



Bwrdd Iechyd Prifysgol Bae Abertawe Swansea Bay University Health Board



Meeting Date	May 2019		Agenda Item		
Report Title	Joint Regional Planning & Delivery Committee				
Report Author	Karen Stapleton, Head of Strategy and Planning ARCH				
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy				
Presented by	Tracy Myhill, Chief Executive				
Freedom of	Open				
Information					
Purpose of the	This report has been produced as an update report				
Report	following the meeting held on 10 April 2019.				
Key Issues	Key points to note in this report are:				
Specific Action	 The submission of the Pathology SOC to Welsh Government; The outputs of the Endoscopy workshop held in March 2019; The Regional Workforce Update; and The work being undertaken to develop a Regional Clinical Services Plan 				
Specific Action	Information	Discussion	Assurance	Approval	
Required			~		
(please ✓ one only)	Mamphana				
Recommendations	Members are asked to:				
	 NOTE the current joint working that is being progressed. 				

JOINT REGIONAL PLANING AND DELIVERY COMMITTEE UPDATE

1. INTRODUCTION

The purpose of this report is to provide the Swansea Bay University Health Board with an update on work within the Joint Regional Planning and Delivery Committee (JRPDC) and discussion at the last meeting of that group on 10 April 2019.

2. BACKGROUND

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 Swansea Bay University Health Board (SBUHB) 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 10 April 2019.

Key points to note in this report are:

- The submission of the Pathology SOC to Welsh Government;
- The outputs of the Endoscopy workshop held in March 2019;
- The Regional Workforce Update; and
- The work being undertaken to develop a Regional Clinical Services Plan.

3. ASSESSMENT

3.1 Pathology Update

A verbal update was received by the Committee on the submission of the Pathology SOC.

The Pathology SOC was submitted to Welsh Government on 28th March and is currently awaiting Welsh Government scrutiny. It is anticipated that the SOC will be well received due to the constructive conversations with Welsh Government prior to submission.

Four options have been submitted with a preferred option and indicative timelines to 2020; an interim solution will need to be found to sustain services until such time as the preferred option is in place. The costs associated with four options range from minimum option at £50m; Intermediate option (preferred) at £77m and maximum option at £93m.

The development is dependent upon road access at Morriston Hospital, Andrew Davies has written to both Vaughan Gething and Ken Skates in recent months regarding the importance of road access to the Morriston Health Campus. Andrew Goodall stated that he would follow up the response to the letter.

3.2 Orthopaedics Update

The Joint Regional Planning and Delivery Committee (JRPDC) received an update on the modelling work undertaken between the University Health Boards (UHBs) in respect of elective orthopaedic backlog and sustainability for 2019/2020.

The paper set out that both UHBs have plans in place to deliver a broadly sustainable orthopaedic position in 2019/20. However this is characterised differently in each Health Board given the relative projected delivery points for March 2019.

The projected March 2019 positions were presented for the over 36 week volumes in each Health Board. At the time of writing the report (2nd April 2019) the draft positions are that Hywel Dda UHB will achieve its planned zero 36 week position and that Abertawe Bro Morgannwg UHB will have 921 (maximum) patients waiting over 36 weeks which is ahead of its modelled position of 1,048.

Both Health Boards are having ongoing discussions with Welsh Government in respect of their Annual Plans for 2019/20 to agree the final delivery points.

The JRPDC was asked to note the extant modelled demand and capacity position for the region, and the draft March 2019 waiting times position.

It was agreed at the JRPDC meeting that the challenge for SBUHB to reach zero wait would be take forward as part of IMTP planning.

3.3 Proposal to sustain on a permanent basis the pilot treat and repatriate service for ACS transfers

A report providing an analysis of evaluation data of the Treat and Repatriate service for Acute Coronary Syndrome (ACS) was received. This service has operated as a pilot during 2018/19 and report outlined the support required to continue on a permanent basis.

Significant progress has been made between January and March 2019, with a total of 82 patients were referred via this pilot service and the results have been extremely positive. Success has been such that there is an impetus to continue the service post March, continuing beds in Hywel Dda and 'Hot Lists' in Swansea Bay.

These improvements were recognised by the Health Minister in the meeting in March 2019.

Next steps are to develop a costed plan detailing benefits to bring back to June JRPDC.

3.4 Endoscopy Update

A paper was received on the first regional endoscopy workshop held in March 2019. The paper outlined the key work priorities to develop a work-programme and work underway to prepare a draft scoping document to support endoscopy services in Prince Phillip Hospital and how this will support planned care services on a regional footprint.

The outputs of the workshop included some key areas for consideration as part of the work programme, as follows:

- To scope demand and capacity models across the region
- To explore and scope skill development and support
- To scope service models at a local and regional level
- To review 'physical' facilities opportunities
- To explore digital opportunities
- To explore rota changes

The agreed next steps are to further develop a proposed work programme to include an agreement on timelines; roles and responsibilities; and outputs and this will be presented to the next meeting of the JRPDC in June 2019.

3.5 DERMATOLOGY UPDATE

A verbal update on the first regional dermatology meeting was provided.

At the meeting it was discussed that both Hywel Dda and Swansea Bay UHBs experience great difficulty in recruiting dermatologists, despite a locum being recruited in Hywel Dda UHB starting in June and 0.6wte locum starting in Swansea Bay UHB this is not permanent or sufficient for the need.

It has been identified that there is a requirement at present to in-source and map capacity and demand regionally and it is hoped that by Quarter 2 there will be a better picture of what can be provided.

In the medium term the aim is for a development programme for nurses and GPs with Special Interest (GPwSIs). The longer term vision will need to be articulated in 3-5 year strategic plan.

The committee noted the updated and it was agreed that a formal update paper would be prepare for the JRPDC in June 2019.

3.6 REGIONAL WORKFORCE UPDATE

The paper updated the committee on the current priorities within the ARCH Workforce Skills and Education (WSE) Programme and highlighted the workforce challenges identified within the regional Pathology Project.

The ARCH WSE Programme, under the executive leadership of Directors for Workforce and Organisational Development (OD) in both Health Boards have agreed three areas for focus as follows;

- 1. An Apprenticeship Career Framework
- 2. Schools Experience Programme (16-18yrs)
- 3. Workplace Well-being

Work is on-going to fully scope the projects.

The WSE Board will be reinstated in Q1 2019/2020, to provide steer and oversight to the projects, and will provide robust reporting through the ARCH DLG and Programme Board, as per the ARCH governance structure.

A number of issues were reported for the attention of the committee, which include;

- 1. Consultant level recruitment and retention issues;
- Workload pressures result in technical staff not being able to focus on their own and others training and development and increased work required to meet ISO 15189 standards e.g. audit etc.;
- 3. Limits time to be able to focus on new technology e.g. digital;
- 4. Reliance on small teams often means that over skilled staff are undertaking tasks which could be performed by lower skilled staff.

The Committee noted the priorities and challenges presented and requested that a full update by the Directors of Workforce and OD be received in June 2019.

3.7 Developing a Regional Clinical Serviced Plan (RCSP) for South West Wales

The two Health Boards have been developing their Clinical Services Plans, both of which have been approved by their Boards in recent months, and there is a joint agreed Regional Planning and Delivery section in each of the organisations' Annual Plans. The key actions and deliverables for 2019/20 were outlined in both UHBs' Annual Plans

There are a large number of service plans at both a strategic and operational level across both Health Boards; however, they have not yet been pulled together into a single regional clinical services plan.

The ARCH Service Transformation PID provides a strong foundation for development,

and could be updated as the basis for a regional clinical services plan to reflect:

- Progress on ARCH
- o JRPDC
- Clinical Services Plans
- o Annual Plans

A regional meeting was held in April 2019 with Executive Directors from both Health Boards and the ARCH Programme Management Office, to review both Clinical Services Plans, as well as the NHS Scotland work on a regional clinical services plan for the North of Scotland, as the basis for developing a Regional Clinical Services Plan.

JRPDC members agreed a draft composite regional clinical services plan will be presented to the JRPDC in June 2019.

4. RECOMMENDATION

Members are asked to:

• **NOTE** the update on the JRPDC.

Governance and Assurance					
Link to	Supporting better health and wellbeing by actively	promoting and			
Enabling	empowering people to live well in resilient communities				
Objectives	Partnerships for Improving Health and Wellbeing Co-Production and Health Literacy	\boxtimes			
(please choose)	Digitally Enabled Health and Wellbeing	\square			
	Deliver better care through excellent health and care services achievin outcomes that matter most to people				
	Best Value Outcomes and High Quality Care	\square			
	Partnerships for Care				
	Excellent Staff	\boxtimes			
	Digitally Enabled Care				
	Outstanding Research, Innovation, Education and Learning	\boxtimes			
Health and Car					
(please choose)	Staying Healthy	\boxtimes			
	Safe Care	\square			
	Effective Care				
	Dignified Care	\boxtimes			
	Timely Care				
	Individual Care				
	Staff and Resources	\boxtimes			
Quality, Safety	and Patient Experience				
	of the priority projects on a regional basis will support	the delivery of			
Ministerial object	ctives, especially those relating to the NHS Outcomes I	-ramework.			
Financial Impli	cations				
	plications to this working arrangement.				
Legal Implication	ons (including equality and diversity assessment)				
No implications					
Staffing Implications					
No implications					
	plications (including the impact of the Well-being of	f Future			
	Vales) Act 2015)				
	entified in this regional working arrangement are design	ned to be able			
to support healt	h boards to deliver on the commitments outlined in the				
to support health Report History	h boards to deliver on the commitments outlined in the	WFGA.			