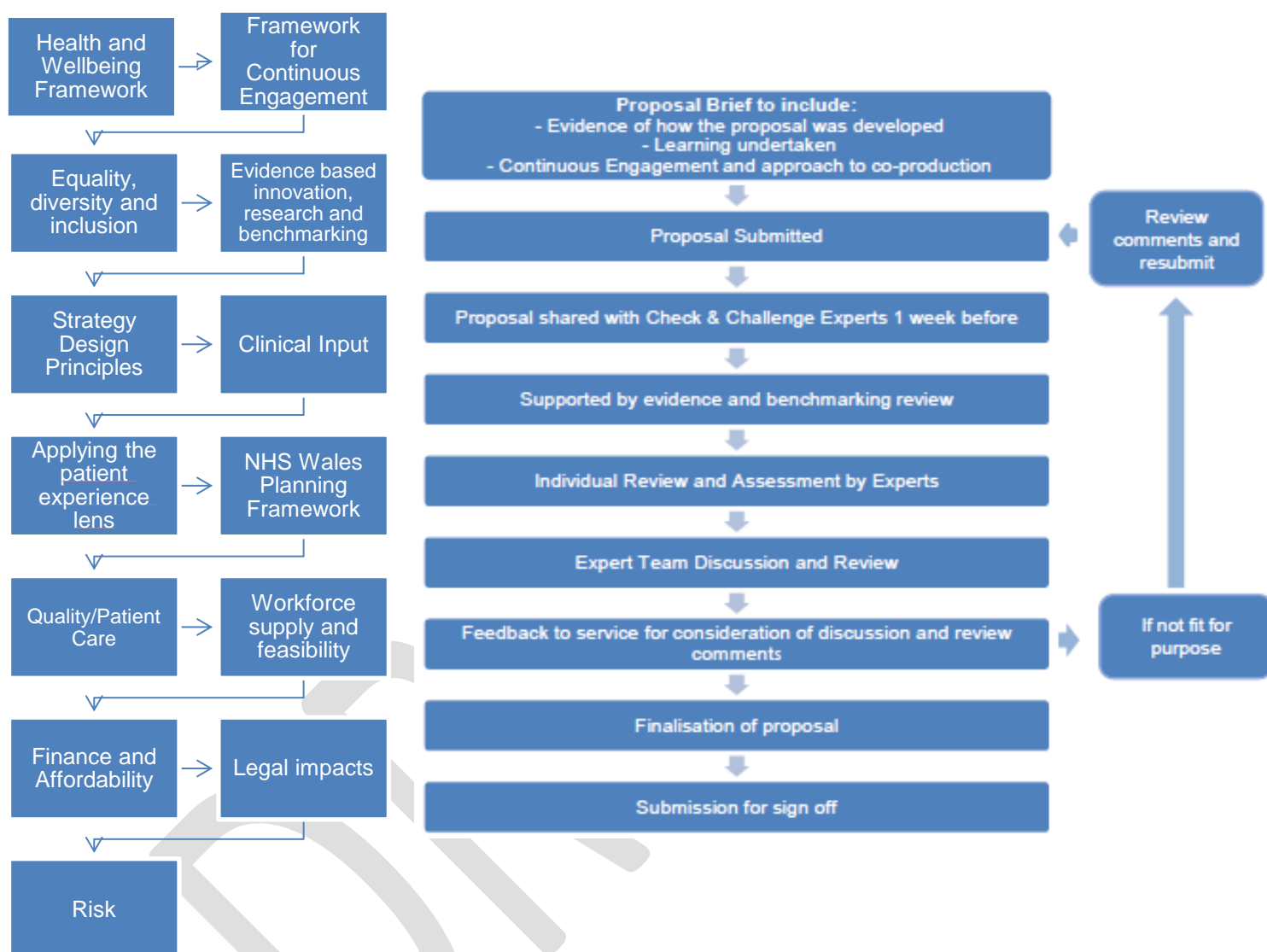


4.2 Check and Challenge

As part of our programme approach, a supportive Check and Challenge process will be in place, which provides assurance that the delivery of any projects, service changes and pathway re-design is consistent with the principles set out within this plan.

The approach will also provide a supportive space to test and challenge the projects to ensure that they are delivering truly aspirational and transformational change.

The process is not designed to be a linear approach, but rather will allow for a cyclical view, recognising the inter-relationship between key elements and principles:



The approach will develop as the portfolio of programmes develops. It will be continually reviewed and will allow flexibility to facilitate meaningful conversations, which are both challenging and supportive, in order to deliver the best and most transformational proposals.

Each proposal will go through the same process, as outlined in the diagram above.

We will utilise our governance mechanisms to embed this process within it.

4.3 Our Regional Work Programmes

In order to support delivery of individual organisational plans and strategies we will focus on:

- **Unscheduled Care**
- **Planned Care**
- **Cancer**
- **Women and Children's Services**
- **Diagnostics**

A number of our regional work programmes are well established and are in implementation and delivery phase, others are in early scoping phase as we work to develop the critical paths for our individual Health Board strategies and clinical plans.

Our ambitions, deliverables and timescales for each Programme are outlined overleaf.

4.4.1 Unscheduled Care

Unscheduled Care

Shared Ambition

Our ambition is to create ‘one unscheduled care system’ which clearly supports patients and communities to know where and when they can get the care they need in an emergency and which will enable patients to have access to ‘the right person, in the right place, at the right time’ every time. Both Health Boards’ regularly have significant operational pressures in relation to unscheduled care, and both our Clinical Services Plans/Strategies recognise that this needs to be resolved to ensure sustainability of our services in future – particularly for frail older people - to enable all other parts of the system to work to deliver best outcomes for people we need to work more closely together on both an operational and strategic level.

Areas we are currently working on

Major Trauma (Implementation)

We will deliver the regional arrangements to support the South, Mid and West Wales Major Trauma Network.

Hyper Acute Stroke Services (Delivery)

Following a review of the evidence, detailed capacity and demand work, analysis of patient flows and options appraisal, a report on the implications of establishing a HASU for South West Wales is due to be completed in March 2020 and this will inform our next stage of planning and implementation.

Acute flows (Scoping)

Understanding, agreeing and planning for changes to patient flow between our Health Boards in relation to implementing our strategic ambitions for general acute medicine, surgical services and unscheduled care.

What we will do

We will work together to understand our pathways and flows for general acute medicine and unscheduled care for the short, medium and longer term through participation in the implementation of each other’s clinical services plans/strategies .

We will jointly review and test the planning assumptions within our individual plans to understand the impact of these assumptions on a regional basis and to ensure our services are fit for purpose

Milestones & Timelines

Project

Milestone

Task

2020/21

Q1

Q2

Q3

Q4

2021/22

Q1

Q2

Q3

Q4

Major Trauma

Major Trauma Network Launch

Ortho-plastics resources plan

Operational Delivery Network Live

HASU

Planning HASU business cases for submission to Welsh Government

HASU Implementation

Acute and Surgical Flows

Agree scope, process and timeline for patient flow review

Flow review

Review test and challenge flow planning assumptions

Regional flow planning action agreed

4.4.2 Planned Care

Planned Care

Shared Ambition

We want a one system approach to planned care that efficiently utilises capacity and manages demand across the regional system to minimise waiting times. We share the ambition of ensuring that patients are seen at the 'right time, by the right person, in the right place' including maximising the use of hospital resources, and through 'home first' approaches such as virtual clinics, self-care information and telehealth which the patient can access at home or through community/cluster based services.

Areas we are currently working on

What we will do

Neurology
(Implementation & Delivery)

We have developed and agreed a regional clinical model and costed implementation plan focussing on delivering services closer to home. We are working to implement the new model , through a phased implementation plan over the next two years

Vascular
(Implementation & Delivery)

We have addressed fragility within the workforce by appointing to regional posts and have implemented a regional limb at risk pathway in June 2019. We are working together to develop a business case for a joint hybrid theatre at Morriston Hospital.

Cardiology
(Scoping and Implementation)

We developed a case to expand tertiary pathways (ACS/Cardiac Ablation/TAVI) including catheter lab recruitments in the short, medium and long term. We are working together to implement this plan. We are working together to streamline the planned elements of the pathway and maximise efficiency and effectiveness, beginning with Bradycardia, pacing and access to CT and MRI imaging during 2020/2021

We will work together to develop a regional approach to pre-habitation and post-operative care for pathways and conditions that share common care packages and interventions;
We will continue to identify services which are either fragile or which will benefit from planning and delivering care on a regional basis to deliver better outcomes and access to patients
We will deliver sustainable services across the region, and seek to minimise waiting times as far as is possible

Milestones & Timelines

Project Milestone Task	2020/21												2021/22																				
	Q1			Q2			Q3			Q4			Q1			Q2			Q3			Q4											
	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M									
Neurology	Develop and agree FND BC			Submit FND BC			Develop patient education and support programme																										
				Develop and agree Epilepsy BC			Submit Epilepsy BC			Develop and agree Rehab BC			Submit Rehab BC																				
	Develop patient and PC website			Websites launched																													
	Develop greater regional VT capacity																																
Vascular	Regional Limb at Risk Pathway agreed																																
	Appointment to joint posts completed												Joint regional Hybrid Theatre BC development												BC submission								
Cardiology	Repatriation of routine Bradycardia to HDUHB LTA agreed												Repatriation of routine Bradycardia to HDUHB Complete																				
	Implementation of Repatriation of routine Bradycardia to HDUHB																																
	Final Phase of CT and MR Imaging Demand & Capacity Completed																																
	2nd Phase CT and MR Imaging Demand & Capacity Completed												Regional model for CT/MR agreed																				

Planned Care

Shared Ambition

We want a one system approach to planned care that efficiently utilises capacity and manages demand across the regional system to minimise waiting times. We share the ambition of ensuring that patients are seen at the 'right time, by the right person, in the right place' including maximising the use of hospital resources, and through 'home first' approaches such as virtual clinics, self-care information and telehealth which the patient can access at home or through community/cluster based services.

Areas we are currently working on

		What we will do
Dermatology (Implementation and Delivery)	The service is experiencing immediate pressures and we are working together to understand the regional capacity and demand and to agree a sustainable model for the future. Our regional work plan will be informed by the new model of care and detailed milestones will be identified.	We will work together to develop a regional approach to pre-habilitation and post-operative care for pathways and conditions that share common care packages and interventions;
Orthopaedic Services (Scoping)	We understand our aggregate demand and capacity requirements and, via our Annual Plans, aim to meet the NHS Outcome measures over the next 2 years. We will undertake a population needs assessment and agree a sustainable orthopaedic service model for the region.	We will continue to identify services which are either fragile or which will benefit from planning and delivering care on a regional basis to deliver better outcomes and access to patients
Ophthalmology (Scoping)	We are working together address the immediate Out of Hours and paediatric operational pressures and we aim to develop a sustainable plan aligned with the National Eye Care programme.	We will deliver sustainable services across the region, and seek to minimise waiting times as far as is possible

Milestones & Timelines

Project Milestone Task		2020/21												2021/22															
		Q1			Q2			Q3			Q4			Q1			Q2			Q3			Q4						
		A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M				
Dermatology		Stabilise current services across the region																											
	Completed regional plan																												
Orthopaedic Services						Work towards NHS delivery measures 2021/22																							

4.4.3 Cancer

Cancer

Shared Ambition

In 2018, through the ARCH partnership, both Health Boards approved and published the Non-Surgical Cancer Strategy for South West Wales setting out our ambition to “provide the best possible cancer care for the people of South West Wales” and to develop the South West Wales Cancer Centre. It is our regional strategic intention to develop a Mid and South West Regional Centre of Excellence for Cellular Pathology Laboratory and Regional Diagnostic Immunology Laboratory at Morriston Hospital. Proposals include an Advanced Therapy and Treatment Centre to support future cell and gene therapy and promote our unique opportunity to be at the forefront of research into therapies for patients with challenging conditions. Swansea Bay UHB already delivers the full cancer pathway for the residents of both Health Boards, so we have a strong foundation upon which to build.

We aim to deliver effective and efficient care, where patients feel cared for, safe and confident; delivering excellent care in the most appropriate setting. We aim for the people of South West Wales to have cancer outcomes on par with equivalent populations in the UK and Europe and to receive the best evidence based treatments at all levels, delivered in a timely and appropriate manner.

Areas we are currently working on

Our ambition is to provide the cancer care in line with the rest of Europe for the people of South West Wales and to improve patient survival outcomes, patient experience and quality of life for cancer patients

1. Prevent or detect cancer earlier

3. Deliver fast, effective cancer treatment

5. Provide high quality end of life care

2. Improve the quality and availability of information

4. Meet people’s needs through delivering person centred care

6. Improve access and opportunities for patients to participate in cancer research.

What we will do

Overall, patients have a good experience of cancer services in Wales but survival rates are poor compared to similarly developed countries. Evidence shows that early diagnosis leads to better individual and population outcomes for cancer patients.

➤ We need to provide more open and quicker access to diagnostic tests and treatment. Each Health Board will implement the Single Cancer Pathway, which places a significant focus on waiting times, and will have a profound effect on the drive to detect cancer at an earlier stage. As Swansea Bay UHB delivers some services on behalf of Hywel Dda UHB, the services will operate seamlessly across the two organisations to improve access and outcomes.

➤ Together, we will implement the commitments in the Non-Surgical Cancer Strategy. This will include development and delivery of the Programme Business Case (including capital plans) for the development of the South West Wales Cancer Service (including the Centre); providing cancer services such as chemotherapy ‘closer to home’ where possible.

Milestones & Timelines

▲

Project Milestone

Task

2020/21

Q1

Q2

Q3

Q4

2021/22

Q1

Q2

Q3

Q4

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Cancer

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Regional Cancer Board established

Develop an enhanced regional outreach model for Chemotherapy

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Programme Business Case for SWW Cancer Centre Implemented

Population needs assessment completed




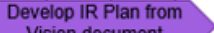



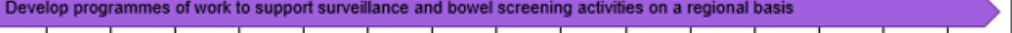




Implement plans to deliver the Programme Business Case

Develop a PET-CT service with WHSSC

Improve access to radiotherapy

Regional Clinical Service Plan Version 0.17: 26/02/2020

4.4.5 Diagnostics

Diagnostics																									
Shared Ambition We will work together to maximise shared resources, where appropriate to do so, to address fragility within the service and deliver national priorities.																									
Areas we are currently working on															What we will do										
Interventional Radiology (Scoping)		This project aims to deliver a regional Interventional Radiology service that provides sustainable, safe, effective and equitable care across the whole South West Wales region													We will work with the NHS National Collaborative to deliver Breast Radiology- further discussions with the Collaborative are required before firming this up; this is a placeholder until direction is finalised										
Endoscopy (Scoping)		The aim is the development of a regional endoscopy programme that aligns national, regional and local workstreams.																							
Pathology		We will work to submit an Outline Business Case to Welsh Government for regional pathology services in and																							
Milestones & Timelines																									
 Project Milestone  Task		2020/21												2021/22											
		Q1			Q2			Q3			Q4			Q1			Q2			Q3			Q4		
		A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M
Interventional Radiology		 Regional IR vision document completed  Develop IR Plan from Vision document  Ongoing recruitment and development of staff programme													Stabilised service offering full 9-5 										
Endoscopy		 Develop the regional endoscopy programme that aligns national, regional and local workstreams  Develop programmes of work to support surveillance and bowel screening activities on a regional basis  Hywel Dda to scope the capital business case to support endoscopy services through the development of fully accredited JAG facility for Prince Philip																							
Cellular Pathology (Subject to SOC approval)		 Project governance established  Outline design complete  OBC Complete													Approval to proceed to FBC stage 