South East Wales Regional Joint Committee (Public Session)

Monday 20 July 2026, 15:00 - 16:30

Wales Genomic Centre, Longwood Drive, Cardiff, CF14 7YU

Agenda

15:00 - 15:45
45 min

1. PART A - WORKSHOP (Closed Session)

1.1. Regional Orthopaedic Plan and Llantrisant Health Park OBC/FBC

Discussion *Chris Dawson Morris, South East Wales Regional Director*

Presentation of the regional plan and Outline Business Case / Full Business Case for onward consideration by constituent Health Boards and submission to Welsh Government.

To DISCUSS ahead of formal presentation for endorsement in Part B

15:45 - 16:25
40 min

2. PART B – Formal Public Meeting

2.1. Welcome and Apologies

Information *Chair of the RJC*

2.2. Minutes and Actions

Decision *All*

2.2 SEWRJC Draft Minutes 24.02.2026.pdf (4 pages)

2.3. Regional Orthopaedic Plan and Llantrisant Health Park OBC/FBC - Public Report

Decision *Chris Dawson Morris, South East Wales Regional Director*

Presentation of the regional plan and Outline Business Case / Full Business Case for onward consideration by constituent Health Boards and submission to Welsh Government.

To ENDORSE

2.3 SEWRJC Orth Plan LHP OBC FBC PUBLIC V2 17 JULY.pdf (14 pages)

2.4. Progress Highlight Report

Discussion *Chris Dawson Morris, South East Wales Regional Director*

To provide the SEWRJC with assurance on the progress of the regional workplan between February and June 2026.

To NOTE

2.4 SEWRJC Progress Report.pdf (8 pages)

16:25 - 16:30
5 min

3. CLOSE OUT BUSINESS

Chair of RJC

3.1. Any Other Business

Chair of the RJC

3.2. Date and Time of Next Meeting

Chair of the RJC

Agenda Item	2.2

Unapproved Minutes of the South East Wales Regional Joint Committee

Date and Time of Meeting	Tuesday 24 February 2026 at 2pm
Venue	In Person at the Wales Genomic Health Centre, Cardiff

Members Present	Jonathan Morgan	Chair of Cwm Taf Morgannwg University Health Board (CTMUHB)
	Ann Lloyd	Chair of Aneurin Bevan University Health Board (ABUHB)
	Kirsty Williams	Chair of Cardiff & Vale University Health Board (CAVUHB)
	Ceri Philips	Vice Chair of CAVUHB
	Philip Robson	Vice Chair of ABUHB
	Paul Mears	Chief Executive – CTMUHB
	Suzanne Rankin	Chief Executive – CAVUHB
	Gethin Hughes	Chief Operating Office – CTMUHB
	Hannah Evans	Executive Director of Strategy, Planning & Partnerships - ABUHB
	Neil Mesher	Independent Member, CTMUHB
	Seema Srivastama	Executive Medical Director, ABUHB
	Victoria Legrys	Programme Director, Strategic Clinical Redesign CAVUHB
Associate Members in Attendance	Lauren Fear	Director of Place, Portfolio & Partnerships – Velindre University NHS Trust
	Nicola Johnson	Executive Director of Planning, Performance & Commissioning – Powys Teaching Health Board
Officers in Attendance	Chris Dawson-Morris	Director South East Wales Regional Collaborative
	Gareth Watts	Director of Corporate Governance / Board Secretary – CTMUHB

Agenda Item	Meeting Business
2.	**FORMAL PUBLIC MEETING**
2.1	**Welcome and Introductions and Apologies for Absence**
	J Morgan welcomed everyone to the meeting and outlined the format of the proceedings. Apologies for absence were received from: • Nicola Prygodzicz, Chief Executive – ABUHB • Catherine Phillips, Executive Director of Finance – CAVUHB • Carl James, Associate Member • Hayley Thomas, Chief Executive, PTHB • Samia Edmonds, Director, Planning – Welsh Government
2.2	**Minutes and Actions**
	J Morgan presented the minutes and sought comments from Members regarding the content. Members noted that there were no open actions to discuss on this occasion.
Resolution:	The Minutes of the meeting held on 19 November 2025 were **APPROVED.**
2.3	**Work Programme 2026/2027**
	C Dawson Morris presented the Work Programme for 2026/2027, advised that the programme summarises the areas of work that fall under the Joint Committee and highlighted the key matters for members attention. A Lloyd made reference to Orthopaedics and advised that it would be important, when these cases come forward to the Boards that there is absolute clarity on what will be delivered, and the volume of activity, in the Llantrisant Health Park, and how existing facilities would be maximised and what they are used for. C Dawson-Morris confirmed that this was the focus of the orthopaedic programme and added it would be important to agree the operating model in the phasing of the work which would then inform the Business Case. G Hughes agreed that clarity would need to be in place upfront on the working model when the Llantrisant Health Park opens, which has been a constant focus in conversations amongst clinical staff in relation to location of work and how some of the work would be provided. G Hughes confirmed that there was a strong group of staff leading this piece of work with really good levels of engagement and buy in amongst clinicians in place. P Mears suggested that when the Full Business Case is developed for the Llantrisant Health Park, that this would need to describe the services that would be provided out of other Hospital locations, in addition to the Llantrisant Health Park, which would clearly identify the Boards the direction of travel for the whole of the region for Orthopaedic Services. V Legrys confirmed that there was an intention for this level of detail to be included in the Business Case.

	A Lloyd made reference to the Stroke Programme and queried that subject to any differentiation to the stroke pathway standards of service, the agreement and advised that was reached in terms of Stroke Services provision in the South East Wales region was not being abandoned. P Mears advised there was recognition that the national work undertaken by the Stroke Network 2- 3 years ago, which recommended that there should be a certain configuration of stroke care across Wales and within the region, had some implications as to how stroke services would be designed. P Mears added that changes to services were then made within different Health Boards in response to short term crises within stroke care, and added that it could not be ignored that there was further work to do in relation to the future model for Stroke Services and was a programme of work that needed to be undertaken jointly between Health Boards.
Resolution:	The Committee: • **Noted** and **approved** the workplan of the SEWRJC • **Noted** and **approved** the Governance Model of the SEWRJC
2.4	**Progress Highlight Report**
	C Dawson-Morris presented the report and highlighted the key matters for Members attention. P Mears confirmed that the procurement for the partner for the Diagnostics Centre has now concluded and correspondence has now been issued to the successful supplier who will be commencing work shortly alongside the contractor. P Mears extended his thanks to colleagues for the collective effort to get this finalised.
Resolution:	The report was **NOTED.**
3.	**CLOSE OUT BUSINESS**
3.1	**Any Other Business**
	C Dawson-Morris made reference to the approval process for the Full Business Case for Llantrisant Health Park and advised that within the Terms of Reference for the Regional Joint Committee, the Committee has the ability to delegate functions and decisions from Health Board's to the Joint Committee. C Dawson-Morris added that it was being proposed that a report would be presented to March Health Board's setting out the potential delegation of the decision for the Full Business Case to this Committee. J Morgan advised that he would be content for this to be handled in this way. Following discussion, Members agreed they were also content with the proposed approach and noted that discussions were being held with Welsh Government as to the most appropriate time to seek Business Case approval.
Resolution:	The update was **NOTED.**
3.2	**Date and Time of Next Meeting**

	J Morgan advised that the date and time of the next meeting is to be confirmed and advised of his preference to continue to hold future meetings in person given the huge value it provides in discussing key matters face to face. J Morgan advised that this would likely to be the last meeting for A Lloyd and P Robson and thanked them both for their contributions and participation in this environment and wished them both the best for the future.

South East Wales Regional Joint Committee

Regional Orthopaedic Plan and Llantrisant Health Park Outline Business Case (OBC) / Full Business Case (FBC)

Eitem yr Agenda / Agenda Item	**2.3**
Dyddiad y Cyfarfod / Date of Meeting:	Monday 20 July 2026
Statws Cyhoeddi / Publication Status:	Open/Public.
Adroddiad wedi'i baratoi gan / Report Prepared by:	- **Victoria Le Grys**, Deputy Director of Strategy, Planning and Partnerships, Cardiff and Vale UHB - **Chris Dawson-Morris**, Director South East Wales Regional Collaborative
Cyflwynydd yr Adroddiad / Report Presenter:	- Victoria Le Grys - Chris Dawson-Morris
Diben yr Adroddiad / Report Purpose:	Recommendation for Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	To NOTE and Recommend for Approval (see below)
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	The Regional Orthopaedic Plan and Llantrisant Health Park Outline Business Case / Full Business Case align to constituent Health Board Integrated Medium-Term Plans and Annual Delivery Plans through their shared focus on planned care recovery, elective orthopaedic sustainability, improved access, reduced waiting times, better demand and capacity management, workforce sustainability, estate development and regional collaboration.
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	The Regional Orthopaedic Plan and Llantrisant Health Park Outline Business Case / Full Business Case support the priorities of the constituent Health Boards' Integrated Medium -Term Plans through their focus on planned care recovery, reduction of waiting times, improved access to treatment, workforce sustainability, service transformation, regional collaboration and the delivery of sustainable, high-quality healthcare services for the population of south east Wales. The proposal also supports longer-

	term strategic planning through the development of a sustainable regional orthopaedic service model and associated estate, workforce and infrastructure requirements.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio: Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn: **Executive Summary of what the report is describing:** Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	Demand for primary hip and knee replacement surgery across south east Wales continues to exceed available capacity. Regional modelling identifies an underlying recurring capacity gap of approximately 1,598 procedures per annum, reducing to approximately 945 procedures per annum after application of Getting It Right First-Time productivity assumptions. In April 2026, 8,008 patients were waiting over 36 weeks for hip or knee surgery, including 2,050 patients waiting over 98 weeks. The Regional Orthopaedic Plan and Llantrisant Health Park Outline Business Case / Full Business Case set out a proposed regional response, developed by Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Boards, to reduce the backlog, improve equity of access, standardise pathways and establish a sustainable long-term orthopaedic service model for south east Wales.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	Without intervention, waiting lists and long waits are forecast to continue to increase, with consequences for patient outcomes, pain, disability, quality of life and pressure across wider health and care services. The modelling indicates that substantial additional theatre capacity is required to recover the position and that, beyond backlog reduction, the region requires a permanent increase in orthopaedic capacity equivalent to around two additional theatres to maintain a sustainable balance between demand and capacity. The proposal therefore has significant strategic implications across constituent Health Boards, including planned care performance, workforce sustainability, capital and recurrent revenue funding, pathway standardisation, digital and pre-operative assessment infrastructure, regional governance and the future configuration of elective orthopaedic services.

Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	If supported, the Regional Orthopaedic Programme and Llantrisant Health Park programme will continue to develop the implementation and delivery arrangements for phases one and two, including sustainability planning across orthopaedic subspecialties, regional operational and workforce planning, pathway standardisation and engagement with patients, communities and staff. The Joint Committee is asked to recommend for approval the regional plan and Outline Business Case / Full Business Case for onward consideration by Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Boards and submission to Welsh Government, subject to each organisation's own governance and approval arrangements.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Regional Joint Committee is asked to: • **NOTE** this public cover report including the strategic case, expected benefits, broad funding requirements and key risks/dependencies. • **NOTE** that the detailed OBC/FBC contains commercially sensitive financial, procurement and delivery assumptions and was considered through the appropriate private/confidential governance route. • **RECOMMEND FOR APPROVAL** the onward submission of the OBC/FBC through Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg Health University Boards' governance arrangements and to Welsh Government, subject to each organisation's own approval process. • **RECOMMEND FOR APPROVAL** the Regional Orthopaedic Plan as the regional route map for recovery, stabilisation and long-term sustainability. • **NOTE** the organisational constraints, delivery dependencies and risks set out in the report, particularly in relation to workforce, capital and revenue funding, pathway standardisation and shared regional governance.

1 Background / Context

1.1 The South East Wales Regional Joint Committee has overseen the development of a regional orthopaedic plan for south east Wales (the region) and a combined Outline Business Case (OBC) and Full Business Case (FBC) for a Regional Orthopaedic Hub at the Llantrisant Health Park (LHP) in response to a growing need to address challenges in service sustainability, ensuring high quality, equitable care for the population of the region for the future.

1.2 The plan and OBC/FBC have been developed collaboratively by teams from Cardiff and Vale UHB, Aneurin Bevan UHB and Cwm Taf Morgannwg UHB and together they set out a proposed regional approach to addressing the significant demand and capacity challenges facing lower limb arthroplasty (primary hip and knee replacement) services across the region.

1.3 The plan sets out how the region will work as a regional system to reduce the backlog, balance demand and capacity, reduce unwarranted variation and deliver a sustainable service model through optimisation of existing services and the development of a regional arthroplasty hub at LHP. The plan identifies the need for significant phased revenue investment across recovery, stabilisation and sustainable service delivery.

1.4 The OBC/FBC seeks Welsh Government support for the capital funding required to proceed with construction of the Regional Orthopaedic Hub at LHP, alongside recurrent revenue funding to operate the sustainable high-volume, low-complexity elective orthopaedic model for the region from 2030 onwards.

1.5 The detailed OBC/FBC contains commercially sensitive financial, procurement and delivery assumptions and therefore has been considered by the RJC, through the appropriate private governance routes. This public report provides a summary of the strategic case, expected benefits, broad funding requirements and key risks to support public consideration of the proposed regional direction of travel and onward submission route.

Background

1.6 Demand for primary hip and knee replacement surgery across the region continues to exceed available capacity. Regional modelling demonstrates an underlying recurring gap of approximately 1,598 procedures per annum, reducing to approximately 945 procedures following application of GIRFT productivity assumptions. Without intervention, waiting lists and long waits are forecast to continue to increase significantly across the region.

1.7 The current waiting list challenge is substantial, with thousands of patients waiting longer than clinically acceptable timeframes for treatment. The consequences include worsening patient outcomes, increased pain and

disability, reduced quality of life and increasing pressures across wider health and care services.

1.8 The Regional Orthopaedic Plan has therefore been developed as a system-wide response to improve patient outcomes, reduce waiting times, standardise clinical pathways and establish a sustainable long-term orthopaedic service model for the region. The LHP business case represents the case to secure funding to deliver the construction of the Surgical Hub as a critical enabler for the delivery of the plan.

The Scale of the Challenge in Hip and Knee Surgery

1.9 Demand for primary lower limb arthroplasty (hip and knee replacement) surgery across the region continues to exceed available capacity. Regional modelling demonstrates a structural mismatch between demand and available surgical capacity, with an underlying recurring capacity gap of approximately 1,598 procedures per annum. Even after applying GIRFT productivity assumptions, a residual deficit of approximately 945 procedures per annum remains. Furthermore, forecast population growth and demographic change are expected to increase demand over time.

1.10 The recurring gap equates to approximately 11–18 additional theatre sessions per week, or around two additional theatres, simply to maintain a sustainable balance between demand and capacity and prevent further deterioration in waiting times.

1.11 In addition to addressing the recurring capacity deficit, the region faces a substantial backlog of patients waiting for treatment.

Regional Arthroplasty Backlog Position (April 2026)

Waiting Time Threshold	Hip Patients	Knee Patients	Total
Over 98 weeks	772	1,278	2,050
Over 78 weeks	1,880	3,010	4,890
Over 52 weeks	3,014	4,784	7,798
Over 36 weeks	3,038	4,970	8,008

1.12 These figures illustrate the significant scale of the recovery challenge facing the region and highlight the need for both immediate recovery action and sustainable long-term capacity expansion.

1.13 To return waiting times to pre-pandemic levels, substantial additional theatre capacity is required. Modelling indicates that achieving a maximum waiting time of 36 weeks within two years would require approximately 90 additional theatre sessions per week, over and above current activity levels. Even when spread across a three-year period, achieving a 36-week position would require approximately 71 additional sessions per week.

1.14 Indicative Additional Theatre Sessions Required Per Week

Recovery Target	1 Year	2 Years	3 Years
36 weeks	147	90	71
52 weeks	121	74	58
78 weeks	92	59	48
98 weeks	69	47	40

1.15 Regional modelling demonstrates that without intervention waiting lists will continue to grow, more patients will experience prolonged waits for treatment, and the number of patients waiting over two years will continue to increase. The Regional Orthopaedic Plan therefore proposes a phased regional approach to stabilise waiting lists, eliminate the longest waits, reduce variation in access and deliver a sustainable orthopaedic service model for the population of the region.

2. Strategic Insights

Summary of the Regional Plan

2.1 The Regional Orthopaedic Plan sets out a phased five-year approach to eliminate long waits, achieve a maximum 36-week waiting time position across the region, and establish a sustainable long-term service model. The initial recovery phase focuses on maximising existing NHS capacity through theatre reconfiguration, additional operating sessions, workforce expansion and targeted waiting list initiatives. Subject to approval, Phase 2 will establish a dedicated regional orthopaedic surgical hub at LHP, with six elective theatres supporting accelerated backlog reduction by March 2030. Phase 3 will transition to a sustainable regional model based on standardised pathways, regional workforce planning, shared governance and networked service delivery. Modelling confirms that, beyond backlog eradication, the region requires a permanent increase in orthopaedic capacity to meet future demand and maintain performance standards. LHP is designed to provide this recurrent capacity while also supporting wider orthopaedic subspecialties and releasing capacity within existing acute hospital sites for broader service redesign.

Phase 1 – Recovery and Stabilisation (2026/27–2028/29)

This phase focuses on:

- Maximising NHS capacity across the region.

- Theatre reconfiguration.
- Additional weekend operating sessions.
- Backfill opportunities.
- Targeted insourcing and waiting list initiatives.
- Workforce expansion and pathway standardisation.

The objective is to eliminate the longest waits and stabilise waiting lists ahead of the opening of LHP. Regional modelling shows this phase could deliver substantial additional activity through targeted, time-limited revenue investment.

Phase 2 – Llantrisant Health Park Surgical Hub (2029–2030)
Subject to approval through the relevant business case and governance processes, LHP will provide six dedicated elective orthopaedic theatres operating as a high-volume, low-complexity regional arthroplasty hub.

The modelling demonstrates that operation of all six theatres during the initial period would support accelerated backlog reduction and achievement of a maximum 36-week waiting time position across the region by March 2030. This phase would require further time-limited revenue investment to support additional activity and workforce capacity.

Phase 3 – Sustainable Regional Service Model (2030 onwards)
Following backlog reduction, the plan proposes a sustainable regional orthopaedic model comprising:

- Standardised pathways and access criteria.
- Regional workforce planning and development.
- Shared governance arrangements.
- Centres of excellence and networked service delivery.
- Sustainable balance between demand and capacity.

2.2 The additional capacity created through LHP would also support wider orthopaedic subspecialties including spinal, upper limb and hand surgery services.

Llantrisant Health Park

2.3 The Regional Orthopaedic Hub represents a major strategic investment in the future configuration of planned care services across the region.

2.4 The OBC/FBC identifies a significant capital investment requirement to develop the proposed regional hub. Detailed capital cost breakdowns, procurement assumptions, contingency allowances and delivery assumptions are contained

within the full business case and will be considered through the appropriate private/confidential governance route because of their commercial sensitivity.

2.5 Welsh Government funding support will be required to enable delivery of the hub. The detailed funding requirement, including amounts already received for design development and the remaining capital requirement, is set out in the full OBC/FBC and will be considered through the appropriate confidential governance route.

2.6 The investment will provide a purpose-built regional centre of excellence capable of delivering approximately 5,400 arthroplasty procedures per annum, with infrastructure designed to support future technological developments including robotics, digital optimisation and future service expansion. The facility has been designed to achieve BREEAM Excellent standards and comply with NHS Net Zero requirements, ensuring that the development contributes to wider sustainability objectives while creating long-term NHS capacity.

2.7 Phase 3 therefore establishes LHP not only as a backlog recovery solution, but as the cornerstone of a sustainable regional orthopaedic service model, enabling long-term delivery of national waiting time standards, improved patient outcomes, increased productivity and future orthopaedic service transformation across the region.

3. Risks and Opportunities

Strategic Benefits

3.1 The proposed regional approach, including the development of the Hub at LHP is expected to deliver:

- Reduced waiting times and elimination of the longest waits.
- Improved equity of access for patients across the region.
- Consistent clinical pathways and access criteria.
- Improved patient outcomes and experience.
- Increased productivity through adoption of GIRFT principles.
- Better utilisation of workforce and estate capacity.
- Reduced variation in clinical practice.
- Enhanced workforce sustainability and resilience.
- Development of a high-volume, protected elective surgical environment.

Workforce Implications

3.2 Both the plan and business case recognise that workforce capacity remains the principal constraint to elective recovery and service expansion. Significant workforce investment will be required across:

- Medical staffing.
- Theatre services.
- Pre-operative assessment.
- Rehabilitation and therapy services.
- Administrative and support services.

3.3 The plan and business case include a Regional Workforce Strategy designed to support recruitment, retention, succession planning, advanced practice roles and regional workforce deployment.

Financial Implications

3.4 The draft modelling identifies substantial capital, revenue and workforce investment requirements. In line with the publication approach for this paper, detailed annual phasing, cost breakdowns, resource transfer assumptions, depreciation assumptions and tariff comparisons are not included in the public report because they form part of the commercially sensitive OBC/FBC. The public summary confirms that delivery will require Welsh Government support for capital investment and phased revenue funding to support recovery, stabilisation and sustainable operation of the regional hub.

3.5 The business case indicates that the proposed regional model is expected to provide better value than continuing to rely on fragmented or externally commissioned capacity, while also delivering wider clinical, operational and workforce benefits. Detailed benchmarking and tariff comparisons are included in the confidential OBC/FBC.

Risks and Dependencies

3.6 Successful delivery of the plan is dependent upon:

- Approval of the LHP OBC/FBC and associated regional orthopaedic plan.
- Availability of capital and revenue funding for all phases.
- Workforce recruitment and retention.
- Delivery of regional pathway standardisation.
- Development of a national digital and pre-operative assessment infrastructure.
- Continued collaboration and shared governance arrangements across participating Health Boards.

3.7 Failure to implement the proposed interventions is likely to result in continued growth in waiting lists, increasing long waits, deteriorating outcomes and widening inequity of access across the region.

4. Compliance and Governance

4.1 The Regional Orthopaedic Plan and Llantrisant Health Park Outline Business Case / Full Business Case have been developed collaboratively by Aneurin Bevan University Health Board, Cardiff and Vale University Health Board and Cwm Taf Morgannwg University Health Board as a regional response to the demand and capacity challenges facing orthopaedic services across South East Wales.

4.2 The Regional Joint Committee is asked to consider the proposal as part of the agreed regional governance arrangements. Subject to endorsement, the Outline Business Case / Full Business Case will progress through the relevant governance and approval processes of the constituent Health Boards and be submitted to Welsh Government for consideration.

4.3 Delivery of the proposal will require continued regional collaboration and shared governance arrangements across participating organisations, together with workforce, financial, operational and digital oversight to support implementation of the Regional Orthopaedic Plan and the development of the Llantrisant Health Park Surgical Hub.

5. Conclusion

Next Steps

5.1 If supported, the Regional Orthopaedic Programme and LHP programme will work to:

- Continue to plan for sustainability across all orthopaedic subspecialties in order to maximise capacity across the region.
- Establish robust implementation and delivery structures to oversee delivery of phase 1 and phase 2.
- Continue to strengthen consistency in operational and workforce planning bringing greater standardisation across the region ensuring equity for the population of the region.
- Undertake a comprehensive programme of engagement with patients, communities and staff to ensure all voices are represented in the development of the regional model and the implementation arrangements.

6. Recommendations

6.1 The Joint Committee is asked to:

- **NOTE** this public cover report including the strategic case, expected benefits, broad funding requirements and key risks/dependencies.
- **NOTE** that the detailed OBC/FBC contains commercially sensitive financial, procurement and delivery assumptions and was considered through the appropriate private/confidential governance route.

- **RECOMMEND FOR APPROVAL** the onward submission of the OBC/FBC through Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg Health University Boards' governance arrangements and to Welsh Government, subject to each organisation's own approval process.
- **RECOMMEND FOR APPROVAL** the Regional Orthopaedic Plan as the regional route map for recovery, stabilisation and long-term sustainability.
- **NOTE** the organisational constraints, delivery dependencies and risks set out in the report, particularly in relation to workforce, capital and revenue funding, pathway standardisation and shared regional governance.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Choose an item. This proposal links to the relevant strategic risks and assurance frameworks of all constituent Health Boards, particularly risks relating to planned care capacity, elective recovery, workforce sustainability, financial sustainability, estate and capital infrastructure, digital and pre-operative assessment infrastructure, regional collaboration and shared governance.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales The regional orthopaedic plan and LHP business case support the Well-being Goals by improving access to planned care, reducing long waits, supporting more equitable service provision across south east Wales and developing modern, sustainable NHS infrastructure.
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective If more than one applies please list below: The proposal reflects a whole-system approach by bringing together three Health Boards to address demand and capacity, workforce, productivity, pathway standardisation and regional governance for elective orthopaedic services.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	

Environmental Sustainability Impact (5Rs)	The LHP development is expected to support environmental sustainability through modern estate design, efficient use of regional capacity, BREEAM Excellent standards and alignment with NHS Net Zero requirements.

Asesiad Effaith Impact Assessment	
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	**Completed Equality and Welsh Language Impact Assessment outcome:** • A full Equality Impact Assessment and Welsh Language Impact Assessment has been completed for the Llantrisant Health Park Programme. It concludes that the proposal is expected to have a broadly positive equality impact by increasing planned orthopaedic capacity, reducing long waits and supporting more equitable access to clinically appropriate care across south east Wales. • The assessment recognises potential disproportionate impacts for patients, carers and staff who may need to travel further to Llantrisant, particularly older people, disabled people, people on low incomes, carers and those without access to private transport. • Mitigations include inclusive design, accessible facilities, recording communication, language, privacy and accessibility preferences at booking, bilingual and alternative-format information, consideration of transport impacts, engagement with patients, communities, staff, Llais and representative groups, and ongoing monitoring through patient experience, workforce, quality, safety, equality and benefits arrangements. • The Welsh Language assessment concludes that the programme should have a positive impact on opportunities to use Welsh, subject to implementation of the identified actions, including bilingual signage and correspondence, the Active Offer at booking, assessment of Welsh language requirements for roles, bilingual recruitment, Welsh language training and bilingual patient experience materials.

	• Interim sign-off has been provided by the LHP Programme Senior Responsible Officer / Director of Planning as Chair of the LHP Steering Group, with endorsement from the LHP Infrastructure Programme Director and LHP Clinical Programme Director. The assessment will remain live, with final review and sign-off before service go-live.
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Quality impacts have been considered through the development of the regional plan and OBC/FBC. A formal Quality Impact Assessment should be completed or confirmed through the next stage of organisational approval and implementation planning.
Cyfreithiol / Legal	**Yes (Include further detail below)** Legal and governance advice may be required to support the final approval route, Health Board delegations, inter-organisational arrangements and submission to Welsh Government.
Enw da / Reputational	**Yes (include further detail below)** There are reputational risks if the region is unable to demonstrate a credible and deliverable response to long waits, demand and capacity pressures, and Welsh Government expectations for regional collaboration.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**Yes (include further detail below)** The proposal has significant capital, revenue and workforce implications. Delivery is dependent on Welsh Government funding, workforce recruitment and retention, and the ability of the participating Health Boards to implement regional pathways and shared governance arrangements.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Regional Development Group	10/07/26	Approved

Acronyms / Glossary of Terms	
BREEAM	Building Research Establishment Environmental Assessment Method
GIRFT	Getting It Right First Time
SEWRJC	South East Wales Regional Joint Committee

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Progress Highlight Report

Eitem yr Agenda / Agenda Item	**2.4**
Dyddiad y Cyfarfod / Date of Meeting:	Monday 20 July 2026
Statws Cyhoeddi / Publication Status:	Open/Public.
Adroddiad wedi'i baratoi gan / Report Prepared by:	- Chris Dawson-Morris, Director South East Wales Regional Collaborative
Cyflwynydd yr Adroddiad / Report Presenter:	- Chris Dawson-Morris
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	- Executive Director of Strategy and Transformation, Cardiff and Vale University Health Board - Executive Director of Operations, Cwm Taf Morgannwg University Health Board
Diben yr Adroddiad / Report Purpose:	To provide the SEWRJC with assurance on the progress of the regional workplan between February and June 2026.
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Joint Committee is asked to NOTE the report
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	This report supports the South East Wales Regional Joint Committee's ambition to strengthen regional collaboration, improve service sustainability and deliver better outcomes for the population of South East Wales through the development and delivery of regional programmes of work. It demonstrates progress in delivering regional priorities across orthopaedics, diagnostics, ophthalmology and cancer services.
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)*	This report aligns with the Integrated Medium Term Plans and Annual Delivery Plans of the constituent Health Boards through its focus on planned care recovery, timely access to care, service sustainability, workforce development, digital transformation, regional collaboration and service improvement.

Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	The programmes described contribute to the delivery of agreed regional priorities and support longer-term service transformation across South East Wales.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio: Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn: **Executive Summary of what the report is describing:** Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	This report provides the South East Wales Regional Joint Committee with an update on delivery against the regional workplan between February and June 2026. Significant progress has been made across the regional orthopaedics, diagnostics, ophthalmology and cancer programmes, including completion of the Regional Orthopaedic Plan and Llantrisant Health Park Full Business Case, delivery of regional cataract activity above target, implementation of regional digital solutions and establishment of new regional diagnostic arrangements.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The progress reported demonstrates continued delivery against the Joint Committee's ambition to strengthen regional working and develop more sustainable services across South East Wales. The work completed provides a foundation for future service development, supports improved access to care, promotes greater consistency across the region and increases confidence in the ability of Health Boards to deliver jointly where this adds value for patients and populations.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau*	Regional programmes will continue to deliver the agreed workplans for orthopaedics, diagnostics, ophthalmology and cancer, while progressing the wider ambition of establishing effective operating, financial and governance

a'r argymhelliad(au) sy'n cael eu gwneud) **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	arrangements for regional working and identifying future opportunities for service transformation.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The SEWRJC is asked to **NOTE** the progress set out in the highlight report

1 Background / Context

Context

1.1 This report has been prepared to provide the SEWRJC with details of the progress of the regional workplan between February and June 2026.

1.2 Health Boards are working together across the Southeast to build stronger, more sustainable services shaped by our region's health needs. This shared approach helps the region to tackle challenges, reduce inequality and improve care for everyone. The Joint Committee is delivering on this ambition through;:

1. **Demonstrating Delivery**
   Deliver on our commitments to regional services in diagnostics, orthopaedics, ophthalmology and cancer.
2. **Creating the conditions**
   Establish effective operating, financial and governance models for regional working. Build trust and confidence in the partnership. Remove barriers to regional working.
3. **Identifying Opportunities**
   Develop principles and plans for future clinical services to address population need.

1.3 The workplan contained in this paper relates to the first element of the Joint Committee's approach: Demonstrating Delivery.

Executive Summary of Progress

1.4 There has been significant progress in regional work over the last four months, including:

- Completion of the Regional Orthopaedic Plan for Lower Limb Arthroplasty alongside completion of Full Business Case (FBC) for Llantrisant Health Park Phase Two, including;
  - Established consistent Demand and Capacity Model and agreed Position
  - Completed baseline of Workforce and forward strategy
  - Completed financial model – Developed a standard unit cost for the region
  - Agreed a consistent approach to Orthopaedic Pre-Assessment
  - Agreed a consistent Regional Lower Limb Arthroplasty (Primary Hips and Knees) Pathway
  - Set out an operational model for the Regional Surgical Hub
  - Set out a phased approach to achieving demand and capacity balance for the region
- Significant end year delivery in regional cataracts, delivering 25,633 cases 588 ahead of target
- Total wait list size for cataracts reduced by 10,000 cases (23,289 March 2025 – 13,910 March 2026)
- Supplier in place to support radiology and endoscopy delivery via Regional Diagnostic Hub

2 Strategic Insights

Regional Programme Progress
Orthopaedics

2.1 Highlights in the delivery of the regional orthopaedics programme include;

- Completion of the Regional Orthopaedic Plan for Lower Limb Arthroplasty alongside completion of Full Business Case (FBC) for Llantrisant Health Park Phase two, including;
  - Established consistent Demand and Capacity Model and agreed Position
  - Completed baseline of Workforce and forward strategy
  - Completed financial model – Developed a standard unit cost for the region
  - Agreed a consistent approach to Orthopaedic Pre-Assessment
  - Agreed a consistent Regional Lower Limb Arthroplasty (Primary Hips and Knees) Pathway
  - Set out an operational model for the Regional Surgical Hub
  - Set out a phased approach to achieving demand and capacity balance for the region

Regional Diagnostics

2.2 Highlights in the delivery of the regional diagnostics programme include:

- Secured Independent Service Provider to support delivery of radiology and endoscopy at the Regional Diagnostic Hub
- Working with Health Education and Improvement Wales to establish an Endoscopy Academy to grow the future workforce
- Implementing Royal College of Pathology points system in Pathology across the region bringing consistency to reporting
- Developing Strategic Outline case for Cellular Pathology centre

Ophthalmology

2.3 Highlights in the development of the ophthalmology programme include:

- Significant end year delivery in regional cataracts, delivering 25,633 cases 588 ahead of target
- Total wait list size for cataracts reduced by 10,000 cases (23,289 March 2025 – 13,910 March 2026)
- Implemented Open Eyes, a digital referral system, in all Health Boards
- Implemented Electronic Referral System (Opera) in all Health Boards
- Delivery Plan in place for 26/27 with objective to hold waiting list position

Cancer

2.4 Highlights in the development of the Cancer programme include

- Supporting the commissioning process of the New Velindre Cancer Centre ready for Go-Live
- Regional Patient Treatment List (PTL) established and aiming to transition all referrals to electronic system by January 2027

3 Risks and Opportunities

3.1 Regional working provides opportunities to improve consistency, reduce variation, strengthen workforce planning, make better use of capacity and support sustainable service delivery across South East Wales. Continued progress will depend upon maintaining strong collaboration between Health Boards and delivery of the agreed regional programmes of work.

4. Compliance and Governance

4.1 The work described in this report is being delivered through the governance arrangements established by the South East Wales Regional Joint Committee and its supporting regional programmes. The report is provided to support oversight of progress against the agreed regional workplan and to provide assurance regarding delivery of the Joint Committee's priorities.

5 Benchmarking

5.1 Regional programmes continue to monitor delivery against agreed plans and targets. Notable achievements include delivery of 25,633 cataract procedures, exceeding target by 588 cases, and a reduction of approximately 10,000 patients on cataract waiting lists between March 2025 and March 2026.

6. Conclusion

6.1 The report demonstrates continued progress across the regional workplan and provides evidence of successful collaboration between Health Boards in delivering regional priorities. The South East Wales Regional Joint Committee is asked to note the progress set out in the report

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	This report relates to the strategic objectives and assurance frameworks of the constituent Health Boards in relation to regional collaboration, service sustainability, planned care recovery, workforce development and service transformation. The report provides assurance regarding progress against agreed regional programmes of work.

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales Whilst this work primarily relates to healthcare services, its success can potentially impact on all areas of the Wellbeing of Future Generations Act - A Prosperous Wales, A Resilient Wales, A More Equal Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture & Thriving Welsh Language, A Globally Responsible Wales

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective The programmes described in this report demonstrate a whole-system approach through collaboration between Health Boards to improve service delivery, workforce sustainability, planning and regional service development. There is the potential for the work of the committee to impact on all the enablers of quality, namely – Culture & Valuing People, Data to Knowledge, and Leadership, Learning, Improvement & Research.

	Yes - Reduce

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	As above there is the potential for the work of the committee to impact on the effectiveness of all elements of environmental sustainability, so to also include Reuse, Refine, Repurpose, Recycle

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	No specific equality or Welsh language issues arise directly from this progress report. Equality, access and Welsh language considerations will continue to be addressed through the development and implementation of individual regional programmes and service changes where relevant	Named Executive/Board member sign off for no EWLIA completion: Gareth Watts, CTM UHB
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not required. This report provides a progress update on existing regional programmes and does not seek approval for service changes.	
Cyfreithiol / Legal	**Yes (Include further detail below)** There is the potential to require legal advice in future relating to the form and nature of the RJC and Health Board delegations	
Enw da / Reputational	**Yes (include further detail below)** There is a risk to the reputation of the Health Boards should this committee not be formed due to the lost opportunity and Welsh Government expectation	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**Yes (include further detail below)** There is a requirement to resource the committee in terms of programmes of work and this will need to drawn from existing resources dedicated to regional activities and a reduction in duplication between health boards	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**

Acronyms / Glossary of Terms	
FBC	Full Business Case
HEIW	Health Education and Improvement Wales
PTL	Patient Treatment List
SEWRJC	South East Wales Regional Joint Committee