



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 November 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Healthcare Contracting, Commissioning and Outsourcing Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
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Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

Long-Term Agreements (LTAs) during 2021/22 were subject to a block arrangement between Health Boards in Wales. This arrangement was implemented at the beginning of the COVID-19 pandemic and continued for the remainder of 2021/22. The purpose of the arrangement was to ensure that there was a collective focus on operational recovery. Moving forward into 2022/23, the block arrangements have been deemed inappropriate and, therefore, a hybrid approach has been adopted.

In addition to the financial implications, this report will provide a focus on the waiting times, performance metrics and the outsourcing position with the independent sector.

Cefndir / Background

The All Wales Directors of Finance forum established a Financial Flows Workstream sub-group, with the task of developing an approach to LTAs for 2022/23. It is recognised that, whilst the NHS is still emerging from the pandemic in 2022/23, there is a requirement to establish an interim arrangement for one year, which supports the need to return to business as usual, and to facilitate discussions to agree a longer term approach from 2023/24 onwards.

Key Principles agreed by DoF against which the sub-group developed its options are:

- Requirement to move away from the Blocks
- The contract model needs to incentivise patient treatment
- 2022/23 is a transition year
- The NHS policy is to return to 2019/20 levels of activity
- Requirement for a realistic assessment of the deliverability of activity (tolerance levels)
- Requirement to minimise the risk from activity variations and recognition of the cost of Recovery

Agreement

The table below set out the decisions reached at the All Wales Director of Finance with regards to outpatient appointments, emergency and planned care.

Type	Contract Model	Activity/Cost	Activity Tolerances	Marginal Rates	Recovery activity
Non-Admitted/Outpatient incl. Regular Day Attenders and Ward Attenders	Block	19-20 Activity Baseline <ul style="list-style-type: none"> Actual Activity Actual Cost Plus LTA inflation to 22-23 	N/A	N/A	N/A
Non-Elective	Cost & Volume	19-20 Activity Baseline <ul style="list-style-type: none"> Actual Activity Actual Cost Plus LTA inflation to 22-23 	10% Tolerance	Extant marginal rates for activity below tolerance	70% Marginal Rate for Recovery Activity (or extant if greater)
Elective	Cost & Volume	19-20 Activity Baseline <ul style="list-style-type: none"> Actual Activity Actual Cost Plus LTA inflation to 22-23 	10% Tolerance	Extant marginal rates for activity below tolerance	70% Marginal Rate for Recovery Activity (or extant if greater)

In conjunction with the on-going work between health boards, a collective effort is being undertaken between directorates to support the recovery work within HDdUHB.

Asesiad / Assessment

The main areas of focus will be on the contractual delivery and waiting lists within the Health Board's main providers.

LONG TERM AGREEMENTs (LTA)

2022/23 – LTA position.

The total value of LTAs for 22/23 is £46.148million with Welsh Health Specialised Services Committee (WHSSC) being £117.641million. Compared to M3, M5 LTA activity has decreased by £172K, from (£751K) underperformance to (£923K).

LTA Contract	LTA Value	Mth 5 Performance	FY Outturn	Mth 3 Performance	Movement Mth 3 - Mth 5
Aneurin Bevan	£280,173	£44,086	£324,259		£44,086
Betsi Cadwalladr	£292,275	£7,646	£299,921	£21,061	-£13,415
Cardiff & Vale	£6,097,338	-£38,105	£6,059,233	£136,456	-£174,561
Cwm Taff Morgannwg	£489,846	-£42,513	£447,333	-£96,782	£54,268
Powys	£197,345		£197,345		£0
Swansea Bay	£37,492,958	-£852,957	£36,640,001	-£770,434	-£82,524
Velindre	£1,298,124	-£41,395	£1,256,729	-£41,395	£0
TOTAL LTA: Non WHSSC	£46,148,059	-£923,239	£45,224,820	-£751,093	-£172,146
WHSSC	£117,640,841	-£2,079,925	£115,560,916	-£1,879,413	-£200,512
TOTALS:	£163,788,900	-£3,003,165	£160,785,736	-£2,630,506	-£372,658

2022/23 – MONTH 5 (M5) LTA position.

Based on M5 returns, the forecasted underperformance for LTA's is £923K. Since M3 underperformance has increased by £172K mainly in Cardiff and Vale University Health Board (CVUHB). CVUHB is reporting an increase in underperformance in High Cost Drugs, where £155K of cost (reported in M3) has been removed as it is funded by WHSSC, HIV and Cardiology costs have decreased by £49K and £33K (respectively) as a result of a decrease in monthly average. Costs for Adult Intensive Care Units (ICU) have increased by £60K where there has been an increase of 48% in average monthly bed days.

WHSSC underperformance increased by £201K to £2.079M, £425K slippage on Planned Developments and £225K increase in costs for Welsh HB's and Non Welsh SLA's.

CVUHB position has increased by £98K due to the inclusion of a catch-up in previously under reported Cardiology activity for M1-3 along with a number of pass through increases on spinal implants and International Normalised Ratio (INR) devices. Cwm Taf Morgannwg University Health Board (CTMUHB) increased by £52K, mainly driven by an increase in Implantable cardioverter defibrillator (ICD) activity (25% increase in over performance, between M3 and M5).

As organisations respond to the Ministerial targets, planned care recovery and the removal of many of the Infection Prevention and Control (IPC) constraints, future months should see higher activity levels and a reduction in the current forecasted underperformance.

This work will continue to gain greater clarity on recovery plans and financial implications.

Waiting Times – Month 5, 2022-23

As at the end of August 2022, there were 8,471 HDdUHB residents awaiting treatment in other Welsh NHS Organisations within all stages of outpatient/diagnostic pathway. The volume and percentage change over the last 6 months is provided below for each provider.

Provider Health Board	Mar	Apr	May	Jun	Jul	Aug	Qty Change	% Change
Aneurin Bevan University Local Health Board	66	66	77	79	94	93	27	40.91%

Betsi Cadwaladr University Local Health Board	25	28	25	23	25	26	1	4%
Cardiff and Vale University Local Health Board	1,201	1,194	1,237	1,211	1,221	1,208	7	0.58%
Cwm Taf Morgannwg University Local Health Board	100	94	92	95	93	97	-3	-3%
Powys Teaching Local Health Board	9	10	12	15	19	13	4	44.44%
Swansea Bay University Local Health Board	7,103	6,844	6,939	6,921	7,001	7,034	-69	-0.97%
Grand Total	8,504	8,236	8,382	8,344	8,453	8,471	-33	-0.39%

The table above shows that there had been a 0.39% decrease from March to end of August 2022. In the latest month, there had been a 0.21% increase from the previous month. Overall, within the 6 months under consideration, there has been a reduced demand by 0.39% for HDdUHB residents waiting at other health boards. The majority of HDdUHB patients awaiting treatment at other Welsh health boards are with Swansea Bay University Health Board (SBUHB) and CVUHB.

CVUHB Waiting Times New Outpatient (All waits)

The table below shows the latest position, as at August 2022, for all patients waiting for a new outpatient appointment by speciality within CVUHB:

Specialty	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Clinical Immunology And Allergy	193	190	201	206	211	212
Trauma & Orthopaedics	85	86	84	86	90	100
Neurosurgery	78	74	71	65	57	50
Paediatric Surgery	32	33	29	26	34	39
Neurology	36	30	34	35	37	38
Paediatrics	42	34	35	36	39	34
Ophthalmology	27	29	31	32	35	33
General Surgery	28	21	23	21	18	19
ENT	21	23	17	15	12	11
Cardiology	10	13	10	16	16	9
Cardiothoracic Surgery	4	3	3	5	7	8
General Medicine	5	6	9	8	4	8
Geriatric Medicine	4	3	2	5	7	8
Dental Medicine Specialties	9	9	7	7	7	7
Oral Surgery	7	7	7	8	7	7
Clinical Pharmacology	5	6	7	7	7	6
Dermatology	8	8	7	9	8	6
Clinical Haematology	5	4	3	6	7	5
Gastroenterology	3	7	8	8	5	5
Anaesthetics	1	3	3	0	2	4
Paediatric Dentistry	4	4	2	3	3	4
Gynaecology	4	5	3	3	3	2
Orthodontics	1	1	1	1	2	2
Respiratory Medicine	1	0	1	1	1	2
Pain Management	0	1	1	1	1	1
Rehabilitation Service	1	1	1	1	1	1

Restorative Dentistry	0	0	0	1	1	1
Urology	5	4	5	1	2	1
Nephrology	1	1	3	0	3	0
Paediatric Neurology	3	1	1	0	0	0
Grand Total	623	607	609	613	627	623
% Month on Month Change	-1.11%	-2.57%	0.33%	0.66%	2.28%	-0.64%
% Mar to Aug Change						0.00%

The above table demonstrates that the majority of HDdUHB patients waiting for a new outpatient appointment at CVUHB are waiting for Clinical Immunology and Allergy. They account for 34% of the August 2022 waiting list. Allergy referrals have continued increasing month on month over the past 6 months, aside from a very slight drop in April 2022.

Mitigating Actions

CVUHB is looking at options to address their backlog and are working on a recovery plan. This will be discussed with HDdUHB once finalised. CVUHB has also undertaken a mass validation exercise across all specialties, which includes Allergy.

An Allergy Equality (AE) working group has been established to identify pathway opportunities throughout HDdUHB for allergy care. A business case is being worked up; however, this has stalled due to capacity constraints in taking this forward.

In the interim, University Hospitals, Birmingham has confirmed that they should be able to support. The preference of CVUHB is for Birmingham to take the whole patient pathway for a sub cohort of HDdUHB patients rather than part of a commissioned pathway. Birmingham has previously assessed the suitability of a cohort of referrals and an updated waiting list has been provided once again to determine suitability. Furthermore, a draft patient pathway has been shared, which incorporates the use of digital technology and local provisions such as blood tests to limit the number of patient journeys. A meeting has been requested with Birmingham to progress and finalise arrangements.

The intention is to run this as a pilot in the first instance and, if successful, transfer a further cohort of patients from the CVUHB waiting list (capacity permitting).

CVUHB Waiting Times New Outpatient Appointments (>36 weeks) – Top 5 Specialties

Specialty	Mar	Apr	May	Jun	Jul	Aug
Clinical Immunology And Allergy	119	110	114	124	126	127
Trauma & Orthopaedics	34	35	34	36	39	37
Ophthalmology	10	11	12	19	16	16
Neurology	9	8	8	8	13	12
Dental Medicine Specialties	3	3	3	5	7	7
Total (Top 5)	175	167	171	192	201	199
% Month on Month Change	2.94%	-4.57%	2.40%	12.28%	4.69%	-1.00%
% Mar to Aug Change						13.71%
Grand Total (all specialties > 36 Wks)	175	167	171	192	201	199

The table above shows the correlation between overall numbers on the waiting list and those waiting >36 weeks. Based on the aforementioned Referral to Treatment Times (RTT) metrics, the main >36 challenges remain Clinical Immunology and Allergy, which has the greatest number of patients waiting over 36 weeks and accounts for 63.8% of the >36 week August 2022 waiting list. Based on the action above, a medium term solution is anticipated, however, the team is being guided by Birmingham with regards to their model of care and any subsequent available capacity within the Allergy Service.

SBUHB Waiting Times New Outpatient (All waits)

The table below shows the latest position as at August 2022 for all patients waiting for a new outpatient appointment by speciality within SBUHB.

Specialty	Mar	Apr	May	Jun	Jul	Aug
Oral & Maxillofacial Surgery	1,578	1,615	1,658	1,680	1,768	1,785
Trauma & Orthopaedics	611	613	625	643	690	731
Orthodontics	608	608	632	640	652	647
Plastic Surgery	389	346	335	329	337	354
Cardiology	116	116	108	119	115	120
General Surgery	93	101	94	94	101	114
Ophthalmology	79	77	82	81	99	99
Neurology	112	62	69	74	62	72
ENT	50	53	51	55	53	57
Rehabilitation Service	44	44	48	49	49	55
Gynaecology	41	45	42	45	49	49
Cardiothoracic Surgery	47	56	54	50	52	43
Urology	37	36	35	29	29	37
Dental Medicine Specialties	6	0	0	0	35	34
Restorative Dentistry	34	23	21	21	24	30
Paediatrics	13	11	16	22	24	27
Dermatology	9	9	11	8	10	14
Gastroenterology	4	5	8	10	10	10
Endocrinology	5	5	8	9	7	6
Rheumatology	3	3	3	4	3	6
Nephrology	11	8	13	7	12	4
Respiratory Medicine	1	1	3	2	2	4
General Medicine	6	5	3	1	1	3
Geriatric Medicine	4	4	3	3	1	3
Clinical Haematology	5	5	4	2	0	1
Paediatric Neurology	4	5	4	4	3	1
Pain Management	0	0	0	1	0	0
Grand Total	3,910	3,856	3,930	3,982	4,188	4,306
% Month on Month Change	0.49%	-1.38%	1.92%	1.32%	5.17%	2.82%
% Mar to Aug Change						10.13%

The table illustrates a number of specialities experiencing challenges, which are demonstrating a deterioration in position. Although it is acknowledged that all health boards are experiencing challenges, it is prudent to understand the current position for HDdUHB patients awaiting a first outpatient appointment within SBUHB. Oral & Maxillofacial Surgery accounts for the majority (41.45%) of the overall waits in August 2022 and has been increasing month on month. Trauma & Orthopaedics waits have increased 19.64% over the 6 month period whereas Plastic Surgery has reduced 9% over the same period. Further note should be made of Dental Medicine Specialties where there were 35 waiters in July compared to nil in the three previous months.

Mitigating Actions

A validation of the stage 1 pathway (New Outpatients) is due to commence for all specialities as part of SBUHB's planned care recovery programme, therefore there may be a modest reduction in either the waiting times and/ or the number of patients waiting. The HDdUHB Commissioning team will continue to monitor this.

Furthermore, all surgical specialities at SBUHB have committed to reduction trajectories in line with the WG recovery targets (for Stage 1 New Outpatient Appointment, this is eliminating >52 week waits by December).

Oral/ Maxillofacial Surgery (OMFS) – In order to support SBUHB, HDdUHB clinical and service leads have visited Amman Valley Hospital to scope out the possibility of using this facility for OMFS. However, it is currently being occupied by another speciality and therefore, in order to make this a viable option, further work/discussions are required to: -

- Ensure that there are clear operating procedures/infection control measures in place (between both services).
- Understand the capital investment needed, to ensure the space is fit for purpose.

Recognising this is not an immediate solution, a further meeting is to be held between SBUHB and HDdUHB, to explore other solutions.

Orthodontics - The increase in waiting time has been due to lack of capacity to run base line clinics, following COVID-19 as a result of staffing levels. Staffing levels have significantly improved in the past month and SBUHB is in the process of planning additional sessions. Furthermore, SBUHB has recently appointed a new Orthodontic Consultant, with a start date of November 2022, and Waiting List Initiative (WLI) clinics will be running throughout October 2022 for new patients. In addition to staffing constraints, another challenge was around securing space. which is being partly addressed through a virtual process using Consultant Connect. SBUHB has advised that they are running slightly behind trajectory for Orthodontics, however, they are hopeful of recovering the position before the end of December 2022 via the above actions.

SBUHB Waiting Times New Outpatient Appointments (>36 weeks) – Top 5 Specialties

The below table illustrates that the majority of specialties with long waiters correlate to those with the overall number of patients waiting.

Specialty	Mar	Apr	May	Jun	Jul	Aug
Oral & Maxillofacial Surgery	869	910	921	935	972	1,006
Orthodontics	312	317	340	339	358	362
Trauma & Orthopaedics	224	244	260	268	276	280
Plastic Surgery	69	77	84	78	83	88
General Surgery	30	31	30	36	33	39
Total (Top 5)	1,504	1,579	1,635	1,656	1,722	1,775
% Month on Month Change	7.51%	4.99%	3.55%	1.28%	3.99%	3.08%
% Mar to Aug Change						18.02%
Grand Total (all specialties > 36 Wks)	1,608	1,684	1,730	1,748	1,835	1,889

Areas of Collaborative Work and Review

Paediatric Neurology

HDdUHB has a Service Level Agreement (SLA) with SBUHB for the provision of Consultant Paediatric Neurology visiting sessions. Due to the retirement of the Consultant, SBUHB has served notice on the SLA, which will cease at the end of October 2022.

HDdUHB also has a small LTA (approx. £23K) with SBUHB for HDdUHB paediatric neurology patients to be seen in Swansea; the understanding is that this outpatient activity is primarily carried out by another SBUHB Consultant. SBUHB initially served notice on the LTA, however they have since suggested reducing the LTA. Internal discussions have been held and it has been agreed to decommission the LTA and resources for all aspects of secondary care as these activities can be undertaken locally. The Women & Child Directorate have recruited at risk and are confident that the secondary care (non-tertiary) can be and already is being provided locally. Consequently, it has been agreed that all LTA resources pertaining to secondary care will be transferred from the LTA to the W&C Directorate budget. SBUHB has been notified and any follow up patients in the system will be returned to HDdUHB via an agreed approach.

From 1st November 2022, WHSSC will commission the tertiary care element from CVUHB/Bristol, with any secondary care provision remaining the responsibility of HDdUHB. Whilst WHSSC has been undertaking an assessment to determine how much of the current service comes under the tertiary service heading versus secondary service, unfortunately this still remains unclear.

Secondary Care Service – HB responsibility

HDdUHB service managers are currently working through a plan for the future delivery of secondary care paediatric neurology services. Part of this work will be to develop a clear service specification to articulate what services are being provided within the current staffing complement. The intention is that the service model will be delivered through a mixture of community and acute. The service has been asked to share this plan/service specification urgently. Once this has been clearly set out, it will allow to quantify the gap in provision. Based on discussions, this gap will be in relation to Specialist/Tertiary care only and the requirements needed from a WHSSC commissioned service.

As mentioned above, the specialist/tertiary definitions are not clear, however, to overcome the ambiguity around definitions, it has been agreed to understand the Health Board's provision and the associated gaps, which the Health Board will then be able to quantify and influence WHSSC.

Furthermore, through regional collaboration with SBUHB, HDdUHB has agreed to provide interim additional outpatient support to SBUHB's Neuro-Muscular Disorder (NMD) clinics. This arrangement is until post December 2022. An SLA between SBUHB is in progress.

Tertiary Care Service – WHSSC responsibility

The transfer of arrangements for Paediatric Neurology to a pan-south Wales tertiary model is due to take effect on 1st November 2022. However, there remains a real concern surrounding the timeline for recruitment of the Consultants/Locum. Therefore, WHSSC in collaboration with CVUHB as lead provider, has provided 2 options for mitigation in the short term.

Plan A (Locum in place by 1st November 2022)

The high level ongoing plan is that the newly appointed locum will cover SBUHB clinics, existing Consultants within the CVUHB team will cover Hywel Dda clinics and will manage the Duchene Muscular Dystrophy (DMD) patients with support from Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH).

The Withybush Muscle Clinic scheduled for November 2022 clashes with another clinic and therefore will need to be rescheduled for December 2022.

Plan B (Locum in post by 1st January 2023)

In the event that the locum is not in post by 1st November 2022, CVUHB will review those children requiring an appointment. If there are any children that require an urgent appointment, a clinic in CVUHB will be cancelled to accommodate the SBUHB and HDdUHB children to ensure equitable access across South Wales.

Tertiary sub-specialties that CVUHB are unable to support

There are currently a number of elements of Paediatric Neurology that CVUHB are unable to support due to the fragilities within the system and therefore, arrangements are being developed for outsourcing in NHS England; Spinal Muscular Atrophy (SMA) patients are currently being referred to University Hospitals Bristol, through the WHSSC contract, and newly diagnosed Muscular Dystrophy (MD) patients are being referred to RJAH through arrangements with CVUHB. The WHSSC contract for these areas do include SBUHB, HDdUHB and Powys Teaching Health Board patients.

Consultation & Engagement

With both Plan A and Plan B, WHSSC has advised that there are no changes to where patients will be seen. Therefore, it is not anticipated that there will be any requirement for consultation or engagement in line with the guidance on 'changes to NHS services in Wales'. Community Health Councils (CHC) will however be advised of the change in provider.

WHSSC has circulated a patient letter to Health Board's requesting that this is disseminated to the Specialised Paediatric Neurology patients that will be 'transferring' to the care of CVUHB. This is currently being passed through the Health Board's engagement team for comments/review and whether the Health Board is in support of it being circulated. Consequently, this may give rise to comments from patients and their families due to the lateness in notification.

Prior to the 1st November 2022, WHSSC has committed to:-

- **Clinical Meeting** - between all affected Health Boards to clinically validate the decisions and steps so far.
- **Operational Urgent Meeting** –between all affected Health Boards to ensure all parties are content with the referral route and named contacts as per all other specialised commissioned services with an outreach component.

Further to the above, WHSSC has subsequently confirmed that CVUHB have successfully appointed two new substantive Paediatric Neurologists.

One post is shared 7:3 with Bristol and the other is a full-time post in Wales with some joint MDT working with Bristol. One of the newly appointed consultants can start as soon as 1st December 2022, with the other available to start in Wales in an estimated 12 weeks' time.

These substantive posts are in addition to the Locum that has been confirmed as commencing on 1st November 2022. Therefore, WHSSC are still working to plan A.

Cancer

In line with reviewing and co-chairing the longer-term Cancer Strategy between Health Boards, HDdUHB continue to actively engage and understand the pressures on Cancer Services at Singleton Hospital to ensure that a full understanding of the pressures by tumour site can be collectively addressed.

August 2022 position / tumour site:

Tumour Site	Total No. of patients treated	No. of patients treated within target	%	Tumour Site	Total No. of patients treated	No. of patients treated within target	%
Head and neck	15	10	67%	Breast	35	17	51%
Upper GI	14	8	57%	Gynaecological	12	8	33%
Lower GI	24	3	13%	Urological	36	24	33%
Lung	26	13	50%	Haematological	14	6	57%
Sarcoma	0	0	-	Acute Leuk	1	1	0%
Skin(c)	51	48	94%	Children's	1	1	0%
Brain/CNS	0	0	-	Other	6	1	83%

- At the end of August 2022, the total volume of active patients on pathway was 3% (107) higher than compared with the same week in 2021. This is noted particularly for Upper GI, Lower GI, and Haematology.
 - Lower GI accounts for 26% of all patients on pathway and is the tumour site with by far the largest proportion of patients.
- Volumes at Diagnostic stage increased through August and beyond, rising consistently since late April 2022.

Main Issues:

- Continued impact of COVID-19 on the services and cancer pathway.
- Staffing deficits have been an issue due to sickness, COVID-19, annual leave and vacancies.
- Hospital sites are very busy and impacted by significant unscheduled care pressures.

Mitigating actions to improve performance:

- Cancer Performance and Information team are reviewing options to recruit to a final substantive Band 4. Previous attempts to appoint have been unsuccessful.
- Weekly meetings with Breast, Urology, H&N and GI continue.
- Breast has made progress with addressing backlog and reducing time to first appointment, now booking 2-3 weeks from receipt of referral.
- High demand for Skin in August, including tertiary referrals to Plastics for both patients on pathway and those who have already received FDT. WLI's planned and further being arranged.
- Gynaecology service are holding an additional PMB evening clinic per week, however further capacity is required and under review.
- Plan to advertise 2x Consultant Radiologists
- 3x Consultant Oncologist post are currently out to advert, closing in the next few weeks. (1 Clinical and 2 Medical).

SWWCC Regional Strategic Programme (RSP)

The SWWCC Regional Strategic Programme (SWWCC RSP) was established in Q1 21/22 to support the development and delivery of regional cancer services in South West Wales. The RSP agreed to develop a Strategic Programme Case (SPC), the overall purpose of which is to describe and re-affirm the Health Board's regional commitment to developing (and securing investment as required) to ensure patients in the South West region of Wales have equitable access to, and outcomes from, oncology treatments and services.

The latest SWWCC RSP meeting took place at the beginning of September 2022. The key discussions were as follows:

- **Developing the Regional SPC**
 - **Feedback from Stakeholder Engagement Event 10th August 2022** – Well attended, the session was about starting the process of engagement and how this is done appropriately, it was generally well received with good support. Offers of assistance were provided from Velindre due to the significant parallels with their work. Further support was also offered from WHSSC and the Cancer Network.
 - **Follow up engagement sessions, e.g. CHCs during September** – Direct contact made with the CHC representatives and the first session with Hywel Dda CHC was beginning of September, establishing how they want to be engaged, going forward. Again, this was well received, understanding the rationale for doing this and the complexities involved. The CHC, however were unaware that there were no Linac machines in HDdUHB and all patients had to travel to Singleton Hospital.
- **Review Draft SWWCC SPC**
 - Group went through the draft SWWCC SPC, a number of actions fell out from this. The first draft of the SPC to be presented to the A Regional Collaboration for Health (ARCH) Strategic Delivery Group on 25th October 2022 and to Health Board governance in November/December 2022 for final approval.
- **Radiotherapy – Review draft 5th Linac Options Appraisal templates**
 - Being clear on the specification for the Linac, what are the options and what is the criteria for establishing a preferred site. Getting it to a point that it can be included within the SPC as a draft template.
- **Regional Oncology Outpatients**
 - Clear model required, fully defining it is not achievable in the timescale or the scope of this SPC. However, utilising the programme case to set up the approach, and ensure both Health Boards sign up to the direction of travel. The approach needs to be informed by learning from other cancer centres with a similar geographical profile and a link has been made with a professor from Beaston Scotland, who colleagues have since met with. A rolling programme will need to be established for developing the model, split by tumour site with key support from strategic and workforce planning colleagues.

The group agreed to provide an Executive briefing (to include Medical Directors and Directors of Planning) to ensure that they are updated on the position and are very clear on the direction of travel. A paper has been drafted, which will go to the next Strategic Development & Operational Delivery Committee at its meeting on 10th November 2022.

Framework Agreement for the Provision of Insourcing / Outsourcing Clinical, Surgical and Diagnostic Procedures

As reported in the last meeting, there have been a number of modifications to the newly revised All Wales framework agreement, which includes the inclusion of ISO27001 Accreditation.

ISO27001 Accreditation – Update

The ISO27001 accreditation is not a mandatory requirement; it is for information only as it was deemed a “nice to have” alongside the Cyber Essentials Plus (CE+) accreditation that is needed for all outsourcing providers. At one of the earlier project team meetings, it was queried if providers could gain access to NHS systems to update patients’ files; the only way of allowing providers to do this securely, would be if they have CE+ and the ISO 27001 accreditation. The understanding is that the ISO accreditation is quite an ask so the decision was made to have this as a non-essential requirement.

The initial understanding from the market so far, is that a number of the providers already have ISO 27001 however there are some difficulties in obtaining re-accreditation of Cyber Essentials as the parameters have increased.

As part of the tender, the stipulation is that providers must obtain (and maintain) CE+ by the commencement of the framework agreement (1st April 2023). However, based on feedback received to date, bidders have advised that whilst they are actively working towards achieving the accreditation, and can provide evidence of this, they will struggle to have this in place by the 1st of April 2023.

Consequently, the project team have engaged in a number of conversations with colleagues in NWSSP Informatics in order to establish a pragmatic way forward to ensure that the necessary assurances are sought in relation to Cyber Security, without alienating the market. As such the following proposal has been put forward.

Procurement to advise all bidders that the requirement to attain CE/CE+ will remain as the 1st April 2023. Any bidders that have not attained CE/CE+ at the point of award onto the FA but that have demonstrated that they are working towards can be awarded onto the Framework, providing all other requirements are met, under a condition precedent placed within the award requiring the provider to attain the necessary level of cyber security before receiving an invitation to submit a bid/receive a direct award to call off services from the framework agreement. Alternatively, at point of call off, the Health Board can choose to include the bidder/s in the call for competition (mini comp / direct award), however would be required to seek additional assurances in relation to Cyber in the absence of the relevant accreditation.

HDdUHB's Cyber Security team has confirmed that they agree with the approach. However, the Health Board would not accept any third-party connectivity if they do not meet the minimum cyber requirements, as set out within Welsh Health Circular 25.

The decision will be with the Health Board at call off stage, should they wish to include a provider who does not have the correct accreditation in the mini competition stage The Health Board would then be required to carry out additional due diligence should they be included.

Argymhelliad / Recommendation

The Sustainable Resources Committee is requested to note the content and the mitigating actions detailed in the Healthcare Contracting, Commissioning and Outsourcing Update report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

- 3.3 Scrutinise the roll out of Value Based Health Care (VBHC) through outcome capability and costing assessment (PO 6B, 6D, 6E, 6F).
- 3.4 Scrutinise the delivery of the Health Board's approach to community wealth building and foundational economy opportunities (PO 6H).
- 3.7 Maintain oversight of, and obtaining assurances on, the robustness of key income sources and contractual safeguards.
- 3.8 Review major procurements and tenders, such as outsourcing, in relation to achieving Referral to Treatment targets.

	3.9 Commission regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5.1 Timely Access
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Cynllunio Planning Objectives	1A NHS Delivery Framework targets 6D_22 Value Based Healthcare and Patient Reported Outcome Programme
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Contained within the report
Rhestr Termiau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	A version of this report was shared with Quality, Safety and Experience Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	The financial implications are contained herein
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable

Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable