

ANNEX 4 – Cwm Taf Morgannwg Health Board review

CTM does not have any inpatient capacity that satisfies NCSOS 3, option 2. Day surgery capacity is also lacking for laminar flow.

The declared health board strategy is to develop the Royal Glamorgan hospital (RGH) into the elective unit for Prince Charles hospital (PCH) and the Royal Glamorgan, with two theatres running five days per week. There is no intention to restart inpatient elective orthopaedic surgery in PCH. The Princess of Wales hospital (POW) plan is not clear due to ongoing strategic discussions regarding the use of the Swansea Bay (SB) commissioned NPT site. Previous CTM lists there are to be repatriated to SB. Clinicians in POW have confirmed that six sessions per week (for a mix of inpatient and daycase) are currently being utilised. This mixed-use theatre on an acute site has not been confirmed as part of the health board strategy and does not satisfy any NCSOS criteria, therefore has not been included in the strategic models for CTM or regional models.

There is clinical scepticism that HB's will be able to maintain ring fenced capacity within a site such as RGH where this has never been achieved previously. At present five sessions are provided for elective inpatient orthopaedic care at the RGH site.

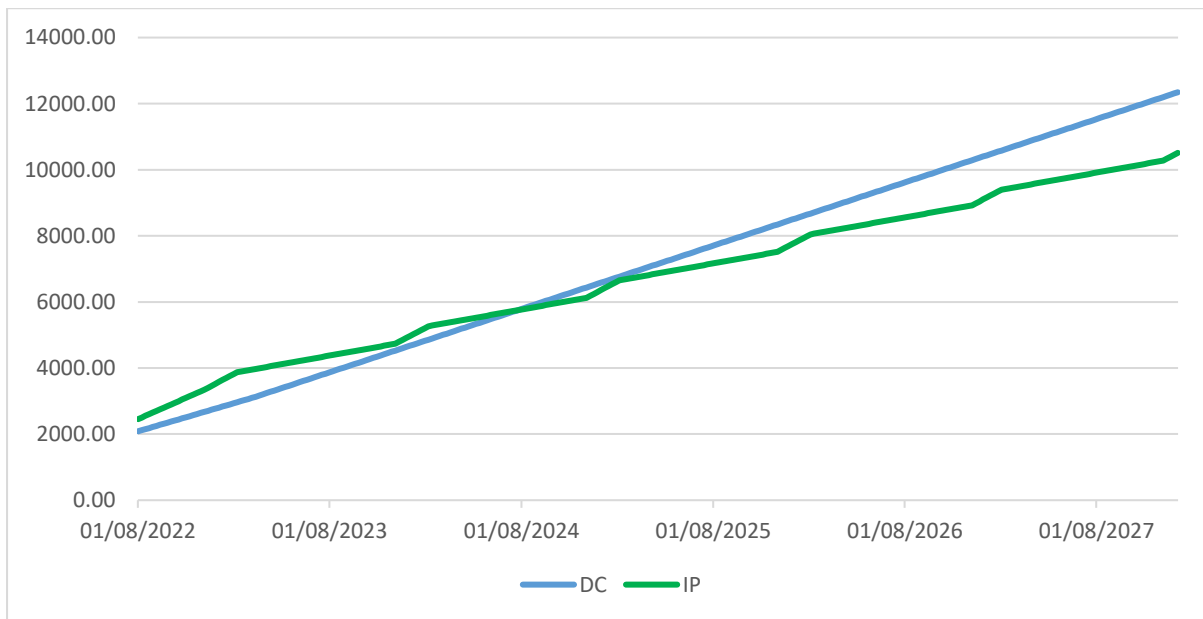
The CTM current capacity and strategy are illustrated in Fig 1 and Fig 2 respectively. The daycase activity underperforms predominantly due to a combination of lack of laminar flow theatres and only reaches 56% of demand. The current inpatient model only reaches 30% of demand; the strategic vision fails THR and TKR patients significantly and falls short of the 0% model, let alone the 20% above demand model required as per NCSOS 3. Arthroplasty backlog and waiting times will continue to rise.

Current/Actual							
	Total Demand	Consultant Capacity	RGH	POW/PCH		Total	Available Capacity
				NLF	LF		
Daycase Capacity			0	0	15	15	
S&E (112%)	4.74	4.74			4.74		
H&W (65%)	7.51	4.88			3		-0.09
Hip	0.35	0.35			0.35		
Knee	7.64	7.64			4		
F&A	3.41	3.41			3.41		
Total	26.83	21.04	0	0	15.09	15.09	
Inpatient Capacity			5		4	9	
S&E	1.63	1.63			1.63		
H&W	0.01	0.01			0.01		-0.74
Hip HVLC (194%)	12.08	12.08	2		1		
Hip LVHC (789.5%)	0.97	0.97	1				
Knee HVLC (205%)	15.26	15.26	2		2		
Knee LVHC (484%)	0.14	0.14	0.1				
F&A (100%)	0	0					
Total	30.11	30.11	5.1	0	4.64	9.74	

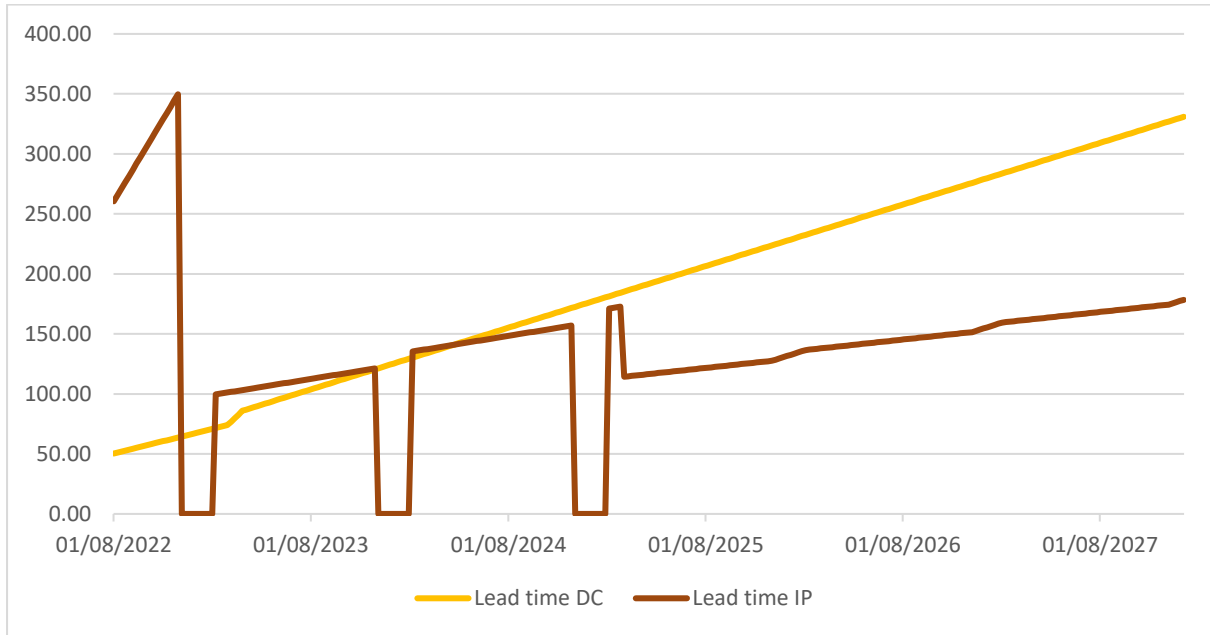
CTM Fig 1. Current capacity in CTM vs 0% demand.

HB Strategy							
	Total Demand	Consultant Capacity	RGH	POW/PCH		Total	Available Capacity
				NLF	LF		
Daycase Capacity			0	0	10	10	
S&E (112%)	4.74	4.74			3		
H&W (65%)	7.51	4.88			2		0
Hip	0.35	0.35			0		
Knee	7.64	7.64			3		
F&A	3.42	3.42			2		
Total	26.83	21.04	0	0	10	10	
Inpatient Capacity			20			20	
S&E	1.63	1.63	1.8				
H&W	0.01	0.01	0.01				0.91
Hip HVLC (194%)	12.08	12.08	8				
Hip LVHC (789.5%)	0.97	0.97	1				
Knee HVLC (205%)	15.26	15.26	10				
Knee LVHC (484%)	0.14	0.14	0.1				
F&A (100%)	0	0					
Total	30.11	30.11	20.91	0		20.91	

CTM Fig 2. HB Strategy RGH 2 Theatre 5/7 – POWH not confirmed part of HB strategy



CTM Fig 3. DC and IP, with 2023 strategic projections.



CTM Fig 4. DC and IP waiting times (surgical) with treat in turn policy. (Note artefact during winter month zero IP activity).