ANNEX 5 – Hywel Dda Health Board review

HD has 4 sites, Bronglais General hospital (BGH), Withybush General hospital (WGH), Glangwili General hospital (GGH) and Prince Philip hospital (PPH).

All sites in HD are mixed-use sites with historical ring fencing arrangements in place which have failed at times of unscheduled care pressures. All four sites have an acute medical intake and three have an acute trauma intake (BGH, WGH, GGH), with an associated Emergency Department (ED).

HD cannot provide true cold site elective orthopaedic inpatient care as defined within NCSOS option 2 parameters. In reality, HD will have to attempt to provide elective inpatient capacity, but it always has the risk of being breached. This has played out historically many times. The current capacity is illustrated in Fig. 1.

Current									
	Total Demand	Consultant Capacity	Aggregated IP/DC Consultant Capacity	PPH	WGH	WWG	BGH	Total	Available Capacity
Daycase Capacity				**10**	**14**	**0**	**3**	**27**	
S&E (57%)	3.09	1.76	2.77		2.77				
H&W (37%)	4.67	1.73	1.73	0.7			1		14.4
Hip	0	0	0						
Knee	4.52	4.52	8.04	2.52			2		
F&A (42%)	5.28	2.22	2.29	2.29					
Total	17.57	10.23	14.82	5.51	2.77	0	3	12.6	
Inpatient Capacity				**10**			**2**	**12**	
S&E	1.76	1.00							
H&W	0	0							
Hip HVLC (224%)	11.30	11.30		3.3			1		0
Hip LVHC (131%)	1.94	1.94		1.9					
Knee HVLC (627%)	14.36	14.36		3.3			1		
Knee LVHC (185%)	1.45	1.45		1.5					
F&A (42%)	0.17	0.07							
Total	**30.99**	**30.14**		**10**	**0**	**0**	**2**	**12**	

HD Fig 1. Current capacity.

The health board strategy is to provide inpatient capacity in PPH and BGH (Fig. 2).

- PPH has previously functioned as a high volume orthopaedic elective unit with an established bed base and currently functions as the single inpatient ring fenced unit within the health board, with co-located health board wide scheduled care footprint for Lower GI Cancer, Breast and Urology. There are two laminar flow theatres which could contribute 20 sessions to the inpatient delivery network, and with more robust ring-fencing arrangements PPH also has the ability to provide level 2-3 care for LVHC cases. This is potentially of

regional importance for SWW. PPH also has one laminar flow theatre within its daycase unit which will contribute 10 sessions to the local daycase delivery network.

- BGH currently has a ring-fenced protected bed base physically separated from other clinical areas, although has no daycase unit. It has a single laminar flow theatre which is currently utilised for both inpatient delivery and daycase delivery network (in line with NCSOS 3 option 2). Currently five sessions per week are available and based on pre COVID job planning. Release of further sessions in BGH for use by other HD consultants and/or SB must be considered.

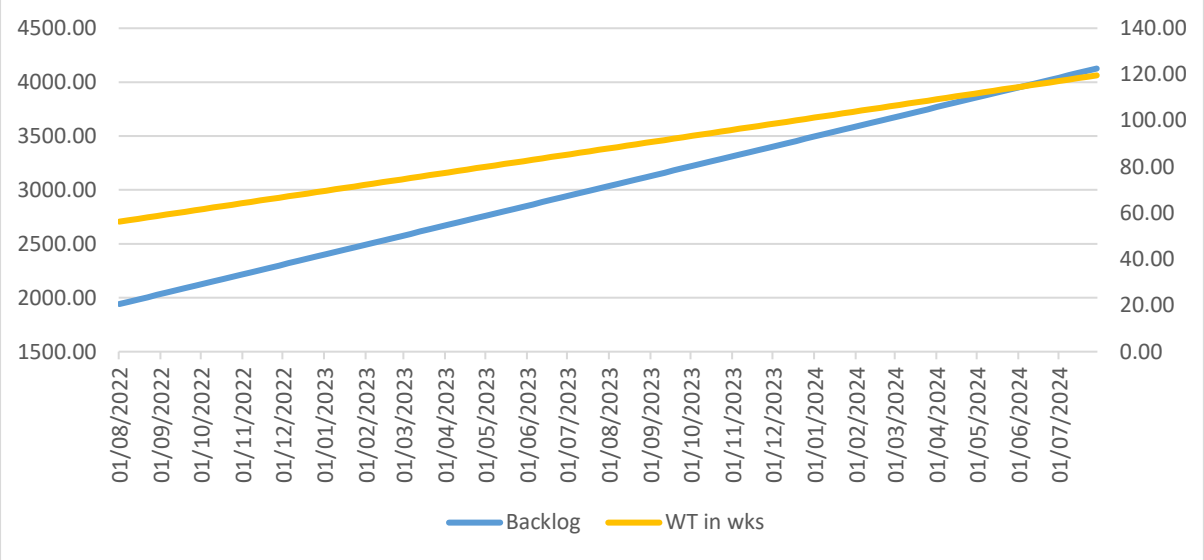
- WGH has a single laminar flow theatre for elective orthopaedics but no possibility of a ring fencing agreement; its capacity is utilised within the daycase delivery network as per NCSOS 3.

- GGH has no inpatient or daycase delivery network capacity with no change from NCSOS 3.

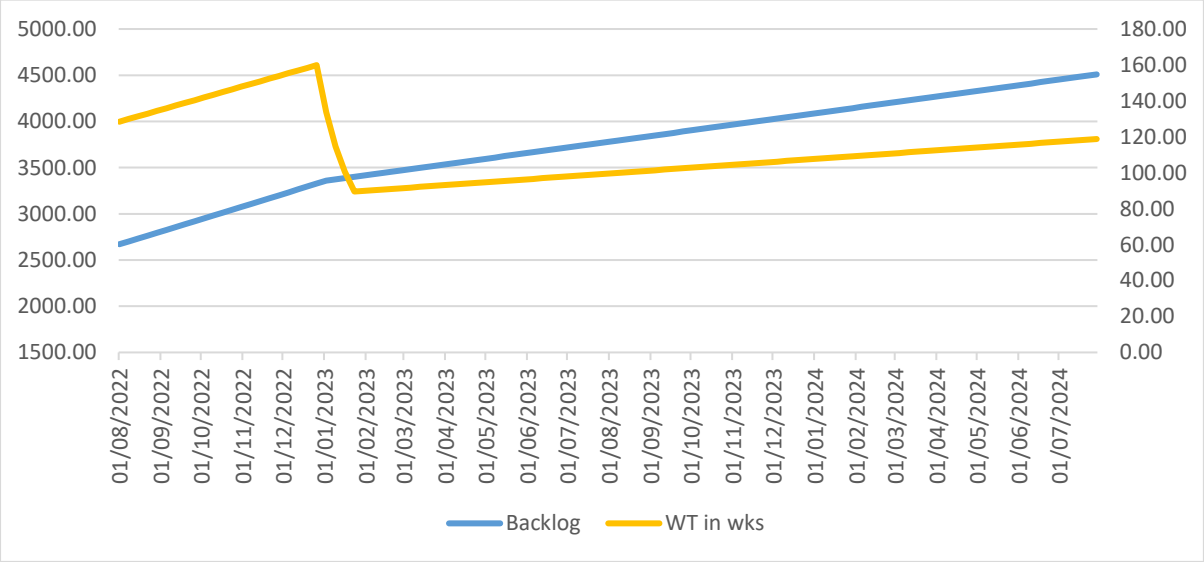
HB Strategy									
	Total Demand	Consultant Capacity	Aggregated IP/DC Consultant Capacity	PPH	WGH	WWG	BGH	Total	Available Capacity
Daycase Capacity				**10**	**14**	**0**	**3**	**27**	
S&E (57%)	3.09	1.76	2.77		3.4				
H&W (37%)	4.67	1.73	1.73	0.7			1		
Hip	0	0	0						
Knee	4.52	4.52	8.04	2.7			2		
F&A (42%)	5.28	2.22	2.29	2.8					
Total	17.57	10.23	14.82	6.2	3.4	0	3	27.4	
Inpatient Capacity				**20**			**2**	**22**	
S&E	1.76	1.00							
H&W	0	0							
Hip HVLC (224%)	11.30	11.30		8.3			1		
Hip LVHC (131%)	1.94	1.94		1.9					
Knee HVLC (627%)	14.36	14.36		8.3			1		
Knee LVHC (185%)	1.45	1.45		1.5					
F&A (42%)	0.17	0.07							
Total	**30.99**	**30.14**		**20**	**0**	**0**	**2**	**22**	

HD Fig 2. HB Strategy

Even with this recovery strategy, which assumes the ability of HD to commit to ring fencing of BGH and PPH, the only subspecialty which meets the 0% model is daycase knee surgery. All other subspecialties are constrained by lack of ring fenced inpatient estate and/or consultant workforce. The daycase and inpatient deteriorating backlogs are demonstrated in Fig 3 and 4 below. If the Workforce issues are mitigated, through regional working (see SWW section) or job plan changes, the daycase capacity could match or surpass demand.



HD Fig 3. Daycase backlog trajectory



HD Fig 4. Inpatient backlog trajectory

Fragilities in HD workforce through vacancies and inability to manage existing theatre and anaesthetic workforce across the entire HB represent a major risk for delivery of recovery. Even though estate i.e. beds and theatres exists, workforce is spread thinly across the HB and staff groups reluctant to work in new sites or undertake alternative casemix e.g. DC unit staff reluctant to undertake IP casemix.