



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 February 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Healthcare Commissioning Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	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)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The report is to update the Sustainable Resources Committee (SRC) on the current noteworthy areas within commissioning (Appendix 1).

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 areas of concern or noteworthy observations within the Health Board's main providers.

Argymhelliad / Recommendation

The SRC is requested to:

- **Note for assurance** - the content and note the mitigating actions detailed in the Healthcare Commissioning Update report.

**Amcanion: (rhaid cwblhau)
Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>3.3 Scrutinise the roll out of Value Based Health Care (VBHC) through outcome capability and costing assessment (PO 6B, 6D, 6E, 6F).</p> <p>3.4 Scrutinise the delivery of the Health Board's approach to community wealth building and foundational economy opportunities (PO 6H).</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: 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	<p>4a Planned Care and Cancer Recovery</p> <p>6b Pathways and Value Based Healthcare</p> <p>6c Continuous engagement</p>
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 Termiau: Glossary of Terms:	Contained within the report

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Not Applicable
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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 (Service Level Agreement (SLA)). There is also the possibility that the ~~Long Term Agreement~~ {LTA} needs realigning due to the investment seen within the service at HDdUHB.

<p>Provider: SBUHB (Mobile Unit to HDdUHB Sites)</p>
<p>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 three hospital sites in HDdUHB’s area; Glangwili Hospital (GGH), Prince Philip Hospital (PPH) & Withybush Hospital (WGH). The move is normally carried out monthly depending on demand from each hospital area.</p> <p>HDdUHB has current concerns over the waiting times for HDdUHB residents for scanning and reporting.</p>
<p>Summary of current actions:</p> <ul style="list-style-type: none">• Guidance process - to be issued with a technical report, to be developed by HDdUHB Osteoporosis Consultants• Potential prioritisation process - to be drafted, for example, urgent, soon, routine - criteria to be developed by HDdUHB Consultants.• Formal notification from SBUHB on options received - HDdUHB has provided an extensive response, main points summarised below:<ul style="list-style-type: none">➤ Full clinical report - agreed to the enhanced rate for full clinical reports from January 2024, on the proviso these are received in a timely manner.➤ Regionalised capacity & waiting list – suggestion to move to a regionalised service in line with other services➤ Regional recovery funding – utilisation of regional recovery funding, which is allocated on a provider basis to meet the costs of addressing the backlog and, if necessary, the recurrent service requirements➤ Regular reporting of key service data – request for regular information, referrals, activity, waiting lists and times➤ Opportunities to streamline processes- the potential for restricted access for HDdUHB referrers to view images and reports➤ Cost-per-case model – Continue with the current contractual arrangements, allowing SBUHB maximum flexibility to provide additional capacity as required to reduce and equalise waiting lists <p><i>Please see past SRC reports for further details.</i></p>

Oncology Outpatient Modernisation Group (led by HDdUHB)

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

Aim: Establish transformational plan to achieve move to Oncology Outpatient provision in line with the ‘*Hub and Spoke Model*’ vision in the Strategic Programme Case (SPC).

- The “Hub” is the SWWCC in Singleton Hospital
- The “Spokes” (for delivery of the 5 high-volume tumour sites) are GGH and PPH – SBUHB Oncology Consultants ‘visiting’ HDdUHB hospitals to provide outpatient clinics for these 5 tumour sites.
- WGH and Bronglais Hospital (BGH) – outpatient clinics for the high-volume tumour sites are **delivered via digital solutions**. Patients attend the hospital and have support and presence of a non-medical prescriber (NMP) (Clinical Nurse Specialist (CNS), Pharmacist or Staff grade workforce) in clinic, with the Oncology Consultant based in the SWWCC running a remote/virtual clinic (for example, using *Attend Anywhere*).

Summary of current 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. Received from SBUHB and to be worked through.
4. Quality and Engagement Act (duty of quality) - Quality Impact Assessment (QiA) & Equality Impact Assessment (EQiA) to be completed at the point required.

Radiotherapy (RT) Modernisation Group (led by SBUHB)

Computed Tomography (CT) Simulation is integral to RT 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 SBUHB 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.



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:

- Investigate patient flows to the VCC, potential opportunity to realign/right size the contract and patient flow.



Intensive Therapy Unit (ITU) Overperformance: There has been an increase in the number of ITU bed days utilised at SBUHB. Main specialties appear to be General Surgery and Cardiology. The reasons for the increased activity levels are currently being explored, including:-

- Analysing the data over the last 3 years, to ascertain whether there is a trend.
- Working with the service to understand the factors contributing to this trend, for example patient complexity, treatment protocols, or discharge planning

This quantitative and qualitative information will inform whether HDdUHB are able to recommission this activity differently and reduce the need for the contractual contract.

Robotic Assisted Surgery: At present the only access to Robotic Assisted Surgery (RAS) available for the population of West Wales is the use of a robot in CVUHB for certain complex urological procedures (prostatectomies). These procedures are carried out by SBUHB Consultants, and the cost is managed via a pass-through mechanism within the LTA. However, SBUHB is in the process of procuring a robotic system which in the first instance, will focus on repatriating urology activity from CVUHB. HDdUHB, are supportive as this will result in care closer to home for HDdUHB residents. The intention is that the service will be expanded to include a wider range of surgical specialties when the robotic service for urology has been embedded within the organisation.