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Hywel Dda
University Health Board

Strategic Commissioning Report
Bi-annual Update to
Strategy and Planning Committee
28 August 2025

Executive Lead: Lee Davies, Executive Director of Strategy and Planning

Reporting Officer: Shaun Ayres, Director of Delivery

Service Level Agreement (SLA): Dual Energy X-Ray Absorptiometry (DXA) Scans and Reports provided by Swansea Bay University Health Board (SBUHB)

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Provider: SBUHB (Mobile Unit to Hywel Dda University health Board (HDdUHB) Sites)

Summary of Current Position: HDdUHB has historically commissioned a Dual Energy X-ray Absorptiometry (DXA) service for the south of the Health Board from SBUHB via a mobile unit that travels between the three hospital sites in the south of Hywel Dda (Glangwili (GGH), Prince Philip(PPH) and Withybush (WGH) Hosptals). HDdUHB has concerns over the waiting times for Hywel Dda residents for **a) scan** and **b) report** and has been working with SBUHB to improve performance and quality.

Scans as at May 2025 (latest position, see next slide)

SCAN	February 2025	May 2025
Patients waiting over 24 weeks	29	17
Patients waiting over 8 weeks (without appointments):	571	372
Patients waiting with appointments:	262	212
Longest wait:	32 weeks	25 weeks
Total number of patients on the waiting list:	1,204	796

Reports

- Over the last three months (March – May 2025), an increase of circa 48% reported scans compared to the previous three months
- Scans performed from 9 May 2025 are being reported on within two to three weeks. Backlog scans are being managed separately, zero backlog by January 2026.

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To Note

- SBUHB now provide Trabecular Bone Scoring (TBS), which is a software programme that measures bone microarchitecture as part of their DXA scans. TBS provides an extra parameter in the evaluation of patient's risk of fracture, facilitating a greater degree of certainty in the decision making towards patient management.
- A Health Care Support Worker (HCSW) is providing support in the mobile unit and therefore supports the throughput of patients, alongside lone working etc.
- SBUHB are willing to offer HDdUHB staff the opportunity to shadow their team for reporting and suggested that this would take place on site - preliminary discussions at this stage, but a positive step.
- HDdUHB Consultant is part of the SBU DEXA MDT, which is used to discuss difficult cases to ensure a consistent and systematic approach.

SLA: Dual Energy X-Ray Absorptiometry (DXA) Scans provided by Swansea Bay University Health Board (SBUHB)

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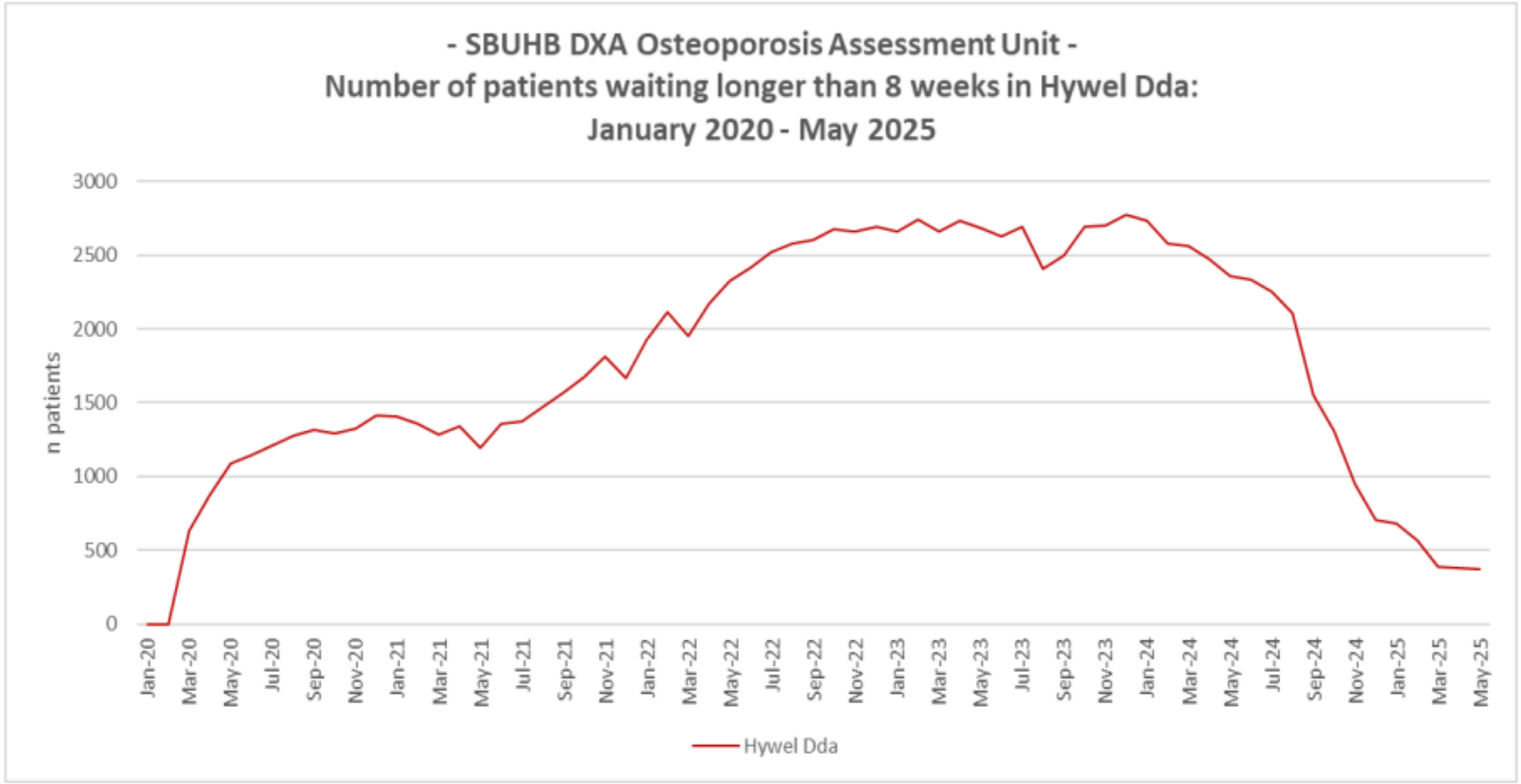

Non Drug Allergy Service (adult)

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Prior Approval route at Birmingham and Solihull Integrated Care Board (BSICB) (Current pathway)

- Due to increased demand, which resulted in an unsustainable waiting list position that Cardiff and Vale University Health Board (CVUHB) were unable to manage, CVUHB served notice and stopped accepting referrals from November 2023.
- CVUHB advised that they would continue to see and treat those patients who were in the system up until the point of cessation, through to discharge.
- The Commissioning Team previously worked with BSICB to setup a pathway. However, capacity reduced due to one of their consultants taking up post elsewhere and as a consequence BSICB) did not want to enter into a formal arrangement (contract).
- Whilst no formal arrangement is in place, clinicians have been referring patients to BSICB via the prior approval process. The Prior Approval Team has approved 137 allergy referrals to BSICB in 2024/25 and seven referrals in Quarter (Q) 1 2025/26.

BSICB – waiting list as at end of May 2025

- Total patients currently waiting = 58
- Longest wait = 36 weeks

The position at BSICB will continue to be monitored.

Non Drug Allergy Service (adult) - continued

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Welsh Government (WG) involvement (longer term sustainable solution)

- As this is an All Wales issue, which affects the majority of Health Boards, WG has commissioned a scoping exercise to understand the adult and paediatric provision across Wales. The Commissioning Team were part of this collective scoping meeting, which took place at the end of March 2025.
- The scoping period has now concluded, and the final summary report has been shared with Health Boards.
- WG is intending to hold another commissioner meeting (end of August 2025) to update Health Boards on the findings of the wider report and to open discussions on possible actions to be undertaken to work towards the recommendations identified within the report. It is also intended that a representative from the NHS Wales Joint Commissioning Committee (NWJCC) (commission primary immuno deficiency) present to update on their position within this matter.

Integrated Quality, Financial Performance and Delivery Group (IQFPD) (short term/interim solution)

- As per the suggestion from IQFPD, the Commissioning Team in collaboration with procurement colleagues tested the external market.
- Five Expressions of Interest (EOIs) (two more anticipated) were received, all offering capacity for over 2,000 episodes by March 2027, while actual eligible referrals are only averaging seven to eight per month. Therefore, the practicalities and value for money for establishing a local service for such a small cohort are questionable.
- Whilst patient travel to Birmingham through the current route is recognised as a challenge, the current arrangement remains both safe and proportionate. Given the low and stable activity, continuing out-of-area referrals is likely the most prudent and cost-effective solution until an All Wales approach is formally established
- *The recommendation for IQFPD was to therefore support the continued use of existing out-of-area referral pathways for adult non-drug allergy patients, on an interim basis, until an All Wales model is agreed.*
- Furthermore, any further action to commission local insourcing is paused unless and until there is demonstrable, sustained increase in demand, and/or an All Wales solution is further delayed or withdrawn.
- Regular review of activity (via the prior approval process) and ongoing input to national workstreams are proposed to ensure the Board remains responsive to changing need and policy.

South West Wales Cancer Centre (SWWCC) – Oncology Outpatients

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Oncology Outpatient Modernisation Group (led by HDdUHB)

Unsustainable model and ways of working – significant workforce fragilities and service inequities

Aim: Establish transformational plan to achieve move to Oncology Outpatient (OP) provision in line with Hub and Spoke model vision in Strategy and Performance Committee (SPC).

- Hub = South West Wales Cancer Centre (SWWCC) in Singleton Hospital.
- Spokes (for delivery of the five high volume tumour sites) = GGH and PPH – SBUHB Oncology Consultants 'visiting' the hospitals to provide outpatient clinics for these five tumour sites.
- WGH and Bronglais Hospital (BGH) – OP clinics for the high volume tumour sites are **delivered via digital solutions**. Patients attend the hospital and have support and presence of Non-medical Prescriber (NMP) (Cancer Nurse Specialist (CNS), Pharmacist/Staff grade workforce) in clinic, with the oncology Consultant based in the SWWCC running a remote/virtual clinic (for example using Attend Anywhere).

Summary of current position/actions:

Bronglais Hospital:

The focus on understanding the requirement for BGH and the support needed from the SWWCC.

Initial conversations between the clinical, teams have commenced. BGH currently has a single-handed locum Consultant who undertakes seven to eight tumour sites. The aim is to move away from this model and provide a more robust, sustainable service. Consequently, the service, in collaboration with SBUHB, is currently working through a 3-year road map plan for BGH to understand the current position in terms of requirements and financial cost. To also include what support Betsi Cadwaladr University Health Board (BCUHB) are able to offer/provide in the longer term.

South West Wales Cancer Centre (SWWCC) – Radiotherapy (RT)

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Radiotherapy (RT) Modernisation Group (led by SBUHB)

Aim/priorities:

1. Additional (2nd) permanent CT SIM (RT treatment planning machine) operational at Singleton Hospital by **Sept/ember/ October 2025**
2. Additional (5th) Linac (RT treatment machine) utilising the current empty bunker at Singleton Hospital by **2026/27**
3. Additional / spare (6th) Bunker in Singleton Hospitalto maintain capacity by **2027/28**
4. Expansion to 7 Linac model across SW Wales / scoping for satellite centre potential within HDdUHB area by **2030/31**

Summary of current position/actions:

1. **Additional (2nd) permanent CT SIM at Singleton Hospital by September/ October 2025**
   Business case agreed in 2024/25 for funding by both Health Boards and capital approved by the Cabinet Secretary in January 2025. Machine to be operational by Q3 2025.

2. **Additional (5th) Linac utilising the current empty bunker at Singleton Hospital *by 2026/27***
3. **Additional / spare (6th) Bunker in Singleton Hospital to maintain capacity *by 2027/28***
   - A report was shared with the Regional Joint Committee (RJC) in May 2025 setting out the approach, and a report prepared for Boards to request the agreement to approach WG to initiate development of capital (WG) case and Health Board revenue (est. £2m total (split equally between the Health Boards) for 5th Linac development, TBC 6th bunker costing). This report was discussed and approved at the HDdUHB Board meeting in May 2025; and subsequently SBUHB agreed to support at their Board meeting in July 2025.
   - The WG Capital funding position is unknown at this point, given no scoping conversations have taken place to date. WG have been made aware of the requirement for the 5th Linac/ 6th Bunker as set out in Annual Plans and within the Strategic Programme Case.

   - **Risks** – with regards to the 5th Linac, given the complexity of the steps involved (i.e. the development requires a formally approved joint Health Board revenue and WG major capital business case, and then capital build/ clinical commissioning), there is a significant risk that this timeline may not be met.
   - **Impacts** - Backlogs in the RT treatment pathway will occur and would impact on delivery of the WG reported quality measure, 'Time to Radiotherapy' and to a lesser extent the Ministerial Priority 'Time to First Definitive Treatment'. This would adversely affect patient safety and quality.

Radiotherapy (RT) Modernisation Group (led by SBUHB) continued

2. Additional (5th) Linac utilising the current empty bunker at Singleton *by 2026/27 (continued)*
3.* Additional/ spare (6th) Bunker in Singleton Hospital to maintain capacity *by 2027/28 (continued)

Mitigating Actions - There are a number of options to be considered, however financial and feasibility assessments will need to be identified and worked through jointly. At this point, these could include:

- Outsourcing (Private and NHS) is projected to exceed that of the 5th Linac development revenue costs (early calculations suggest outsourcing equivalent activity would equate to £2.3m per annum). Additionally, outsourcing is likely to result in a poorer patient experience and outcomes. Currently the Rutherford Cancer Centre, previously used for this purpose, is not operational.
- Temporary Linac machine TBC if feasible.
- Increased hrs/ weekend working (extended working) of existing Linac machines – would need to fit in with maintenance and limited sustainability with existing workforce.

All of the above are short term solutions only and at this point are felt to be unfeasible to deliver. A thorough appraisal of these options will be included in the final business case. Given the likely limited deliverability of mitigation, the Boards must consider the seriousness of adverse patient safety and outcomes, if the 5th Linac does not proceed at pace. Time to Radiotherapy is currently on the SBUHB Risk Register with a score of 20; this is likely to increase to 25 should the 5th Linac not be in place by 2026/27.

4. Expansion to 7 Linac model across SW Wales/ scoping for satellite centre potential within HDd area by *2030/31*

- Consideration of an option for expanding to a seven Linac model on a phased basis to enable six Linacs to be operational from 2028/29, and seven Linacs to be operational by 2030/31. A full strategic options appraisal will be undertaken to determine whether these could be located within the HDdUHB or SBUHB sites. This has not commenced yet as awaiting the outcome/update from Priorities 2 and 3 above. This will be considered as part of the Strategic Refresh aligning to our overarching direction of travel both locally and as part of regional working.
- Depending on the outcome, if HDdUHB is the favourable site, this would then progress to a satellite centre. This has clear benefits for the HDdUHB population in terms of travel time to a Linac, directly linked to the percentage accessing this key cancer treatment option.

Quality & Safety at SBUHB 2024/25

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Quality and safety are integral to the LTA contractual meetings with providers, involving representatives from the Quality and Safety teams of both organisations. A new report has been introduced by SBUHB, covering incidents, complaints and concerns for HDdUHB residents. While this report is set to become a routine feature, it remains a work in progress.

SBUHB Quality and Safety Report for HDdUHB Residents 2024/25

Incidents = 1,219 incidents – Patient/Service user 1,186, Organisation 18, Staff 14, Public/Visitor 1

- Managers Interim harm assessment – 472 None, 662 Low, 12 Moderate, 3 Severe, 3 Catastrophic/Death, 66 TBC

Complaints = 126

- Outcome overall – 28 under investigation/ remain open, 66 Not Upheld, 29 Upheld, 2 Withdrawn, 1 response under review
- Complaint grading (initial) – 100 Grade 1, 13 Grade 2, 11 Grade 3, 2 Grade 4

Claims = 22

- Clinical Negligence – 17
- Inquest – 5

To Note

- HDdUHB has always received serious incidents and complaints for their residents via the national reporting route.
- All Health Boards as a Provider of services are bound by the Duty of Candour, which requires them to be open, honest and transparent with patients or their families when something untoward occurs during care or treatment, resulting in, or potentially causing harm. Therefore, whilst the patient may be resident in another Health Board area, HDdUHB would expect all patients to be managed in the same way, including following the same complaints/concerns procedures to that of a provider resident.
- The above report has been discussed and considered in both recent LTA meetings with SBUHB and also at the recently established Commissioning and Contracting Oversight Group meeting in July 2025. The Quality team will continue to work with SBUHB to understand the detail, no obvious concerns were raised.

Commissioning & Contracting Oversight Group

The inaugural Commissioning and Contracting (C&C) Group meeting took place at the beginning of July 2025. As it was the first of its kind, the group considered the Terms of Reference (ToR), however it also considered several current areas of interest, including:

- **Quality & Safety report 2024/25 at SBUHB** – See slide 8
- **Orthopaedics** – regional monies versus LTA monies (circa £2.6m), with the £1.1m adjustment once again agreed for 2025/26. The residual £1.5m LTA and regional funding is still being worked through. The Group agreed to consider referral information to SBUHB and throughput. Smaller focussed group to meet to clarify funding and activity alignment. (On-Track)
- **Renal SLA** – SBUHB is proposing a significant increase in the visiting Consultant sessions. Service to continue to work through the detail and to also undertake a demand and capacity exercise. (Finalising by end of August 2025)
- **National Institute for Health and Care Excellence (NICE)/ High Cost Drugs (HCD)** – General Update, agreed to explore any opportunities with regards to biosimilars in line with Value and Sustainability Board.
- **NWJCC** – General Update
- **Informatics** – the Health Board has access to nationally submitted data for HDdUHB residents and therefore it was agreed to commence a proof of concept for a structured data warehouse, using renal data in the first instance.

Contracting & Commissioning – Overview of Current Challenges

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Current Position

The Health Board is experiencing an increasing pattern of providers issuing formal notices to cease or restrict services, citing insufficient funding or lack of formal commissioning arrangements. Three recent examples illustrate systemic issues:

Service Withdrawal Notifications Received:

1. **Hepatobiliary (HPB) Service & Severe Acute Pancreatitis** - Joint CVUHB/ SBUHB withdrawal notice without prior approval
   - LTA includes £170k provision for pancreatic surgical services
   - Year-to-date underspend of £41k (£30k returnable at marginal rate)

2. **Orthoplastic Referrals** - SBUHB refusing revisions/ infections without prior approval
   - Regional orthopaedic funding already in place via WG monies
   - NWJCC commissions plastic surgery, with plastic resources and provision under this contract
   - Elective orthopaedic line showing £293k year-to-date underperformance within the LTA

3. **3D-Printed Surgical Guides - CVUHB mandating additional funding**
   - Research project converted to service requirement without prior engagement
   - No collaborative discussion on commissioning arrangements; but a request for funding

Contracting & Commissioning – Overview of Current Challenges Continued

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Key Principles and Concerns

Financial Disconnect

- Providers selectively requesting additional funding whilst retaining underperformance benefits
- Current year-to-date underperformance examples above
- Marginal rate arrangements mean providers retain 30% of underperformance whilst demanding full funding for new requirements
- No consideration of overall contract position when making isolated funding demands

Contractual Challenges

- Services viewed in isolation rather than as part of comprehensive LTA arrangements creating a fragmented approach
- Providers choosing which services to deliver based on levels of expenditure rather than overall contract obligations; leading to selective funding requests
- Formal notices issued without prior discussion, contrary to spirit of new Regional Joint Committee arrangements

System-Wide Impact

- LTAs acknowledged as unsatisfactory but represent agreed financial framework
- Investment made across multiple service areas with variable utilisation
- Underperformance in some areas historically offset overpressure in others - this balance now being disrupted

Letters of response sent/ in draft, in line with above.

Contracting & Commissioning – Overview of Current Challenges Continued

Termination of Pregnancy (ToP) at SBUHB

Prior to COVID-19, HDdUHB would regularly refer ToP patients to SBUHB, and the activity would flow through the LTA contract. However, since the pandemic, the flow has significantly declined, and there is now no recorded ToPs activity for HDdUHB residents. This is due to a number of reasons, particularly:

- SBUHB lost access to their Pregnancy Advisory Service (PAS) ward and the access has continued to be restricted, which has naturally impacted the number that SBUHB can accommodate.
- New guidance introduced to allow patients under 10 weeks' gestation to access early medical abortion at home.
- HDdUHB has developed their service immeasurably, including service provision for patients up to 20 weeks gestation.

However, whilst the activity at SBUHB has been absent for a considerable period of time as it has been absorbed locally, the funding has not followed. This is causing significant service and cost pressures internally that HDdUHB cannot continue to sustain. Importantly, there are quality and safety issues for these women, as they are naturally time sensitive cases.

Consequently, HDdUHB has served six months notice on the contract and expects the funding to transfer back (amount TBA) to HDdHB in order to be repurposed.

It is acknowledged that, whilst the Health Board does not believe a six-month notice period is strictly required given the lack of delivery, the practical requirement to implement an alternative in-house solution necessitates a transitional period.

Velindre Cancer Centre – part of commissioning savings plan

LTA has been finalised and agreement reached with Velindre Cancer Centre to recharge for NICE/High-Cost Drugs on an actual cost basis for 2025/26 to reflect resources consumed rather than historic shares. In financial terms this equates to a reduction of circa £820k.

Contracting & Commissioning - Recommendations

The Committee is asked to:

- **NOTE** the Strategic Commissioning Report Bi-annual Update
- **RECIEVE ASSURANCE** from the mitigating actions detailed in the Strategic Commissioning Report Bi-annual Update.