

PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 June 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Healthcare Contracting, Commissioning and Outsourcing Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance – Long Term Agreements Lee Davies, Director of Strategy and Planning – Commissioning
SWYDDOG ADRODD: REPORTING OFFICER:	Shaun Ayres, Deputy Director of Operational Planning and Commissioning

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. In 2022/23, the block arrangements were deemed inappropriate and, therefore, a hybrid approach was adopted.

Moving into 2023/24, the Directors of Finance (DoF) agreed to continue with the current 2022/23 framework mitigation principles in 2023/24, with the 10% underperformance tolerance reduced to 5%.

In addition to the financial implications, this report will provide a focus on the waiting times and performance metrics. The Committee is requested to note the content of this report.

Cefndir / Background

During the pandemic, and in order to ensure financial stability for organisations, the intra Wales LTAs operated as block contracts with 2019/20 activity and financial outturns as the default baseline. This framework remained in place across the 2 pandemic years 2020/21 and 2021/22.

2022/23

Through 2021/22 the financial flows workstream sub group was tasked with developing an approach to LTAs for 2022/23 against the 6 key principles agreed by Directors of Finance:

1. A need to move away from blocks
2. A need to incentivise patient treatment
3. 2022/23 is a transition year
4. Central NHS policy is to return to 19/20 levels of activity
5. A need for a realistic assessment of what actual activity levels we project we will be able to deliver (tolerance levels)

6. The model needs to minimise the risk from activity variations but recognise cost of recover

In March 2022, the All Wales WDoF Forum accepted the recommendation put forward by the financial flows sub group for the 2022/23 financial year. The 2022/23 framework returned to cost and volume with the following mitigations included:

- A 10% tolerance level for contract underperformance
- Activity above 2019/20 levels to be reimbursed at an enhanced marginal rate of 70%
- Non-admitted patient care activity to remain on a block basis

The agreement was for one year only recognising the need to move forward from the historic LTAs that existed prior to the pandemic, which in the majority of cases have not been rebased since 2002 and are no longer reflective of the cost base, case mix or activity flows.

There was also a recommendation that the Financial Flows sub-group meet monthly to review performance against the agreement set out above and to begin discussions on the approach to 2023/24 and beyond, acknowledging that implementing any major change programme takes commitment and time, therefore, to adopt such a strategy in Wales it would be realistic to set this over a 2 – 3 year period.

However due to unforeseen circumstances the group only met once in the first 6 months of 2022/23 and once re-convened in October 2022, prioritised an assessment of the 2022/23 framework and agreeing an approach to 2023/24.

2023/24

The Financial Flows sub group undertook an assessment of the 2022/23 framework to establish the impact of the framework principles from a commissioner and a provider basis. The main qualitative feedback on the framework is summarised below:

- Principle of avoiding destabilisation for providers is achieved
- Straightforward to implement for provider monitoring and clear to identify difference between extant contract framework
- Merit in using the 2019/20 outturn as baselines, updated from the historic LTA levels
- Reporting volatility with swings in month-end reported positions, making it difficult to forecast
- The enhanced marginal rates have not incentivised or increased activity but added reporting volatility

A quantitative impact assessment was undertaken based on month 8 forecast positions and against the 2019/20 LTA outturn proxy baseline as opposed to historic LTA baselines.

The financial flows sub group concluded this assessment was an accurate estimate of the annual system impact. However, the sub group was unable to reach a consensus on a recommended approach to 2023/24 due to the polarised views between net commissioners and providers.

Consequently, the recommendation from the Deputy DoF group was to: Support the majority preference of rolling the 2022/23 contracting framework into 2023/24 but to reduce the underperformance tolerance from 10% to 5%. This was subsequently agreed by the DoFs.

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 2022/23 is £46.148million with Welsh Health Specialised Services Committee (WHSSC) being £123.235million. Compared to M9, M12 LTA activity has increased by £81K, from £34K overperformance to £116K overperformance.

LTA Contract	LTA Value	Mth 12 Performance	FY Outturn	Mth 9 Performance	Movement Mth 9 - Mth 12
Aneurin Bevan	£280,173	£21,296	£301,469	£30,454	£9,158
Betsi Cadwalladr	£292,275	£37,557	£329,832	£7,646	£29,911
Cardiff & Vale	£6,097,338	£526,178	£6,623,516	£459,107	£67,070
Cwm Taff Morgannwg	£489,846	£13,172	£503,018	£7,806	£20,978
Powys	£197,345	£1,697	£195,648		£1,697
Swansea Bay	£37,492,958	£264,752	£37,228,206	£305,302	£40,550
Velindre	£1,298,124	£215,975	£1,082,149	£149,728	£66,247
TOTAL LTA: Non WHSSC	£46,148,059	£115,779	£46,263,838	£34,371	£81,408
WHSSC	£123,235,262	£1,694,367	£121,540,895	£1,636,157	£58,210
TOTALS:	£169,383,321	£1,578,588	£167,804,733	£1,601,786	£23,198

2022/23 – MONTH 12 (M12) LTA position.

Based on M12 returns, the forecasted overperformance for Health Board to Health Board LTAs is £115K. Since M9 overperformance has increased by £81K mainly within Cardiff and Vale University Health Board (CVUHB) off set by an increase in underperformance in Velindre.

Since M9, CVUHB position has increased by £67K due to a delay in coding in Upper gastrointestinal (GI) activity. This is offset by a reduction in High Cost Drugs in Velindre.

WHSSC underperformance reduced by a further (£58K) due to slippage on in year developments.

During FY 2022/23, as organisations responded to the Ministerial targets, planned care recovery and the removal of many of the Infection Prevention and Control (IPC) constraints, we have seen an increase in activity levels and a reduction in the underperformance forecasted at the beginning of the financial year.

2023/24 – LTA arrangements and contracting mechanism

Based on the DoF agreement for this year of 5%, the movement is shown below.

	SBU			C&VUHB			AB			CT			BC			Powys			TOTAL		
	10%	5%	Movement	10%	5%	Movement	10%	5%	Movement	10%	5%	Movement	10%	5%	Movement	10%	5%	Movement	10%	5%	Movement
Cost & Volume	(1,987,608)	(1,987,608)	0	181,744	181,744	0	287,425	287,425	0	515,483	515,483	0	293,610	293,610	0	0	0	0	(709,346)	(709,346)	0
LTA UP	(770,879)	(1,204,314)	(433,335)	381,133	379,920	(1,213)	310,627	308,953	(1,674)	482,182	482,182	0	327,991	327,621	(370)	0	0	0	730,964	294,372	(436,592)
TOTAL	1,216,629	783,294	(433,335)	199,389	198,175	(1,213)	23,202	21,528	(1,674)	(33,291)	(33,291)	0	34,381	34,011	(370)	0	0	0	1,440,310	1,003,718	(436,592)

INCOME - Based on 10% tolerance on under performance, we would receive £1.046m more income than if we reverted back to Cost and Volume (C&V). When tolerance is reduced to 5%, we will receive £224K less (than if tolerance were at 10%) and £822K more than if we revert back to C&V.

EXPENDITURE - Based on 10% tolerance on under-performance, the expenditure is circa £1.442m more than if we were on full C&V, when the tolerance is reduced to 5%, the benefit is circa (£437K) less but still results in a £1M consequence comparatively to pure C&V.

NET EFFECT – The net consequence for the Health Board is £213K more than if we reverted

Waiting Times – Month 12, 2022-23

back to C&V.

As at the end of March 2023, there were 7,896 Hywel Dda residents awaiting treatment in other Welsh NHS Organisations within all stages of outpatient/diagnostic pathway. The percentage change over the time period is provided below for each provider.

Provider	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Change
Aneurin Bevan University Local Health Board	66	77	79	94	93	93	81	87	84	84	80	79	19.70%
Betsi Cadwaladr University Local Health Board	28	25	23	25	26	28	30	28	29	30	27	27	-3.57%
Cardiff and Vale University Local Health Board	1,194	1,237	1,211	1,221	1,208	1,231	1,230	1,208	1,193	1,213	1,201	1,189	-0.42%
Cwm Taf Morgannwg University Local Health Board	94	92	95	93	97	103	103	104	102	102	91	92	-2.13%
Powys Teaching Local Health Board	10	12	15	19	13	17	16	13	15	14	16	13	30%
Swansea Bay University Local Health Board	6,844	6,939	6,921	7,001	7,034	7,030	7,087	6,948	6,877	6,780	6,674	6,496	-5.08%
Grand Total	8,236	8,382	8,344	8,453	8,471	8,502	8,547	8,388	8,300	8,223	8,089	7,896	-4.13%

The table above shows that there has been a 4.13% decrease in the volume of patients waiting from April 2022 to the end of March 2023(M1-12). The latest waiting list information demonstrated a 2.35% improvement from the previous month (February 2023). The majority of Hywel Dda patients awaiting treatment at other Welsh health boards are with Swansea Bay University Health Board (SBUHB) (82.27%) and CVUHB (15.06%).

CVUHB Waiting Times New Outpatient (All waits)

The table below shows the latest position, as at the end of March 2023, for all patients waiting for a new outpatient appointment by speciality within CVUHB:

Specialty	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Clinical Immunology And Allergy	190	201	206	211	212	208	210	216	227	230	223	219
Trauma & Orthopaedics	86	84	86	90	100	105	103	102	95	103	98	96
Neurosurgery	74	71	65	57	50	60	62	65	74	71	60	60
Paediatric Surgery	33	29	26	34	39	34	31	34	28	30	33	35
Ophthalmology	29	31	32	35	33	35	35	32	28	27	30	30
Neurology	30	34	35	37	38	38	31	31	26	27	23	23
General Surgery	21	23	21	18	19	13	18	18	11	19	20	17
Paediatrics	34	35	36	39	34	31	38	31	28	27	25	17
Clinical Pharmacology	6	7	7	7	6	6	6	9	10	10	14	11
ENT	23	17	15	12	11	11	10	8	9	12	10	11
Gynaecology	5	3	3	3	2	3	5	7	7	5	8	9
Gastroenterology	7	8	8	5	5	7	8	9	9	8	6	7
General Medicine	6	9	8	4	8	8	5	4	7	8	9	6
Dermatology	8	7	9	8	6	8	5	4	4	4	4	5
Geriatric Medicine	3	2	5	7	8	7	6	5	6	6	5	5
Oral Surgery	7	7	8	7	7	7	6	5	4	5	9	5
Cardiology	13	10	16	16	9	7	4	5	3	5	3	4
Clinical Haematology	4	3	6	7	5	8	12	9	11	7	6	4
Paediatric Dentistry	4	2	3	3	4	3	3	2	1	1	2	4
Dental Medicine Specialties	9	7	7	7	7	8	7	6	6	5	4	3
Nephrology	1	3	0	3	0	1	0	0	0	1	2	3
Urology	4	5	1	2	1	2	1	1	1	3	2	3
Cardiothoracic Surgery	3	3	5	7	8	4	5	5	6	5	2	2
Orthodontics	1	1	1	2	2	2	2	2	2	2	2	2
Pain Management	1	1	1	1	1	1	0	1	1	2	3	2
Respiratory Medicine	0	1	1	1	2	1	1	1	1	1	0	1
Anaesthetics	3	3	0	2	4	5	4	4	3	0	5	0
Paediatric Neurology	1	1	0	0	0	0	1	1	0	0	0	0
Rehabilitation Service	1	1	1	1	1	1	0	0	0	0	0	0
Restorative Dentistry	0	0	1	1	1	1	1	1	1	1	0	0
Grand Total	607	609	613	627	623	625	620	618	609	625	608	584
Month on Month Change		0.30%	0.70%	2.30%	-0.60%	0.30%	-0.80%	-0.30%	-1.50%	2.60%	-3.00%	-3.95%
% Change Apr to Mar												-3.79%

The above table demonstrates that the majority of Hywel Dda patients waiting for a new outpatient appointment at CVUHB are waiting for Clinical Immunology and Allergy. They account for 37.5% of the March 2023 waiting list. The volume of patients waiting for an allergy appointment has broadly continued to increase month on month, reaching a peak in January 2023. However, the numbers have slightly decreased in February and March 2023. To note, the number of patients waiting for an orthopaedic appointment has decreased marginally again this month.

Mitigating Actions

CVUHB has been exploring various options to address the allergy backlog, including increasing their clinical activity via an Insourcing route. This project commenced at the end of last year and, whilst the waiting list has reduced, this has been marginal.

Cessation of Service

Due to increased demand, which has resulted in an unsustainable waiting list position that CVUHB is unable to manage, CVUHB has subsequently written to the Health Board to serve notice, with effect from 1 November 2023.

Patients remaining on the waiting list at that point will continue to be seen in turn before referral back into local services for follow-up. The Commissioning team is currently working through this, as there is no local service for these patients to be transferred back to. Consequently, there may be a short term need to commission an alternative pathway, potentially into England, until a longer solution is found. The Commissioning team has previously worked with Birmingham to setup a pathway, however work around this paused, due to the insourcing that was taking place at CVUHB at that time. The Commissioning team has since reached out to Birmingham to recommence discussions and to North Bristol, Gloucestershire, Addenbrookes Hospital and a number of London providers. It must be noted that North Bristol are unable to support at this juncture.

As CVUHB is the regional service, this will also be an area of challenge for neighbouring Health Boards and therefore, there is an opportunity to collaboratively work together to reach a local regional solution.

Whilst CVUHB has served notice, the Cardiff service is open to providing advice or training support to allergy services in other Health Boards. The aim would be to develop an effective network of consultants with an interest in allergy across health boards throughout South Wales. CVUHB will also discuss the transfer of the inherent Immunology outpatient baseline with WHSSC colleagues to align to commissioning responsibility

The referral management controls put in place by CVUHB are considered to be acting in the best interest of the patients, whom otherwise will continue to present to CVUHB with little chance of timely access to care.

Furthermore, it is important to add, that where a short term arrangement is required, the commissioning team will explore all digital options and solutions to mitigate the potential travelling impact on the patient.

Welsh Government

Due to the challenges that are faced within allergy, Welsh Government (WG) is also interested in this area. Consequently, they are looking at setting up a working/advisory group and are in the process of writing out to Health Board Executives, regarding Terms of Reference (ToR) and membership.

CVUHB Waiting Times New Outpatient Appointments (>36 weeks) – Top 3 Specialties

Specialty	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Clinical Immunology And Allergy	110	114	124	126	127	126	136	140	143	139	137	121
Trauma & Orthopaedics	35	34	36	39	37	39	42	36	37	39	39	37
Ophthalmology	11	12	19	16	16	15	15	15	15	15	16	17
Grand total (top 3 specialties > 36Wks)	156	160	179	181	180	180	193	191	195	193	192	175
% Month on Month Change		2.56%	11.88%	1.12%	-0.55%	0.00%	7.22%	-1.04%	2.09%	-1.03%	-0.52%	-8.85%
% Change Apr to Mar												12.18%
Grand total (all specialties > 36Wks)	184	191	211	223	218	215	222	209	214	214	213	190

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 63.68% of the >36 week March 2023 waiting list. The top three specialties account for 92% of the longest waiting patients.

SBUHB Waiting Times New Outpatient (All waits)

The table below shows the latest position as at the end of March 2023 for all patients waiting for a new outpatient appointment by speciality within SBUHB.

Specialty	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Oral Surgery	1,615	1,658	1,680	1,768	1,785	1,736	1,690	1,599	1,513	1,423	1,298	1,161
Trauma & Orthopaedics	613	625	643	690	731	747	773	781	769	779	791	780
Orthodontics	608	632	640	652	647	687	677	617	583	547	549	546
Plastic Surgery	346	335	329	337	354	331	335	302	291	290	255	235
Cardiology	116	108	119	115	120	127	157	182	183	151	155	146
Ophthalmology	77	82	81	99	99	94	100	96	92	104	115	104
General Surgery	101	94	94	101	114	104	92	84	85	80	81	79
Restorative Dentistry	23	21	21	24	30	27	32	44	54	64	67	69
Neurology	62	69	74	62	72	74	68	67	74	69	60	67
Rehabilitation Service	44	48	49	49	55	54	55	57	49	55	51	58
Gynaecology	45	42	45	49	49	50	45	43	39	39	35	37
ENT	53	51	55	53	57	50	50	45	44	46	42	35
Cardiothoracic Surgery	56	54	50	52	43	43	34	26	32	24	28	29
Urology	36	35	29	29	37	37	44	34	35	38	29	26
Paediatrics	11	16	22	24	27	23	19	25	28	28	27	25
Gastroenterology	5	8	10	10	10	11	10	12	15	18	22	19
Nephrology	8	13	7	12	4	6	4	9	15	13	15	12
Dermatology	9	11	8	10	14	11	7	7	6	8	9	9
Rheumatology	3	3	4	3	6	7	6	9	9	10	13	6
Endocrinology	5	8	9	7	6	9	7	12	4	6	6	5
Respiratory Medicine	1	3	2	2	4	4	2	1	1	3	3	5
Geriatric Medicine	4	3	3	1	3	2	2	3	3	5	4	3
Paediatric Neurology	5	4	4	3	1	1	2	2	2	5	4	2
Clinical Haematology	5	4	2	0	1	0	0	0	0	1	0	0
Dental Medicine Specialties	0	0	0	35	34	39	37	0	0	0	0	0
General Medicine	5	3	1	1	3	4	5	4	8	4	4	0
Pain Management	0	0	1	0	0	0	0	0	0	0	0	0
Grand Total	3,856	3,930	3,982	4,188	4,306	4,278	4,253	4,061	3,934	3,810	3,663	3,458
% Month on Month Change		1.92%	1.32%	5.17%	2.82%	-0.65%	-0.58%	-4.51%	-3.13%	-3.15%	-3.86%	-5.60%
% Change Apr to Mar												-10.32%

The table illustrates a number of specialities continuing to experience challenges. Although it is acknowledged that all health boards are experiencing challenges, it is prudent to understand the current position for Hywel Dda patients awaiting a first outpatient appointment within SBUHB. Oral & Maxillofacial Surgery (OMFS) accounts for the majority (33.57%) of the overall waits in March 2023. However, whilst OMFS reached a peak in August 2022, it has continued to show an improvement month on month since, noticeably a 23% reduction since Dec 2022 with a 10.5% reduction since February 2023. Plastic Surgery, which is currently a WHSSC commissioned service, is also showing a continuing month on month improved position.

Mitigating Actions

Oral/ Maxillofacial Surgery

A Regional Collaboration for Health (ARCH) – Second workshop with key stakeholders was recently held, the purpose of which was to discuss progress and next steps following the initial workshop held in January 2023. The discussion primarily focussed on oral surgery and oral medicine pathways, including the good work that had been undertaken to date. This included the work undertaken by the Managed Clinical Network (MCN) who have led the development of a Dentist with Enhanced Skills in (DESI) Oral Surgery pathway which will support training and development of regional oral surgery workforce. This will create additional capacity for tier 2 oral surgery patients.

The draft actions from the workshop are as follows: -

- Agreement to produce a DESI Oral Surgery Service Specification.
- Agreed referral criteria for Oral Medicine intermediate care pathway required along with additional capacity to support reduction of biopsy backlog.
- Undertake detailed demand, activity, and capacity across oral surgery and oral medicine
- Commissioning discussions to review current contracts and balance of resources
- Explore opportunities to utilise funding within the accelerate clusters programme within Integrated Medium Term Plans (IMTPs)
- Explore digital solutions to support oral medicine pathway
- ARCH to draft Regional Oral Health Work Programme
- Establish Oral Health Advisory Group and invite regional members from across secondary care, primary care and community services, Community Dental Service (CDS), MCN, and General Dental Services (GDS) to continue regional discussions, agree and deliver Regional Oral Health Work Programme.
- **Outsourcing** - SBUHB continue to outsource to Parkway Clinic

Trauma & Orthopaedics (includes Spinal)

Insourcing for Orthopaedics currently continues into quarter one. The plan is to have the new orthopaedic theatres online in Neath Port Talbot (NPT) from June 2023. There will be 3 modular theatres at NPT and approximately 20 outpatient rooms. Furthermore, SBUHB has appointed two new Spinal Consultants who will be operating out of Neath Port Talbot. Consequently, the hope is that the impact is realised as soon as Quarter 2.

Paediatric Neurology

Service Level Agreement (SLA)

HDdUHB had a Service Level Agreement (SLA) with SBUHB for the provision of Consultant Paediatric Neurology visiting sessions. Due to the retirement of the Consultant, SBUHB served notice on the SLA, which ceased at the end of October 2022. This Consultant provided both tertiary and secondary care, which continues to be a complex task to untangle, due to a mixture of commissioning responsibility between the Health Board and WHSSC.

From 1 November 2022, the agreement was that WHSSC would commission the tertiary care element from CVUHB/Bristol, with any secondary care provision remaining the responsibility of Health Boards. At that time, an assessment was being undertaken to clearly define the clinical conditions that would be deemed as tertiary (WHSSC) and those that would be deemed secondary (Health Board), the status of this assessment is unclear.

Furthermore, in order to meet the demand from HDdUHB and SBUHB, CVUHB went out to recruitment for a number of consultants. It is not known whether all three roles have yet commenced.

Lastly, HDdUHB is still unclear on the model of service delivery from CVUHB and the reprovision of the "tertiary" outreach clinics. The understanding is that some visiting consultant sessions have taken place in Glangwili General Hospital (GGH) in March 2023. However, assurance is required that clinics (those deemed tertiary) will continue from the other sites.

Long Term Agreement (LTA)

HDdUHB also has a small LTA with SBUHB for Hywel Dda paediatric neurology patients to be seen in Swansea; the understanding was that this outpatient activity was primarily carried out by another SBUHB Consultant.

SBUHB initially served notice on the LTA in the Summer of 2022, however due to the lack of clarity with regards to the tertiary provision, it was agreed to pause this work and continue with

extant arrangements. SBUHB has since changed their position due to capacity issues and have now once again served notice. The service and clinical teams have met with their counterparts and are working through repatriation, as it may mean a reduction in the LTA as opposed to wholesale cessation. It is also considered that WHSSC need to be included within these discussions, as the thought is that some of this activity is inadvertently tertiary.

Due to the lack of clarity outlined above in relation to both the SLA and LTA, an urgent meeting between the Heath Board (including clinicians) and WHSSC has been requested. The meeting will agree a number of outputs with a focus on the critical pathway and the urgent actions required.

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	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Oral Surgery	910	921	935	972	1,006	958	902	836	771	650	500	342
Orthodontics	317	340	339	358	362	380	379	325	287	265	255	252
Trauma & Orthopaedics	244	260	268	276	280	295	292	253	207	184	174	136
Ophthalmology	24	24	21	26	28	24	25	22	17	21	26	25
Plastic Surgery	77	84	78	83	88	59	45	29	34	36	26	23
Grand Total (top 5 specialties > 36 Wks)	1,572	1,629	1,641	1,715	1,764	1,716	1,643	1,465	1,316	1,156	981	778
% Month on Month Change		3.55%	1.28%	3.99%	3.08%	-2.37%	-4.85%	-10.83%	-10.17%	-12.16%	-15.14%	-20.69%
% Change Apr to Mar												-50.51%
Grand Total (all specialties > 36 Wks)	1,684	1,730	1,748	1,835	1,889	1,830	1,736	1,532	1,379	1,220	1,036	820

With the exception of Ophthalmology, the table above illustrates that the number of patients waiting over 36 weeks has dropped since April 2022. OMFS has seen a 62.42% reduction, Orthodontics has seen a 20.5% reduction, T&O has seen a 44.26% reduction and Plastic Surgery a 70.13% reduction. Ophthalmology has increased marginally by 4.17%.

The South West Wales Cancer Care Regional Strategic Programme (SWWCC RSP)

The SWWCC RSP was established in Q1 21/22 to support the development and delivery of regional cancer services in South West Wales. The SWWCC RSP agreed to develop a Strategic Programme Case (SPC) to describe and re-affirm the Health Boards' 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.

Consequently, the SWWCC SPC was approved in January 2023 by both SBUHB and HDdUHB, which is a 10 year strategic framework for regional radiotherapy and oncology outpatient services (2023/24 – 2032/33). This provides a framework to develop further business cases and service plans to ensure that all patients across the region receive equitable access to, and outcomes from oncology treatments and services. Health boards are committed to the principle of supporting the required revenue costs associated with implementation, on a proportionate share, subject to individual business case approvals. The Health Boards have agreed to share the final SPC with WG for information.

Programme of Work/Priorities

- **Radiotherapy**

- **2nd CT SIM** (at Singleton Hospital) –Requires investment from WG, also significant revenue costs (pay and non-pay) for both Health Boards. Health Boards committed to developing a regional (capital and revenue) business case in 2023/24
- **5th LinACC** – Options to site the 5th LinAcc inside or outside of the SWWCC. Health Boards committed to selecting the preferred site of 5th LinAcc through a strategic options appraisal process – to take place in 23/24.
- **Oncology Outpatients**
 - **Service Delivery Model/redesign** - SPC described Regional Principles/ Proposed Service Model - the starting point proposal based on Hub and Spoke Model. Health Boards to work together to establish transformational plan to move to Oncology OP provision in line with Hub and Spoke model vision.

Dual Energy X-ray Absorptiometry (DXA) service

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.

HDdUHB has current concerns over the waiting times for Hywel Dda residents for a) scan and b) report. Ongoing discussions continue with SBUHB to address these concerns and to review the extremely overdue historic contractual arrangements, to ensure that going forward they are fit for purpose. HDdUHB has recently received a demand and capacity plan and SLA proposal from SBUHB for both scans and reports. This is currently being reviewed and worked through, it must be noted that in order to address the backlog, there are associated financial implications. However, recognising the financial position, this will mean a shift in resource (where possible) as opposed to any additionality.

Argymhelliad / Recommendation

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

: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Amcanion Gorchwyl y Pwyllgor:	<p>3.3 Scrutinise the roll out of Value Based Health Care (VBHC) through outcome capability and costing assessment</p> <p>3.4 Scrutinise the delivery of the Health Board’s approach to community wealth building and foundational economy opportunities</p> <p>3.7 Maintain oversight of, and obtaining assurances on, the robustness of key income sources and contractual safeguards.</p> <p>3.8 Review major procurements and tenders, such as outsourcing, in relation to achieving Referral to Treatment targets.</p> <p>3.9 Commission regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:	Not Applicable

Datix Risk Register Reference and Score:	
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 Termau: 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