



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 December 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Healthcare Contracting and Commissioning Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance Lee Davies, Director of Strategy and Planning
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)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The report is to update the Sustainable Resources Committee (SRC) on the current contractual and commissioning position. Furthermore, the rationale and requirement behind the disestablishment of the Commissioning Group.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) has established several contractual arrangements and commissioned pathways with Welsh NHS bodies for the provision of secondary healthcare services.

Recognising the significance of these arrangements and the required associated relationships to drive these forward and ensure successful delivery, it is important to outline the steps that have been taken to date.

Asesiad / Assessment

The main areas of focus will be on the contractual delivery and areas of concern or noteworthy observations within the Health Board's main providers. It will also provide the rationale as to why the Regional Commissioning Group failed to gain traction, the challenges that impeded its progress and hindered successful development.

The Commissioning Group, initially established in November 2020, as a sub-committee of what was then the Finance Committee, to focus on specific commissioning objectives, is now being considered for decommissioning due to several key developments. Firstly, the group's activity was significantly limited, having convened only once, a situation exacerbated by the redirection of Health Board priorities and staff resources during the COVID-19 pandemic. Moreover, the successful procurement and implementation of the Vanguard solution over the past three years, a primary focus of the group, indicates that its initial objectives have been largely addressed outside of its direct involvement.

Additionally, it has been recognised that the 'A Regional Collaboration for Health' (ARCH) forums have emerged as more effective platforms for driving regional changes in healthcare. These forums offer a more focused and collaborative approach for regional healthcare challenges, rendering the broad scope of the commissioning group less relevant. Concurrently, the management of Long Term Agreements (LTAs) has been identified as a more suitable mechanism for handling specific commissioned activities. These agreements allow for a more targeted and efficient approach in commissioning, aligning better with current healthcare priorities and operational capacities.

Given these factors, the original purpose and structure of the commissioning group have been effectively superseded by these more dynamic and contextually relevant entities. The finite resources and the need for focused and effective programme management in the current financial landscape further underscores the necessity of this transition.

In light of the reasons outlined, it is recommended that the SRC formally approves the disestablishment of the Commissioning Group. This acknowledgment will pave the way for a more streamlined and efficient approach to healthcare commissioning, aligning resources with the most impactful and current initiatives.

Argymhelliad / Recommendation

The SRC is requested to:

- **DISCUSS** the content and note the mitigating actions detailed in the Healthcare Contracting and Commissioning Update report.
- **APPROVE** the formal disestablishment of the Commissioning Group.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>3.4 Maintain oversight of, and obtaining assurances on, the robustness of key income sources and contractual safeguards.</p> <p>3.5 Review major procurements and tenders, such as outsourcing, in relation to achieving Referral to Treatment targets.</p> <p>3.6 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: Datix Risk Register Reference and Score:	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	<p>3. Data to knowledge</p> <p>4. Learning, improvement and research</p>

Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	4a Planned Care and Cancer Recovery 6b Pathways and Value Based Healthcare 6c Continuous engagement
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	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



Provider: Swansea Bay University Health Board (SBUHB) (Visiting Consultant Sessions)

Summary of current position:

All obstetric care can be provided within HDdUHB, however some HDdUHB-resident women (typically those on the border) have historically chosen to give birth in SBUHB. Over the years, the numbers who choose to birth in SBUHB have dramatically reduced due to the increased provision of team midwifery model of care and continuity of care.

This arrangement has however resulted in the need for SBUHB to provide an antenatal satellite clinic service to these patients within the HDdUHB area. These clinics are delivered by a Consultant Obstetrician and Associate Specialist doctors from SBUHB, with one outpatient clinic session per week, at Prince Philip Hospital (PPH).

Consequently, patients are currently having disjointed pathway as scans and tests are carried out in HDdUHB, however their birth and obstetric treatment is delivered by SBUHB. This has given rise to a number of concerns, and therefore the safer model of care is for the women to choose from the offset to either birth in HDdUHB or SBUHB and have all their care from the same organisation.

Summary of current actions:

- Service together with commissioning team are working through a proposal to share with the Executive Team for agreement, prior to serving notice on the contractual agreement.



Provider: SBUHB (Mobile Unit to HDdUHB Sites)

Summary of Current Position: HDdUHB has historically commissioned a Dual-Energy X-Ray Absorptiometry (DEXA) service for the south of the HB from SBUHB via a mobile unit that travels between the three hospital sites in HDdUHB; Glangwili Hospital (GH), PPH, and Withybush Hospital (WH). The move is normally carried out monthly depending on demand from each hospital area.

HDdUHB has current concerns over the waiting times for HDdUHB residents for scanning and reporting.

Summary of current actions:

- **Guidance process** - to be issued with a technical report, to be developed by HDdUHB Osteoporosis Consultants
- **Potential prioritisation process** - to be implemented i.e., urgent, soon, routine - criteria to be developed by HDdUHB Osteoporosis Consultants.
- **Formal notification from SBUHB on options** - SBUHB has advised that they are currently in the process of writing to HDdUHB regarding DEXA options, from a SBUHB perspective.



Provider: SBUHB

Summary of Current Position:

HDdUHB has a small contractual arrangement with SBUHB for HDdUHB paediatric neurology patients to be seen in Swansea. Due to capacity issues, SBUHB have served notice on the Long-Term Arrangement (LTA) and are wishing to progress repatriation at pace. 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.

Summary of current actions:

- **Review of the SBUHB waiting list** – the service are clinically reviewing the SBUHB waiting list to confirm which patients are suitable for repatriation.

**Cessation/
Repatriation Date:**
TBC

Please see past SRC reports for further details.



Provider: SBUHB (Visiting Consultant Sessions) **Ceased**

Description of Current Position:

A visiting paediatric orthopaedic consultant from SBUHB has been running a bimonthly paediatric orthopaedic clinic in WH for many years as part of a historic service-level agreement (SLA). The patients seen in this clinic reside in the Pembrokeshire and south Ceredigion area and they often have additional and complex needs, for example Perthes Disease or hip dysplasia. These clinics usually consist of 6-8 new patients (referrals coming in from physiotherapists, GPs or hip screening clinic) plus a few follow-up patients who are long-term patients usually under surveillance.

The Consultant will be reducing their contracted number of sessions from the 1 January 2024, and this reduction has impacted on the WH paediatric orthopaedic clinic meaning that it is no longer able to run. Consequently, all of the patients have been transferred to Swansea clinics to be managed going forward, as SBUHB do not currently have anyone else within the team to provide the service within HDdUHB.

The long-term plans are being worked through by SBUHB.

Cessation Date: Ended all patients now being seen in SBUHB clinics



Provider: South West Wales Cancer Centre (SWWCC) and SBUHB

Summary of Current Position:

- SWWCC Strategic Programme Case (SPC) was approved in January 2023 by both SBUHB and HDdUHB Boards ([Link to SWWCC SPC Board Paper](#)).
- It is 10-year strategic framework for regional radiotherapy and oncology outpatient services (2023/24 – 2032/33)
- 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.
- HBs committed to the principle of supporting the required revenue costs associated with implementation on a proportionate share, subject to individual business case approvals.
- Final SPC shared with WG for information. WG have provided comments on the SPC in November 2023, which HBs are working through.
- Intention to continue work described in both HBs Annual Plans 2023/24 and continuing into 2024/25 Annual Plans.
- To be taken forward as A Regional Collaboration for Health (ARCH) priority programme through the SWWCC Regional Strategic Group.
- 2 workstreams established to take forward each element; radiotherapy and oncology outpatients. Agreed SBUHB to lead on the radiotherapy group and HDdUHB will lead on the oncology outpatient group.



Oncology Outpatient Modernisation Group (led by HDdUHB)

Unsustainable model and ways of working – significant workforce fragilities and service inequities becoming increasing clear.

Aim: Establish transformational plan to achieve move to oncology outpatient provision in line with Hub and Spoke model vision in the Strategic Programme Case.

- Hub = SWWCC in Singleton
- Spokes (for delivery of the 5 high volume tumour sites) = GH and PPH – SBUHB Oncology Consultants ‘visiting’ the hospitals to provide outpatient clinics for these 5 tumour sites.
- WH and Bronglais Hospital (BH) – outpatient clinics for the high-volume tumour sites are delivered via digital solutions. Patients would attend the hospital and have support and presence of a non-medical prescriber (clinical nurse specialist, pharmacist or staff-grade workforce) in clinic, with the oncology Consultant based in the SWWCC is running a remote/virtual clinic (for example using Attend Anywhere).

Summary of current actions:

1. Map the current outpatient activity, clinics and workforce involved in providing this service in both HBs.
2. Map the current information services that are in place in both HBs – to follow a patient's pathway
3. Overlay the identified activity from action 1 with the costs of currently providing this level of activity/service
4. Quality and Engagement Act (duty of quality) - Quality Impact Assessment (QiA) & Equality Impact Assessment (EQiA) to be completed at the point required.



Radiotherapy Modernisation Group (led by SBUHB)

Computed Tomography (CT) Simulation is integral to radiotherapy treatment planning. Currently only one machine in SWWCC based in Singleton Hospital. Therefore, single point of failure within a patient pathway. Latest demand and capacity modelling forecasts demand (2,400 patients) to exceed CT maximum capacity = 2,000 patients in 22/23

- Aim 1:**
- Phase 1a** - Recommission CT Simulation 1 April – Dec 2024 (interim solution) to ensure CT is not a single point of failure. Company will not support the maintenance of the recommissioned machine after December 2024.
 - Phase 1b** – Gap solution business case to be agreed.
 - Phase 2** - Develop a second CT Simulation Capital and Revenue Business Case, approximately June 2025 (permanent solution).

Summary of current actions:

- **Phase 1a business case (HB revenue)** – to be drafted by SBU and sent across to HDdUHB for comments asap, noting the timelines and that this needs to be agreed and through both HBs governance structures prior to 1st April. The understanding is that there will be a financial ask of approx. 100K.
- **Phase 1b** – options to be worked through to avoid potential gap.
- **Phase 2 business case (HB revenue and capital)** - received, and comments sent back to SBUHB. Capital planning initiated.



Radiotherapy Modernisation Group (led by SBUHB)

Radiotherapy demand is rising year-on-year (~2-4%) and demand exceeds capacity. Latest demand and capacity modelling shows need to move to a fifth Linear Accelerator model in 2026/27 (in situ) – this would comprise a major capital case to WG. There are options to site the fifth Linear Accelerator inside or outside of the SWWCC.

Aim 2:

Finalise fifth Linear Accelerator options appraisal – approach/templates/stakeholder involvement, etc.

Option 1: Retain status quo. Continue to deliver radiotherapy for the region out of SWWCC at Singleton Hospital. SWWCC would be preferred site for fifth Linear Accelerator;

Option 2: Rebalance provision of radiotherapy across the region, with two potential models proposed as part of a Satellite Radiotherapy Centre in HDdUHB region. Model involves redistribution of existing four Linear Accelerators as they become ‘end of life’ and replaced over next 5–10-year period, plus new fifth Linear Accelerator.

Summary of current actions:

TBC



Provider: Velindre Cancer Centre (VCC)

Summary of Current Position: The strategic intent for HDdUHB cancer patients is with the SWWCC (as per previous slides). Therefore, it is imperative for the HB to understand HDdUHB patient pathways and healthcare flows into the Velindre Cancer Centre as there may be an opportunity to decommission elements of the LTA.

Undertaking this exercise will:

- Enable HDdUHB to understand current and future demand, which, in turn, will inform the need to adjust our contracts for improved efficiency, benefitting all involved.
- Ensure that patients are treated by the right person, at the right time, in the right place.

Summary of current actions:

- HDdUHB has written to VCC advising of the HB's keen interest in gaining insights into HDdUHB patient pathways and healthcare flows. The HB highly values the insights and collaboration of VCC colleagues as the work advances.
- HDdUHB to commence its own analysis on the received activity data.



It is acknowledged that HDdUHB must continue to work closely with SBUHB, and that both Health Boards support each other via collaborative and regional solutions to ensure that the multitude of challenges affecting both Health Boards can be addressed collectively. Whilst a number of forums exist between the two organisations to have such discussions, including bimonthly LTA monitoring meetings, ARCH, etc., it was recognised that there was a need to develop a more strategic mechanism to take a robust commissioning approach.

Consequently, a Regional Commissioning Group (RCG) was established in 2022 and despite early optimism and concerted efforts, it encountered persistent obstacles that prevented it from truly getting off the ground, leading to its eventual stagnation. The main obstacles included:-

- A notable overlap of key priorities, which were already embedded within the ARCH work programme.
- The existence of numerous smaller groups addressing similar areas, diluted the potential uniqueness of the RCG and considered a duplication of efforts.
- The commissioning team's small size posed challenges in furnishing all existing groups (LTA/SLA monitoring group, WHSSC Management Group, WHSSC Clinical Impact Assessment Group, ARCH workstreams, etc.) and introducing the newly-created RCG only added to the difficulty.



A high-level commissioning intentions document for 2024/25 has been drafted and shared with colleagues for review and comments. The document serves to address a number of the material issues such as:-

- Service specific areas – DEXA, allergy, paediatrics, cancer
- Service non-specific areas – Fragile services, low complexity work
- Quality & Outcomes – Patient-Reported Outcome Measures (PROMS)/Patient-Reported Experience Measures (PREMS)
- Financial – Work with organisations to utilise existing financial resources differently
- Contractual – Review of contractual arrangements, to ensure they are fit for purpose

This will be shared imminently with all providers. Please see appendix.



- The total value of LTAs for 2023/24 is £48.3M with Welsh Health Specialised Services Committee (WHSSC) being £124.6M.

LTA Contract	LTA Value	Mth 7 Performance	FY Outturn	Mth 5 Performance	Movement Mth 5 - Mth 7
Aneurin Bevan	£291,571	£20,898	£312,469	£5,661	£15,237
Betsi Cadwalladr	£306,149	£6,281	£312,430	-£15,863	£22,144
Cardiff & Vale	£6,338,070	£218,181	£6,556,251	£101,301	£116,880
Cwm Taff Morgannwg	£519,652	£51,091	£570,744	-£15,207	£66,298
Powys	£199,824	-£4,414	£195,410	-£4,414	£0
Swansea Bay	£39,339,496	£745,909	£40,085,404	£793,147	-£47,238
Velindre	£1,314,971	-£57,266	£1,257,705	-£52,895	-£4,371
TOTAL LTA: Non WHSSC	£48,309,733	£980,681	£49,290,413	£811,731	£168,950
WHSSC	£124,561,165	-£1,264,003	£123,297,162	-£1,089,022	-£174,981
TOTALS:	£172,870,898	-£283,322	£172,587,576	-£277,292	-£6,031



Based on M7 returns, the forecasted performance for Health Board to Health Board LTAs (excluding WHSSC) has increased from an £812K (OP) in M5 to £981K (OP) in M7, an increase of £169K.

CVUHB performance has increased by £117K, driven by an increase in Orthopaedic and Upper Gastrointestinal activity. Activity has increased for complex knee, paediatric and spinal procedures from a forecasted 4 procedures to 6, increasing costs by £66K. Upper Gastrointestinal activity has also increased from 1 procedure (M5) up to 5 by M7, an increase of 4 procedures increasing costs by £43K.

Cwm Taf Morgannwg University Health Board is also overperforming by £66K in Mental Health Inpatients and Day Case Restorative Dentistry.

This increased performance on LTAs between M5 and M7 is offset by a reduction in WHSSC risk share which has reduced by £175K. Although Welsh providers are currently over-performing, driven by transcatheter aortic valve implantation cases and pass through costs for drugs and blood products, there are a number of plan provisions and prior year releases that are supporting the forecast year end position.



Of the £981K forecasted FY overperformance SBUHB and CVUHB account for 98%.

SBUHB is currently over performing by £145K on the main LTA (53% OP on Critical Care bed days offset by underperformance on Elective Orthopaedics), £268K robotic prostatectomy passthrough costs (forecasting 43 procedures), £460K NICE (MS, Cancer and HIV drugs) offset by block value of (£128K).

CVUHB is over performing on the main LTA by £574K (RDA Haematology forecasted to OP base 16 against actual 280 and Emergency Inpatient General Surgery also OP base 18 actual 62). Orthopaedics LTA underperforming by £987K (complex knee, paediatric and spinal procedures) and High-Cost Services OP by £632K, £470K of which is due to high-cost drugs (NICE).



Hywel Dda University Health Board Commissioning Intentions 2024-25

In response to evolving healthcare needs, Hywel Dda University Health Board (HDdUHB) presents its high-level commissioning intentions for the year 2024-25. The document outlines our approach to delivering high-quality healthcare services that cater to the diverse needs of our population.

Commissioning Intentions 2024/25 – Service Specific



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Organisation	Specialty Area	Intention	Intention Context
SBUHB	Dual-Energy X-Ray Absorptiometry (DEXA) – Scans and Reports	<p>HDdUHB to work with Swansea Bay University Health Board (SBUHB) in addressing and improving the performance of the DEXA service for HDdUHB residents, focusing on significantly reducing the waiting times for both a scan and a report.</p> <p>HDdUHB expects to receive routine activity, waiting list, referral and performance information for this service.</p>	To improve access and timeliness, ensuring that HDdUHB residents receive the care they need promptly, equitably and efficiently.
SBUHB	Obstetrics/Antenatal	For residents from HDdUHB who choose to birth in SBUHB, HDdUHB would wish for the patient to receive all antenatal appointments and care from the same organisation.	Safer model of care
SBUHB	Regional Orthopaedic Programme	HDdUHB to work with SBUHB to commission orthopaedic and spinal services regionally, contracting mechanisms to appropriately reflect agreement.	To improve access and timeliness to orthopaedic/spinal services. Contracting mechanisms to be fit for purpose, fair and equitable.
SBUHB/ARCH	Regional Programmes	HDdUHB will work with both organisations to ensure any regional developments are fully understood by way of resource implications and the overall feasibility and deliverability of any programmes. The HB will look to align any regional plans with the HBs clinical services plan.	To improve access and timeliness, ensuring that HDdUHB residents receive the care they need promptly, equitably and efficiently.

Commissioning Intentions 2024/25 – Service Specific continued



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Organisation	Specialty Area	Intention	Intention Context
SBUHB	Paediatrics - Orthopaedics	Review of paediatric orthopaedic pathways, particularly any outreach arrangements in place (which relies on a single-handed clinician) ascertaining whether the service can be commissioned differently i.e., care pathway redesign, remote healthcare, cross-organisation collaboration.	Timely, equitable access to paediatric orthopaedic service – care closer to home where possible.
SBUHB/Welsh Health Specialist Services Committee (WHSSC)	Paediatrics - Neurology	To understand the pathways, including secondary and tertiary, including care closer to home where appropriate	Timely, equitable access to paediatric neurology service – care closer to home where possible.
Cardiff and Vale University Health Board (CVUHB)	Allergy – Non-drug	Request CVUHB to work with HDdUHB to explore either the potential to maintain the service beyond 1 st April 2024 or alternative service models that may enable Health Boards (HB) to collaboratively provide a sustainable service on a longer-term basis.	Timely, equitable access to a non-drug allergy service.

Commissioning Intentions 2024/25 – Cancer



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Organisation	Specialty Area	Intention	Intention Context
SBUHB	South West Wales Cancer Centre (SWWCC)	To work collaboratively with SBUHB to ensure the delivery of comprehensive and high-quality cancer care. To include radiotherapy, resource sharing, patient pathways, quality assurance and data sharing.	To optimise cancer care and provide a fit for purpose SWWCC, improve quality of outcomes, efficiency, effectiveness.
Velindre NHS Trust	Cancer	<p>The strategic intent for HDdUHB cancer patients is with the SWWCC, therefore it is imperative for the HB to understand HDdUHB patient pathways and healthcare flows into Velindre University NHS Trust. There may be an opportunity to decommission elements of the LTA.</p> <p>HDdUHB will continue with own analysis with the provided information, however we highly value the insights and collaboration of Velindre colleagues as our work advances.</p>	<p>Enable HDdUHB to understand current and future demand, which, in turn, will inform the need to adjust our contracts for improved efficiency, benefitting all involved.</p> <p>To ensure that patients are treated by the right person, at the right time, in the right place.</p>



Organisation	Specialty Area	Intention	Intention Context
All	Fragile Services	Identification of fragile services provided by External Providers. Where the identified service is unlikely to remain sustainable, early identification is required for an options appraisal to be undertaken.	Secure the sustainability of essential healthcare services by proactively addressing fragility in external providers and, where necessary, transitioning these services to more stable providers to ensure continuity of care.
All	All/low-complexity work	Scope out opportunities to repatriate services and procedures within HDdUHB. <ul style="list-style-type: none"> Review of low complexity work, that is undertaken outside of HDdUHB. Review of current arrangements with further HBs to ascertain whether the requirement to commission with the provider is still required and whether there is an opportunity to repatriate the patients. 	Improved quality of care, potential cost savings and realignment, consistency and standardisation, continuity of care, enhanced resource allocation.

Commissioning Intentions 2024/25 – Quality & Outcomes



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Organisation	Specialty Area	Intention	Intention Context
All	All	Provision of patient reported outcome measures and (PROMS) and patient reported experience measures (PREMS) for HDdUHB residents treated at external providers.	HDdUHB are committed to collecting PROMS & PREMS data to assess the effectiveness and patient experience of commissioned services. This data will guide service improvements.
All	All	Provision of quality indicators for HDdUHB residents treated at external providers.	HDdUHB are committed to collect quality indicators to aid service improvement.
All	Interventions Not Normally Undertaken (INNU)/ Evidence Based Interventions (EBI)	HDdUHB request compliance with the revised Welsh Government (WG) INNU/EBI policy once formally published, including the provision of activity data for HDdUHB residents who have been accepted or rejected.	Ensures efficient resource allocation, whilst maintaining or improving care standards.

Commissioning Intentions 2024/25 - Financial



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Due to the financial situation both at an All-Wales level and locally to HDdUHB, there will be no monies available for investments in 2024/25. HDdUHB remains in Targeted Intervention (TI) and is committed to the development of an approvable three-year Integrated Medium-Term Plan (IMTP). However, due to the unprecedented pressures across all areas of the Health Board, 2024/25 is likely to be an extremely challenging year.

Consequently, until the Health Board is able to develop a sustainable, balanced and approvable IMTP/Annual Plan; HDdUHB will be unable to commit to any new investment in part or full in 2024/25, except where there is a clear WG ring-fenced allocation.

Organisation	Specialty Area	Intention	Intention Context
All	All	Work with provider Health Boards, WHSSC and Velindre NHS Trust to utilise existing financial resources differently. To include options such as repurposing the underperformance within contractual arrangements or distributing capacity alternatively.	To ensure financial resources are equitably and efficiently distributed.
All	All	Work with Health Boards, WHSSC and Velindre NHS Trust to ensure that the contractual arrangements are fit for purpose.	To ensure financial arrangements are fit for purpose and resources are equitably and efficiently distributed.

Commissioning Intentions 2024/25 – Financial continued



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Organisation	Specialty Area	Intention	Intention Context
SBUHB	Planned Care/ Diagnostics – regional monies	Work with provider Health Board to understand which activity for HDdUHB residents has been allocated against the planned care/diagnostic regional monies.	To understand the activity impact for HDdUHB residents and the consequences for performance and ministerial targets and to ensure the commissioner is not double-charged for the activity.
SBUHB	Planned Care/ Diagnostics – regional monies	Work with provider Health Board to ensure no charge is applied through the long-term agreement for activity undertaken for HDdUHB residents where Health Boards received allocation from £50m planned care and Diagnostic monies.	To ensure financial resources are equitably and efficiently distributed across the HB organisations.

Commissioning Intentions 2024/25 – Contractual



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Organisation	Specialty Area	Intention	Intention Context
All as appropriate	All	Review of existing Terms and Conditions of Long-Term Agreements (LTAs), Service Level Agreements (SLAs) and Memorandums of Understanding (MOUs).	<p>No Tolerances to be accepted in 24/25 within the LTA and to ensure LTAs are fit for purpose.</p> <p>Ensuring services are safe and sustainable and resources are appropriately allocated.</p>
All as appropriate	All	To have service specifications that underpin each SLA and MoU in place and a clear intention to embed this approach into the LTAs.	<p>To have a clear understanding of the commissioned service and pathway in place.</p> <p>To make informed decisions around the commissioned pathway and remove any ambiguity to promote seamless end to end pathways.</p>

Commissioning Intentions 2024/25 – General



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Organisation	Specialty Area	Intention	Intention Context
All as appropriate	All	HDdUHB to review each of their providers' recovery plans and ministerial targets/plans.	To understand the activity impact for Hywel Dda residents and the consequences for performance and ministerial targets.
All as appropriate	All	Explore digital opportunities to enhance healthcare delivery, where appropriate.	Improve patient experiences and streamline care.