

Extraordinary Joint Committee - In Public

Tue 27 February 2024, 09:30 - 10:30

Agenda

09:30 - 09:30 1. PRELIMINARY MATTERS

0 min

 0.0 Agenda (Eng).pdf (1 pages)

1.1. Welcome, Introductions and Apologies

Oral *Chair*

1.2. Declarations of Interest

Oral *Chair*

09:30 - 09:30 2. ITEMS FOR CONSIDERATION AND/ OR DECISION

0 min

2.1. Integrated Commissioning Plan 2024-2025

Att. *Director of Planning and Performance*

 2.1 Integrated Commissioning Plan Report 27.2.24 v1.pdf (7 pages)

 2.1.1 Appendix 1 - ICP2425 final.pdf (144 pages)

 JC ICP 27.2.24 v2.pdf (14 pages)

09:30 - 09:30 3. CONCLUDING BUSINESS

0 min

3.1. Any other Business

Oral *Chair*

3.2. Date of Next Meeting (Scheduled)

Oral *Chair*

- 19 March 2024 at 13.30hrs

**WHSSC Extraordinary Joint Committee Meeting
held In Public
Tuesday 27 February 2024 at 09:30 hrs**

Microsoft Teams

Agenda

| Item | Lead | Paper / Oral | Time |
|----------------------------------------------------------------------------|----------------------|---------------------|-------------|
| 1.0 PRELIMINARY MATTERS | | | |
| 1.1 Welcome, Introductions and Apologies | Chair | Oral | 09:30 - |
| 1.2 Declarations of Interest | Chair | Oral | 09:35 |
| 2.0 ITEMS FOR CONSIDERATION AND/ OR DECISION | | | |
| 2.1 Integrated Commissioning Plan 2024/2025 | Director of Planning | Att. | 09:35 - |
| 3.0 CONCLUDING BUSINESS | | | |
| 3.1 Any Other Business | Chair | Oral | 10:25 - |
| 3.2 Date of Next Meeting (Scheduled) - 19 March 2024 at 13:30hrs | Chair | Oral | 10:30 |



| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| Report Title | Integrated Commissioning Plan (ICP) 2024 – 2025 | | Agenda Item | 2.1 | |
| Meeting Title | Joint Committee | | Meeting Date | 27/02/2024 | |
| FOI Status | Open/Public | | | | |
| Author (Job title) | Assistant Director of Planning | | | | |
| Executive Lead (Job title) | Director of Planning and Performance | | | | |
| Purpose of the Report | The purpose of this report is to present the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government in line with NHS Wales planning requirements. | | | | |
| Specific Action Required | RATIFY <input type="checkbox"/> | APPROVE <input checked="" type="checkbox"/> | SUPPORT <input type="checkbox"/> | ASSURE <input type="checkbox"/> | INFORM <input type="checkbox"/> |
| Recommendation(s): | | | | | |
| Members of Joint Committee are recommended to: | | | | | |
| <ul style="list-style-type: none"> • Note the report; • Receive and approve the Integrated Commissioning Plan 2024-2025 prior to its submission to Welsh Government. | | | | | |

INTEGRATED COMMISSIONING PLAN (ICP) 2024-2025

1.0 SITUATION

The purpose of this report is to present the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government in line with NHS Wales planning requirements.

2.0 BACKGROUND

WHSSC is required to develop an ICP for specialised services on behalf of Health Boards (HBs) that must be agreed by the Joint Committee (JC) and align with the NHS Wales Planning Framework and Commissioner Integrated Medium Term Plans (IMTPs). The Plan has been developed within the context of the difficult financial environment and the transition to the new Joint Commissioning Committee (JCC). The new Committee will need to develop its strategic vision and undertake further work on the opportunities of bringing the national commissioning functions together early in its formation. This ICP is an important part of the legacy statement for WHSSC and its delivery will be monitored through the new JCC structures.

The NHS Wales Planning Framework was received on the 18 December 2023. The requirements include a need for HBs to send an Accountable Officer (AO) letter on the status of their plan by the 19 February and all plans to be submitted to Welsh Government by 29 March 2024. In the current financial context the Framework places a strong emphasis on the themes of the Value and Sustainability Board and the Duty of Quality. These have been reflected in WHSSC's planning throughout the ICP development cycle and the ICP 2024-2025 includes our strategic commissioning approach to quality, value and efficiency. A prudent, prioritised approach has been taken to the balance of developments and risk management in the Plan, underpinned by a structured Quality Impact Assessment.

3.0 ASSESSMENT

3.1 Governance and decision making

WHSSC has once again followed its well established annual cycle to develop the ICP, with an enhanced risk assessment process also developed to respond to the difficult choices required due to the financial context. The key governance touchpoints were as follows:

| DATE | ACTION |
|------------|-------------------------------------------------------------------------------------------------------------------------------|
| May 2023 | Commissioning intentions issued |
| 10/07/23 | Response to Commissioning intentions |
| 10/07/23 | Horizon scanning/prioritisation day |
| 10/08/23 | Clinical Impact Assessment Group (CIAG) Day |
| August 23 | First cut risk assessment of uncommitted expenditure (10/20/30) |
| 02/10/23 | First draft to the Corporate Directors Groups Board (CDGB) |
| 26/10/23 | First draft to the Management Group |
| 21/11/23 | First draft to the Joint Committee |
| Nov-Dec 23 | An enhanced risk assessment and Quality Impact Assessment process |
| 12/12/23 | Management Group Workshop |
| 14/12/23 | Joint Committee Workshop |
| 18/01/24 | Management Group Workshop (detailed finance discussions) |
| 30/01/24 | Plan submitted to the Joint Committee for approval – not approved – request for further discussions with the Management Group |
| 22/02/24 | Management Group Workshop |
| 27/2/24 | Extraordinary Joint Committee |

The Management Group workshop 22 February 2024 presented a range of choices for consideration and discussion in the areas of:

- Clinical Effectiveness/Commissioning Policies
- Prioritised investments
- Access
- Demand Management

Helpful discussions took place, with advice given that:

- the proposed commissioning policy scoping work should be taken forward as laid out in the ICP 2024/25,
- there was hesitation with regard to reducing the prioritised investments on the basis they had been prioritised on patient safety; and
- there was recognition that issues of demand management and access would need a system wide response.

All members agreed to brief their respective Chief Executives in advance of the extraordinary Joint Committee meeting scheduled for 27 February 2024.

3.2 The Plan

The 2024-2025 ICP is attached at **Appendix 1**. In recognition of the austere financial context within which the plan has been developed, there is a heavy emphasis upon value, recommissioning and efficiency within this ICP. An enhanced risk assessment and Quality Impact Assessment process has also been undertaken on services which were identified as in need of investment through the CIAG system, as well as uncommitted expenditure schemes from previous

Plans. These have informed the final choices on the balance of investment and risk management in the final Plan.

The Plan includes sections as follows:

- National context,
- Planning and commissioning context,
- Financial context,
- WHSSC Specialist Services Strategy,
- How the plan has been developed (including detail on CIAG/Horizon scanning and triangulated risk assessment),
- Performance of specialist services commissioning (as context for the priorities that will follow),
- Commissioning priorities (including strategic priorities):
 - Cancer and blood (context and GMOs)
 - Cardiac (context and GMOs)
 - Mental Health (context and GMOs)
 - Neurosciences (context and GMOs)
 - Vulnerable Groups (context and GMOs)
 - Women and Children (context and GMOs)
 - Commissioning/commissioned networks (context and GMOs),
- The financial plan,
- The Governance of the plan,
- An emphasis on quality and patient safety; and
- Towards new National Commissioning arrangements

As required in the Planning Framework the Plan includes a number of appendices including detailed information on:

- List of acronyms,
- 2023-2024 achievements,
- Ministerial priorities,
- Summary of risk assessments,
- Detailed financial plans; and
- Minimum data set.

3.3 Financing the Plan

Table 1: The summary of the financial plan.

| | Aneurin Bevan UHB | Betsi Cadwaladr UHB | Cardiff & Vale UHB | Cwm Taf Morgannwg UHB | Hywel Dda UHB | Powys THB | Swansea Bay UHB | 2024-25 Total Requirement |
|--------------------------------------------------------|-------------------|---------------------|--------------------|-----------------------|----------------|----------------|-----------------|---------------------------|
| | £m | £m | £m | £m | £m | £m | £m | £m |
| 2024-25 Opening Income (M8) | 152.401 | 167.567 | 138.495 | 115.953 | 90.747 | 33.107 | 100.390 | 798.660 |
| M8 23-24 Outturn Forecast | (1.294) | (1.672) | (2.609) | (1.771) | (1.385) | (0.217) | (0.773) | (9.722) |
| Reinstate Non-Recurrent Writebacks | 2.832 | 3.150 | 2.252 | 2.030 | 2.005 | 0.896 | 2.107 | 15.274 |
| Adjustments for Non Recurrent Performance | 2.619 | 4.374 | 3.056 | 1.692 | 0.882 | 0.396 | 0.742 | 13.761 |
| Full Year Effect of Prior Commitments | 0.356 | 0.179 | 0.366 | 0.243 | 0.238 | 0.065 | 0.351 | 1.799 |
| B/F Recurrent Position | 4.514 | 6.031 | 3.065 | 2.193 | 1.742 | 1.140 | 2.426 | 21.112 |
| Unavoidable New Activity Growth & Cost Pressures | 1.053 | 1.878 | 0.978 | 0.812 | 0.706 | 0.225 | 0.698 | 6.350 |
| NICE Growth | 0.375 | 0.446 | 0.317 | 0.284 | 0.246 | 0.084 | 0.248 | 2.000 |
| Savings & Re-Commissioning Schemes | (1.599) | (3.061) | (1.810) | (1.201) | (0.883) | (0.447) | (0.999) | (10.000) |
| CIAG & Prioritisation Schemes | 0.186 | 0.023 | 0.152 | 0.135 | 0.110 | 0.020 | 0.125 | 0.751 |
| Strategic Priorities - South Wales Thrombectomy | 0.406 | - | 0.332 | 0.276 | 0.269 | 0.047 | 0.295 | 1.625 |
| B/F Deficit, Growth, Savings & Developments | 4.935 | 5.316 | 3.034 | 2.499 | 2.190 | 1.069 | 2.794 | 21.838 |
| NHS E Provider Inflation - Uplift allocation 3.67% | 0.787 | 3.090 | 0.550 | 0.538 | 0.437 | 0.411 | 0.469 | 6.281 |
| NHS W Provider Inflation - Uplift allocation 3.67% | 4.088 | 2.655 | 3.773 | 3.173 | 2.407 | 0.605 | 2.729 | 19.431 |
| ICP Investment 2024-25 | 9.810 | 11.062 | 7.357 | 6.211 | 5.034 | 2.084 | 5.992 | 47.550 |
| Total WHSSC Funding 2024-25 | 162.210 | 178.629 | 145.852 | 122.163 | 95.781 | 35.191 | 106.383 | 846.210 |
| % Uplift Required | 6.44% | 6.60% | 5.31% | 5.36% | 5.55% | 6.30% | 5.97% | 5.95% |
| % Uplift Required before allocation inflation | 3.24% | 3.17% | 2.19% | 2.16% | 2.41% | 3.23% | 2.78% | 2.73% |

4.0 RECOMMENDATIONS

Members of Joint Committee are recommended to:

- **Note** the report; and
- **Receive** and **approve** the Integrated Commissioning Plan 2024-2025 prior to its submission to Welsh Government.

| Governance and Assurance | |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Link to Strategic Objectives | |
| Strategic Objective(s) | The development of the Integrated Commissioning Plan is a requirement contained within the NHS Planning framework |
| Link to Integrated Commissioning Plan | This report presents the Integrated Commissioning Plan |
| Health and Care Standards | Safe Care Effective Care Governance, Leadership and Accountability |
| Principles of Prudent Healthcare | Only do what is needed Care for Those with the greatest health need first Reduce inappropriate variation |
| NHS Delivery Framework Quadruple Aim | People in Wales have improved health and well-being with better prevention and self-management People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement The health and social care workforce is motivated and sustainable Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome |
| Organisational Implications | |
| Quality, Safety & Patient Experience | The ICP has quality, safety and patient experience at its core |
| Finance/Resource Implications | There are financial implications related to the realisation of the ICP which will be outlined in the final report |
| Population Health | The ICP responds to the tertiary needs of the Welsh population and seeks to outline priority areas for commissioning to meet those needs |
| Legal Implications (including equality & diversity, socio economic duty etc) | The ICP has been developed with regard the relevant legislative requirements, including considerations of those with protected characteristics |

| | |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Long Term Implications (incl WBFG Act 2015) | The ICP has been developed with long term implications in mind. I.e. many of the investment areas identified within the plan relate to sustainability |
| Report History (Meeting/Date/ Summary of Outcome) | As outlined within section 3.1 of the report. |
| Appendices | Appendix 1 – Integrated Commissioning Plan (ICP) 2024-2025 |

WELSH HEALTH SPECIALISED SERVICES COMMITTEE

INTEGRATED COMMISSIONING PLAN 2024/2025



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

FOREWORD

We are delighted to present the Specialised Services Integrated Commissioning Plan 2024/25 setting out how we will continue to commission high quality specialised services on behalf of the 7 Health Boards in Wales, and for the Welsh population. It is our final plan as the Welsh Health Specialised Services Committee (WHSSC), as, from 1st April 2024, we will become part of the new national commissioning arrangements in NHS Wales. We embrace this opportunity to strengthen all-Wales commissioning and will continue to work towards:

- Improving quality, outcomes and reducing inequalities
- Adding further value to the NHS system in Wales
- Strengthening and streamlining of commissioning functions, and associated decision making
- Building on evidence of good practice
- Supporting the development of commissioning expertise within the NHS in Wales
- Maximising national commissioning capacity and capabilities
- Ensuring minimal disruption to the system.



Dr Sian Lewis
Managing Director

As a strategic commissioning organisation, we have continued to develop our commissioning approach to support the system to meet the needs of Welsh patients for specialised services and are guided in this by the recently published Specialised Services Commissioning Strategy. The context within which the ICP has been developed this year is one of financial constraint and the need for significant savings requirements. However, even within this context, our approach to the plan is no less ambitious, seeking to ensure it acts as a tool for strategic change, sustainability, value and delivery. We will continue to ensure we maximise value in our core resources and enable clear return on investment, ensuring the most effective use of public money. We also aim to support decarbonisation and the foundational economy, as well as promoting equity of service provision in our relationships with providers in Wales as well as NHS England.

As always we are grateful to Joint Committee and Management Group members for overseeing the development of the plan, bringing ideas, and providing scrutiny throughout its development to both commissioning and provider Health Boards. As we move to the new Joint Commissioning Committee we would also like to thank our expert staff who work tirelessly to plan, secure and monitor specialised services for the people of Wales. We look forward to working together with our new colleagues in EASC and the NCCU as we continue to seek opportunities for improving value and quality going forward.



Kate2Eden
Chair

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1. PURPOSE AND INTRODUCTION

Working on behalf of the 7 Welsh Health Boards, WHSSC has the delegated responsibility to commission high quality specialised services for the Welsh population from providers that have the appropriate experience and expertise; are able to provide a robust, safe, high quality and sustainable services and are cost effective for NHS Wales.

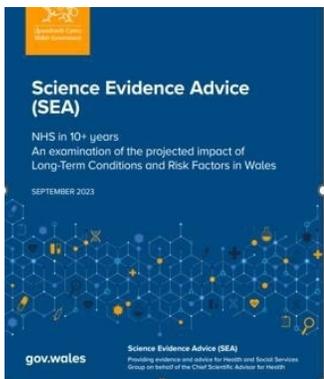
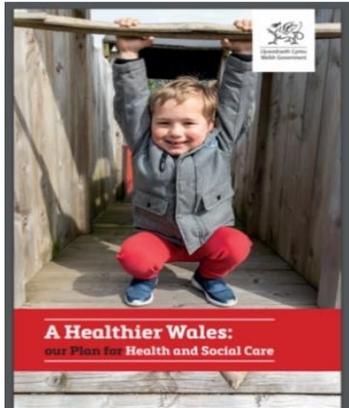
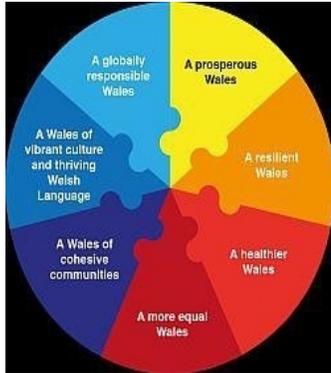
Each year Welsh Government (WG) issues the 'NHS Wales Planning Framework' that requires Health Boards to develop and deliver Integrated Medium Term Plans (IMTPs) which triangulate service, finance and workforce. Within this Framework, as a national supporting organisation, WHSSC is required to "develop an Integrated Commissioning Plan on behalf of health boards that must be agreed by Joint Committee and align with the Planning Framework and Commissioner IMTPs". Delivery against the 2023/2024 plan is outlined in Appendix B.

We have responsibility for commissioning over £752 million of specialised services for the Welsh population and to maximise the value from investing these resources. Our Operating Model includes functional directorates (patient care, medical, planning, finance and corporate services) which integrate through 6 multi-disciplinary programme Commissioning Teams, for Cancer and Blood; Cardiac; Neurosciences; Mental Health and Vulnerable Groups; Women and Children and Intestinal Failure. WHSSC also hosts the Welsh Kidney Network and Traumatic Stress Wales, commissions a number of Operational Delivery Networks and has been designated as the commissioner of all Advanced Therapy Medicinal Products (ATMPs) for the Welsh population. We also have a team in North Wales to manage the complex commissioning interfaces for the North Wales population.

In 2023 the Joint Committee agreed the Specialised Services Strategy and this Plan is designed within the framework of delivering its Aims and objectives. The financial context within NHS Wales means that intelligent, robust, strategic commissioning is more important now than ever, as such our overarching Vision of '**Improving Patient Outcomes through Expert National Commissioning**' features even more strongly in this year's Plan through the delivery of our Five Strategic Aims:

| | | | | | |
|---------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------|
| Our Strategic Aims What do we want to achieve? | 1. To ensure the provision of safe, high-quality services for the people of Wales | 2. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change | 3. To provide an expert approach to national healthcare commissioning | 4. To be an effective partner, supporting service and system transformation | 5. To maximise value and outcomes within available resources |
|---------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------|

2. NATIONAL STRATEGIC CONTEXT



The Well-being of Future Generations (Wales) Act 2015 set in law the need to consider the long-term strategic approach to deliver a better future. This was underpinned by 'A Healthier Wales', and which remains the vision and long-term plan for health and social care in Wales. The period of this plan will see a number of developments within NHS Wales which will influence plans next year, these include:

- The Ministers requested Accountability Review
- The review of A Healthier Wales actions;
- The emergence of the new NHS Wales Joint Commissioning Committee;
- The continued work of the WG Value and Sustainability Board, and phase two of the NHS Executive being implemented.

The National context remains challenging as a result of the legacy from the Covid19 pandemic and Brexit, the challenging financial outlook and the wider system pressures on workforce and the cost-of-living position. Given the unprecedented challenges, operational, workforce, demand and financial pressures, it is crucial that all system resources are optimised to deliver the best care and treatment for the people of Wales.

Taking a forward look, the recent Senedd debate on the Chief Scientific Adviser's report 'The NHS in 10+ years' recognises the pressures the system will face as almost a fifth of the Welsh population will be aged 70 or above, those with diabetes could rise by almost 22% and the number of people suffering four or more chronic conditions could double. These projections will have significant implications for the planning, commissioning and delivery of specialised services, which have many of the same demographic and demand drivers as all other health services.

Together the key messages contained within these documents reinforce the strategic WHSSC ICP approach of quality, value, recommissioning, efficiency and prudent use of resources.

3. THE CONTEXT FOR SPECIALISED SERVICES COMMISSIONING

The Welsh Health Specialised Services Committee (WHSSC) was established in 2010 as a Joint Committee of each local health board in Wales, established under the WHSSC (Wales) Directions 2009 (2009/35). The remit of the Joint Committee is to enable the seven health boards in Wales to make collective decisions on the review, planning, procurement, and performance monitoring of agreed specialised and tertiary services.

WHSSC has an overall annual budget of over £752 million with the financial contributions determined by population need. Typically, WHSSC spends two thirds of its budget within NHS Wales and one third within NHS England, the landscape of NHSE is pivotal in the provision of specialised services for the population of Wales.

On a day-to-day basis, the Joint Committee delegates operational responsibility for commissioning to WHSSC through a management team supported by six multidisciplinary commissioning teams. WHSSC also hosts the Welsh Kidney Network and Traumatic Stress Wales, as well as commissioning a number of Operational Delivery Networks (ODNs). Appendix 2 outlines the services that WHSSC is currently responsible for commissioning. Not all specialised services, as defined in the NHS England Prescribed Services Manual, have been delegated to WHSSC and some remain the commissioning responsibility of Health Boards.

Whilst some specialised services have a high unit cost as a result of the nature of the treatments involved and are provided to a smaller number of patients compared to routine services and treatments, other services we commission are higher volume or more ubiquitous within their pathways of care (for example plastics and mental health services). Specialised services cover conditions such as rare cancers, genetic disorders, secure and complex mental health and highly specialist medical and surgical disorders. The particular features of specialised services, such as the relatively small number of centres at which they are provided and the unpredictable nature of activity, require robust planning and assurance arrangements to be in place to make the best use of scarce resources and to reduce risk.

In July 2022 NHS England was reconfigured into 42 Integrated Care Systems (ICSs), with the delegation of direct commissioning functions from 2023. Within the ICSs, the Integrated Care Boards (ICBs) have responsibility for the commissioning of certain specialised services for their population and this has the potential to impact on service provision for Welsh patients. NHS providers in England have different performance measures for English residents. This may influence local decision making and led to providers potentially serving notice to WHSSC for the provision of services. Providers may come under increasing pressure as ICBs prioritise providing services for the local population in order to deliver their own performance targets. AS commissioners of specialised services for the Welsh population we will continue to monitor this closely and escalate any issues as appropriate.

3.1 PLANNING CONTEXT



As commissioner of specialised services we remain ambitious about our role in supporting the agenda set out in A Healthier Wales (2018) that describes a whole system approach to health and social care. Putting quality and safety above all else is the first NHS Wales core value, and this is clearly reinforced in our Specialised Services Strategy. This focus has been strengthened more recently through the Health and Social Care (Quality and Engagement) (Wales) Act (2020), the National Clinical Framework for Wales (2021) and the Quality and Safety Framework (2021), including the Duty of Quality. Collectively these set out an aspiration for quality-led health and care services, underpinned by prudent healthcare principles, value-based healthcare and the quadruple aim. There are also a number of core principles aligned with 'Prosperity for All' that cut through this plan; such as a strong commitment to carbon zero, employment and sustainability, the foundational economy, equity and the socio-economic duty and the well-being of future generations. There have been changes to the NHS landscape in the past year, with the creation of the NHS Executive, and the alignment of National Clinical Frameworks, as well as the creation of Integrated Care Systems in NHS England. All of which are material to the delivery of Welsh Ministerial Priorities and the requirements of the NHS Wales Planning Framework for the delivery of value based specialist services. Our plans to deliver the Ministerial Priorities are attached at Appendix C.

There is strong commitment within NHS Wales to regional planning and Health Boards are working regionally through a variety of programmes and collaborative arrangements to plan, deliver and secure regional solutions to stroke, ophthalmology and orthopaedics. There is also a growing interest in regional commissioning in order to enhance services for the Welsh population, both by means of more prudent use of NHS resources, and to aid a recovering system of planned and emergency care. This approach will be enhanced through the formation of the new Joint Commissioning Committee. The clinical pathways into specialised services from secondary care have an impact on access to specialised care and in some instances, where there are gaps in primary or secondary care this can be seen in the referrals into specialised care. WHSSC also has a track record of working across Health Boards to enable responses to specialised services need, for example by commissioning the Major Trauma Network and Spinal operational Delivery network in South Wales, and will continue to work alongside Health Boards through regional planning arrangements to maximize the impact for sustainable specialist service provision.

3.1 PLANNING CONTEXT



Whilst WHSSC is responsible for the planning of specialised services for the whole population of Wales, the context for planning and delivering specialist for the population of North Wales requires a unique set of considerations. With a significant reliance on NHSE providing not only specialised services but also non-specialised services for the population, and a complex commission environment. Outreach into NHS Wales localities to enable to ensure sustainable and accessible services home required close working between WHSSC, Betsi Cadwalladr University Health Board (BCUHB) and NHSE providers. For this reason we have a North Wales office and our Strategy confirmed that this remains an important part of our Operating Model.

Similarly the complex boundary flows into NHS England and a variety of NHS Wales Health Boards for Powys residents needs careful consideration within the context of a complex planning and commissioning system which spans commissioning and provider arrangements in both NHS England and NHS Wales.

The NHS Wales Planning Framework was issued on 18th December 2023, via 2 letters, the first from the Minister for Health and Social Care and the second from the Director General of NHS Wales. The letters reconfirm the priority areas of :

- Enhanced Care in the Community, with a focus on reducing delayed pathways of care.
- Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.
- Planned Care and Cancer, with a focus on reducing the longest waits.
- Mental Health, including CAMHS, with a focus on delivery of the national programme.

As required, this Plan responds to the requirements of the Planning Framework as they relate to the commissioning of specialised services. The Plan contains clarity on the milestones, goals, methods and actions that will be delivered in 2024/25 in the context of the Specialised Services Strategy and demonstrates the robust prioritisation, risk assessment and choices that have been undertaken during the planning process in conjunction with the Health Boards.

3.2 FINANCIAL CONTEXT

The financial context within NHS Wales at the current time presents significant challenge and risk to the commissioning and further development of specialised services for the Welsh population.

Health Boards have a responsibility to commission and deliver health services for their local populations; as previously described the specialised services component of this responsibility is formally delegated to WHSSC. The funding approach to specialised services commissioning is based on a population risk share approach. Given the financial position of all Health Boards across Wales, there is a highly prioritised, and low element of funding available for further investment in specialised services for the period of this plan.

Within the 2023/2024 plan, a £9m savings target was assumed, in addition to this Chief Executives across NHS Wales requested a further 1% saving of the WHSSC budget which equated to a further £7.6m (to be realised across Health Boards and WHSSC in pathways that result in specialised service provision). Furthermore, WHSSC made proposals with regard the system wide savings requested across the NHS and as such, this plan commences from a significantly challenging financial position, requiring intelligent commissioning and risk management at pace to sustain existing services, with added emphasis on quality, value, recommissioning and redesign. As a national commissioning team with established approaches and expertise, WHSSC has long had a focus on value and recommissioning through the way it conducts its commissioning activities. The agreement of the Specialised Services Strategy and the current financial context has strengthened this approach to ensure all opportunities for gaining maximum impact for investment in specialised services are identified, explored and delivered.

For 2023/24 we established a Recommissioning and Efficiency Board, with membership from across WHSSC and the 7 Health Boards in Wales to deliver the in-year pathway savings. The Board identified areas for focus and savings through the following areas.

| | |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Investment reviews | Have there been investments committed to that have been unable to progress, and if so could that allocation now be released |
| Benchmarking | Where are there opportunities for efficiencies based on how we benchmark with 'best in class' |
| GRFT | Learning from the Getting it right First Time/Model Hospital work (over 40 reports) – What can we apply? |
| Out-patients modernisation opportunities | Can we apply any efficiencies as a result of out-patient modernisations eg PIFU, SOS |

The approach has identified efficiency and recommissioning opportunities which are cash releasing; avoid further/accelerating costs (cost avoidance); will be pursued to deliver in year to achieve planned savings i.e. the £9m of savings assumed in the 23/24 plan; the £7.6m agreed with Chief Executives when signing off the 23/24 ICP, and system wide savings requested by Welsh Government. A summary of the savings schemes is outlined in Appendix C and further outlined in the financial section of the plan.

3.2 FINANCIAL CONTEXT

Since transitioning out of the pandemic two years ago and the ongoing national economic climate, NHS Wales continues to operate and deliver services within a challenging financial environment. Throughout this time, specialist services commissioning has offered Health Boards, system opportunities in the management of demand and growth risk whilst sustaining and maintaining equitable access to commissioned services for the Welsh population. In doing so, WHSSC, on behalf of Health Boards and with support of Welsh Government, has provided patients with advancing specialist treatments, access to new technologies and drug therapies keeping patients outcomes, benefits and needs at the heart of our commissioning work programme.

The funding approach to specialised services remains consistent with previous years through the All Wales risk share approach that continues to support financial delivery of the commissioning portfolio as an extension of the Health Boards whom have a responsibility to commission and deliver health services for their local populations. The NHS Wales financial framework for 2024/25 prioritises sustainability, unavoidable demand and inflationary pressures, and it is in that context, this financial plan has been developed.

The nature of specialised services in some services is that new technologies and drug improvements are costly as the economies of scale for the small patient numbers, are low. For 2024/25, WHSSC has limited investment funds available to develop all advances that present and therefore, a prioritisation methodology has been undertaken with Health Boards to assess the required financial provision based on the duty of quality and safety requirements to meet patient need.

Within the 2024/2025 planning process, WHSSC has robustly reviewed the recurrent position and assessed the ongoing demand pressures within the financial baseline. This has taken into account an assessment of choices the Joint Committee has made over the previous three planning periods and revised the financial impact in the context of ensuring demand and sustainability is well understood. Whilst this Plan recommends a number of those choices are now de-prioritised based on the enhanced risk and quality impact assessment, the recurrent assessment to manage unavoidable demand, inflation and sustainability is presenting a financial pressure for 2024/25 that has been managed through non recurrent efficiencies in previous years.

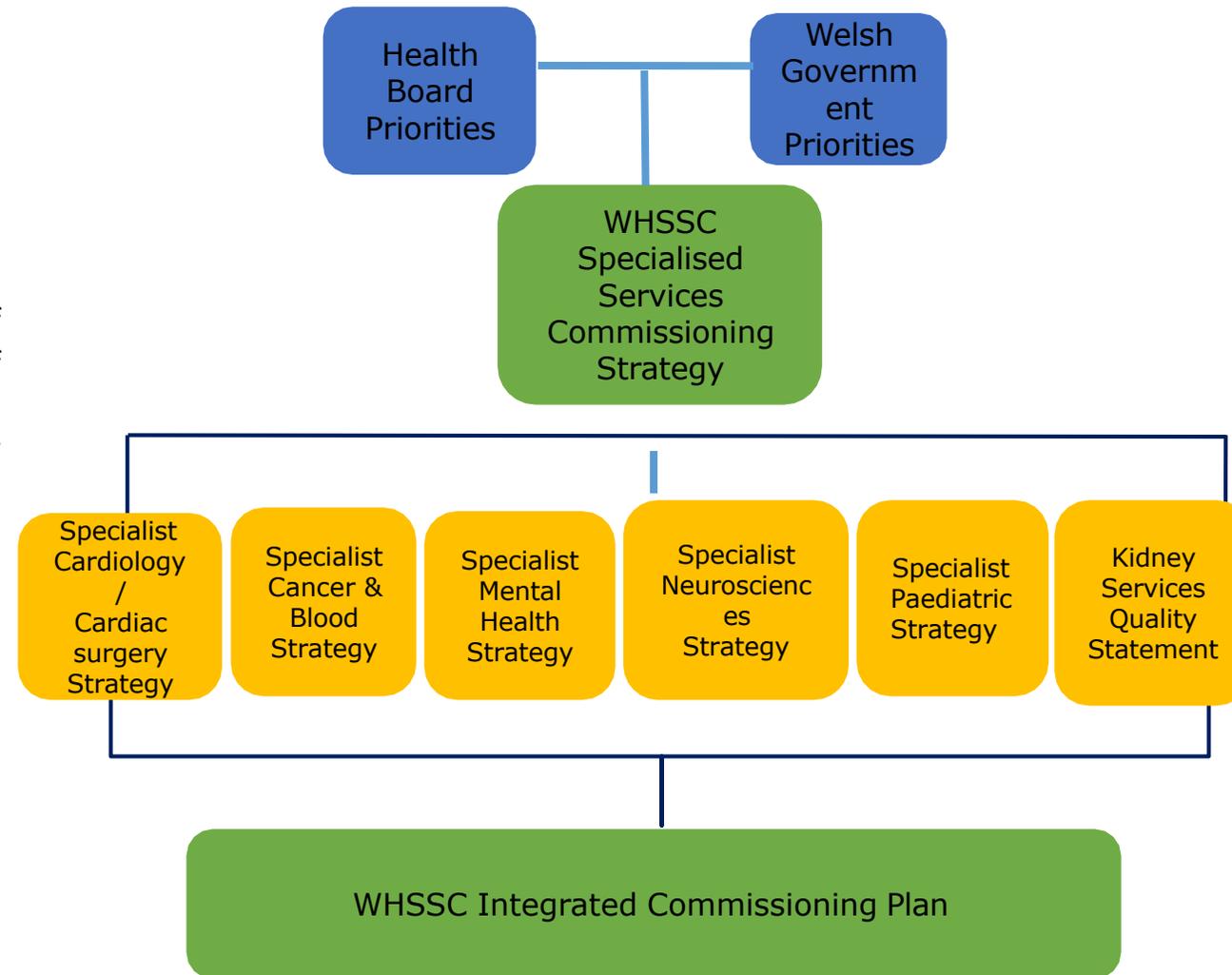
Furthermore, a triangulated assessment has been undertaken to understand as far as possible, our new unavoidable demand growth for 2024/25 in the context of limited system funding available to support expedient growth in specialist services. Our 2024/25 plan aims to mitigate this through a realistic yet ambitious savings target of £10m (similar to the delivered savings in 2023/24). It is crucial that recurrent savings opportunities are delivered as advances in patient care and future national prioritisation of high cost interventions in specialist services will continually be identified to meet complex healthcare requirements.

As such, this Plan commences from a challenging financial position, requiring intelligent commissioning at pace to sustain existing services, and place added emphasis on quality, value and sustainability through recommissioning and redesign. As a national commissioning team with established approaches and expertise, WHSSC has long had a focus on value and recommissioning through the way it conducts its commissioning activities. The current financial context has strengthened this to ensure all opportunities for gaining maximum impact for investment in specialised services are identified, explored and delivered.

4. SPECIALISED SERVICES STRATEGY

The Specialised Services Strategy was published in 2023 and set out the vision of 'Improving Patient Outcomes through Expert National Commissioning' with an ambitious direction of travel for the commissioning of specialised services over the next 10 years. The Strategy includes an overarching emphasis on safe, high-quality service sin line with the Duty of Quality, as well as planning for the long-term to ensure sustainability and accessibility. The Strategy also mirrors some of the aims of the National Commissioning Review, with the provision of expert national commissioning and effective partnership as key Strategic Aims. It also lays out our fundamental approach to recommissioning by maximizing value and outcomes within our core resources.

Over recent years, WHSSC has been developing an enhanced strategic approach to commissioning; developing strategies for each of service portfolios. The diagram opposite demonstrates the relationship between the Specialised Services Strategy, the service strategies and this Plan.



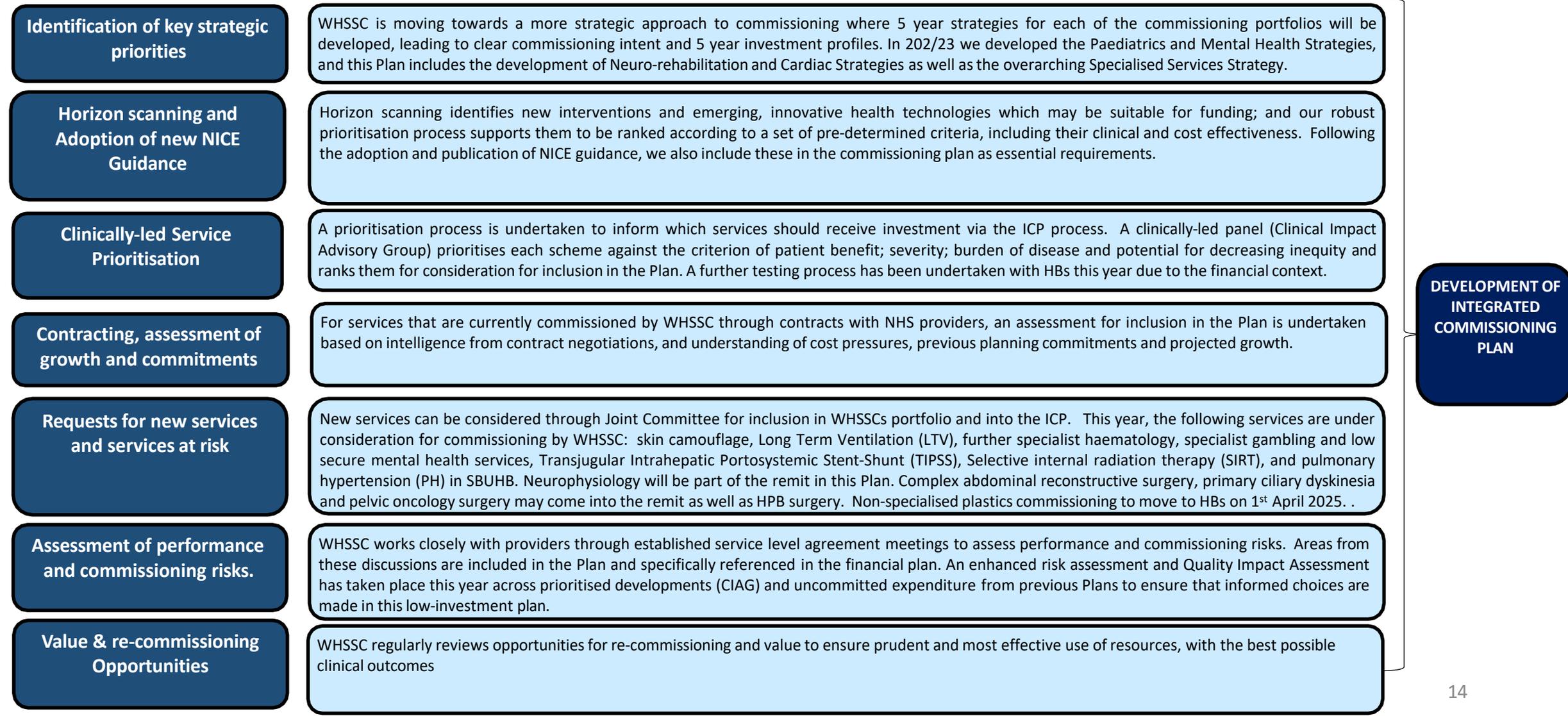
4.1 STRATEGIC AIMS : FRAMEWORK FOR THE PLAN

During 2023, WHSSC published the Specialised Services Strategy. The Five Strategic Aims are set out below, and referenced within the specific actions of the plan, so that it is clear how our commissioning activity contributes to their achievement:

| | | |
|---|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | To ensure the provision of safe, high-quality services for the people of Wales | To do this, we will continue to commission safe, high-quality services by ensuring the STEEP principles are at the heart of all our work; remain an evidence-based commissioner, securing clinically effective services; promote equitable provision of services and minimise unwarranted variation, ensuring that services are efficient and timely for all patients, seeking to continuously improve patient experience and engagement through our commissioning activities. |
| 2 | To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change | To do this, we will ensure that services are commissioned on a robust assessment of population health need, strategically commissioning services with the principles of 'Well-being for future generations' in mind. We will commission and maintain sustainable services from designated providers, encouraging innovation and responsiveness in service design and provision through a range of commissioning mechanisms. We will ensure services are as accessible as possible through use of digital opportunities, and encourage robust workforce redesign and provision through intelligent commissioning. |
| 3 | To provide an expert approach to national healthcare commissioning | To do this, we will be an expert commissioner for services where a national or regional approach is required, acting as a system expert to enhance and develop commissioning capacity and capability for NHS Wales. |
| 4 | To be an effective partner, supporting service and system transformation | To do this, we will work in partnership with Health Boards to maximise the benefits of national commissioning in NHS Wales, fostering partnerships with NHS England commissioners and providers to improve services for Welsh patients, ensuring a whole system approach to pathway management to reduce unintended consequences. |
| 5 | To maximise value and outcomes within available resources | To do this, we will maximise the use of core resources by recommissioning services where necessary, focusing on improving strategic, service and patient outcomes whilst achieving the greatest value for money for the Welsh population. |

5. HOW THE INTEGRATED COMMISSIONING PLAN IS DEVELOPED

The ICP 2024-25 is a commissioner led, provider informed plan, which seeks to balance the requirements for quality assurance, risk reduction and improvement to health outcomes for the people of Wales within the challenging financial environment. There is a well-developed planning process that includes Health Board engagement in order to develop the Plan, with a number of elements as set out below:



5.1 PRIORITISATION PROCESSES AND INVESTMENT DECISIONS

There are two prioritisation processes that run each year as part of the ICP development. This year we have also undertaken an enhanced risk assessment process using the Quality Impact Assessment tool. Through these processes informed investment choices have been made in the context of the Duty of Quality and the financial environment. The approach and resulting investment choices are outlined over the following pages.

HORIZON SCANNING AND CLINICAL IMPACT/PRIORITISATION

- Each year, WHSSC runs a number of processes, which inform the development of the Integrated Commissioning Plan (ICP). One of these is the Clinical Impact Assessment Group (CIAG) and the other a Horizon Scanning and New Interventions assessment process.
- Both processes utilise the criteria and weighted scores outlined here for assessment.
- The outcome of the two prioritisation processes is outlined overleaf:

| NO | CRITERIA | MEANING | WEIGHTING |
|----|--------------------------------|----------------------------------------------------------------------------------------------------------|-----------|
| 1 | Patient Benefit | Potential for the intervention to have an impact on patient-related health outcomes (benefits and harms) | 40% |
| 2 | Severity of the disease | The (serious) nature of the condition involved | 15% |
| 3 | Burden of disease | The size of the population that would be affected (or would benefit) by the intervention | 15% |
| 4 | Potential to decrease inequity | The intervention has the potential to introduce, increase or decrease equity in health status | 30% |

CIAG Outcome and Horizon Scanning



New Interventions Outcome

| Intervention | Recommendation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Rituximab for the treatment in acute Thrombotic Thrombocytopenic Purpura (TTP) and elective therapy to prevent TTP relapse (adult and children aged 2 years and above) | HIGH – Included |
| Imiglucerase (Cerezyme®) as long-term enzyme replacement therapy in patients with a confirmed diagnosis of non neuronopathic (type 1) or chronic neuronopathic (type 3) Gaucher disease who exhibit clinically significant non-neurological manifestation of the disease | |
| Active Middle Ear Implants and Active Transcutaneous Bone Conduction Implants for Complex Hearing Conditions | |
| Wearable cardioverter-defibrillators for adults at high risk of sudden cardiac death | MEDIUM – TBC |
| MR-guided laser interstitial thermal therapy for treatment of epileptogenic zones in children with refractory focal epilepsy | REMOVED - Not for routine commissioning – IPFR |
| An All-Wales Colorectal Peritoneal Metastasis Service: a proposal for clinical commissioning | |

5.2 RISK ASSESSMENT FOR INVESTMENT DECISIONS

In order to ensure consideration has been given to every aspect of investment and potential savings, to inform this plan, we undertook an enhanced risk assessment on all services identified for investment through the 22/23 Plan, the 23/24 Plan and the 24/25 CIAG prioritisation process. The following schemes were therefore reviewed and the results are included in Appendix D:

| Year | Scheme Name | Provider |
|-----------|--------------------------------------------------------------------------------------------------------------------|------------------------------------|
| ICP 24/25 | Physiotherapy for Plastic Surgery at The Welsh Centre for Burns and Plastic Surgery (WCBPS) | Swansea Bay |
| ICP 24/25 | Inherited Anaemias Specification | Cardiff & Vale |
| ICP 24/25 | Expansion of the Dietetic and Psychology Service Provision to the Welsh Institute of Metabolic and Obesity Surgery | Swansea Bay |
| ICP 24/25 | MTN - Trauma in Older People Clinical Lead | Swansea Bay |
| ICP 24/25 | MTN – Combined service proposal | Cardiff & Vale |
| ICP 24/25 | Intestinal Failure Services in North Wales | Betsi Cadwaladr |
| ICP 24/25 | Acute Neurosurgery Therapies | Cardiff & Vale |
| ICP 24/25 | Development of Renal Psychology services | Cardiff & Vale |
| ICP 24/25 | Formally Commission Paediatric Ophthalmology | Cardiff & Vale |
| ICP 23/24 | Cardiac Devices | Betsi Cadwaladr |
| ICP 23/24 | Paediatric Emergency and Acute Medicine - (this is a major trauma case) | Cardiff & Vale |
| ICP 23/24 | Neuropsychiatry Phase 2b | |
| ICP 23/24 | Formally Commission Paediatric Infectious Diseases | Cardiff & Vale |
| ICP 23/24 | Formally Commission Paediatric High Dependency (linked to tertiary care) | Cardiff & Vale |
| ICP 23/24 | Neuro Rehab | Swansea Bay |
| ICP 22/23 | Neuropsychiatry Phase 2a | Cardiff & Vale |
| ICP 22/23 | Paediatric Orthopaedic surgery | Cardiff & Vale |
| ICP 22/23 | Neurosurgery Sustainability and standards | |
| ICP 22/23 | Formally Commission Paediatric Respiratory | Cardiff & Vale |
| ICP 22/23 | Neonatal Transport ODN | Swansea Bay |
| ICP 24/25 | ABUHB Bariatric BC | ABUHB |
| ICP 22/23 | ICC (4x CNS; 4x Administrator) | No provider designated for S Wales |
| Strategy | Mesothelioma MDT | No provider |
| | Skin Camouflage | |

5.3 PRIORITISED INVESTMENT DECISIONS

Following the outcomes of the prioritisation and risk assessment process, the following schemes have been prioritised for investment in this low-investment Plan, due to their high impact on service and patient safety. All of the schemes prioritised as 'High' through the Horizon-scanning and New Interventions process have also been included in the Plan.

| SCHEME | HIGHEST SCORE | TOTAL SCORE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------|
| The Neurosurgery service located at the Cardiff and Vale UHB meets national standards to deliver a sustainable Neurosurgery Service. | 25 (safety) | 122 |
| Impact of not releasing the funding to for the formal commissioning of High Dependency services linked to tertiary care, and what this means for the population of South Wales who would access this service. | 20 (safe and timely) | 104 |
| Neuropsychiatry phase 2 (need wording – ie the impact of not releasing | 16 (effective, safe, timely & staffing) | 89 |
| Impact of not supporting the <i>Major Trauma Centre (MTC) combined service proposal</i> CIAG submission, comprising funding for a range of MTC developments | 20 (safe) | 74 |
| Impact of not releasing the funding to for the formal commissioning of Paediatric Orthopaedic Surgery and what this means for the population of South Wales who would access this service. | 12 (all with exception timely + effective – 9) | 66 |
| Impact of not releasing the funding to establish the new Neonatal Transport Operational Delivery Network – Services will be further considered in Neonatal Services Phase 2 Review | 20 (safety) | 65 |

5.4 NEW SERVICES PROPOSED FOR NATIONAL COMMISSIONING

Each year, new service proposals are made to WHSSC via Chief Executives or Welsh Government for agreement for commissioning by WHSSC by the Joint Committee, or to regularise service commissioning within Wales. The specialised services we anticipate responding to through the new national commissioning arrangements in year are:

| | | |
|--------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|
| Transjugular Intrahepatic Portosystemic Stent-Shunt (TIPSS) | Pulmonary Hypertension in SBUHB | Primary ciliary dyskinesia |
| Selective Internal Radiation Therapy (SIRT) | Complex abdominal wall reconstructive surgery | Pelvic oncology surgery |

Genomics – of growing interest to the commissioning of specialised services is the field of genomics. Genomic services for Wales are fully commissioned by WHSSC and provided on an all-Wales basis by the All Wales Medical Genetics Services (AWMSG) hosted by Cardiff & Vale UHB. Development of this service remains a key strategic priority of Welsh Government and continues to be supported by additional directed revenue investment to deliver agreed implementation plans in conjunction with the Genomics Partnership Wales programme. In 2023/24 Welsh Government provided a further £4.6m to the service for the next phase of the plan. This will fund an additional 4,600 tests required by the updated Rare Disease and Cancer Test Directories.

The demand for genomic testing continues to grow at a significant pace which remains a challenging task for the service to deliver in the timescales required. The key drivers of demand come from the significant annual expansion in the scope and volume of tests required to comply with the national test directories. These test directories cover a full range of service predominantly made up of rare diseases, pharmacogenomics and cancer diseases to support and tackle the main causes of ill-health within the health and care system. Additionally, many of the complex, new medicines in the National Institute for Health and Care Excellence (NICE) pipeline, such as gene therapy ATMPs, will require accompanying genomic testing to determine patient eligibility. As these novel precision medicines are recommended for use by NICE, the demand of the genomics service in Wales will continue to increase.

The complexity of demand is also increasing with a material increase in the use of whole genome sequencing (WGS), in addition to whole exome and large gene panels. The UK genomics strategy to which Welsh Government are full partners envisages a substantial planned increase in the use of WGS in the coming years due to the advances in technology and the significant decrease in cost of next generation sequencing (NGS).

The use of WGS brings with it many opportunities in terms of earlier more focussed accelerated diagnosis for Rare Disease that can lead to better management and access to therapies, but also challenges including digital infrastructure requirements and how to deal with incidental findings from tests.

6. COMMISSIONER ASSURANCE (PERFORMANCE, QUALITY, ESCALATION, AND RISK)

Through our approved Commissioner Assurance Framework (which includes our Performance Management Framework, Escalation Framework, Patient and Public Experience Framework and Risk Management Framework) WHSSC works closely with providers through structured meetings at service level and corporately through Service Level Agreement meetings to monitor provider service quality, activity, risk and cost. The current performance position is outlined below and is addressed in our planning. Additional narrative can be found in the service sections of this plan.

| Specialty / Provider Name | Measure | Tolerance Levels | | | Sep 2023 | Oct 2023 | Nov 2023 | Latest Movement |
|--------------------------------------|-----------------------------------|------------------|--------------|------------|----------|----------|----------|-----------------|
| Cardiac Surgery | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 86.03% | 95.37% | 94.70% | |
| Cardiothoracic Surgery | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 100.00% | #DIV/0! | #DIV/0! | |
| Neurosurgery | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 97.24% | 98.92% | 98.85% | |
| Paediatric Surgery | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 71.22% | 73.71% | 76.28% | |
| Plastic Surgery | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 65.18% | 66.56% | 67.44% | |
| Spinal Surgery Service | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 78.13% | #DIV/0! | #DIV/0! | |
| Thoracic Surgery | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 93.53% | 95.36% | 92.18% | |
| Bariatric Surgery | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 67.19% | 70.49% | 74.24% | |
| PET Scans | Pet scan < 10 days after referral | <90% | 90-95% | >=95% | 82.59% | 81.48% | 63.71% | |
| Posture & Mobility RTT - Adult | RTT < 36 weeks | <90% | 90-95% | >=95% | 94.09% | 94.12% | | |
| Posture & Mobility RTT - Paeds | RTT < 36 weeks | <90% | 90-95% | >=95% | 95.68% | 96.89% | | |
| CAMHS Beddays (excl. Out of Area) | NHS Beddays against contract | <35%, >105% | < 90%, >100% | 90% - 100% | 66.67% | 67.57% | 78.98% | |
| CAMHS Home Leave (excl. Out of Area) | NHS Home Leave against total | <20%, >40% | <25%, >35% | 25%-35% | 18.99% | 14.12% | 20.49% | |
| Medium Secure Beddays | NHS Beddays against contract | <90%, >110% | < 95%, >105% | 95% - 105% | 76.37% | 80.99% | 77.62% | |

6.1 QUALITY AND ESCALATION

- There are currently 10 services with an escalation status across all providers. These are summarised in the table here and presents the position as of 24/01/2024.
- All services in escalation have clear action plans in place, outlining mitigating actions that aim to get the service back to agreed levels of activity or sustained quality improvement and delivery
- The process for escalation and expected management is outlined in the WHSSC Escalation Framework which is also part of the Commissioner Assurance Framework (insert link to document)
- Some services in escalation (e.g. mental health, paediatric and neonatal services) require transformational and strategic solutions as well as operational improvement and these are included in our commissioning priorities (section 8).

| Escalation Level | Move ment | Provider | Service | Notes |
|------------------|-----------|---------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WG Escalation | same | English providers | Plastic Surgery Outreach | Note: Welsh Government leading the escalation process along with a wider escalation of Dermatology issues in North Wales |
| Level 4 | same | Swansea Bay UHB | Welsh Fertility Institute (WFI) | In escalation since June 2023 due to concerns about the safety and quality of the service at the Welsh Fertility Institute (WFI). These were identified by a Human Fertilisation and Embryology Authority (HFEA) inspection report, leading the service being placed in escalation level 3. Further raised to level 4 in October 2023. |
| Level 3 | same | Cardiff & Vale UHB | Neonatal Intensive Care (NICU) | In escalation since September 2023 due to similar concerns about PICU and Paediatric Surgery at C&VUHB. These concerns are being jointly addressed at Executive level. |
| Level 3 | same | Cardiff & Vale UHB | Paediatric Intensive Care | In escalation since May 2023 due to concerns regarding capacity, staffing levels, bed availability and related adverse incidents. Weekly data has been requested to monitor the service, along with regular update meetings. |
| Level 3 | same | Cardiff & Vale UHB | Paediatric Surgery | In escalation since November 2022, level increased to Level 3 in March 2023; weekly performance data requested to give assurance on delivery against baseline for future recovery, and monthly escalation meetings being held. |
| Level 2 | same | Cardiff & Vale UHB | Cardiac Surgery | In escalation since July 2021 for not implementing the GIRFT review or addressing issues identified by HEIW; SMART action plan has now been developed, leading to de-escalation to Level 2 in May 2023. |
| Level 2 | same | Swansea Bay UHB | Adult Burns | In escalation since November 2021; At the time of initial escalation, the burns service at SBUHB was unable to provide major burns level care due to staffing issues in burns ITU. An interim model was put in place allowing the service to reopen in February 2022. The current escalation concerns the progress of the capital case for the long term solution and sustainability of the interim model. Estimated capital completion: end of 2023. De-escalated to level 2 in December 2023. |
| Level 2 | same | Swansea Bay UHB | Cardiac Surgery | In escalation since July 2021 due to GIRFT review highlighting a high rate of poor clinical outcomes; de-escalated on immediate actions required by GIRFT review. De-escalation to Level 2 implemented in March 2023. |
| Level 2 | same | Swansea Bay UHB | Plastic Surgery | In escalation since November 2022 due to significant waiting list numbers including long waiters over 2 years, escalation increased to level 2 in July 2023 |
| Level 2 | down | University Hospitals Bristol & Western Foundation Trust | Paediatric Cardiac Surgery | In escalation since October 2023 due to concerns about the waiting times for patients and the pace of improvement in this. An action plan is being developed by the Children's Hospital. Escalation reduced to level 2 in January 2024. |
| Total | | | | |

6.2 CURRENT COMMISSIONER RISKS

At the time of writing, a number of risks scoring 20 and above are actively being managed on our risk register. This section of the Plan, outlines those risks as well as giving assurance as to how they are responded to within the Plan:

| Risk Ref | Risk Title | How Plan responds |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk Ref: 26 - Neuropsychiatry patients waiting times (NCC046) | There is a risk that neuropsychiatry patients will not be able to be treated in a timely manner with the appropriate therapy support due to staffing issues. The consequence patients will have long waiting times to access the service and the lack of availability of step down facilities to support the acute centre will also result in delays. | The plan includes the development of posts within the neuropsychiatry services to mitigate this risk, as well as the development of an all-Wales liaison model. |
| Risk Ref: 34 - Lack of Paediatric Intensive Care Beds (P/21/02) | There is a risk that a paediatric intensive care bed, in the Children's Hospital for Wales, will not be available when Date Added to Register:24/02/21 required due to constraints within the service. There is a consequence that paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment are not available or the patient being transferred out of Wales. | The Paediatric Intensive Care service is currently at escalation level 3. The service will continue to be performance managed in accordance with the escalation framework and commissioning processes of WHSSC. The new contract framework for PIC and HDU developed in 2023/24 will be monitored as the aim of this was to support a safe and sustainable unit. |

6.2 CURRENT COMMISSIONER RISKS

| Risk Ref | Risk Title | How Plan responds |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk Ref: 48 Wales Fertility Institute (WFI) P/21/20 | There is a risk the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital are not providing a safe and effective service due to concerns with regards to the information flows from the service into WHSSC; late submission of contract monitoring which does not reconcile with finance returns. There is a consequence that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes. | WFI is currently in the highest level of WHSSC escalation, Level 4. The service will continue to be performance managed in accordance with WHSSC escalation framework and commissioning processes. WHSSC are committed to working with the provider including liaising with the Human Fertilisation and Embryology Authority, the regulator for fertility services |
| Risk Ref: 54 CAHMS Environment and Workforce (MH/23/16) | There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. (NWS) | Regular performance meetings are in place with the unit through which environmental and workforce issues are monitored and escalated appropriately where necessary. |
| Risk Ref: 60 WFI Treatment (P/21/24) | There is a risk all licensed HFEA activity at WFI will urgently and temporarily need to cease due to the fact that the Person Responsible (PR) has stood down from the role and there has been a failure to appoint a new PR to fulfil their duties. There is a consequence that patients in active treatment will need to have their treatment plan temporarily paused and the centre would not be able to accept new patients on a temporary basis. | |

6.2 CURRENT COMMISSIONER RISKS

| Risk Ref | Risk Title | How Plan responds |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <p>Risk Ref: 63 - Neurosurgery Sustainability (NCC063)</p> | <p>There is a risk that the delay in progressing the Neurosurgery Sustainability and Standards CIAG scheme for the ICP 22/23 and not investing in key high risk posts (Intra operative Monitoring (IOM), CNS Skull Base and Neuromodulation) due to the financial pressures of NHS Wales would as a consequence result in the loss of the sub speciality services of Neurosurgery (Skull Base, Facial Pain, Complex Spine and elements of tumour surgery). The IOM post is recommended by NICE guidelines and the lack of ability to recruit to this post substantively, would mean that these subspecialty surgeries would have to cease in Wales with patients then being required to receive treatment in North Bristol Trust (NBT). Additionally there is no commissioned CNS posts for skull base and Neuromodulation services, the service is managed by single handed consultants resulting in consultant time being used inappropriately to deliver nurse led services – this does not meet national standards and patients would be denied timely access to neurosurgical advice and treatment.</p> | |

7. SUMMARY OF THE DRIVERS RESULTING IN THE COMMISSIONING PRIORITIES

WHSSC is committed to gaining the maximum value from our extant commissioned services and investment profile, whilst also giving considerable challenge and scrutiny to the need for any new investment. Our Specialised Services Strategy, specific service strategies and our approach to performance management and quality assurance, alongside the difficult financial position shapes our approach to working with agility and innovation to drive quality, value and sustainability in specialised services. To this end, the commissioning priorities, as well as their goals, methods of delivery and intended outcomes ('our workplan') as set out on the following pages, are driven by:

- The Specialised Services Strategy and service specific strategies
- Our approach to delivering the Duty of Quality through our Commissioner Assurance Framework
- Our approach to performance management and risk management
- The challenging financial context across NHS Wales, and the extent of savings required across the whole system
- Acute workforce challenges across specialised services, resulting at times in risks to service sustainability
- A growing inequity in access and waiting times for Welsh residents within Wales and as compared with NHS England
- Legacy recovery issues associated with response to the Covid19 pandemic
- An amplified focus on intelligent commissioning focussing on value, sustainability, efficiency and recommissioning.

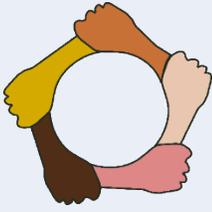
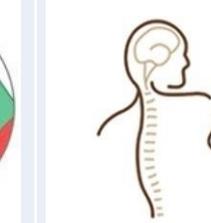
As such our commitment remains extant which to maximise value from our core resources by:

- Making overt choices on new developments and investments on a risk assessed basis
- Ensuring that considerations of quality, equality and equity are central to planning and commissioning
- Ensuring that repatriation of services maximises value for patients and wherever possible is delivered within existing resource envelope
- Maintaining the renewed focus on performance management and value for money from contracts in line with the Escalation Framework
- Working with Health Boards in-year on value, cost-avoidance and demand management across whole pathways
- Evaluating previous investments and bring forward recommissioning choices in year in conjunction with Health Boards



8. COMMISSIONING PRIORITIES 2024/2025

On behalf of the seven Health Boards WHSSC commissions over 120 services across 50+ providers in Wales and NHS England. The service areas WHSSC commissions grows year on year as new services are agreed by the Joint Committee. In recent years we have also had a growing role in the commissioning of networks, and we host the only direct commissioning network (the Welsh Kidney Network) in NHS Wales. The WHSSC commissioning priorities are managed through multi-disciplinary Commissioning Teams through 5 main portfolios, as shown below:

| COMMISSIONED SERVICES | | | | | COMMISSIONING/COMMISSIONED NETWORKS | | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Cancer & Blood | Cardiac | Mental Health & Vulnerable Groups | Neurosciences | Women & Children | Welsh Kidney Network | Neonatal Transport Network <i>(under review)</i> | Major Trauma Network | Spinal Services Network | Traumatic Stress Wales (TSW) |
|  |  |  |  |  |  |  |  |  |  |
| CROSS CUTTING THEMES | | | | | | | | | |

8.1 CANCER & BLOOD CONTEXT



- WHSSC commissions specialised cancer and blood services to the value of approximately £178 million for the population of Wales. Specialised cancer services include specialised radiotherapy (such as proton beam therapy and stereotactic ablative body radiotherapy), surgery (such as thoracic or liver surgery), haematopoietic stem cell transplantation (HSCT), specialist Multidisciplinary teams (MDTs) for rare cancers (such as sarcoma or neuroendocrine tumours) and cell and gene therapies (also called Advanced Therapeutic and Medicinal Products (ATMP)) such as CAR-T for lymphoma. Specialised blood services include the services for bleeding disorders (such as haemophilia), hereditary anaemias (such as sickle cell disease and thalassaemia) and Paroxysmal Nocturnal Haemoglobinuria. The Cancer & Blood commissioning team also has responsibility for a range of other services including the All Wales Medical Genomics Service, burns and plastics, specialised immunology and extra corporeal membrane oxygenation (ECMO).
- In 2024/25, the cancer & blood commissioning team will continue the implementation of key strategic developments commenced in 2023/24, in particular re-shaping commissioning arrangements for plastic surgery and implementing the recommendations of the review of specialised commissioning in haematology. This will include:
 - Plastic surgery: implementation of year 2 of the project to define specialised plastic surgery and transfer the commissioning of non-specialised plastic surgery from WHSSC to health boards. The focus for year 2 will be on identifying opportunities for improving pathways to obtain the best value for patients from plastic surgery. The transfer of commissioning is planned to commence from April 2025.
 - Specialised commissioning in haematology: Further to approval from Joint Committee in May 2023, implementation of the recommendations of the review commenced in autumn 2023. The focus in 2024/25 will be on developing the commissioning framework for acute myeloid leukaemia, thrombotic thrombocytopenic purpura and the management of long-term complications of HSCT.
- **New therapies:** The cancer & blood commissioning team will work with providers to develop commissioning policies and pathways for new therapies recommended by NICE in 2024/25 to ensure access to best treatment for patients with cancer and blood disorders. These are anticipated to include new cell and gene therapies for patients with blood cancers, inherited bleeding disorders and hereditary anaemias.
- **Re-commissioning:** WHSSC has recently taken commissioning responsibility for the long term ventilation service. Work has commenced and will continue in 2024/25 to re-commission this service, including assessing demand, developing a specification and agreeing the service model. The cancer & blood commissioning team also anticipate taking forward work to implement the recommendations from the review of All Wales Lymphoma Panel that is taking place in quarters 3 and 4 of 2023/24. The commissioning team will continue work to repatriate services currently delivered for Welsh patients in NHS England, where it is safe and sustainable to do so, and provides improved value for patients and for NHS Wales. In 2024/25, this may include Stereotactic Ablative Body Radiotherapy for lung cancer and /Selective Internal Radiation Therapy for hepatocellular carcinoma.

8.1 CANCER & BLOOD : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| Strategic service development - implementation of haematology specialised commissioning review: To commission an All Wales Acute myeloid leukemia (AML) MDT. (Q4) | Develop an AML MDT commissioning policy and service specification. Designate a Health Board to host the All Wales AML MDT. | Ensures all AML patients get access to expert AML opinion to inform their individual care pathway. Ensures patients receive the correct therapy in the timeliest and most cost efficient manner. Allows more patients to be treated locally. Allows better use of resources at the tertiary centre. Improves communication between Welsh centres. | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Develop an AML immunophenotyping service specification. Designate a Health Board for AML immunophenotyping. | Ensures patients receive the correct therapy in the timeliest and most cost efficient manner. Improves efficiency of existing MDT by having all results available for discussion in a single MDT meeting. Brings Welsh immunophenotyping and genetic services into compliance with national and international standards. | ✓ | ✓ | ✓ | ✓ | ✓ |

8.1 CANCER & BLOOD : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
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| | | | 1 | 2 | 3 | 4 | 5 |
| Strategic service development - implementation of haematology specialised commissioning review: To commission the full Bone marrow transplant (BMT) pathway. (Q3) | Identify existing funding through resource mapping. Review service specification. | Ensures patients with complications from treatment are provided with specialist care required. Ensures consistency and equity across Wales. Provides a platform for development of optimal service model. | ✓ | | | | |
| Strategic service development - implementation of haematology specialised commissioning review: To commission the Thrombotic thrombocytopenic purpura (TTP) pathway for south Wales. (Q4) | Develop service specification. Identify existing funding and transfer to WHSSC. Agree pathway and provider. | Equitable access to specialist care. Better outcomes for patients with TTP. Equitable access to clinical trials. | ✓ | ✓ | ✓ | | |
| Strategic : Plastic surgery commissioning project: to implement phase 2 of the project. (Q4) | Scope the opportunities for streamlining pathways. Scope the opportunities for promoting joint training. Identify non - specialised procedures requiring a regional collaborative approach to provision and commissioning. | Achievement of best value from commissioning. Ensuring the specialist skills of plastic surgery are used prudently to improve outcomes for patients. Maximise opportunities for pathway development and innovation. | ✓ | ✓ | | ✓ | ✓ |

8.1 CANCER & BLOOD : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
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| | | | 1 | 2 | 3 | 4 | 5 |
| To consider commissioning a local provider for Selective Internal Radiation Therapy (SIRT) for treatment of Hepatocellular Carcinoma (HCC). (Q4) | To apply the WHSSC designation framework to commissioning a local provider of SIRT for HCC. | Improved patient experience due to care being delivered closer to home. Improved access to SIRT due to provision closer to home. | ✓ | | | | ✓ |
| To continue to implement the expansion of SABR. (Q2) | To increase the range of SABR indications commissioned from SBUHB for the population of south west Wales. To apply the designation framework to commission SABR in BCUHB for the population of north Wales. | Improved patient experience due to care being delivered closer to home. | ✓ | ✓ | | | ✓ |
| To support the strategic development of thoracic services. (Ongoing) | To continue to support and work closely with the project led by Swansea Bay UHB to establish a single thoracic surgery centre at Morriston Hospital for the population of south west, east and mid Wales by providing commissioner input into the South Wales Adult Thoracic Surgical Services Programme. | Equitable access to high quality and sustainable thoracic surgery. To obtain best value from resources. | ✓ | ✓ | ✓ | ✓ | ✓ |

8.1 CANCER & BLOOD : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| To support the strategic development of Hepatobiliary (HPB) pancreatic surgery for Welsh residents. (Ongoing) | Continue to work with health boards towards transferring the commissioning of HPB surgery to WHSSC, providing input into the HPB surgery project board. | Equitable access to high quality and sustainable HPB surgery. | ✓ | ✓ | ✓ | ✓ | ✓ |
| To implement the recommendations of the All Wales Lymphoma Panel Review. (tbc) | <i>Dependent on outcome of AWLP review.</i> | <i>Dependent on outcome of AWLP review.</i> | ✓ | ✓ | ✓ | | |
| To commission new ATMPs for patients with cancer and blood disorders in alignment with national guidance. (Expected new NICE guidance in 2024/25 for blood cancers, haemophilia, hereditary anaemias.) (Q4) | Develop commissioning policies. Commission pathways and designate providers. | Equitable access to effective treatments to maximise survival and quality of life. | ✓ | | | ✓ | |
| Genomics development: To commission new tests included within the test directories / to commission genomics necessary for approved NICE therapies. (Q4) | Monitor implementation of associated investment. | Equitable access to genetic testing. Improved patient outcomes. To obtain best value from resources. | ✓ | | | | ✓ |

8.1 CANCER & BLOOD : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 | |
| To commission new PET indications as part of the strategic development of PET (based on evidence based expert advice from AWPET). (Q1) | Update PET commissioning policy. Commission additional indications. | Improved patient outcomes. To obtain best value from resources. | ✓ | | | | | ✓ |
| To commission a full endotherapy service for patients with Barrett's Oesophagus and early Oesophago-gastric cancer. (Q4) | Dependent on Joint Committee decision regarding transfer of commissioning of endoscopic mucosal resection (EMR). | Dependent on Joint Committee decision regarding transfer of commissioning of EMR. | ✓ | ✓ | | | | ✓ |
| To recommission the long term ventilation (LTV) service. | Assess demand, develop service specification, agree service model. | Timely and equitable access to LTV. To obtain best value from resources. | ✓ | ✓ | ✓ | | | ✓ |
| Prioritisation Panel: To commission Rituximab for treatment of TTP (when brought under WHSSC's remit - see haematology review above). (Q4) | Release of funding to the commissioned service. | To improve outcomes by preventing relapse in patients with TTP. | ✓ | | | | | ✓ |
| To ensure an efficient and effective model of immunodeficiency commissioning and delivery | To scope a review of secondary immunodeficiency service provision | Improved patient experience and prudent use of resource | ✓ | ✓ | ✓ | | | ✓ |

8.2 CARDIAC CONTEXT



- WHSSC commissions cardiac specialised services to the value of approximately £110 million from Welsh providers, alongside services from a number of English providers for the population of North and Mid Wales. Approximately 14,000 patients per annum access WHSSC-commissioned cardiac services, of which some 1,800 undergo cardiac surgery.
- Major WHSSC-commissioned services include the two Cardiac Surgery Centres in Cardiff & Vale and Swansea Bay University Health Boards, the All Wales Adult Cystic Fibrosis Centre at the University Hospital Llandough, the obesity surgery service provided by the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) at Swansea Bay University Health Board, and the Level 2 ACHD Centre at the University Hospital of Wales in Cardiff. WHSSC's larger English providers of cardiac services include Liverpool Heart and Chest Hospital and Imperial College Healthcare NHS Trust.
- **Re-commissioning and value:** For 2023/24, the Cardiac Commissioning Team's goals are focussed on optimising and recommissioning WHSSC's cardiac provision. The Team will seek to expedite those services reviews already in progress, undertake new analyses intended to identify how commissioning models may be improved or rethought, and consider scope for service innovation during a period of significant financial strain.
- To this end, the Commissioning Team will:
 - Bring forward delivery of the Cardiac Review Phase 2 and its objective of a new service model for the delivery of cardiac surgery and TAVI
 - Seek to Commission Level 4 obesity surgery services that integrate seamlessly with the wider All-Wales Weight Management Pathway and which provide equitable access for all Welsh patients
 - Identify the preferred service model for the delivery of WHSSC-commissioned Inherited Cardiac Conditions services
 - Undertake a review of WHSSC-funded device services with the aim of ensure efficient and consistent provision across Health Board, cognisant of increasing numbers and recent repatriations
 - Seek to commission Cystic Fibrosis services whose configuration reflects the impact of CFTR modulators on the long-term management of patients with Cystic Fibrosis.
- **New therapies:** WHSSC has not prioritised the development of any new services in the cardiac portfolio, although the Commissioning Team will seek to deliver ICC and PH services that, in line with those objectives contained in last year's plan that were paused as a result of funding pressures, improve the experience of patients and, where possible, deliver care closer to home. Moreover, the Cardiac Commissioning Team will continue to monitor and, where possible, ameliorate the impact of known service pressures.

8.2 CARDIAC : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| Commission Level 4 obesity surgery services that integrate seamlessly with the All-Wales Weight Management Pathway and ensure equitable access for all Welsh patients. (Q1) | Work with the Welsh Government to ensure pathway integration and consistent approach to patients who have received private procedures. | A fully integrated Weight Management pathway with equitable access for all Welsh patients. | ✓ | | | ✓ | |
| | Mitigate capacity constraints. | Provision of sufficient capacity to meet demand for Level 4 services, subject to funding constraints. | ✓ | ✓ | | | ✓ |
| | Explore potential for alternative English provider and scope for NW patients to undergo procedures in SW. | Equity of access for all Welsh patients. | ✓ | | ✓ | | ✓ |
| Develop proposals for the delivery of WHSSC-commissioned ICC services that build on the work already undertaken to identify gaps in current provision. (Q3) | Work with stakeholders to develop a service model and to identify commissioning needs, mindful of planned investment in Clinical Nurse Specialist and Administrative staff having been paused. | Service model that delivers care closer to home and ensures equity of access for patients. | | ✓ | | | ✓ |
| To ensure that WHSSC-funded cardiac device services are optimally, efficiently and consistently commissioned across Welsh Health Boards. (Q4) | Review current provision across Health Boards. | Detailed analysis of current provision and allocated of resource, highlighting inequity and variation. | ✓ | ✓ | | ✓ | ✓ |
| | Assess impact of differential arrangements and work to establish a consistent commissioning model, underpinned by agreed baselines. | Equity of access for Welsh patients and provision of care closer to home. | ✓ | | ✓ | | ✓ |

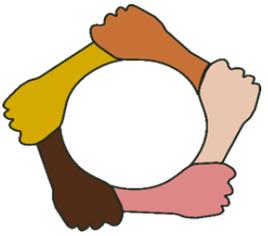
8.2 CARDIAC : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
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| | | | 1 | 2 | 3 | 4 | 5 |
| Identify the future configuration of WHSSC-commissioned cardiac surgery and TAVI via the delivery of Phase 2 of the Cardiac Review. (Q4) | <p>Commission and deliver a population needs assessment</p> <p>Undertake demand & capacity modelling and national bench-marking</p> <p>Convene clinical working group to consider evidence and future trends, including alignment with interventional valve cardiology services</p> <p>Develop new service specification</p> <p>Agree and implement new commissioning and delivery models.</p> | <p>Identification of optimal configuration of WHSSC-commissioned cardiac surgery and TAVI activity.</p> <p>Reduction of variation in survival and improved outcomes as a result of greater specialisation</p> <p>Implementation of new commissioning and delivery model, optimising the service available to Welsh patients.</p> | ✓ | ✓ | ✓ | ✓ | ✓ |
| Commission a single site for Type A aortic dissections (including the Frozen Elephant Trunk technique). (Q3) | Application of WHSSC designated provider process to enable the selection of preferred provider. | Single provider for Type A aortic dissections and the Frozen Elephant Trunk technique, enabling improved care of Welsh patients closer to home. | ✓ | ✓ | | ✓ | ✓ |
| | Commission single provider and manage period of transition and proctorship. | | | | | | |
| To optimise the delivery of Pulmonary Hypertension (PH) services. (Q2) | Develop and implement a Pulmonary Hypertension service specification that supports current services whilst enabling future repatriation in line with recommendations of the previously undertaken WHSSC PH review. | PH services available closer to home for Welsh patients. | ✓ | ✓ | | | ✓ |

8.2 CARDIAC : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
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| | | | 1 | 2 | 3 | 4 | 5 |
| Commission Cystic Fibrosis (CF) services whose form and focus reflect the impact of Cystic fibrosis transmembrane conductance regulators (CFTR modulators) on the long-term management of patients with Cystic Fibrosis. (Q2) | Review and reconfigure WHSSC-commissioned CF services. | Welsh patients have access to CF services that support the needs of current patients and which can accommodate future clinical needs. | ✓ | ✓ | ✓ | ✓ | ✓ |
| Deliver high-quality and sustainable specialised cardiology services, improving access and realising the potential of regional approaches in order to sustainable, safe and high quality services for the people of Wales. (Q4) | Work with Health Boards to develop proposals for the repatriation of specialised cardiology services, and to collaboratively develop proposals for regional provision. | Provision of accessible and responsive specialised cardiology services for the people of Wales; equity of access for patients; efficient use of available resources to maximise value. | ✓ | ✓ | | | ✓ |

8.3 MENTAL HEALTH & VULNERABLE GROUPS CONTEXT



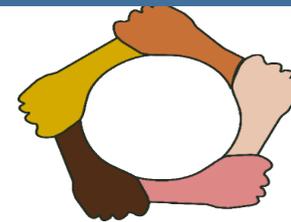
Mental Health

The Specialised Services Strategy for Mental Health was developed in 2022 in response to a number of key drivers including a number of Committee Inquiries and external reviews influencing Welsh Government policy and recommendations; changes to the commissioning landscape in England that have meant that the previous opportunities for cross border joint planning have reduced; the publication of service reviews considering learning disabilities, CAMHS inpatient services and secure services; and a focus on providing care for patients closer to home.

Re-commissioning and value: The final strategy has been developed following a demand and capacity report and will be presented to the Joint Committee for approval in January 2024. Provisional data from this work has indicated that the Strategy should aim to develop and modernise services in line with increased demand and acuity within mental health services to provide quality care for patients and enhance recovery with the following key areas of focus for the Strategy include:

- Development of secure mental health services for both men and women to be inclusive for those with a learning disability and provide a blended model of care to improve flow within the system
- Establishment of a single commissioner model for secure mental health services to include the commissioning of low, medium and high secure mental health services
- Stabilisation of Eating Disorder services to consider alternatives to previous contracting arrangement for both the medium and long term
- Consideration of CAMHS services in line with national reviews and recommendations to include collaboration with the FACS service
- Development of the perinatal mental health service provision in response to the review of the current service provision at Swansea Bay University Health Board, and development of closer to home provision for our North Wales patients
- Development of a national liaison model for neuropsychiatry through proposals put forward during the CIAG process.

Services are currently commissioned from a number of providers from NHS Wales, NHS England and the independent sector either through contracted arrangements, or via the IPFR process. As of 2023/24, the contract value for Specialised Mental Health Services for the population of Wales was £76m.



Vulnerable Groups

The Vulnerable Groups portfolio is a collection of specialised and non- specialised services that often include integrated models of care or multi-agency working to the value of around £6m. This portfolio accommodates 'once for Wales' commissioning and implementation, for example the service improvement initiative **Traumatic Stress Wales** and going forward, potentially specialist gambling addiction services. The portfolio supports projects that streamline services for vulnerable groups, for example, working in partnership with the Home Office, Public Health Wales and the Welsh Strategic Migration Partnership to inform the resettlement process for refugees with complex health needs. The vulnerable groups portfolio also includes a highly specialised tier 4 CAMHS service called the **Forensic Adolescent Consultation Service** (FACS) which provides a consultation, assessment and training to agencies managing and caring for young people who, in the context of mental health issues and / or complex needs present a significant risk to others.

Gender identity services for adults and children and young people feature strongly in the portfolio:

- **The Welsh Gender Service for adults** provides diagnostic evaluation, recommendations for gender affirming endocrine treatment, referral to NHS commissioned gender affirmative surgeries, gender specific psychological therapies and peer led support. The Welsh Gender Service is recurrently funded at £1.4m per year, following investment to increase capacity, halving waiting times from 26 months to around 13 months. A further funding release planned for 2023-24 has been put on hold.
- **Gender affirming surgery for adults** is commissioned through NHS England.
- **The Gender Identity Development Service for Children and Young People** has been superseded by the **Interim Specialist Service for Children and Young People with Gender Incongruence**. WHSSC continues to commission this specialist service through NHS England and participates in the national transformation programme. WHSSC is committed to working with NHS England as part of the phase 2 of the transformation programme to engage with interested providers in commissioning a service closer to home for Welsh children and young people. This will be linked to the findings of the Cass Review and led by a specialist children's hospital working as part of the NHS England provider network.

There are no services currently in escalation. The focus for 2024-25 will remain on the reduction of waiting times for adult and children and young people's gender identity services, participating in the NHS England national transformation programme of gender services for children and young people and where possible, bringing services closer to home.

8.3 MENTAL HEALTH : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
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| | | | 1 | 2 | 3 | 4 | 5 |
| To commission sustainable provision for Eating Disorders. (Q1) | <p>Secure short term provision.</p> <p>Ensure framework placements for independent sector provision.</p> <p>Purchase of beds at new Independent Sector unit due to open in South Wales in October 2023.</p> <p>Implement robust quality and performance monitoring processes.</p> <p>Design and implement referral pathway into identified placements.</p> | <p>Welsh residents to have access to high quality eating disorder provision.</p> <p>Provision is as close to home as possible where this is appropriate.</p> <p>Long-distance or off framework placements are kept to a minimum.</p> <p>Established relationships with framework placements.</p> <p>Assurance of quality and performance of placements.</p> <p>Robust referral pathways in place.</p> | ✓ | ✓ | | | ✓ |
| To commission sustainable provision for Eating Disorders. (Ongoing) | <p>Options appraisal on long term model.</p> <p>Consider Demand and Capacity report and recommendations as part of strategy development.</p> <p>Identify options for long term eating disorder provision for NHS Wales patients.</p> <p>Conduct full options appraisals for future eating disorders placements.</p> <p>Development of any business cases for the preferred option.</p> <p>Options appraisal on long term model.</p> | <p>Dedicated Specialised eating disorders provision for NHS Wales patients.</p> <p>Welsh residents to have access to high quality eating disorder provision.</p> <p>Provision is as close to home as possible where this is appropriate.</p> <p>Long-distance or off framework placements are kept to a minimum.</p> <p>Assurance of quality and performance of provision.</p> <p>Robust referral pathways in place.</p> | ✓ | ✓ | | | ✓ |

8.3 MENTAL HEALTH : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| <p>Welsh patients requiring secure service provision are able to access high quality services with an effective pathway across the entire system.</p> <p>(Q3)</p> | <p>Consider Demand and Capacity report and recommendations as part of strategy development.</p> <p>Options appraisal on long term secure services model.</p> <p>Development of any business cases for the preferred option for future secure services provision.</p> <p>To consider blended models of care.</p> | <p>To enhance the patient pathway and flow between differing components of the secure service for both men and women (inclusive of patients with a learning disability).</p> <p>To ensure adequate low and medium secure provision is available for Welsh patients.</p> <p>Provision as close to home as possible.</p> <p>Assurance of quality and performance of provision.</p> | ✓ | ✓ | | | ✓ |
| | <p>Consider pathways for men's secure MH services as part of strategy development.</p> | <p>Ensure flow within the service and that patients are in the most appropriate placements for their needs.</p> <p>Ensuring links with Ministry of Justice for pathways between health and MoJ services.</p> <p>Flow of patients between prison and NHS mental health services.</p> | ✓ | ✓ | | | ✓ |

8.3 MENTAL HEALTH : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
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| | | | 1 | 2 | 3 | 4 | 5 |
| Welsh patients requiring secure service provision are able to access high quality services with an effective pathway across the entire system. (Ongoing) | Consider pathways for women's secure MH services as part of strategy development. | Ensure flow within the service and that patients are in the most appropriate placements for their needs. Ensuring links with Ministry of Justice for pathways between health and MoJ services. Flow of patients between prison and NHS mental health services. | ✓ | ✓ | | | ✓ |
| | Consider pathways for Learning Disabilities secure MH services as part of strategy development. | Ensure flow within the service and that patients are in the most appropriate placements for their needs. To ensure patients with a Learning Disability have their needs met in mainstream services where this is appropriate. Ensuring links with Ministry of Justice for pathways between health and MoJ services. Flow of patients between prison and NHS mental health services. Upskilling of secure services staff to ensure safe and effective care and treatment is in place for patients with a learning disability. | ✓ | ✓ | | | ✓ |

8.3 MENTAL HEALTH : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| Welsh patients requiring secure service provision are able to access high quality services with an effective pathway across the entire system. (Ongoing) | To set up and implement the Secure Services Single Commissioner Project which includes the commissioning arrangements for low, medium and high secure services. | <p>To remove a significant impediment to the effective use of resources.</p> <p>To improve, and expedite, the patients journey through secure care.</p> <p>To ensure patients' needs are met by the right level of security.</p> <p>To reduce delays in transfer.</p> <p>To remove perverse incentives for change.</p> <p>To take more of a strategic view of capacity across the secure services system.</p> | ✓ | ✓ | | | ✓ |
| To ensure mothers requiring specialist mental health services have access in a timely way. (Q4) | <p>To work with NHSE on the development of the Mother and Baby Unit for North Wales patients.</p> <p>Involvement in the project through the North Wales WHSSC office to ensure WHSSC input.</p> | Mothers requiring support are able to access this as close to home as possible in a timely manner. | ✓ | | | | |

8.3 MENTAL HEALTH : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
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| | | | 1 | 2 | 3 | 4 | 5 |
| To ensure mothers requiring specialist mental health services have access in a timely way. (Q4) | <p>To review the South Wales Mother and Baby Unit based at Tonna Hospital.</p> <p>To link to the SBUHB Estates Review.</p> | <p>To ensure adequate facilities within the estates footprint.</p> <p>To ensure family space and facilities available.</p> <p>Mothers requiring support are able to access this as close to home as possible in a timely manner.</p> | ✓ | | | | |
| To ensure that Child and Adolescent Mental Health Services (CAMHS) services are available and delivered in compliance with the WHSSC service specification. (Q2) | <p>To develop the strategy to reflect the demand and capacity report.</p> <p>Identify options for future service development.</p> <p>Conduct a full options appraisal to determine the preferred option for future service development.</p> | <p>Published CAMHS Service specification.</p> <p>To ensure service provision is correct for population need.</p> <p>Ensure patients are treated as close to home as possible.</p> <p>Ensure that out of area placements are appropriate for individual need.</p> | ✓ | | | | ✓ |

8.3 MENTAL HEALTH : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
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| | | | 1 | 2 | 3 | 4 | 5 |
| To progress the Neuropsychiatry All-Wales Liaison Model. (Q4) | <p>Develop services within the Neuropsychiatry provision for Acquired Brain Injury through a phased business case model to develop therapeutic intervention and expertise advice.</p> <p>To implement phase 2a of the model in order to recruit to a wider MDT team including Psychologists, Speech and Language therapists, Physiotherapists and Occupational Therapists.</p> <p>To implement Phase 2b of the model in order to provide a fully functioning All-Wales Liaison Service including a discharge liaison post and an enhanced MDT provision.</p> <p>This is currently on pause and will be reviewed for 2024-25.</p> | <p>Therapeutic provision available for both inpatient services and outreach services.</p> <p>Fully operational liaison model to ensure equity of service across Wales.</p> | ✓ | ✓ | ✓ | ✓ | ✓ |

8.3 VULNERABLE GROUPS : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| To ensure that adults in Wales have access to non-surgical gender identity services in a timely manner. (Ongoing Q1-Q4) | Continue to monitor and address the waiting list for new and follow up patients. | Adults in Wales have increased timely access to appropriately resourced non-surgical gender identity services. | ✓ | ✓ | | | ✓ |
| | Increase capacity of the Welsh Gender Service to reduce waiting times and increase access across Wales. This investment is currently on pause and will be reviewed in 2024 -25 (Phase 3 CIAG). | Adults on the NHS Wales pathway have timely and equitable access to gender identity services. | ✓ | ✓ | | | ✓ |
| Q2 | Repatriation of open cases from the London Gender Identity Clinic (Tavistock and Portman NHS Foundation Trust) to the Welsh Gender Service. | Adults on the NHS Wales pathway have timely and equitable access to gender identity services. | ✓ | ✓ | | | |
| To commission the Forensic Adolescent Consultation Service (FACS) for Youth Justice Services in Wales. (Q3) | Evaluate the current service provided by FACS for Youth Justice Services (planned for 2023-24 but may extend into 2024-25 subject to stakeholder engagement). | The FACS for Youth Justice Services service specification is informed by an evaluation. | ✓ | | | | |
| | | Access for complex children and young people that may not be in receipt of mental health services | ✓ | ✓ | | ✓ | ✓ |

8.3 VULNERABLE GROUPS : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
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| | | | 1 | 2 | 3 | 4 | 5 |
| To commission high quality gender identity services for the children and young people of Wales. (Ongoing Q1 -4) | Ongoing access to the NHS England commissioned national referral support service for children and young people in Wales. | Provide children and young people and their families/guardians access to the national referral support service provided by Arden and GEM NHS Commissioning Support Unit. | | | | ✓ | ✓ |
| | Continue to represent the interests of Welsh residents and NHS Wales through the NHS England Children's Gender Dysphoria Work programme and work streams through active participation in project progression. | The national transformation programme considers the needs of children and young people in Wales. | ✓ | ✓ | | ✓ | ✓ |
| Q4 | Seek to secure a regional provider for Wales. | Children and Young People in Wales have access to specialist gender incongruence services closer to home. | ✓ | ✓ | | ✓ | ✓ |

8.4 NEUROSCIENCES AND LONG TERM CONDITIONS CONTEXT



- WHSSC commissions Neurosciences and Long Term Conditions from a variety of providers across the UK to meet the tertiary needs of the Welsh population. Patients access tertiary services from Cardiff and Vale University Health Board, Swansea Bay University Health Board, Walton Centre NHS Foundation Trust, Robert Jones and Agnus Hunt Orthopaedic Hospital NHS Foundation Trust, Manchester University NHS Foundation Trust, University Hospitals Bristol NHS Foundation Trust, University Hospitals of North Midlands NHS Trust, Royal Stoke University Hospital and Sheffield.
- As of 2023/24, the contract value for Neurosciences and Long Term Conditions (LTC) Specialised services for the population of Wales was £112m, which is 14% of the WHSSC budget.
- The Neurosurgery service Referral To Treatment (RTT) is on a downward trajectory, there are no 52 week waits. There are clear plans and trajectories in place across all the Neurosciences and LTC services portfolio to achieve Welsh Government RTT targets.
- **Recommissioning and Value** - 2024/25, will see the development of a 5 year specialist tertiary rehabilitation strategy specialised which supports collaboration and uses joined up commissioning approaches for the whole clinical pathway to provide a high quality, sustainable and equitable rehabilitation service that meets national standards for the population of Wales.
- **New Therapies** - WHSSC will be commissioning a number of new services in 24/25, two of these services will be in the Neurosciences Commissioning Team; Neurophysiology and Sacral Nerve Stimulation.
- **Mitigating Risks** - There are a number of risks for the portfolio in 24/25 these include the lack of Acute Neurosurgery Therapy provision, delayed admissions to the Rehabilitation service due to the current commissioned nursing establishment does not meet BSRM standards and thus the number of tracheostomy patients cannot be cared for safely, Specialist Workforce shortfalls for Adult Rehabilitation services and the Deep Brain Stimulation Service; where patients do not receive the correct follow up care. Some of these risks will be addressed via the Rehabilitation Strategy.

8.4 NEUROSCIENCES : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| To enhance provision of Acute Neurosurgery Therapy. (Q4) | <p>We will include in the ICP 24/25 to receive a business case from service.</p> <p>Funding release and implementation.</p> <p>Work with service to develop a business case Propose funding release to management group Commission the service.</p> | <p>Improved patient flow across the acute neurosurgery service pathway enabling early discharge and repatriation.</p> <p>Improved patient outcomes.</p> <p>Patients receive the appropriate intensity of rehabilitation in the timeliest and most cost efficient manner.</p> <p>Compliance with British Society of Rehabilitation (BSRM) standards.</p> | ✓ | ✓ | | ✓ | ✓ |

8.4 NEUROSCIENCES : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| <p>Development of Rehabilitation Operational Delivery Network (ODN) - To strengthen the discharge and repatriation process for adult rehabilitation service across organisation boundaries. (Q4)</p> <p>(This is subject to approval of the Rehabilitation Strategy by Joint Committee)</p> | <p>Work with Health Boards to develop a service model which provides a high quality sustainable service to improve access and flow.</p> <p>Develop a new service specification to operationalise the ODN.</p> <p>promote and support cross-organisational and clinical multi-professional collaboration. Setting objectives through an annual plan with the ODN.</p> <p>Landing pads or landing pad team as part of the service model development to ensure that there was a single point of contact to support repatriation and discharge.</p> <p>Develop a Memorandum of Understanding between the ODN and Health Boards to ensure delivery of the new rehabilitation service model.</p> <p>Using the All Wales Repatriation Policy Develop a 48 hour discharge policy similar to the Major Trauma framework for all Rehabilitation patients trauma and non-trauma.</p> | <p>Enhanced patient flow across the pathway ensuring patients can access the right service at the right time and in the most appropriate place.</p> <p>Reduction in unwanted variation and inequity between trauma and non-trauma rehabilitation patients.</p> <p>A designated core group of staff from all professions can be easily identified for additional support and training,</p> <p>Staff would be able to maintain these skills, They would have access to the skilled tertiary outreach teams (following business case approval for additional investment) to support this training, Concentrates the training over a smaller number of staff, which serves an advantage where for complex patients there is a likelihood that skills fade between cases.</p> <p>Ensure patients receive the appropriate intensity of rehabilitation in the timeliest and most cost efficient manner.</p> <p>Improve patient pathway flow across the rehabilitation service.</p> <p>Compliance with British Society of Rehabilitation (BSRM) standards.</p> | ✓ | ✓ | ✓ | ✓ | ✓ |

8.4 NEUROSCIENCES : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| To develop a Movement Disorder service Model and review current commissioning arrangements for the Deep Brain Stimulation (DBS) Service. (Q2) | Work with Health Boards to develop a service model which provides a high quality sustainable service. | Improved patient flow across the DBS service pathway. | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Establish a framework for the subsequent DBS service modelling work for the south Wales population, using the Designated Provider Framework. | Increased staff skills and knowledge. | | | | | |
| | Work with Neurology and Gerontology teams across the south Wales region to help identify the surgical patient cohort. | | | | | | |
| To commission the Neurophysiology Service for Wales. (Q4) | Work with Health Boards to develop a service model which provides a high quality sustainable service. | Patients receive the appropriate intensity of rehabilitation in the timeliest and most cost efficient manner. | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Utilise the WHSSC Designated Provider process to determine a provider. | Improved patient flow across the rehabilitation service pathway. Effective utilisation of resource. | | | | | |

8.4 NEUROSCIENCES : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| To commission a Thrombectomy Service for the South Wales region. (Q3) | <p>Review and update the current policy. Provide opportunity for review of these patients within the CVUHB neurology service with active feedback to referring teams to aid with continuous professional development and education.</p> <p>Develop a separate service specification to include new access criteria, patient outcome measures and value based healthcare to shape our commissioning decisions.</p> <p>Utilise Stroke national clinical guidelines to shape the commissioning of Thrombectomy services.</p> <p>work in partnership with health boards and clinical networks to improve standardisation across patient pathways.</p> | <p>All Thrombectomy patients get access to expert Thrombectomy treatment and opinion.</p> <p>Equity of provision, and effective use of resource.</p> <p>Compliance with National Clinical Guidelines for Stroke standards for Thrombectomy services.</p> | ✓ | ✓ | ✓ | | |
| To commission the Sacral Nerve Service for Wales. (Q4) | <p>Work with Health Boards to develop a service model which provides a high quality sustainable service. Utilise the WHSSC Designated Provider process to determine a provider. Develop a commissioning policy to ensure all patients have timely access to this procedure.</p> | <p>Ensure value for money in commissioning.</p> <p>Ensure equity of provision.</p> <p>Compliance with National Standards.</p> | ✓ | | ✓ | | |

8.4 NEUROSCIENCES : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| To ensure that the North Wales Paediatric Cochlear Implant patients receive follow up care closer to home. (Q1) | <p>Repatriate the north Wales Paediatric Cochlear Implant patients from Manchester University Hospital.</p> <p>Monitor the transformation through regular meetings with the service and at BCUHB interface meetings.</p> | <p>Improve patient flow across the pathway.</p> <p>Ensure value for money in commissioning.</p> <p>Care is provided closer to home.</p> | | ✓ | | | |
| To commission a Middle Ear Implant service for Wales as part of the developing Specialist Auditory Hearing Implant Service. (Q4) | Work with Health Boards and the service to develop a service model which provides a high quality sustainable service. | <p>Ensure value for money in commissioning.</p> <p>Ensure equity of provision for Welsh residents.</p> | | ✓ | ✓ | | ✓ |
| To establish a preferred provider for the Cochlear Implant and Bone Conduction Hearing Implant service for South East Wales, South West Wales and South Powys. (Q4) | <p>Using the All Wales Engagement and Consultation document.</p> <p>Preferred model agreed and proceed to implementation.</p> <p>Launch and implement the newly developed Specialist Auditory Hearing Implant Service.</p> <p>Development of PROMS and PREMS for the Bone Conduction Implant Service.</p> | <p>Ensure equity of provision for Welsh residents.</p> <p>Ensure value for money in commissioning.</p> <p>Compliance with the British Cochlear Implant Group (BCIG) quality standards and the Bone Conduction Hearing Implant Guidelines.</p> <p>Providing care closer to home aligning with the NHS and whole system core values which have been set out in A Healthier Wales (2018).</p> | | | ✓ | | ✓ |

8.5 WOMEN AND CHILDRENS : CONTEXT



Based on the 2020 mid-year estimates, the paediatric population for Wales is 596,592, which is 18.8% of the total population. To meet the tertiary needs of the paediatric population, specialised paediatric services are commissioned by WHSSC from a number of providers across the UK. The south, south west, and Powys population predominantly access tertiary paediatric services from the Children's Hospital for Wales, Cardiff; Bristol Royal Hospital for Children; University Hospitals Bristol NHS Trust and Birmingham Children's Hospital; Birmingham Women and Children's NHS Foundation Trust. Children in North Wales predominantly access services from Alder Hey Hospital. As of 2023/24, the contract value for paediatric Specialised services for the population of Wales was £134m, which is 16.8% of the WHSSC budget.

2024/25 will see the specialised paediatric services strategy enter its third year of implementation, the Strategy has at its heart the following strategic aim: "to develop a 5 year commissioning strategy for the provision of high quality, sustainable and equitable specialised paediatric services for the children of Wales". Neonatal services sits outside of the Paediatric Strategy however in 2022/23 the re-baselining of neonatal cots across the south and west Wales region was approved with the scoping of a further phase of work, which has been worked up throughout 2023/24, the aim of which is to ensure improved outcomes for the babies of Wales through the commissioning of safe and efficient model of care.

Recovery post-covid, in particular the requirement to close the gap between the waiting times for adults accessing specialised services and paediatric patients accessing specialised services, will remain as the focus in Women and Children's throughout 2024/25. Paediatric patients are known to be waiting longer when comparing the proportion of time waiting relative to age. Workforce availability is having a direct impact on capacity within the south Wales system and there are a number of risks and services in escalation level 3 as noted on page 15.

In the absence of any services prioritised through the WHSSC prioritisation processes the goals for Women and Children throughout 2023/24 will work to address the strategic aims of the WHSSC Specialised Services Commissioning Strategy, as well as the specific strategic aims of the Specialised Paediatric Service Strategy and the Neonatal Cot Reconfiguration. In addition to this, the risk and performance management of current services in escalation will continue to be managed robustly as recorded in the Goals, as well as taking forward the transformational and strategic planning work required to underpin improvement and identify areas of recommissioning as necessary.

New therapies: The Women and Children commissioning team will work with providers to develop commissioning policies and pathways for new therapies recommended by NICE in 2024/25 to ensure access to best treatment for paediatric patients.

8.5 WOMEN AND CHILDRENS : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| To undertake strategic planning for Neonatal Services, including Neonatal Transport in south Wales in collaboration with Health Boards to consider wider implications for non-commissioned services. (Q4) | Commission Independent Support to consider optimal structure of neonatal units based on activity and outcome data. | Objective recommendations for future structure of neonatal services in south Wales. | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Work with Health Boards' on maternity implications. | Ensure optimal outcomes for babies in South Wales within an efficient service delivery model. | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | Improved flow across the Neonatal 'Network'. | ✓ | ✓ | | ✓ | ✓ |
| | To commission a sustainable and efficient neonatal service of South Wales, 24 hours a day. | A sustainable service that supports the safe transport of babies when necessary. | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Formal Consultation and Engagement of any proposed changes. | Patients have access to right care in the right place at the right time. | ✓ | ✓ | | ✓ | ✓ |
| To ensure paediatric ophthalmology services are available for the people of Wales. (Q3) | Formally Commission Paediatric Ophthalmology. | Equitable access to Specialised Paediatric Ophthalmology for the population of Wales. | ✓ | ✓ | | | ✓ |
| | Work with provider to develop business case; followed by consideration by the Specialised Paediatric Strategy Implementation Board. | | | | | | |

8.5 WOMEN AND CHILDRENS : PLAN

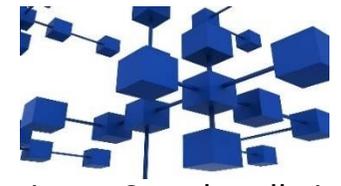
| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| Review of Children’s Hospital for Wales including operational management, optimal service configuration and appropriateness of governance arrangements. (Q4) | Benefits analysis against the intended scope of the Children’s Hospital for Wales. | Ensure value for money against investment has been realised. | ✓ | ✓ | | ✓ | ✓ |
| | | Assurance in a changing landscape that optimum outcomes are being delivered through an efficient and equitable model of delivery. | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | Appropriate governance arrangements to provide required assurances to the Commissioner and referring Health Boards. | ✓ | ✓ | | ✓ | ✓ |
| | Develop sustainable workforce model for each reviewed service. | Sustainable staffing levels that meet the needs of the patient population. | ✓ | | | | ✓ |

8.5 WOMEN AND CHILDRENS : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| To ensure efficient and equitable services, through the review of three services are available for children across Wales both in-reach and outreach. Service 1 (Q2), Service 2 (Q3), Service 3 (Q4) | Review three services. To be confirmed by the Implementation Board and prioritised according to service risks. | Improved access to paediatric services for all patients across Wales. Publish Service Specification for each reviewed service. | ✓ | ✓ | | | ✓ |
| | Contract re-basing for each reviewed service. | Efficient models of delivery for all paediatric services. | ✓ | ✓ | | | ✓ |
| | Individualised quality indicators published and reported against for each reviewed service. | Equitable access to services in line with the STEEEP (Safe, timely, efficient, effective, equitable, patient centred quality framework). | ✓ | ✓ | | | ✓ |
| To formally commission: - Fertility preservation for service users with ovarian tissue who are at high/very high risk of infertility and cannot store mature eggs. - Fertility preservation for service users with testicular tissue who are at high/very high risk of infertility and cannot store sperm. - Fertility and endocrine restoration using cryopreserved ovarian tissue. (Q4) | Work with NHS England on Nationally Commissioned service. | Equitable access to fertility preservation for paediatric patients in Wales. | ✓ | ✓ | ✓ | ✓ | ✓ |

8.6 NETWORK DEVELOPMENT & DELIVERY

WHSSCs commissioning and delivery role in relation to Networks has developed over recent years:



WHSSC COMMISSIONED NETWORKS

- **Major Trauma**- The South Wales Trauma Network (SWTN) was launched in September 2020 following approval of a Programme Business Case by all six affected Health Boards. WHSSC commissions the Network from Swansea Bay UHB as the designated host provider under the approved Service Specification. There is a quarterly Clinical and Operational Board run by the Network; assurance on delivery is currently provided to the Joint Committee via the quarterly WHSSC-led Delivery Assurance Group. With regard to trauma services, WHSSC commissions the Major Trauma Centre, orthoplastics and some ambulance support. The Large Trauma Unit and Trauma Units are commissioned by Health Boards.
- **Spinal** - The South Wales Spinal Network will launch in September 2023 following agreement to establish an ODN for spinal surgery by the Collaborative Executive Group in April 2021. WHSSC commissions the Network from Swansea Bay UHB as the designated host provider under the approved Service Specification. There will be a quarterly Clinical and Operational Board run by the Network; assurance on delivery will be provided to the Joint Committee via the quarterly WHSSC-led Delivery Assurance Group. WHSSC does not commission spinal surgery services which remain the responsibility of Health Boards.
- **Neonatal** - The Joint Committee has also agreed to establish a Neonatal Transport ODN following WHSSC concerns about the governance of service delivery. The establishment of the Neonatal Transport ODN is currently under review in the context of the wider financial and service issues.

Objectives have been developed for each of the networks and are below in section 8.6.2 and 8.6.3

WHSSC COMMISSIONING/DELIVERY NETWORKS

- **Welsh Kidney Network** - On behalf of the 7 Health Boards in Wales, The Welsh Kidney Network (WKN) is a sub-committee of WHSSC and thereby obtains its authority and responsibility as delegated by the Joint Committee. The service provision in Wales is split into 3 regional areas; North Wales delivered by Betsi Cadwalader University Health Board, South East Wales delivered by Cardiff & Vale UHB, covering C&V UHB, CTMUHB and AB UHB population footprint, West Wales delivered by Swansea Bay UHB, covering SB UHB and Hywel Dda UHB population footprint.
- **Traumatic Stress Wales (TSW)** - Traumatic Stress Wales is funded by Welsh Government, and delivered from within WHSSC. TSW aims to improve the health and wellbeing of people of all ages living in Wales at risk of developing or with post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (CPTSD). Traumatic Stress Wales is a national initiative that works through a network of easily accessible, locally based services centred around the people they are trying to help with streamlined care pathways to avoid unnecessary repeated referral and assessment. The initiative covers children, young people and adults, and is co-produced, co-owned and co-delivered by all relevant stakeholders, including people with lived experience of PTSD and CPTSD.

8.6.1 WELSH KIDNEY NETWORK CONTEXT



The role of the Welsh Kidney Network (WKN) is to commission kidney replacement therapy (KRT) for adults in Wales who have progressed to end stage renal disease (ESRD), which is reached at Stage 5. At this stage, which is irreversible, the kidneys are no longer able to function and KRT dialysis or transplantation becomes necessary to maintain life (Jansen, 2012; NICE, 2014). There has been a progressive increase in the prevalence of Chronic Kidney Disease (CKD) across most Health Boards between 2016 to date from 4.27% of population in Q1 2016/17 to 6.08% in Q4 2022/23.

As of 2023/24, the contract value for Welsh Kidney Network services for the population of Wales stands at £81.228m which is 10.2% of the WHSSC budget.

The WKN Commissioning portfolio covers the following areas:

- Unit Dialysis services in Wales, set as a 'hub and Spoke' model offering Hospital unit and satellite unit dialysis service. With the 'satellite' services operated by Independent Service Providers (ISP).
- Home Dialysis.
- Vascular Access surgery – creation and revision of arteriovenous fistulae; grafts and peritoneal dialysis catheter insertion.
- Renal Transplantation – University Hospital Wales, English University Hospital Trusts; Liverpool, Birmingham and Manchester.

The WKN also has an advisory role in relation to, Policy development support to Welsh Government. CKD – interaction with primary care for patient education, assessment and care, Conservative Management – shared palliative care management with primary care, Transport – in collaboration with WAST delivery of dialysis transport within agreed standards.

As well as the commissioned portfolio, 2024/25 will see a focus on the 'golden threads' that underpin the commissioned activity within the WKN; strengthening of the national digital approach, successful delivery of the Value in Healthcare (ViHC) regional projects, building on the current 3rd sector and patient participation, providing educational resource to healthcare professionals, patients and carers and a review of workforce resource across the specialist area of Renal services in Wales.

8.6.1 WELSH KIDNEY NETWORK : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| To meet the demand for Unit Dialysis growth across Wales. (Q4) | Undertake a demand and Capacity analysis | Patients who choose unit dialysis are closer to home. | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Develop an appropriate Unit Dialysis model to meet demand | There is equitable service provision across Wales. Reduction in variation across Independent Service Providers across Wales. | | | | | |
| | Re-fresh current Commissioning Policy and Service specification. | | | | | | |
| | Under the new entity for National Commissioning (24/25) will enable closer working with commissioning team responsible for Non-Emergency Patient Transport (NEPTS). | There is equitable service for provision across Wales. A transportation service is aligned to Unit Dialysis Service provision. A transportation services meets the 30:30:30 service specification. | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Active representation and participation of the WKN on Ambulance Care Programme Board. | Up to date Commissioning Policy and service specification. | | | | | |
| Strategy Vascular Access. (Q2) | Refresh Vascular Access Commissioning Policy and Service specification. | Reduction of variation of vascular access across Wales. There is equitable access and service provision for patients. | ✓ | ✓ | ✓ | ✓ | ✓ |

8.6.1 WELSH KIDNEY NETWORK : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| Increase Home Dialysis. (Q4) | Develop Commissioning Strategy and service specification. | There is equitable access and service provision of Home Dialysis across Wales. Up to date Commissioning Policy and service specification. Referral pathways to Home Dialysis are lean and prudent. | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Development of a Home Dialysis Framework. | A Framework that is aligned to patient need rather than equipment centric A framework that embeds Value and Outcomes approach. Achieve Value for Money (VfM) through economies of scale. A framework that is sustainable and equitable, fit for purpose acting as an enabler to support the Home Dialysis strategy. | ✓ | ✓ | ✓ | ✓ | ✓ |

8.6.1 WELSH KIDNEY NETWORK : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| Strategy Transplantation. (Q4) | Refresh Transplantation Commissioning Policy and Service specification. | Up to date Commissioning Policy and service specification. | | | ✓ | ✓ | ✓ |
| | Collaborative working to deliver the Organ Donation and Transplantation plan for Wales 2022-2026, supplemented by Organ Utilisation Group Recommendations. (NHS England) | To embed best practice and equity of service for patients across Wales. Delivering Get it Right First Time (GIRFT) recommendations. A strengthened collaborative working ethos with the 4 home nations. | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Redesigning Renal Psychology Services offered to patients in Wales. | An increased psychological support for patients and donors. An increase of patients receiving transplants in Wales. Patients are well informed to make the appropriate choice on what Kidney Replacement Therapy is best for their them. | ✓ | ✓ | | | ✓ |
| Build upon current Patient and 3rd Sector participation. (Q4) | Increase participation within Commissioning Strategy, Service development. | The practice of co-production is developed and applied to the design and delivery of WKN commissioned services. Patients feel empowered to become actively involved in the development and delivery of care within the WKN Commissioned services. A sustainable 3rd Sector provision to support Kidney patients in Wales. | ✓ | ✓ | ✓ | ✓ | ✓ |

8.6.1 WELSH KIDNEY NETWORK : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|--------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| Strengthen national approach on Information Technology. (Q1) | Development of Renal Digital Strategy. | <p>Increasing and enabling standardisation where appropriate.</p> <p>Utilising existing systems to achieve maximum benefit.</p> <p>Reduction of inconsistent reporting on funded and unfunded capacity throughout Wales, through the development of digital intelligence solutions</p> <p>An increased offering of a digitised provision of Kidney Services in Wales.</p> <p>An established workforce model for Renal Digital Service across Wales.</p> <p>Develop population health resources which will provide greater intelligence for Kidney Services in Wales.</p> | ✓ | ✓ | ✓ | ✓ | ✓ |
| Deliver on Value In Healthcare programme. (Q1-4) | Continuation of regional ViHC projects. | <p>Increase in the number of patients choosing home dialysis and achieving >30% of patients at home.</p> <p>Improving the patient pathway for home dialysis by early support identifying barriers and finding solutions.</p> <p>Increasing the number of patients choosing pre-emptive transplant.</p> | ✓ | ✓ | ✓ | ✓ | ✓ |

8.6.1 WELSH KIDNEY NETWORK : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| Provide educational resource to Health care professionals, patients & carers. (Q4) | <p>Increased development and maintenance of WKN Website.</p> <p>Collaborative working with wider colleagues and 3rd Sector on material.</p> | <p>Increasing the number of patients choosing the appropriate Kidney Replacement Therapy through informed decision making process</p> <p>Capturing patients earlier within the pathway, focusing on a preventative approach.</p> <p>A standardised approach to educational resource for patients and health care professionals across Wales, reducing variation and delivery methods.</p> | ✓ | ✓ | ✓ | ✓ | ✓ |
| Develop a sustainable Renal workforce. (Q4) | <p>Review workforce within each Commissioned area</p> <p>Work on a demand and capacity model within the commissioned areas</p> | <p>Having a sustainable workforce model that is reflective of the commissioned services, aligning to local variations where appropriate.</p> <p>Increasing recruitment and retention numbers of nursing staff within the speciality of Renal, providing a development pathway supporting succession planning.</p> <p>Ensuring the appropriate funding is made available along with the sources of funding</p> <p>Delivery of the GIRFT recommendations for a Multi Disciplinary Team renal workforce</p> | ✓ | ✓ | ✓ | ✓ | ✓ |

8.6.2 MAJOR TRAUMA CONTEXT



Commissioned by WHSSC from Swansea Bay University Health Board on behalf of the six Health Boards (South, Mid and West Wales), the South Wales Trauma Network (SWTN) was launched in September 2020. The Network serves the population of South Wales, West Wales and South Powys, and is made up of hospitals, emergency services and rehabilitation services across the region, working together to ensure patients with life-threatening or life-changing injuries receive the best possible treatment and care.

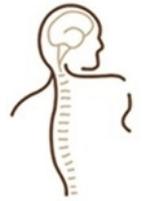
Since its launch, the Network has been subject to a First Year Evaluation which identified that, although the Network remains in its infancy, there is measurable evidence of its positive impact. The Network has also undergone its first Peer Review, which acknowledged the Network's successes, and which identified several areas of good practice and no Immediate Risks.

For 2024/25, WHSSC's focus will be on enhancing the Network's delivery assurance, commissioning and performance management arrangements. To this end, the following annual objectives are based on objectives contained in the WHSSC Service Specification, whose delivery will ensure that the Network consolidates, evaluates and optimises its delivery model during a period of acute financial challenge, subject to robust commissioner oversight. The SWTN Delivery Assurance Group (DAG) – a sub-group of the Joint Committee chaired by the WHSSC Director of Planning and Performance – will receive quarterly reports that track the delivery of these objectives, whilst an annual report will advise on the delivery of the Programme Business Case benefits realisation plan, including benchmarked outcomes.

8.6.2 MAJOR TRAUMA NETWORK : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| Continued delivery of planned South Wales Major Trauma Network and Major Trauma Centre evaluations. (Q2) | Undertake Gateway5 external assurance post implementation review. | Welsh Government and WHSSC assured that planned benefits are being achieved and that strategic outcomes are being met. | ✓ | ✓ | ✓ | ✓ | ✓ |
| Consolidation of major trauma service model at a time of significant financial Pressure. (Q4) | Use of peer review and evaluation to identify new and extant service gap. | Major trauma service to be optimally configured to meet challenges of delivery without recourse to further investment. | ✓ | | ✓ | ✓ | ✓ |
| | Provision of advice and data intelligence to commissioners that drives service configuration, staffing complement and enhanced utilisation of existing resource. | | | | | | |
| | Continue to undertake long-term planning which ensures that new capabilities can be brought into core operations as quickly and efficiently as possible. | | | | | | |
| Robust commissioner oversight, facilitated by revised reporting. (Q1) | Development of annual report, measuring performance against service specification and PBC investment objectives. | Demonstrable and measurable health gains, equity, clinical and skills sustainability, and value for money. | ✓ | | | ✓ | ✓ |
| | Proactively identify and ameliorate potential underperformance or divergence from requirements of service specification. | | | | | | |

8.6.3 SPINAL NETWORK CONTEXT



In order to ensure that all patients across South, Mid and West Wales have timely and equitable access to a safe, effective and sustainable spinal surgery service, the six applicable Health Boards agreed to establish an Operational Delivery Network (ODN), culminating in the South Wales Spinal Network going live on 24 September 2023. Commissioned by WHSSC and hosted by Swansea Bay University Health Board, the Network has operational authority to: maintain and coordinate patient flow across the spinal surgery pathway; lead the development, and coordinate implementation and delivery of standards and pathways; and promote and support cross-organisational and clinical multi-professional collaboration.

As spinal surgery services remain commissioned by Health Boards, the development of the Network has not necessitated an underpinning Programme Business Case. Its delivery and implementation will be overseen by the quarterly meetings of a Delivery Assurance Group (DAG), which will constitute a sub-group of the WHSSC Joint Committee and which will be chaired by the WHSSC Director of Planning and Performance.

Mindful of the Network's recent launch, WHSSC's focus for 2024/25 will be on the complementation of its planned implementation, culminating in its effective discharging of the responsibilities for which it has been granted operational authority. The following annual objectives therefore focus on the Network's full implementation, and on the delivery of the specified requirements and standards contained in the Network's Service Specification. In addition, WHSSC will need to be assured that it is able to deliver robust commissioner oversight, facilitated by appropriate reporting via the DAG and culminating in a newly instituted annual report that provides evidence of system evaluation, governance, performance and quality improvement.

8.6.3 SPINAL SERVICES : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| Complete planned implementation of South Wales Spinal Services Network. (Q4) | Development, delivery and implementation of standards and pathways. | Implementation of an Operational Delivery Network that ensures the delivery of safe, effective and sustainable spinal services across the patient pathway. | ✓ | | ✓ | ✓ | |
| | Promotion of and support for cross-organisational and clinical multi-professional collaboration. | | | | | | |
| | Provision of advice to commissioners that that shapes the future delivery and commissioning of services for patients with spinal conditions. | | | | | | |
| Delivery of specified requirements and standard. (Q4) | Consolidation of Network-wide collaborative approach. | Improved patient experience and outcomes across the Network. | ✓ | ✓ | | ✓ | ✓ |
| | Implement a network wide continuous process of system evaluation, governance, performance and quality improvement. | | | | | | |
| | Undertake benchmarking with NHS England (NHSE) spinal surgery networks and disseminate best practice. | | | | | | |
| Robust commissioner oversight, facilitated by appropriate reporting. (Q1) | Delivery Assurance Group (DAG) reporting to be developed with WHSSC that measures performance against service specification. | Demonstrable improvements to the experience and outcomes of patients who require elective or emergency spinal surgery. | ✓ | | ✓ | ✓ | |
| | Development of annual report that provides system evaluation, governance, performance and quality improvement. | | | | | | |

8.7 CROSS CUTTING DELIVERABLES : PLAN

Within the context of the Specialised Services Strategy, and the movement to a new joint commissioning committee for NHS Wales, there are also a number of cross cutting deliverables within this year, which are outlined here:

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| To build capacity for expert commissioning across NHS Wales. (Ongoing) | Detailed programme of activity including master classes, shadowing and on-line resources. | Increased capacity and competency in NHS Wales for commissioning. | | | | | |
| Continue to deliver the all-Wales Positron Emission Tomography (PET) Programme which includes establishment of four new PET centres in Wales. (Ongoing) | Effective oversight and assurance function of the three Projects (SBUHB, BCUHB and PETIC), in addition to implementation of other service enabling activity. | Increased scanning capacity across Wales to meet growing clinical demand. | ✓ | ✓ | | ✓ | ✓ |
| | | Improvement in key clinical and process outcomes. | | | | | |
| Develop the all-Wales strategic plan for the delivery of Molecular Radiotherapy (MRT) services in Wales. (Q2) | Set up appropriate programme infrastructure using established methodology. | Allows service providers and commissioners to prepare for the introduction of clinically and cost effective MRT treatments for Welsh patients. | ✓ | ✓ | | ✓ | ✓ |
| Establish a new programme to evaluate the clinical and cost effectiveness and utility of Advanced Therapeutic Medicinal Products (ATMPs). (Ongoing) | Set up appropriate programme infrastructure using established methodology. | Ensures high quality, relevant information is presented back to the service to inform future planning. | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | Ensures that patient reported outcome measures (PROMs) are shared back with patients/patient groups and support further patient collaboration/ engagement. | | | | | |
| | | Supports shared decision-making by providing patients and clinicians with comprehensive information on the outcomes of ATMPs by supplying linked data on PROMs, PREMs and clinical outcomes and a common point of access to this information. | | | | | |
| To commission all ATMPs in alignment with national guidance. (Ongoing) | Develop commissioning policies, pathways and designate providers. | Equitable access to effective treatments to maximise survival and quality of life. | ✓ | | | ✓ | |

8.7 CROSS CUTTING DELIVERABLES: PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| Inform a future programme of work for a WHSSC Outcomes Framework. (Ongoing) | Carry out an initial feasibility study in order to design a programme of work for Value-Based commissioning. | Develop and collect clinical and process outcome measures (including PROMs and PREMs) to determine treatment effectiveness and enable effective performance management. | ✓ | ✓ | ✓ | ✓ | ✓ |
| To provide WHSSC with a comprehensive and effective medicines optimisation resource. (Ongoing) | Continue to provide a robust and efficient Blueteq process for all medicines that are commissioned by WHSSC. | Strengthens financial governance and supports greater value for specialised medicine spend in NHS Wales. | ✓ | | ✓ | | ✓ |
| | | Ensures equitable access to medicines across Wales. | | | | | |
| | | Improves communication between WHSSC and clinicians. | | | | | |
| | Identify efficiency savings in relation to medicine use. | Identifies any potential savings to currently commissioned treatments. | | | ✓ | | ✓ |
| | Support the WHSSC Individual Patient Funding Request (IPFR) process, providing pharmaceutical advice and the production of evidence reviews as appropriate. | Ensures the IPFR team and WHSSC IPFR panel have access to timely, evidence-based information to assist decision making. | ✓ | ✓ | ✓ | | |
| Continue to provide a robust and efficient policy development process for all WHSSC commissioning activity, ensuring that policies are accurate and accessible. (Ongoing) | Follow the WHSSC methodology for policy development and update, including: <ul style="list-style-type: none"> • Maintenances of the Policy Register • Effective engagement with WHSSC commissioning teams • Facilitate the effective running of the WHSSC Policy Group • Provision of up to date, high quality evidence to support policy content | Ensures that WHSSC published policies accurately reflect commissioned services, are evidence based and are developed according to published WHSSC methodology. | ✓ | ✓ | ✓ | ✓ | |
| | | A planned update of the WHSSC 'Policy for Policies' Policy will ensure a consistent, transparent and efficient process is in place for future policy development. This will include new advice on when to issue WHSSC policies for a full public consultation. | | | | | |

8.7 CROSS CUTTING DELIVERABLES : PLAN

| GOAL | METHOD | OUTCOME | STRATEGIC OBJECTIVE | | | | |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| To provide a comprehensive, timely and accurate horizon scanning service (medicines and non-medical technologies). (Ongoing) | Work with external agencies to identify new medicines and non-medical technologies. Inform the WHSSC prioritisation process, WHSSC service development and financial planning within commissioning teams and supports other programmes within WHSSC and across NHS Wales. | Ensures that WHSSC and its commissioning teams have accurate and up-to-date information regarding all new medicines and non-medical technologies, including all mandated NICE and All Wales Medicine Strategy Group (AWMSG) approved medicines. | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | Ensures that WHSSC is informed of future potential specialised services/treatments, ensuring that commissioning decisions are supported with robust evidence. | | | | | |
| | | Provision of rapid evidence reviews to support prioritisation, policy development and specific projects across WHSSC commissioning teams and programmes. | | | | | |
| To facilitate the annual WHSSC prioritisation process for new interventions and technologies. (Ongoing) | Maintain the annual WHSSC prioritisation process (including optimal methodology) – identify topics, provide comprehensive evidence reviews and ensure appropriate membership of the Prioritisation Panel. | Provides comprehensive, evidence-based decision making on the introduction of new interventions to NHS Wales. | ✓ | ✓ | ✓ | ✓ | ✓ |

9. THE GOVERNANCE OF THE PLAN

- The Integrated Commissioning Plan is developed within a strong and well established Governance Framework.
- In WHSSC the Joint Committee and Management Group ensure the development of each of the processes that contribute to the plan, and sign off its content and financial implications.
- In WHSSC quarterly reporting against of the plan is scrutinised by the Information Governance Committee, following which a quarterly report is submitted to Welsh Government.
- Delivery of the plan is monitored through WHSSC planning processes, with areas of non-delivery/delay discussed through the WHSSC Performance Management meetings (Service Level Agreement meetings) with service providers.
- The Operating Model for the new Joint Commissioning Committee is to be agreed but arrangements will be put in place for robust monitoring of the delivery of the Plan.



10. QUALITY AND PATIENT SAFETY

WHSSC recognises the key importance of patients being able to access safe, effective specialised services that provide excellent user experience. In line with the statutory Duty of Quality in Wales, the quality of care and experience that patients and their families receive is central to the commissioning of specialised services. A focus on improving the quality of care and population outcomes is everyone’s business and all of our staff strive to ensure that quality and patient centred services are at the heart of commissioning.

The WHSSC Quality Framework was first developed in July 2014 with the purpose of setting the direction for the quality assurance of services and providing a structure for both the commissioning and provider element of specialised and tertiary services for the population of Wales. During 2021, the framework was revised and renamed the Commissioning Assurance Framework (CAF) to encompass all of the components necessary to provide assurance to Health Boards and the public that WHSSC commissions high quality clinical care and there are robust processes in place to monitor services. Where there is a concern regarding the quality of services and remedial action is required, escalation processes are initiated and acted upon in a timely manner. The CAF is supported by the following suite of documents which signal our approach to the robust management of specialised services:

- Performance Assurance Framework,
- Risk Management Strategy,
- Escalation Process; and
- Patient Engagement & Experience Framework.



The aim of the Commissioning Assurance Framework (CAF) is to move beyond the basic infrastructure to the next stage of driving quality assurance and more importantly improvement in our specialised commissioned services. The fundamental principles underpinning the Commissioning Assurance Framework are to develop open and transparent relationships with our providers, to engage and involve the clinical teams and work in partnership with stakeholders when planning and commissioning services. This requires a facilitative and proactive approach where intervention as early as possible is key in order to provide support to services where issues of concern are identified.

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 sets out the steps in the journey of quality improvement and supports the ambitions with ‘A Healthier Wales’ with the introduction of the Duty of Candour and Duty of Quality Act. The duty of quality requires quality-driven decision-making for all strategic decisions supported by the six domains of quality and six quality enablers which replace the Health & Care Standards. These will form the basis for reporting, decision making, monitoring and reporting on the quality of commissioned services.

11. FINANCIAL PLAN

This financial plan for 2024/25 has been drafted in response to the Welsh Government Financial Framework, Health Board expectations and system affordability for consideration, acceptance and inclusion within Health Boards Integrated Medium Term plans. A robust recurrent assessment has been undertaken based on the inescapable demand and inflationary pressures within the commissioned and contracted services that flows through the Joint Committee on behalf of Health Boards, in conjunction with funding confirmed in the 2024/25 Allocation letter.

Whilst the financial landscape for NHS Wales is challenging, this plan is set as a minimal investment plan and aims to address through baselines, year on year demand growth and relative price increases for the delivery of commissioned and contracted services. It is realistic to assume in the nature of advancing specialised services for our population yet low economies of scale, costs of delivery exceed inflation. An assessment of growth for comparison with NHS England has been undertaken that demonstrated a circa 8% for 2023/24

WHSSC does not have a statutory financial duty as a Joint Committee of all Health Boards, however, it takes very seriously its responsibility to deliver value for money and contribution to Health Board's financial duty. At month 8 2023/24, the WHSSC financial position contributed £10.4m back to the Welsh Health Boards in support of financial delivery for 2023/24. This has only been delivered in-year through non recurrent opportunities and the pausing or stopping of planned developments due to a significant improvement in Welsh and English performance delivery that is resulting in a £20m cost pressure in the financial performance of said contracts, that was not planned for during the 2023/24 plan. In year costs pressures have been robustly assessed and any provisions for developments during 2024/25 have been robustly risk assessed through the lens of patient safety.

Welsh Government has confirmed a 3.67% allocation uplift to health boards. If this is transacted as a pass through to NHS Wales and England contract providers as in previous years this equates to a £25.7m direct pass through to providers, which is 3.22% of the total uplift required.

The key underlying financial principles that underpin this plan are:

- To realistically address the cost of demand and robustly assess the underlying challenge going into 2024/25
- To prioritise the sustainability of services in NHS Wales by improving productivity and prioritising development provisions for patient safety (CIAG)
- To mitigate in year cost pressures by delivering a robust savings programme reducing potential excess cost in commissioned services
- To develop an opportunities pipeline and work programme that focuses on outcomes and value based healthcare

During the next 12 months a key focus will be to develop and progress with a Value Based and Outcomes Framework for commissioning, that will include intelligence required to support outcomes in commissioning. WHSSC has led two key projects in cardiology and cystic fibrosis services over the past 12 months that has led to the development of a draft methodology. This is a key focus and will be vital to commissioning services sustainably in future.

Finally the updating of the risk share framework used to distribute variation across Health Boards, has been paused during the pandemic years to assist the system with stability during uncertain times. The end of 2023/24, will see two years post pandemic transition and therefore, will potentially provide two clear years of activity and referral data. In that regard, a sub group of the Management Team, could be re-established to revisit and consider whether improvements can be made to the wider risk sharing financial framework.

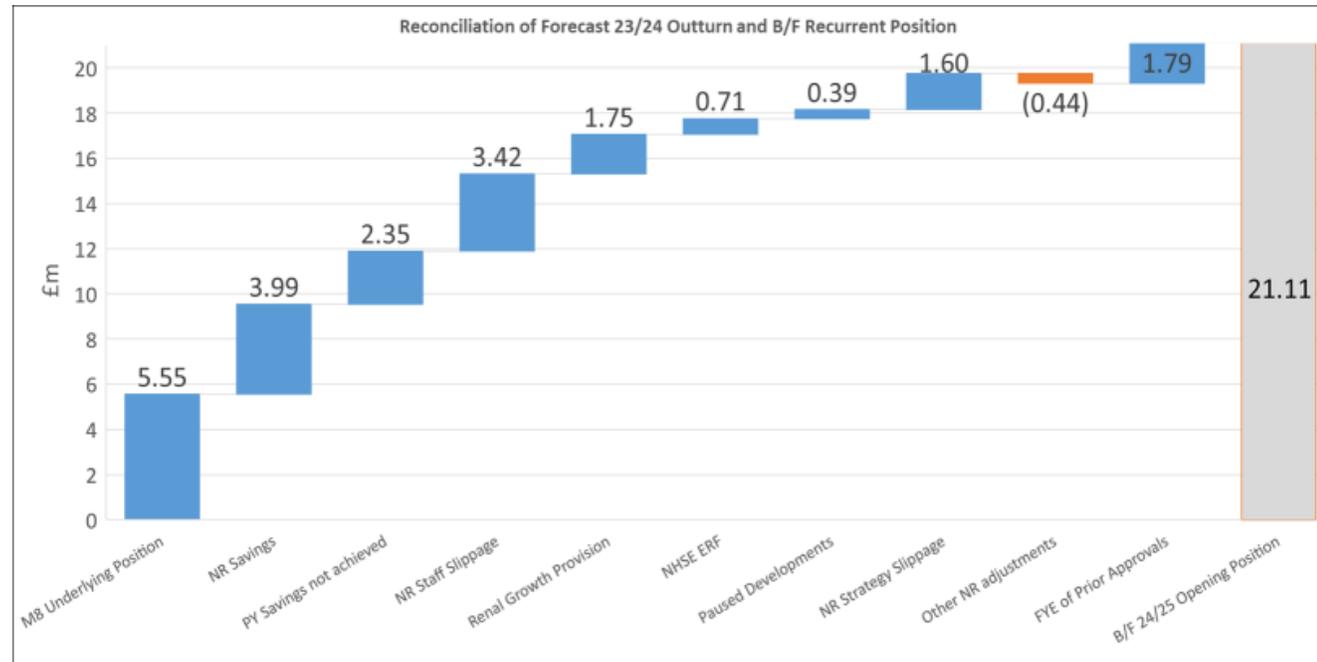
11. FINANCIAL PLAN

The table below provides the financial plan by Health Board for 2024/25. This articulates a core uplift for unavoidable demand and 2024/25 activity trajectory including high costs drugs of £21.838m. This assumes delivery of a £10m savings target. There are a number of further Welsh Government income assumptions excluded that will be worked through with Welsh Government colleagues including VERTEX Cystic Fibrosis Drugs, ATMP growth and Genomics Strategy Developments.

| | Aneurin Bevan UHB | Betsi Cadwaladr UHB | Cardiff & Vale UHB | Cwm Taf Morgannwg UHB | Hywel Dda UHB | Powys THB | Swansea Bay UHB | 2024-25 Total Requirement |
|--------------------------------------------------------|-------------------------|---------------------------|--------------------------|-----------------------------|---------------------|----------------|-----------------------|---------------------------------|
| | £m | £m | £m | £m | £m | £m | £m | £m |
| 2024-25 Opening Income (M8) | 152.401 | 167.567 | 138.495 | 115.953 | 90.747 | 33.107 | 100.390 | 798.660 |
| M8 23-24 Outturn Forecast | (1.294) | (1.672) | (2.609) | (1.771) | (1.385) | (0.217) | (0.773) | (9.722) |
| Reinstate Non-Recurrent Writebacks | 2.832 | 3.150 | 2.252 | 2.030 | 2.005 | 0.896 | 2.107 | 15.274 |
| Adjustments for Non Recurrent Performance | 2.619 | 4.374 | 3.056 | 1.692 | 0.882 | 0.396 | 0.742 | 13.761 |
| Full Year Effect of Prior Commitments | 0.356 | 0.179 | 0.366 | 0.243 | 0.238 | 0.065 | 0.351 | 1.799 |
| B/F Recurrent Position | 4.514 | 6.031 | 3.065 | 2.193 | 1.742 | 1.140 | 2.426 | 21.112 |
| Unavoidable New Activity Growth & Cost Pressures | 1.053 | 1.878 | 0.978 | 0.812 | 0.706 | 0.225 | 0.698 | 6.350 |
| NICE Growth | 0.375 | 0.446 | 0.317 | 0.284 | 0.246 | 0.084 | 0.248 | 2.000 |
| Savings & Re-Commissioning Schemes | (1.599) | (3.061) | (1.810) | (1.201) | (0.883) | (0.447) | (0.999) | (10.000) |
| CIAG & Prioritisation Schemes | 0.186 | 0.023 | 0.152 | 0.135 | 0.110 | 0.020 | 0.125 | 0.751 |
| Strategic Priorities - South Wales Thrombectomy | 0.406 | 0.000 | 0.332 | 0.276 | 0.269 | 0.047 | 0.295 | 1.625 |
| B/F Deficit, Growth, Savings & Developments | 4.935 | 5.316 | 3.034 | 2.499 | 2.190 | 1.069 | 2.794 | 21.838 |
| NHS E Provider Inflation - Uplift allocation 3.67% | 0.787 | 3.090 | 0.550 | 0.538 | 0.437 | 0.411 | 0.469 | 6.281 |
| NHS W Provider Inflation - Uplift allocation 3.67% | 4.088 | 2.655 | 3.773 | 3.173 | 2.407 | 0.605 | 2.729 | 19.431 |
| ICP Investment 2024-25 | 9.810 | 11.062 | 7.357 | 6.211 | 5.034 | 2.084 | 5.992 | 47.550 |
| Total WHSSC Funding 2024-25 | 162.210 | 178.629 | 145.852 | 122.163 | 95.781 | 35.191 | 106.383 | 846.210 |
| % Uplift Required | 6.44% | 6.60% | 5.31% | 5.36% | 5.55% | 6.30% | 5.97% | 5.95% |
| % Uplift Required before allocation inflation | 3.24% | 3.17% | 2.19% | 2.16% | 2.41% | 3.23% | 2.78% | 2.73% |

11. FINANCIAL PLAN

The movement between the 2023/24 underlying position of £5.5m and the 2024/25 carry forward financial challenge of £21.1m is illustrated below:



Developmental spend for the duration of this plan has been kept to a minimum. Previously prioritised but uncommitted expenditure as well as new CIAG schemes for 2024/25 have been assessed and considered in the context of safety risk. Following a robust risk assessment process there are a number of previously identified schemes that have been prioritised for safety reasons that were paused during 2023/24, recommended to be reinstated for 2024/25. This financial plan includes the financial provision for the six highest scoring risk assessed schemes for safety equating to £2.5m in total.

In addition, the current expenditure trajectory to meet demand in certain services are exponentially increasing and therefore increasing cost pressures in the following contributing factors can not be ignored: Therefore, the WHSSC unavoidable cost pressure is currently assessed at £8.350m:

- PET Scan volume and new indications £1.10m NICE £2.00m
- Individual Patient Care – High Cost Drugs £1.00m PICU and HDU Reconfiguration £0.60m
- Macro-economic ISP Inflation £1.15m Clinical Immunology & Haemophilia Products £1.5m

11. FINANCIAL PLAN

Savings - The Welsh Government financial framework requires organisations to deliver a 2% savings target as a minimum. The translation of this to the WHSSC plan has been considered in the context of influence-able spend as it has no direct influence over frontline provider cost base for services delivered. However, WHSSC has assessed this against its Drug, non NHS Wales and Independent Sector expenditure that equates to circa. £400m i.e. a £10m savings target equates to an efficiency target of 2.5%. The table below indicates the areas that will be targeted over the next year to realise this. Any further requirements to deliver further efficiencies will result in a direct deflator to provider contracts within Wales.

| Re-Commissioning & Savings | 2024/25 £m |
|---------------------------------------------------------|-----------------------|
| Cardiac Surgery re-alignment South Wales | (1.500) |
| Mental Health Strategy - Reduce OOA & LOS | (1.000) |
| 24/25 Medicines Management | (2.000) |
| BCU Cardiac contract Rebasing | (0.700) |
| Cystic Fibrosis - New contract model S Wales | (0.550) |
| Cystic Fibrosis - New contract model N Wales | (0.150) |
| Genetics - Repatriate send out tests phase 2 | (0.100) |
| NHS E Referral Management | (1.000) |
| Additional schemes to be worked through | (3.000) |
| Total Re-Commissioning and Disinvestment Savings | (10.000) |

Financial Risks - There are a number of pressures that have not been included within this plan due a realistic assumption around deliverability. These include but are not limited to:

- Further Paediatric outsourcing to maintain waiting times (c. £300k)
- Cryopreservation ovarian/testicular tissue for children at risk of infertility (£500k)
- Stabilising the Welsh Fertility Institute (WFI)
- English provision for changes to specialist top up's and inflationary increases beyond 3.67%
- Thrombectomy £1.6m has been included for a South Wales development, however there is a risk that patient flows to Bristol remain and grow.

11. FINANCIAL PLAN

Value and Sustainability

During 2023/24 we strengthened our approach to efficiency through the establishment of a Recommissioning and Efficiency Board, with membership from across WHSSC and the 7 Health Boards in Wales. The Board identified areas for focus and delivered savings through a pathway approach. The establishment of this Board provides a robust process for 2024/25 to strengthen the development of an opportunities pipeline with a specific focus on rebalancing long-term ambition and short-term requirements. In line with the NHS Wales financial framework a strengthened management approach will deliver on our increased expectation to implement the outcomes from the Welsh Government Value & Sustainability agenda. Our proposed approach to translating this into national agenda for commissioning is articulated as three key themes:

Technical Efficiency

- Achieve best value out of medicines management
- Optimise value from procurement
- Review of excess costs of independent sector and private providers

Incentivise Productivity

- Utilisation of contract maximising baseline investment
- Maximise risk share to incentivise activity to pre COVID levels as a minimum
- Offer referral management incentives to border Health Boards

Value Based Healthcare

- Meet demand appropriately and reduce avoidable demand
- Review of individual high cost patients or services and triangulate cost and outcomes
- Longer term approach working across NHS Wales and WG

12. ENABLING DELIVERY OF THE PLAN

Digital & Prudent



- WHSSC will expect its commissioned services to be delivered using the most up-to-date technology and innovative approaches, using the best available technology to best meet patients needs.
- The commissioning of WHSSC services overtime has meant that baseline reviews will be needed as a result of initiatives such as patient initiated follow up, see on symptoms etc.

Workforce



- Implementation of the plan will be dependant upon available resource, WHSSC will continue to work with providers to secure high quality staff and seek to mitigate risks in areas of sustainability including outsourcing, insourcing and redistribution of lists.
- WHSSC commissioned services should consider an agile workforce to meet changing workload.

Core Competency



- Developing and delivering commission competency both within and across NHS Wales.
- Enabling a “Once for Wales” commissioning approach – sharing skills and competencies.
- Enhancing the commissioning workforce so as to deliver increasing portfolio of service and responsibilities held by WHSSC
- Re-introduction of Performance Management Framework
- Effective management of business continuity risks

Finance & Value



- Drive forward value based schemes on outcomes and evidence based commissioning and medicines optimisation.
- Prudent use of resource – re-commissioning on the basis of review / new initiatives / drugs (i.e. intestinal failure, neonatal cots, cystic fibrosis)
- Work with Health Boards to performance manage against contract agreements, whilst cognisant of the challenge financial context in NHS Wales.
- Encourage strong recovery trajectories.

Once for Wales



- Shift to strategic commissioning.
- Support NHS Wales where “Once for Wales” makes sense.
- Developing a National commissioning approach.

13. THE NEW JOINT COMMISSIONING COMMITTEE

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This has included horizon scanning to explore other national commissioning functions and opportunities. The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there is scope to improve and strengthen decision making and accountability arrangements.

The Minister accepted all of the review's recommendations and this means that all of the services that are currently commissioned by WHSSC will be commissioned on a national basis by the new Joint Commissioning Committee, to be set up from 1st April 2024. This is the final Integrated Commissioning Plan for specialised services and an important part of the legacy statement for WHSSC.

The new Joint Committee will not simply be a merger of the current functions of EASC, NCCU and WHSSC but will be expected to act as a platform for commissioning of additional services, act as a source of expertise and advice in commissioning, support regional commissioning and build commissioning capacity across the NHS in Wales. As would be expected this aligns with many of the aims and objectives in the Specialised Services Strategy and in our Plan.

Work is underway to establish the new Joint Committee and bring the specialist, expert workforce across all three organisations together. As with any organisational change, there are risks of the transition and this can include staff turnover or other business continuity risks. These are being carefully monitored and any impact on the delivery of the ICP will be reviewed throughout the next year and managed through the new arrangements.

There will also be many opportunities and benefits that will be maximised through enhancing national commissioning within the policy direction set out in A Healthier Wales and we look forward to building on WHSSC's legacy to contribute to the strategic commissioning agenda of the new Committee.



APPENDICES

| | |
|------------|---------------------------------|
| Appendix A | List of Acronyms |
| Appendix B | Achievements from 2023/24 ICP |
| Appendix C | Ministerial Priorities Position |
| Appendix D | Summary of risk assessments |
| Appendix E | Detailed Financial Plans |
| Appendix F | Minimum Data Set |

| APPENDIX A - List of Acronyms A-Z | | HCC | Hepatocellular Carcinoma | PIFU | Patient Initiated follow up |
|-----------------------------------|------------------------------------------------------|--------|---------------------------------------------------|--------|--------------------------------------------------------------------|
| ABUHB | Aneurin Bevan University Health Board | HDU | High Dependency Unit | PREMS | Patient Reported Experience Measures |
| ACHD | Adult Congenital Heart Disease | HPB | Hepatobiliary | PROMS | Patient Reported Outcome Measures |
| AML | Acute Myeloid Leukemia | HPN | Home Parenteral Nutrition | PTSD | Post-Traumatic Stress Disorder |
| ATMPs | Advanced Therapy Medicinal Products | HSCT | Haematopoietic Stem Cell Transplantation | RTT | Referral To Treatment |
| AWLP | All-Wales Lymphoma Panel | ICBs | Integrated Commissioning Boards | SABR | Stereotactic Ablative Radiotherapy |
| AWMGS | All Wales Medical Genetics Services | ICC | Inherited Cardiac Conditions | SBUHB | Swansea Bay University Health Board |
| AWMSG | All Wales Medicine Strategy Group | ICP | Integrated Commissioning Plan | SIRT | Selective Internal Radiation Therapy |
| BCIG | British Cochlear Implant Group | IMPTs | Integrated Medium Term Plans | SOP | Standard Operational Procedure |
| BCUHB | Betsi Cadwaladar University Health Board | IP&C | Infection Prevention & Control | SOS | Seen on Symptom |
| BMT | Bone Marrow Transplant | IPFR | Individual Patient Funding Request | | Safe, Timely, Effective, Efficient, Equitable Patient Centred Care |
| BSRM | British Society Rehabilitation Standards | ISP | Independent Service Providers | STEEEP | |
| CAF | Commissioning Assurance Framework | JC | Joint Committee | SW | South Wales |
| CAMHS | Child & Adolescent Mental Health Service | JCC | Joint Commissioning Committee | SWTN | South Wales Trauma Network |
| CAR-T | Chimeric Antigen Receptor T-cell therapy | KRT | Kidney Replacement Therapy | TAVI | Transcatheter Aortic Valve Implantation |
| CF | Cystic Fibrosis | LTC | Long Term Conditions | TBC | To Be Confirmed |
| | Cystic Fibrosis Transmembrane Conductance Regulators | LTV | Long Term Ventilation | TIPSS | Transjugular Intrahepatic Portosystemic Stent-Shunt |
| CFTR | | MDT | Multidisciplinary Teams | TOP | Trauma in Older People |
| ChfW | Children's Hospital for Wales | MoJ | Ministry of Justice | TSW | Traumatic Stress Wales |
| CIAG | Clinical Impact Assessment Group | MRSA | Methicillin-Resistant Staphylococcus Aureus | TTP | Thrombotic Thrombocytopenic Purpura |
| CKD | Chronic Kidney Disease | MRT | Molecular radiotherapy | UHB | University Health Board |
| CNS | Clinical Nurse Specialist | MTC | Major Trauma Centre | VfM | Value for Money |
| CPTSD | Complex Post-Traumatic Stress Disorder | MTN | Major Trauma Network | ViHC | Value in Healthcare |
| CTMUHB | Cwm Taf Morganwg University Health Board | NEPTS | Non-Emergency Patient Transport | WAST | Welsh Ambulance Service Trust |
| CVUHB | Cardiff & Vale University Health Board | NGS | Next Generation Sequencing | WCBPS | Welsh Centre for Burns and Plastic Surgery |
| DAG | Delivery Assurance Group | NHS | National Health Service | WFI | Welsh Fertility Institute |
| DBS | Deep Brain Stimulation Service | NHSE | National Health Service England | WG | Welsh Government |
| ECMO | Extra Corporeal Membrane Oxygenation | NICE | National Institute for Health and Care Excellence | WGS | Whole Genome Sequencing |
| ED | Eating Disorder | NPTUHB | Neath Port Talbot University Health Board | WHSSC | Welsh Health Specialised Services Committee |
| EMR | Endoscopic Mucosal Resection | NW | North Wales | WIMOS | Welsh Institute of Metabolic and Obesity Surgery |
| ESRD | End Stage Renal Disease | ODNs | Operational Delivery Networks | WKN | Welsh Kidney Network |
| FACS | Forensic Adolescent Consultation Service | PET | Positron Emission Tomography | YG | Ysbyty Glangwili |
| GIRFT | Getting it Right First Time | PH | Pulmonary Hypertension | YGC | Ysbyty Glan Clwyd |
| HB | Health Board | PIC | Paediatric Intensive Care | | 81 |

APPENDIX B

QUARTER 3 ICP DELIVERY REPORT

Delivering the Integrated Commissioning Plan For Specialised Services for Wales 2023 – 2024

Quarter 3 Update



Key



Complete



Delayed started



Delayed not started



Not yet due

* Carried over from 22/23



Delayed (paused) due to financial improvement options (10-20-30)



Closed in Quarter due to agreed change to Plan

Updates from Q2 Report in blue text

| Action | Anticipated Outcome | Progress | Impact if Implementation Delayed | Action Status |
|--------|---------------------|----------|----------------------------------|---------------|
|--------|---------------------|----------|----------------------------------|---------------|

1. CANCER & BLOOD COMMISSIONING TEAM

| Radiotherapy | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|
| Commission the provision of safe and sustainable specialised radiotherapy closer to people's homes by; commissioning additional providers of Stereotactic Ablative Radiotherapy (SABR) within Wales: | <p>Increased access to SABR treatment closer to home for patients in north Wales with lung cancer. Increased sustainability and quality of the radiotherapy service within north Wales through providing modern radiotherapy services enhancing the ability to attract and retain high calibre staff.</p> <p>To provide equitable access for patients in Wales to SABR for the treatment of cancer and improve outcomes in line with clinical evidence.</p> | | | |
| Designation process for North Wales | Equitable access for patients in Wales to molecular radiotherapy (MRT) in alignment with clinical evidence and national guidance (NICE). | In the context of the Health Board's escalation status in September Management Group agreed a change to Plan for this scheme. Will be for the Health Board to activate the designated provider process when ready. | | Q1 - Closed |

| Action | Anticipated Outcome | Progress | Impact if Implementation Delayed | Action Status |
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| | Equitable access for patients in Wales to molecular radiotherapy (MRT) in alignment with clinical evidence and national guidance (NICE). | provider process when ready. | | |
| Commission new indications for SABR - pelvic, kidney and pancreatic cancer. | | <p>Policy development for new SABR indications is on track.</p> <p>Policy Group approval to proceed to consultation in July.</p> <p>Funding in Integrated Commissioning Plan (ICP) available from Q4.</p> | | Q1 |
| Proton beam therapy (PBT) –craniospinal radiation. Policy development. | | Policy for new PBT indication approved for publication at July Policy Group. | | Q1 |

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Neuroendocrine Tumours (NETS)

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| To consider commissioning a provider within south Wales to repatriate the service for patients with NETs (in accordance with WHSSC's designation process). | Radioligand therapy (PRRT) for NET: designation and repatriation to south Wales. | Quality and sustainability assessment completed. Final decision delayed due to on-going discussions relating to the cost to commissioners and value for money of the proposal from Velindre Cancer Centre (VCC). Meeting arranged between the Directors of Planning in WHSSC and VCC to resolve – February 2024. | Patients continue to have access to PRRT via the current pathway to Royal Free. | Q2*. Re-profiled to Q4. |
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Autologous Haematopoietic Stem Cell Transplantation for people with previously treated relapsing remitting multiple sclerosis (MS)

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| Complete stakeholder consultation and publish commissioning policy updated with new indication. | Commissioned pathway for bone marrow transplant (BMT) for patients with MS | Policy clinically agreed and approved by policy group for consultation. Discussions in progress with referrers and providers to finalise the pathway (delays due to challenges agreeing post- transplant follow up pathway particularly capacity at local BMT service). | Patients are referred via Individual Patient Funding Request (IPFR). | Q2* Re-profiled to Q4. |
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| Mesothelioma | | | | |
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| <p>To commission a host health board for Mesothelioma Multi-Disciplinary Team (MDT):</p> <ul style="list-style-type: none"> Agree service model Undertake provider designation process Identify resources in the system and transfer from Health Boards to WHSSC Funding release and contract agreement | Fully commissioned Mesothelioma service | This development has been paused due to inclusion in WHSSC's Financial Improvement Options and prioritisation for the ICP 2024/25. | Low impact. Patients have access to treatment via existing pathways. | Q2 * |
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| Specialist Radiotherapy Molecular Radiotherapy (MRT) | | | | |
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| Work to commission MRT in alignment with the all Wales strategic programme and National Institute for Health and Care Excellence (NICE) guidance. | Access to MRT for Welsh patients in line with NICE guidelines | NICE has not recommended Lutetium 177 for the treatment of prostate cancer (TA930, Nov 2023). Therefore, no current action required as has not been agreed for routine commissioning. At this point in time, it is not known if the manufacturer will make a further submission to NICE. | Patients continue to be treated according to existing guidance. | Q4 closed |
| Haematology and Immunology | | | | |
| To implement WHSSC's commissioning remit in haematology and immunology. | Improved patient access. Improved quality and sustainability. | Project Board and work-streams in progress since October. | Patients continue to be treated according to existing pathways. | Q4 Ongoing |
| Establish a project plan to implement the recommendations of the haematology and immunology commissioning review undertaken in 2022/23. | | On-track. Project due to complete in 2025/26. | | |

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Plastic Surgery

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| <p>To develop and agree arrangements for the commissioning of plastic surgery in Wales.</p> <p>To establish project structure and timelines for the re-alignment of commissioning responsibilities between WHSSC and health boards respectively.</p> | <p>Improved capability to innovate and develop pathways to improve patient care and outcomes.</p> | <p>The Project Board met in September and December. Clinical working groups held in Sept, Oct and Nov. Draft list of specialised plastics procedures agreed. On-track. Due to complete March 2025.</p> | <p>Patients continue to be treated according to existing pathways.</p> | <p>Q4 Ongoing</p> |
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Chimeric Antigen Receptors Cell Therapy (CAR-T)

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| <p>To work with stakeholders to implement NICE guidance for CAR-T therapies.</p> | <p>Equitable access for patients in Wales to effective treatments to minimise survival and quality of life.</p> | <p>Additional capacity required to meet demand for new NICE approved CAR-T therapy. Meetings held with providers in NHS England with regard to agreeing a pathway for referrals from Wales.</p> | <p>Patients treated at CVUHB or referred to NHSE Trust as prior approval/IPFR.</p> | <p>Q4 Ongoing</p> |
| <p>To develop commissioning policies and pathways for new CAR-T.</p> | | <p>Continuing to progress as planned.</p> | | |

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Strategic Development of Thoracic Services

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| To continue to support and work closely with the project led by Swansea Bay University Health Board (UHB) to establish a single thoracic surgery center at Morriston Hospital for the population of South West, East and Mid-Wales. | Equitable access to high quality and sustainable thoracic surgery for the population of Wales. | The thoracic capital case is currently being assessed as part of the Welsh Government's capital prioritisation process – deadline for Health Board submissions is end of March 2024. | | Q4 Ongoing |
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Hepatobiliary Pancreatic (HPB) Surgery

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| To work with stakeholders to advance the strategic development of Hepatobiliary (HPB) pancreatic surgery for welsh residents by; Continuing to work with health boards towards transferring the commissioning of HPB surgery to WHSSC. | Equitable access to high quality and sustainable HPB surgery for the population of Wales. | The service has not yet been transferred to WHSSC for commissioning and it is unlikely that this will take place in 2023/24. The work is currently being led by the Tertiary and Specialised Services Partnership Board (jointly led by Cardiff & Vale UHB and Swansea Bay UHB). | | Q4 Ongoing |
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Positron emission tomography (PET)

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| <p>Installation of a new fixed digital scanner at Positron Emission Tomography Imaging Centre (PETIC) in Cardiff; Swansea and North Wales in development of a business cases to support new fixed digital scanners.</p> | <p>Increased scanning capacity across Wales to meet growing clinical demand.</p> <p>Increased patients access to high quality facilities, optimum scanning and increased access to clinical trials and other research activity</p> | <p>The PETIC scanner was successfully replaced in July 2023 and is delivering extremely high-quality scans to patients.</p> <p>SBUHB and BCUHB business cases are delayed due to limited capital availability and Welsh Government prioritisation process (HB submissions due end of March 2024). Both business cases expected to be completed in Q3 2024/25. These risks and issues are being managed through the Programme Board.</p> | <p>The impact of the delays at SBUHB and BCUHB means that patients continue to receive tests via mobile scanners, with fragility in service due to reliance on mobile vans.</p> | <p>Q2</p> |
| | | <p>Other enabling work is nearing completion, such as the implementation of an Electronic Test Referral (ETR) form, data and reporting standardisation for PET sites, workforce training funding, in-depth horizon scanning of PET radiopharmaceuticals, as well as patient and staff questionnaires.</p> | | |

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| Genomics | | | | |
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| Continue to work closely with the All Wales Genomics Service to support the continued strategic development of genetic testing for Wales including the test directory, new pharmacogenetic tests, repatriation and infrastructure development. | To commission access to evidence based genomics in line with NICE guidance and the test directory | Quarterly meetings with the genomics service in place. | Moderate impact | Q4 |

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2. CARDIAC COMMISSIONING TEAM

| Pulmonary Hypertension (PH) Service | | | | |
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| <p>Improving Access to Pulmonary Hypertension Services by implementing the agreed clinical model</p> <p>Develop a plan to implement the recommendations from 'A Pulmonary Hypertension Service for Wales'.</p> <p>Review demand and capacity needs.</p> <p>Designate a provider.</p> <p>Identify investment requirements</p> | <p>Satellite service will ensure that Welsh patients are able to access PH care closer to home</p> | <p>Draft service specification nearing completion. Service specification will be used to ascertain whether the service provided by Swansea Bay UHB is specialised provision that should be funded by WHSSC</p> <p>ICP objective of developing a new satellite service was included in the WHSSC's Financial Improvement Options and paused for prioritisation in the ICP 2024/25 – not prioritised to proceed.</p> | <p>SBUHB service continuing on a HB-commissioned basis. Patients from South Wales outside the SBUHB area travel to designated providers in England.</p> | <p>Q4</p> |

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| Inherited Cardiac Conditions (ICC) | | | | |
| <p>Developing a full service model for the delivery of ICC:</p> <p>Implementation of a service specification for ICC.</p> <p>Continued engagement with clinical working group.</p> <p>Development of a proposal for full service model to link with the Phase 1 investment.</p> | | <p>Planned allocation of 4x Clinical Nurse Specialist (CNS) and 4x Administrator posts included in the WHSSC's Financial Improvement Options and paused for prioritisation in the ICP 2024/25 – not prioritised to proceed.</p> <p>Work to develop full service model continues to be discussed with the service.</p> | <p>ICC service to be reviewed and re-prioritised in future ICP rounds. Possible regional inequity.</p> | Q4 * |
| Adult Congenital Heart Disease (ACHD) | | | | |
| <p>Monitor investments into ACHD and work with partners to</p> | <p>Patients on established pathways are able to move between levels of</p> | <p>Monitoring for Q1 complete.</p> <p>All phases will be subject to ongoing oversight via Cardiac Services Risk, Assurance and Recovery meetings.</p> | <p>WHSSC will not be assured that the three-phase investment in the South Wales ACHD service has delivered its planned outcomes.</p> | Q1 Complete |

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| Transcatheter Aortic Valve Implantation (TAVI) | | | | |
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| <p>Review of TAVI procedures</p> <p>Development of optimal service model</p> <p>Re-baseline Cardiac and TAVI</p> <p>Appropriate commission Cardiac Surgery Service</p> | <p>Increased access to appropriate cardiac services.</p> | <p>Phase 1 of the Cardiac Review – comprising the planned review of TAVI procedures and re-baselining of Cardiac and TAVI contracts – complete and reported to Management Group (December 2023) and Joint Committee (January 2024). Report findings will be used as basis for negotiation with Health Boards.</p> <p>Phase 2 – which will develop an evidence driven optimal service model and encompass a new cardiac surgery service specification has been commenced and is scheduled for completion during Q4 2024/25.</p> | <p>No patient impact. Outcomes and adherence to TAVI Policy were reviewed and no issues identified. Commissioner financial benefits to be negotiated with provider Health Boards.</p> | <p>Q3</p> |
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Obesity Surgery

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| <p>Support Swansea Bay UHB to deliver commissioned activity.</p> <p>Work with Aneurin Bevan UHB to develop proposals for the health board to become a provider of obesity surgery.</p> | <p>Delivery of the Welsh Government's All Wales Obesity Pathway.</p> | <p>The Welsh Institute of Metabolic and Obesity Surgery (WIMOS) provided by Swansea Bay UHB submitted an investment scheme to the Clinical Impact Assessment Group (CIAG) 2023 process which has been prioritised in the 2024/25 ICP (not prioritised to proceed).</p> <p>A proposal submitted by Aneurin Bevan UHB was assessed using the Designated Provider Framework in Q3. Although of a commendably high standard, the assessment concluded that, in view of current financial pressures, WHSSC was not presently able to fund an additional obesity surgery provider. This finding was endorsed by Management Group in December 2023, and the Health Board informed.</p> | <p>SBUHB currently delivering contract volumes and access times are good for South Wales patients referred into the service.</p> | <p>Q4</p> |
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3. MENTAL HEALTH & VULNERABLE GROUPS

| Mental Health Strategy | | | | |
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| <p>Improve all specialist mental health services for Welsh residents. Implementation of Year 1 of the specialist service strategy for Mental Health. This includes but is not restricted to the priorities outlined below</p> <p>Establish the programme arrangements for the strategy</p> | <p>People requiring specialist mental health services have higher quality services closer to home</p> | <p>Final strategy has been developed and supported by Management Group. Approved by Joint Committee January 2024.</p> | <p>Urgent work will continue to minimise impact to patients, however some work will be delayed during year 1 of the strategy.</p> | <p>Q3 – Delayed until Q4</p> |

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| Eating Disorders (ED) | | | | |
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| Commission sustainable provision for Eating Disorders. | Welsh residents have access to high quality eating disorder provision | Four beds have been commissioned from the Independent Sector in Ebbw Vale and Welsh patients have been repatriated from England to these beds. The arrangement will be reviewed in the new year with the potential to commission further beds. | Patients continue to be placed outside of Wales however there is a repatriation plan in place where appropriate. | Q2 Ongoing into 2024/25 |
| Secure short term provision. | | Short term provision secured | Service provision continues with placements added to framework where possible. | Q3 |
| Options appraisal on further model | | | Robust service provision delayed. Service provision continues with | Q3 Ongoing into 2024/25 |

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| To enhance the patient pathway and flow between differing components of the secure service for both men and women (inclusive of patients with a learning disability) by; | Welsh patients requiring secure service provision are able to access high quality services with an effective pathway across the entire system. | A Single Commissioner model for Mental Health Secure Services has been agreed. The Project Board's inaugural meeting is scheduled for January 2024. | Current service provision continues | Q4 Ongoing into 2024/25 |
| Establish a programme | | Programme to implement the Mental Health Specialised Services Strategy currently being developed in line with the final strategy. | | |
| Commission demand and capacity analysis | | Final Demand and Capacity Report received October 2023. | | |
| Assess the impact of commissioning all secure service provision for mental health patients in Wales | | Complete. Single Commissioner for Secure Mental Health project initiated. | | |
| Identify lead commissioner | | Complete. WHSSC Identified as lead commissioner. | | |

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Mother and Baby Unit (MBU)

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| To ensure mothers requiring specialist mental health services have access in a timely way by: | Mothers requiring support are able to access this as close to home as possible in a timely manner. | Work to commence in Q4 | | Q4 |
| Implement the findings of the review into the Mother and Baby Unit in Tonna | | Recommendations to continue Tonna service provision. | | |
| To work with NHS England on the Mother and Baby Unit for North Wales patients | | Project to develop Mother & Baby Unit with Cheshire and Wirral Partnership underway with 2 beds commissioned for Welsh patients - due to open Autumn 2024. | | |

Child and Adolescent Mental Health Service (CAMHS)

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| To ensure that CAMHS services are available and delivered in compliance with the WHSSC service specification | Increased access to high quality CAMHS services for Welsh residents. | CAMHS Tier 4 Inpatient Service Specification published December 2023. | | Q3 |
| Scope and make proposals on CAMHS in-patient service provision | | | | |

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| <p>Gap analysis and work force models Implementation and resourcing plan Agree with Welsh Government and Health Boards (HBs) any further developments to inpatient services</p> | <p>Implementation of Service Specification</p> | <p>As above</p> | <p>Current CAMHS service specification in place and impact minimal. Work ongoing to revise the service specification in line with timeframe.</p> | <p>Q3</p> |

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| Gender Services | | | | |
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| Take forward release of agreed financial resource in order to increase capacity in the Welsh Gender Service | To ensure that Welsh residents have access to non-surgical gender identity services in a timely manner. | Included in WHSSC's Financial Improvement Options and paused for prioritisation in the ICP 2024/25 – not prioritised to proceed. | It will take longer to reduce waiting times if demand stays the same. If demand on the service increases, waiting times could potentially increase. | Q2 |
| Continue to monitor and address the waiting list for new and follow up patients. | To ensure that Welsh residents have access to non-surgical gender identity services in a timely manner. | WHSSC are currently exploring the repatriation of open cases from the London Gender Identity Clinic (GIC) to reduce waiting times between appointments for those patients. | Open cases will continue to be under the care of the London GIC but may have longer waiting times between appointments. | Q4 |

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| To commission high quality timely Gender Identity Development services for Children and Young People (CYP) in Wales: | Children and young people in NHS Wales have timely access to Gender Identity Development Services | WHSSC continue to participate in the transformation work programme to help ensure a future sustainable and evidence- based service for the children and young people of Wales. | This is essential and in place. | Q4 |
| Seek to secure a regional provider in Wales | | University Hospital Bristol are progressing with plans to become a phase 2 provider for Children & Young People Gender Services. WHSSC and NHS England have agreed to set up a work programme with Bristol Children's Hospital to start explore a future model for Wales which will include representation from the Children's Hospital for Wales. An initial meeting between all parties took place in September. Cardiff and Vale University Health Board were also represented at the meeting. | Service will still be provided to Welsh CYP through the phase 1 providers based in North and South of England. | |

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| <p>Manage risk and continuity of service as a result of the signalled termination of service from the Tavistock and Portman NHS Foundation Trust in NHS England.</p> | | <p>WHSSC continue to manage the risks and provide continuity of care</p> | <p>This is essential and in place</p> | |
| <p>Continue to represent the interests of welsh residents and NHS Wales through the NHS England Children's Gender Dysphoria Work Programme and Work streams</p> | | <p>WHSSC are represented on the NHS England programme board and continue to actively represent the interests of Welsh patients.</p> | <p>This is essential and in place.</p> | |

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| Forensic Adolescent Consultation and Treatment Service (FACTs) | | | | |
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| To formally commission Forensic Adolescent Consultation and Treatment Service (FACTs for Youth Offending Teams (YOTS)) | Children and young people in the Youth Offending Team system have access/increased access to Forensic Adolescent Consultation and Treatment Services | The Youth Justice Board (WHSSC commissions this service on their behalf) has requested an evaluation of the current service. WHSSC is convening a working group to agree the terms of reference to inform an evaluation of the current service and development of a service specification. | There will be minimal impact as the service is currently in place with no performance or quality concerns. | Q2 (Re-profiled to Q4) (potentially ongoing into 2024-25) |
| Develop and consult on a service specification for Forensic Adolescent Consultation and Treatment Service (FACTs) advice , guidance and consultation to Youth Youth Offending Teams (YOTS) | | The development of a service specification has been re-profiled from Q2 to Q4 so a service evaluation can be undertaken. | | |

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| Transfer of Welsh Government additional 'funding arrangement' to formally commissioned service against the service specification | Additional funding included in the Cwm Taf Morgannwg University Health Board Service Level Agreement (SLA) | WHSSC are liaising with Welsh Government to reflect the additional funding in the Cwm Taf Morgannwg SLA | | |
| WHSSC are working with Cwm Taf Morgannwg UHB and key stakeholders on the development of a draft FACTS (for CAMHS) service specification. | Specification published. | Specification published in September 2023 | Service is already operational, no direct impact on delivery. | Q2* |
| Specialist Gambling Addiction Service | | | | |
| To explore the commissioning of a Specialist Gambling Addiction Service for | Increased access to specialist support for people with gambling addiction across Wales | Welsh Government has advised that they are looking to set up set up an advisory group to look at the review of the. | No implication as this would be a new service. Health Needs Assessment | Q4 |

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| <p>the population of Wales</p> <p>Scope what may be required</p> <p>Needs assessment enabled</p> <p>Present commissioning options to Welsh Government</p> <p>Subject to consideration, commission (needing identification of associated resources both staff and finance)</p> | | <p>Gambling Act 2005 which will include the consideration of a specialised gambling addiction service. Welsh Government will advise on next steps. Timescales have not been indicated.</p> | <p>indicated the need to address lower tiers of the pathway initially.</p> | |
| Learning Disability | | | | |
| <p>Implementation of the recommendations from the individual patient reviews report.</p> | <p>Identified recommendations following the individual patient reviews report.</p> | <p>Action plan being developed to take forward the recommendations from the individual patient reviews report, as appropriate to the WHSSC</p> | <p>Minimal impact patients still receiving care</p> | <p>Q4</p> |

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| | | portfolio as part of the strategy. | | |
| Secure inpatient capacity for patients with Learning Disabilities | Action plan to be in place for patients with Learning Disabilities | Action plan being developed as part of the strategy for access to secure inpatient beds for Welsh Residents with a learning disability. | Patients continue to receive care | Q4 |

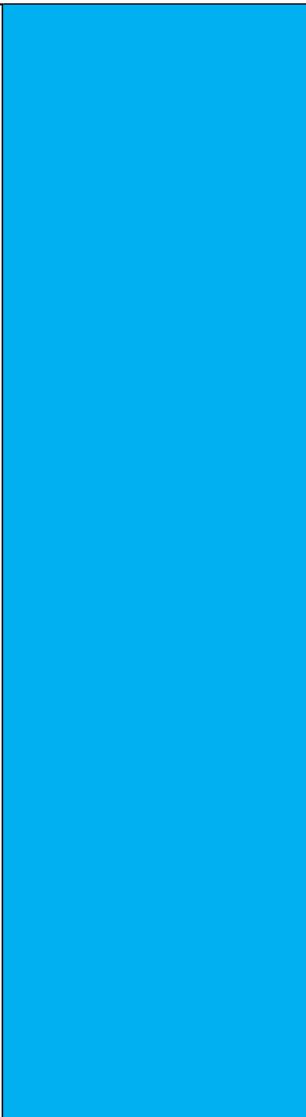
4. NEUROSCIENCES AND LONG TERM CONDITIONS COMMISSIONING TEAM

| Cochlear Implants | | | | |
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| Repatriation of Adolescent Paediatric Cochlear Implant Patients from Manchester | A more local and accessible service for Paediatric Cochlear Implant patients in the North Wales region | WHSSC served formal notice to Manchester University NHS Foundation Trust in September 2023 (Q2) and on 1st March 2024 the new commissioning arrangements will commence. | Patients will continue to travel to Manchester in the interim. | Q1* |

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| Tertiary Thrombectomy Services in South Wales and development of Hyper-Acute Stroke Units (HASUs) | | | | |
| Address long term commissioning arrangements. Ensure sustainability, deliverability and access of the Mechanical Thrombectomy service. | Delivery of thrombectomy for the South Wales population | High priority, not included in WHSSC's Financial Improvement Options. Business Case for a Thrombectomy Centre was received from CVUHB during August 2023. Funding Release paper was considered by Management Group and approved by the Joint Committee in January 2024. | Service will continue to be delivered in partnership with North Bristol NHS Trust. | Q1* (Re-Profiled to Q3) |
| Specialist Auditory Hearing Service | | | | |
| Clinical engagement - Undertake a targeted engagement process in line with guidance on NHS service changes in Wales. Progress change as a result of the outcome of the engagement process. | Increases access to specialist auditory hearing services for the population of South Wales. | Joint Committee – approved Engagement Outcome and next steps paper (May 2023). Project Timeline paper completed and approved by Management Group – implementation on-track with high-level timeline. Designated Provider process to establish single centre site and outreach provision underway. | Patients continue to receive care from existing providers | Q1 Completed. Q2 Completed. |
| | | Draft Service Specification issued for consultation, comments received currently being incorporated. | | Q3 (Re-profiled for Q4) |
| | | Designated Provider process information sent to provider (CVUHB) – CVUHB Proposal received in January 2024. | | Q3 (Re-profiled to Q4) |

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| Spinal Surgery | | | | |
| <p>Strengthened Spinal Surgery clinical pathway to reduce the high number of emergency radiotherapy cases and mitigate the risk of patients failing to receive surgical and radiotherapy in a timely manner.</p> <p>Developing a Business case for two Metastatic Spinal Cord Compression Co-ordinators (MSCC) for South East and West Wales.</p> | <p>Reduction in patient safety concerns.</p> <p>Reduction of risk of paralysis and pain associated with spinal metastases. Delivery of care in a timely manner</p> <p>Ability to meet the National Institute for Health and Care Excellence (NICE) Clinical guideline (CG75</p> | <p>High priority, not included in WHSSC's Financial Improvement Options. Metastatic Spinal Cord Compression Co-ordinators (MSCC) business case received in August 2023 and WHSSC funding release approved by Management Group in September 2023; funding release letter to be issued imminently.</p> <p>Recruitment of posts and subsequent delivery of strengthened pathway to be monitored via the South Wales Spinal Network Implementation Board.</p> | <p>Medium impact – strengthened of spinal Surgery clinical pathway will be delayed, pending recruitment of planned Metastatic Spinal Cord Compression Co-ordinators</p> | <p>Q1 (delayed until Q2) Completed</p> |

| Action | Anticipated Outcome | Progress | Impact if Implementation Delayed | Action Status |
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| Specialised Rehabilitation Strategy | | | | |
| <p>To provide a sustainable and equitable delivery model across Wales for Specialist Rehabilitation Services.</p> <p>To work towards achieving national standards.</p> | <p>Explore the development of a Rehabilitation network across Wales.</p> <p>To commission a hyper acute assessment unit for the South Wales region.</p> <p>Review and recommission services on a systematic basis to promote safe, sustainable and high quality service model.</p> | Strategy to be completed in Q4. | Medium impact. | Q2* (Re-profiled to Q4) |
| Neuro-rehabilitation service | | | | |
| Develop a safe and sustainable Neuro-rehabilitation service for the South West | Strengthened clinical pathway ensuring timely access to specialised | Received business case from the SBUHB Neurorehabilitation service in Q3. | Medium impact - there are a number of posts which are critical for business | Q2 |

| Action | Anticipated Outcome | Progress | Impact if Implementation Delayed | Action Status |
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| <p>rehabilitation service for the South West Wales region which meets national standards and improves the flow of patients through the clinical pathway.</p> <p>Development of an All Wales Specialist Rehabilitation service specification.</p> <p>Development of a Business Case for workforce investment.</p> <p>Agree quality standards to measure and improve patient outcomes and experiences.</p> | <p>rehabilitation treatment</p> | <p>Develop a safe and sustainable Neuro-rehabilitation service for the South West</p> | <p>continuity. Scheme will be reconsidered for ICP 2025/26.</p> |  |

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| Development of the Case Manager role and establishment of the Rehabilitation coach posts. | | | | |
| Enhanced Prolonged Disorders of Consciousness (PDOC) care Pathway | | | | |
| <p>Development of an All Wales Specialist Rehabilitation service specification which will include PDOC pathway.</p> <p>Development of a Business Case for workforce investment.</p> <p>Agreement of quality standards to measure and improve patient outcomes and experiences.</p> | Robust clinical pathway for patients with Prolonged Disorders of Consciousness that meets national standards and the National Clinical Guidelines (2020) | High priority, not included in WHSSC's Financial Improvement Options. Business case received from CVUHB in December 2023. Funding Release paper scheduled for Management Group consideration in March 2024. | | Q2 – (Re-profiled to Q3) |

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| Neurosurgery | | | | |
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| <p>Progress outstanding actions to take forward a Neurosurgery Business case.</p> <p>Equitable access and sustainability and improve the delivery model.</p> <p>Increase theatre capacity and address workforce gaps.</p> <p>Improve access and outcomes.</p> <p>Review commissioning arrangements of some services.</p> | <p>Sustainable service that meets demand requirements.</p> | <p>Included in WHSSC's Financial Improvement Options and paused for prioritisation in the ICP 2024/25 – prioritised to proceed in 2024/25. Business case received from CVUHB.</p> | <p>High impact - there are a number of posts which are critical for business continuity. These are being progressed and are included in the ICP 2024/25.</p> | <p>Q2*</p> |
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5. WELSH KIDNEY CLINICAL NETWORK

| Increasing Capacity of Unit Dialysis | | | | |
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| <p>Commission additional capacity for unit dialysis patients within the South West Wales region. Focussing on the Neath Port Talbot (NPT) and Bridgend area. The dialysis offering will be on an off-site* location and the need will be incorporated into the ongoing tender which is looking at the whole of the South West Wales (SWW) regional service led by Swansea Bay UHB and undertaken by NHS Wales Shared Services Partnership (NWSSP) Procurement Services.</p> <p><i>*off-site is a non NHS DGH site</i></p> | <p>New purpose built dialysis units that will increase the opportunity for patients to undertake dialysis near to home. By increasing the capacity will have a positive effect on the current unit dialysis service that is being offered via Morrision site, by reducing number of twilight shifts in operation. Releasing pressure off existing staff.</p> | <p>New equipment replacement programme and refurbishment of units within Hywel Dda UHB footprint on target</p> <p>Bridgend site on schedule for Quarter 3 2024 completion.</p> <p>Delay in Programme for Neath Port Talbot site due to site availability and planning approval. Alternative options being explored i.e. temporary unit for Neath Port Talbot area</p> | <p>Medium impact Capacity risk is currently tolerated.</p> | <p>Q4*</p> |

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Unit Dialysis Growth

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| Close monitoring of activity levels enabling robust forecasting. Historical trends indicate this remains steady at 4% year on year growth. | Sustainable service that meets demand requirements. | Monitoring of trends has identified variation within regional growth. WKN has commissioned a Demand & Capacity review to ensure a sustainable model for meeting the demand of Unit Dialysis. This will include the predictive growth of co-morbidity areas i.e. Diabetes and the potential impact on demand for Kidney replacement therapy. | Minimal impact on funding flow. Medium impact on regional areas managing and flexing the workforce to meet increased demand. | Q4 |
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Get It Right First Time (GIRFT) Report

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| Consider & implement GIRFT report recommendations as they apply to Wales. Partnership approach with NHS England Renal Transformation Programme (RSP) to ensure alignment with best practice. | Best practice and equity of service is maintained with any inequities in workforce across Wales addressed. | Demand and Capacity work in process. WKN Lead Nurse part of National Workforce and Acuity review with Association of Nephrology Nurses UK (ANNUK) | Minimal impact | Q4 |
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| Digitalisation of Kidney Care Services | | | | |
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| Building on the experience gained from the Transformation Programme to enable full roll-out of innovation across Wales | Parity of digitalisation achieved across all services in Wales. | Actions are on track | Minimal impact | Q4 |
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| Home Dialysis Strategy | | | | |
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| Finalise draft strategy through engagement with stakeholder and drawing the learning from the home dialysis peer reviews. | Strategy adopted and procurement framework to enable delivery of a sustainable, equitable, fit for purpose home dialysis service. | The peer review process has now concluded. Discussions to commence imminently with regard strategy development. | Minimal impact | Q4 |
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| Organ Donation and Transplant | | | | |
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| Value in Healthcare programme to support the delivery of the Organ Donation and Transplant Plan for Wales by; Utilising a Programme Management Office approach to establish a stakeholder Project Board to deliver the value in Healthcare programme. | Pre-habilitation programme adopted | Whilst project structure has not been developed a planned, regular reporting is submitted to Wels Government in line with project reporting requirements. | Minimal impact | Q4 |
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6. WOMEN AND CHILDREN COMMISSIONING TEAM

| Paediatric radiotherapy | | | | |
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| To engage with stakeholders in Wales and NHS England with regard to a sustainable service model for paediatric radiotherapy as locally as possible. | Provide a sustainable service model for paediatric radiotherapy as locally as possible. | In progress | Patients continue to access treatment via existing pathways. | Q4* |
| | | <p>North Wales: new pathway to Christie Hospital, Manchester, commenced in Q1 2023/24.</p> <p>Llais have been advised of pathway change.</p> | | Q1* Completed |

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| Neonatal Transport service | | | | |
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| <p>Agree the service model for a neonatal transport service.</p> <p>Operational Delivery Network implementation can now proceed.</p> | <p>Patients have access to a 24/7 Neonatal transport service.</p> | <p>The Neonatal Transport service is being considered as part of the wider Neonatal Phase 2 strategic planning work.</p> | <p>Interim model remains in place, there is a risk to workforce sustainability due to uncertainty.</p> | <p>Q1* (re-profiled to 2024/25)</p> |
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| Paediatric Infectious Diseases | | | | |
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| <p>Development of a business case</p> | <p>Equitable access with equitable waiting times for all patients monitored through activity numbers and</p> | <p>Included in WHSSC's Financial Improvement Options and paused for prioritisation in the ICP 2024/25 – prioritised to proceed.</p> | <p>Currently commissioned Health Board to Health Board therefore risk minimal and current service is still operational.</p> | <p>Q1 (Re-profiled to Q4)</p> |
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Paediatric Orthopaedic Surgery

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| Undertake Needs assessment and gap analysis to inform future requirements. | Entire Paediatric Orthopaedic Surgery pathway is commissioned effectively. | Included in WHSSC's Financial Improvement Options and paused for prioritisation in the ICP 2024/25 – prioritised to proceed. | Currently commissioned Health Board to Health Board therefore risk minimal and current service is still operational. | Q2 (delayed until ICP 24/25 approval) |
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Specialised Paediatric Spinal Surgery

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| Undertake Needs assessment and gap analysis to inform future requirements | Patients across South and West Wales have timely access to surgical treatment. | Released investment to support Clinical Nurse Specialist to service. Resource transfer required from HB to WHSSC. | Currently commissioned Health Board to Health Board therefore risk minimal and current service is still operational. | Q2 * |
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| High dependency services | | | | |
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| Commission High Dependency Services for children accessing specialised services through the development of a business case. | Reduction in refusal rates monitored through activity | Demand and capacity requested from provider to understand the number of patients occupying High Dependency from each resident HB and the service in which they are under the care of – addressed through Escalation process. | Currently commissioned Health Board to Health Board therefore risk minimal and current service is still operational. | Q3 (re-profiled to Q4 to align with escalation processes) |
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| Paediatric Strategy -Service Reviews | | | | |
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| Review 3 services – Paediatric Cleft Lip and Palate (CLP) | Improved access to Paediatric Services for all patients across Wales | Capacity constraints within the service (single handed consultant has left) has added delay to the completion of the report. Work has commenced. | | Q3 Paediatric CLP (re-profiled to Q4) |
| Paediatric Nephrology Paediatric Oncology | Equitable waiting times for patients accessing | | | |

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| <p>in detail to ensure:</p> <p>Detailed access criteria</p> <p>Ensure sufficient MDT capacity to meet demand.</p> <p>Quality indicators in line with the Safe, Timely, Effective, Efficient, Equitable and patient-centred care (STEEEP) Quality Frameworks</p> <p>Equitable access to high quality in-reach and outreach provision</p> <p>Contractual arrangement is fit for purpose</p> <p>Review one service per quarter</p> | <p>both in-reach and outreach services</p> <p>Sustainable staffing levels that meet the needs of the paediatric population</p> | | | <p>Q4 Paediatric Nephrology</p> <hr/> <p>Q4 Paediatric Oncology</p> |

| Action | Anticipated Outcome | Progress | Impact if Implementation Delayed | Action Status |
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| <p>Published service specification for each reviewed service</p> <p>Contract rebasing for each reviewed service</p> <p>Individualised Quality Indicators published and reported against for each reviewed service</p> <p>Sustainable workforce model for each reviewed service</p> | | | | |
| Paediatric Surgery | | | | |
| Develop Specialised Paediatric Surgery service specification, ensuring clear access and exclusion criteria | Clear access criteria for specialised paediatric surgery | Work to start in Q3. | | Q4 |

| Action | Anticipated Outcome | Progress | Impact if Implementation Delayed | Action Status |
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| Clinical engagement Clinical workshop Consideration by Policy Group and formal consultation. | | | | |

7. VALUE, EFFICIENCY AND RE-COMMISSIONING

| Progress schemes aimed to address value (outcomes) | | | | |
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| Advance Therapy Medicinal Products (ATMP) outcomes project; Prehab for chronic kidney disease; Neonatal discharge Project; Neonatal surgical outreach nurse; Paediatric Oncology 'All in it together' | Increased value (both outcome and cost) and prudent use of resource | Appointment of the ATMP Outcomes Programme Manager complete (August 2023). ATMP Programme infrastructure being developed. Soft launch of the ATMP is planned for February 2024 and workstreams are in development. | Reduced emphasis on value and outcomes in WHSSC | Q4 |

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Intestinal Failure

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| Review bed base and costs | Increased access Increased clinical and patient satisfaction | A review of the top 10 patients with high Lengths of Stay (LOS) has been undertaken in Cardiff & Vale UHB. This has led to actions for both provider and commissioner Health Boards with regard enhancing flow and reducing LOS. The activity has also led to a potential cost avoidance of approx. £1m | | Q1 |
| Review increasing nursing costs | | A review of nursing costs with the private provider has been undertaken and proposals on potential re-provision within the NHS will be developed and considered within Q2 | | |

Identify cross pathway opportunities for cost reduction and efficiencies

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| WHSSC and Health Boards to develop a plan to identify | Cost reduction and increased efficiencies | Recommissioning and Efficiency Board established | Funding deficit | Q1-4 |
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| pathway wide cost reduction and increased efficiencies | | Range of savings/efficiencies schemes identified | | |
| Increased focus on medicines optimisation | | | | |
| <p>Clear programme of activity</p> <p>Focused areas for value based schemes</p> <p>Increased focus on evidence based prescribing and procurement (Blueteq)</p> | <p>Value based commissioning and more prudent use of resource</p> <p>Wider and more timely access to medicines</p> <p>Increased information for policy development</p> | <p>Recent, permanent appointment of a Lead Medicines Management Pharmacist (8b). Funding already approved for a Band 8a Pharmacist and Project Support role (5)</p> <p>High quality and timely medicines optimisation advice to WHSSC Teams to inform policy development, ensure access to commercial discounts and rebates and evidence-based decision making.</p> <p>Significant progress in the roll out of Blueteq to all WHSSC commissioned medicines, ensuring evidence based prescribing and effective procurement and approval of medicines. This includes a new webpage for improved access to information.</p> | Increased costs | Q4* |

APPENDIX C

MINISTERIAL PRIORITIES POSITION

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| Priority area(s) to deliver 24/25: Planned Care and Cancer, with a focus on reducing the longest waits. | | | | | |
| Key focus should be on delivering | | Plastic surgery waiting times – Swansea Bay UHB (to be completed on receipt of plastics delivery plan 2024/25) | | | |
| Ref: | Indicate if new priority or continued from 23/24 | | | | |
| | Continued from 23/24. Note: delivery plan required from the provider in order to set out trajectory for 2024/25. | | | | |
| Ref: | Resume of planning Milestones 23/24: | | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | |
| | | | | Forecast breach of 104 weeks: circa 120 patients | |
| Progress synopsis | | | | Reduced from 651 patients | |
| | | | | | |
| Ref: | Outcomes of delivering Ministerial Priorities: | | | | |
| | | | | | |
| | | | | | |
| Ref: | Overarching outcome measures/ metrics: | | | | |
| | Baseline position | | | | |
| | | | | | |
| | Performance Trajectories 23/24 | | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | |
| | | | | | |
| Ref: | Planned Milestones 24/25 | | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | |
| | Trajectory tbc | Trajectory tbc | Trajectory tbc | Trajectory tbc | |
| Risks | Risks of Non-Delivery | | | | Mitigations |
| | | | | | |
| Risks | Risks to Delivery | | | | Mitigations |
| | | | | | |
| Critical Enablers | Finance | | | | |
| | Funded through JCC SLA | | | | |
| | Workforce | | | | |
| | | | | | |
| | Digital | | | | |
| Critical Enablers | Other (Specify) | | | | |
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| Prevention & Population Health | Opportunities identified | | | | |
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| Priority area(s) to deliver 24/25: WHSSC Commissioned Cardiac Surgery | | | | |
| Key focus should be on delivering | | Reduced the waiting times cardiac surgery patients; equity of waiting times for all Welsh patients | | |
| Ref: | Indicate if new priority or continued from 23/24 | | | |
| | Continued priority | | | |
| Ref: Number of patients waiting more than 104 weeks for referral to treatment | Resume of planning Milestones 23/24: | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| | Achieved | Achieved | Achieved | Achieved |
| Ref: | Outcomes of delivering Ministerial Priorities: | | | |
| Number of patients waiting more than 52-week for a new outpatient appointment – improvement trajectory towards a national target of zero | The three WHSSC-commissioned cardiac surgery centres are currently delivering the 52-week outpatient target. | | | |
| Number of patients waiting more than 36 weeks for a new outpatient appointment – improvement trajectory towards a national target of zero | | | | |
| Number of patients waiting more than 104 weeks for referral to treatment – improvement trajectory towards a national target of zero | The three WHSSC-commissioned cardiac surgery centres are currently delivering the 104-week inpatient target for paediatric surgery | | | |
| Number of patients waiting more than 52 weeks for referral to treatment – improvement trajectory towards a national target of zero | The three WHSSC-commissioned cardiac surgery centres all have plans in place to meet the 52-week inpatient target and trajectories are currently on track, noting that each centre faces different challenges in respect of delivery. | | | |
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| Ref: | Overarching outcome measures/ metrics: | | | |
| | Baseline position | | | |
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| | Performance Trajectories 23/24 | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| | | | | |
| Ref: | Planned Milestones 24/25 | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
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| Priority area(s) to deliver 24/25: WHSSC Commissioned Cardiac Surgery | |
| Key focus should be on delivering | Reduced the waiting times cardiac surgery patients; equity of waiting times for all Welsh patients |

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| Risks | Risks of Non-Delivery | Mitigations |
| | <ul style="list-style-type: none"> Impact of concurrent service pressures For service commissioned from Liverpool Heart and Chest Hospital, evident pressures on delivery of cardiac surgery across NHSE | Service planning |
| | Risks to Delivery | Mitigations |
| | <ul style="list-style-type: none"> Planned relocation of CVUHB cardiothoracic surgery from UHW to UHL Efficacy of referral pathway into cardiac surgery centres | <ul style="list-style-type: none"> Robust plans for relocation Performance management |
| Critical Enablers | Finance | |
| | <ul style="list-style-type: none"> Resource to support commencement of 6th CVUHB cardiac surgeon (in place) | |
| | Workforce | |
| | <ul style="list-style-type: none"> 6th CVUHB cardiac surgeon Scrub staff | |
| | Digital | |
| | Other (Specify) | |
| Prevention & Population Health | Opportunities identified | |
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| Priority area(s) to deliver 24/25: WHSSC Commissioned Obesity Surgery | | | | |
| Key focus should be on delivering | | Reduced the waiting times for Obesity Surgery patients, with particular focus on those BCUHB and North Powys patients currently referred to Salford Royal Hospital | | |
| Ref: | Indicate if new priority or continued from 23/24 | | | |
| | Continued priority | | | |
| Ref: Number of patients waiting more than 104 weeks for referral to treatment | Resume of planning Milestones 23/24: | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| | Achieved | Achieved | Achieved | Achieved |
| Ref: | Outcomes of delivering Ministerial Priorities: | | | |
| Number of patients waiting more than 52-week for a new outpatient appointment – improvement trajectory towards a national target of zero | | The WHSSC-commissioned obesity surgery centres are currently delivering the 52-week outpatient target, although there are concerns with Salford Royal Hospital relating to continued compliance. | | |
| Number of patients waiting more than 36 weeks for a new outpatient appointment – improvement trajectory towards a national target of zero | | | | |
| Number of patients waiting more than 104 weeks for referral to treatment – improvement trajectory towards a national target of zero | | The WHSSC-commissioned obesity surgery centres are currently delivering the 104-week inpatient target for paediatric surgery, although there are concerns with Salford Royal Hospital relating to continued compliance | | |
| Number of patients waiting more than 52 weeks for referral to treatment – improvement trajectory towards a national target of zero | | SBUHB has robust plans in place to meet the 52-week inpatient target and trajectories are currently on track; although Salford Royal Hospital have indicated a wish to reduce waits, they have advised that the waiting list position is unlikely to improve in the short to medium-term | | |
| Ref: | Overarching outcome measures/ metrics: | | | |
| | Baseline position | | | |
| | | | | |
| | Performance Trajectories 23/24 | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| | | | | |
| Ref: | Planned Milestones 24/25 | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
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| Priority area(s) to deliver 24/25: WHSSC Commissioned Obesity Surgery | |
| Key focus should be on delivering | Reduced the waiting times for Obesity Surgery patients, with particular focus on those BCUHB and North Powys patients currently referred to Salford Royal Hospital |

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| Risks | Risks of Non-Delivery | Mitigations |
| | <ul style="list-style-type: none"> Risks relate primarily to service commissioned from Salford Royal Hospital, where concurrent service pressures have significantly increased waits for BCUHB patients For WIMOS, capacity concerns relating to dietetic and psychological provision | <ul style="list-style-type: none"> Exploring potential for BCUHB patients to be referred to WIMOS Proposed commissioning of an alternative English provider |
| | Risks to Delivery | Mitigations |
| | <ul style="list-style-type: none"> Needs of patients who have undergone procedures overseas being referred into Level 4 services for post-operative follow-up or revisional procedures for whom there is currently insufficient capacity, thereby impacting on delivery of procedures for patients who have been referred to Level 4 via the Weight Management Pathway | <ul style="list-style-type: none"> Awaiting Welsh Government position statement |
| Critical Enablers | Finance | |
| | <ul style="list-style-type: none"> Support for additional dietetic and psychology staff (WIMOS) | |
| | Workforce | |
| | <ul style="list-style-type: none"> Need for additional dietetic and psychology staff (WIMOS) | |
| | Digital | |
| | Other (Specify) | |
| | <ul style="list-style-type: none"> Clarity around role of WHSSC-commissioned Level 4 services in respect of post-operative follow-up for patents who have undergone procedures abroad | |
| Prevention & Population Health | Opportunities identified | |
| | <ul style="list-style-type: none"> Remains evident appetite to increase Level 4 provision in Wales in the event that required financial support can be identified | |

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| Priority area(s) to deliver 24/25: Other Specialised Cardiac Services | | | | |
| Key focus should be on delivering | | Reduced the waiting times for specialised cardiac services patients; equity of waiting times for all Welsh patients, mindful of significant difference in the form and scale of services commissioned from the health boards | | |
| Ref: | Indicate if new priority or continued from 23/24 | | | |
| | Continued priority | | | |
| Ref: Number of patients waiting more than 104 weeks for referral to treatment | Resume of planning Milestones 23/24: | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| | Achieved | Achieve | Achieved | Achieved |
| Ref: | Outcomes of delivering Ministerial Priorities: | | | |
| Number of patients waiting more than 52-week for a new outpatient appointment – improvement trajectory towards a national target of zero | | The majority of WHSSC-commissioned specialist cardiac services are currently delivering the 52-week outpatient target. | | |
| Number of patients waiting more than 36 weeks for a new outpatient appointment – improvement trajectory towards a national target of zero | | | | |
| Number of patients waiting more than 104 weeks for referral to treatment – improvement trajectory towards a national target of zero | | The vast majority of patients waiting less than 104 weeks for referral to treatment, with positive trajectories evident | | |
| Number of patients waiting more than 52 weeks for referral to treatment – improvement trajectory towards a national target of zero | | Majority of WHSSC-commissioned services have plans in place to meet the 52-week inpatient target and trajectories are currently on track. | | |
| Ref: | Overarching outcome measures/ metrics: | | | |
| | Baseline position | | | |
| | | | | |
| | Performance Trajectories 23/24 | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| | | | | |
| Ref: | Planned Milestones 24/25 | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| | | | | |
| | | | | |
| | | | | |

Cont.

| | |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Priority area(s) to deliver 24/25: Other Specialised Cardiac Services | |
| Key focus should be on delivering | Reduced the waiting times for specialised cardiac services patients; equity of waiting times for all Welsh patients, mindful of significant difference in the form and scale of services commissioned from the health boards |

| | | |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risks | Risks of Non-Delivery | Mitigations |
| | <ul style="list-style-type: none"> Impact of concurrent operational pressures Sustained increase in referrals post-Covid | - Service planning and continued monitoring |
| Risks | Risks to Delivery | Mitigations |
| | <ul style="list-style-type: none"> South Wales Cath lab capacity and condition Regional inequity arising from different forms of commissioned services (e.g. WHSSC-commissioned device services) | <ul style="list-style-type: none"> - Network undertaking work looking at regional cath lab capacity - SBUHB undertaking cath lab estates works - Planned review of device services |
| Critical Enablers | Finance | |
| | <ul style="list-style-type: none"> Resource to support SBUHB cath lab estates works (in place) | |
| | Workforce | |
| | | |
| | | |
| Prevention & Population Health | opportunities identified | |
| | Work to explore regional cath lab capacity may identify potential for greater collaborative and regional working | |

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------|------------------|
| Priority area(s) to deliver 24/25: | | | | |
| Key focus should be on delivering | | Reduced the waiting times for Neurosurgery patients; equity of waiting times for all Welsh patients | | |
| Ref: | | | | |
| Indicate if new priority or continued from 23/24 | | | | |
| Reduced the waiting times for Neurosurgery patients; equity of waiting times for all Welsh patients | | | | |
| Ref: | | | | |
| Resume of planning Milestones 23/24: | | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| Number of patients waiting more than 104 weeks for referral to treatment | | | | |
| Ref: | | | | |
| Outcomes of delivering Ministerial Priorities: | | | | |
| 1. Number of patients waiting more than 52-week for a new outpatient appointment – improvement trajectory towards a national target of zero | The CVUHB Neurosurgery Centre is currently delivering the 52 week outpatient target. The Walton centre is currently not delivering this target. | | | |
| 2. Number of patients waiting more than 36 weeks for a new outpatient appointment – improvement trajectory towards a national target of zero | There are no patients waiting >104 weeks at both commissioned centres. | | | |
| 3. Number of patients waiting more than 104 weeks for referral to treatment | C&V UHB centre are currently delivering the 52 week inpatient target. The Walton centre will have all 52 week waits cleared by March 2024. | | | |
| 4. Number of patients waiting more than 52 weeks for referral to treatment – improvement trajectory towards a national target of zero | | | | |
| Ref: Overarching outcome measures/ metrics: | | | | |
| Baseline position | | | | |
| | | | | |
| Performance Trajectories 23/24 | | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| | | | | |
| Ref: Planned Milestones 24/25 | | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| | | | | |

Cont.

| | |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Priority area(s) to deliver 24/25: | |
| Key focus should be on delivering | Reduced the waiting times for Neurosurgery patients; equity of waiting times for all Welsh patients |

| | | |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Risks | Risks of Non-Delivery | Mitigations |
| | Service pressures within the Walton Centre for the Pain Service. | Service Planning |
| | Risks to Delivery | Mitigations |
| | C&V business case to improve Neurosurgery Sustainability to support service challenges. Proposal currently stopped. | Performance Management Outsource to NHSE |
| Critical Enablers | Finance | |
| | Neurosurgery Business Case proposal on stopped. | |
| | Workforce | |
| | Appointment of key staff to stabilise the service– Intraoperative Monitoring, CNS Skull Base and Neuromodulation | |
| | Digital | |
| | | |
| | Other (Specify) | |
| | | |
| Prevention & Population Health | Opportunities identified | |
| | Acute Neurosurgery Therapies Business Case – sustainability and quality improvements to the clinical pathway to maximise patient recovery. Included in the WHSSC ICP 24-25. | |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------|------------------|
| Priority area(s) to deliver 24/25: Paediatric Surgery | | | | |
| Key focus should be on delivering | | Reduce the waiting times for paediatric patients at both the outpatient and inpatient component of the pathway. | | |
| Ref: | Indicate if new priority or continued from 23/24 | | | |
| | Priority maintained however WG outcome measures have changed since 2023/24. | | | |
| Ref: Paediatric Surgery | Resume of planning Milestones 23/24: | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| Number of patients waiting more than 104 weeks for referral to treatment | Achieved | Achieved | Achieved | Achieved |
| Progress synopsis | | | | |
| | | | | |
| Ref: Paediatric Surgery | Outcomes of delivering Ministerial Priorities: | | | |
| Number of patients waiting more than 52-week for a new outpatient appointment – improvement trajectory towards a national target of zero | Service are currently delivering the 52-week outpatient target for paediatric surgery. | | | |
| Number of patients waiting more than 36 weeks for a new outpatient appointment – improvement trajectory towards a national target of zero | | | | |
| Number of patients waiting more than 104 weeks for referral to treatment – improvement trajectory towards a national target of zero | Service are currently delivering the 104-week inpatient target for paediatric surgery | | | |
| Number of patients waiting more than 52 weeks for referral to treatment – improvement trajectory towards a national target of zero | Service have robust plan and trajectory to meet the 52-week inpatient target for paediatric surgery by the end of 2023/24. There is an expectation and plan to maintain this throughout 2024/25. | | | |
| Ref: | Overarching outcome measures/ metrics: | | | |
| | Baseline position | | | |
| | | | | |
| | Performance Trajectories 23/24 | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| | | | | |
| Ref: | Planned Milestones 24/25 | | | |
| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| | | | | |

Cont.

| | |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Priority area(s) to deliver 24/25: Paediatric Surgery | |
| Key focus should be on delivering | Reduce the waiting times for paediatric patients at both the outpatient and inpatient component of the pathway. |

| | | |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Risks | Risks of Non-Delivery | Mitigations |
| | A number of operational pressures across the Children’s Hospital will impact on the delivery of elective paediatric Surgery | Robust plan to ring fence staff to support elective surgery during periods of surge. |
| | Risks to Delivery | Mitigations |
| | | |
| Critical Enablers | Finance | |
| | The HB have committed to deliver the above measures through the delivery of paediatric contract volumes with additional support for 30 cases to be outsourced to the private sector. | |
| | Workforce | |
| | | |
| | Digital | |
| | Other (Specify) | |
| Prevention & Population Health | Opportunities identified | |
| | | |

APPENDIX D

SUMMARY OF RISK ASSESSMENTS

RISK ASSESSMENT FOR INVESTMENT DECISIONS

The risk assessment was undertaken using the STEEP Quality impact approach. The scores of the risk assessment can be seen here;

| SCHEME | HIGHEST SCORE | TOTAL SCORE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------|
| The Neurosurgery service located at the Cardiff and Vale UHB meets national standards to deliver a sustainable Neurosurgery Service. | 25 (safety) | 122 |
| Assessment of the quality impact of not funding social worker support for the south Wales hereditary anaemias service. | 25 (person centred and equitable) | 116 * |
| Impact of not releasing funds to enhance provision of Acute Neurosurgery Therapy service located at Cardiff and Vale UHB for the population of south Wales to improve patient flow across the acute neurosurgery service pathway enabling early discharge and repatriation. | 20 (effective, person centred timely equitable) | 112 |
| Impact of not taking forward the CIAG proposal to invest in an additional Specialist Nurse to support the Betsi Cadwaladar University Health Board (BCUHB) Complex Device service | 20 (effective, timely person centred) | 108 |
| The Neurorehabilitation service located at the Swansea Bay UHB meets the demands and needs of the service in accordance with the British Society Rehabilitation Standards (BSRM) | 20 (PC, staffing & equity) | 107 |
| Impact of not releasing the funding to for the formal commissioning of High Dependency services linked to tertiary care, and what this means for the population of South Wales who would access this service. | 20 (safe and timely) | 104 |
| Specialist Mesothelioma MDT | 20 (effective) | 91 |
| Impact of not supporting the CIAG proposal submitted by SBUHB to expand the Welsh Institute of Metabolic and Obesity Surgery's (WIMOS) dietetic and psychology service provision | 25 (effective) | 90 |
| The impact of not releasing the funding for Neuropsychiatry Phase 2 to strengthen therapeutic interventions within the service and ensure an All-Wales Liaison Model for Specialised Neuropsychiatry | 16 (effective, safe, timely & staffing) | 89 |
| Impact of not supporting the Major Trauma Centre (MTC) combined service proposal CIAG submission, comprising funding for a range of MTC developments | 20 (safe) | 74 |
| Impact of not formally commissioning the Specialised Paediatric Respiratory Service at the CHfW and what this means for the population of South Wales who would access this service. | 12 (effective) | 69 |

RISK ASSESSMENT FOR INVESTMENT DECISIONS

| SCHEME | HIGHEST SCORE | TOTAL SCORE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------|
| Impact of not formally commissioning the specialised paediatric infectious disease service | 12 (effective) | 66 |
| Impact of not releasing the funding to for the formal commissioning of Paediatric Orthopaedic Surgery and what this means for the population of South Wales who would access this service. | 12 (all with exception timely + effective – 9) | 66 |
| Impact of not releasing the funding to establish the new Neonatal Transport Operational Delivery Network | 20 (safety) | 65 |
| Physiotherapy for plastic surgery | 20 (effective) | 52 |
| Impact of not taking forward the WHSSC led CIAG scheme to improve access for patients with or suspected Inherited Cardiac Conditions (ICCs) | 9 (equitable, timely person centred) | 41 |
| Impact of not supporting the proposed ABUHB Tier 4 Weight Management Service (Bariatric Surgery) | 9 (equity) | 37 |
| Impact of failing to support the Trauma in Older People (TOP) Clinical Lead CIAG scheme | 6 (PC & Equitable) | 24 |
| The impact of not releasing funding for gender surgical services is having no surgical provision for gender patients in wales | 6 | 22 |
| The impact of not releasing funding for skin camouflage services to be provided in wales is not having equitable access to the service for patients residing in wales | 6 | 22 |

APPENDIX E

DETAILED FINANCIAL PLAN

APPENDIX F

MINIMUM DATA SET



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

Integrated Commissioning Plan 2024/25

Joint Committee 27 February 2024

ICP Discussions Jan/Feb 2024

What JC said:

- Acknowledged considerable work to date and robust prioritisation
- Overall support for the strategic direction and work programme.
- Concerns about affordability in the wider system context & desire for more Management Group engagement.
- Noted discussions on the inflationary uplift
- Difficult choices being made in HBs and desire for more assurance and scrutiny on choices, clinical effectiveness, access and demand.

What we have done:

- Undertook more work and held a Management Group Workshop on 22.2.24 which covered:
 - The agreed system position on the inflationary uplift
 - Clinical effectiveness and further work on Commissioning Policies
 - The remaining choices on prioritised developments in the Plan
 - Analysis of the choices on access and waiting times
 - The approach to demand management and efficiency
 - The approach to risk management in-year
 - Management Group's overall advice on the Plan.

Inflationary Uplift

- Meeting of DoFs on 7th February 2024
- 3.67% - whole system approach directed by Welsh Government
- Following whole system approach to ensure consistency and LTAs signed
- Mature approach to commissioning and contracting around Welsh provider cost base
- WG will write out on the basis that commissioners need to understand what they are buying and providers need to be clear on their cost base
- Finance Working Group to scrutinise the application of the 3.67% to providers during year to meet Welsh Government requirements.

NB. England expected to be higher than 3.67% post pay award and price increases. NHSE uplift averaging 8% PA

Clinical Effectiveness

What we do...

- Key to Specialised Services Strategy is evidence-based commissioning
- CIAG and New Interventions Horizon scanning prioritisation processes fully embedded
- Robust evidence of clinical and cost-effectiveness built into strategy development – exceptional cases through IPFR
- MOUs/SLAs with AWTTC, HTW, CEDAR
 - 130 published Commissioning Policies and Service Specs across 120 separate services
 - Structured review programme of all Policies and Service Specs in place.

Choices

- Small number of Commissioning Policies not directly evidence-based (or different commissioning decisions could be made)
- Include gender-reassignment surgery, fertility services, obesity surgery
- Review and engagement planned in 2024/25 but scoping shows no cash savings will be released in year due to the controversial nature and lengthy engagement required – pipeline for 2025/26 ICP.

4

Prioritised Investments

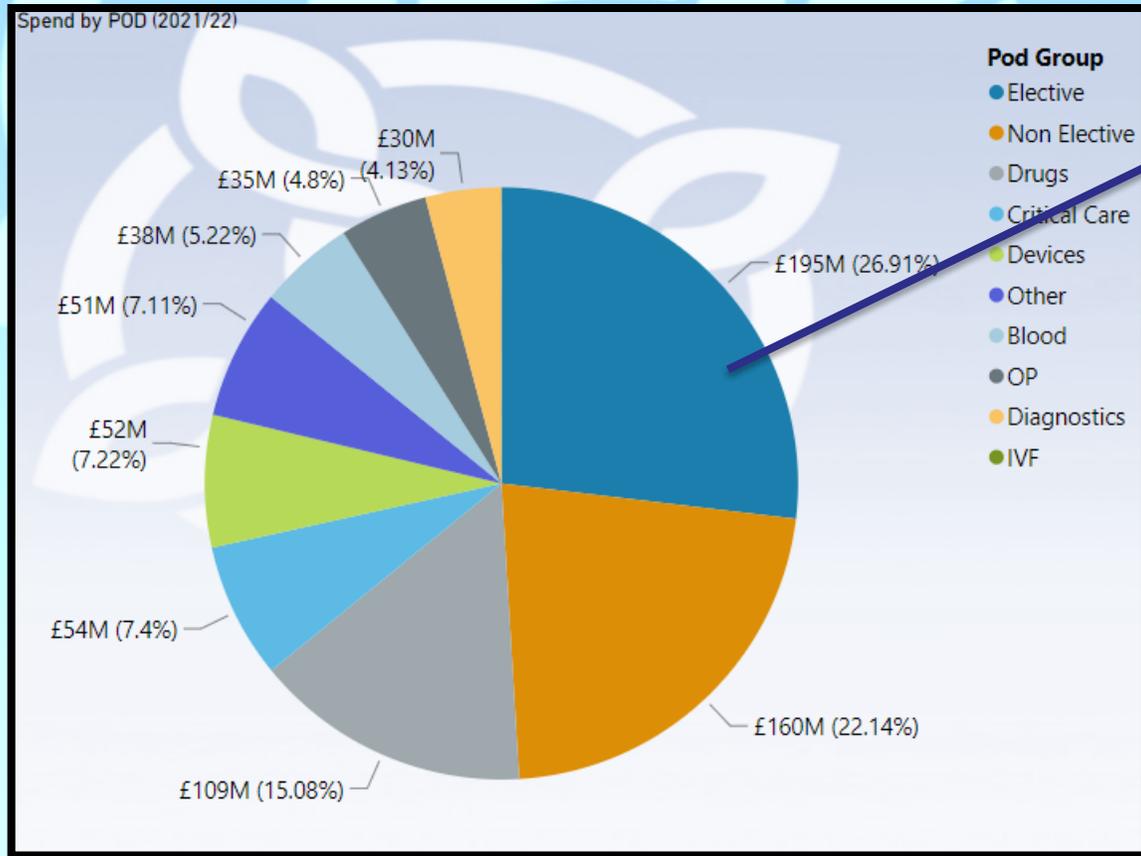
- **Strategic Investment Priority** – Thrombectomy agreed by JC on 30th Jan 2024
- **Horizon Scanning/New Interventions Prioritisation** recommended to proceed as activity will otherwise come through IPFR route (**£0.1m**)

Choices

- **CIAG/Risk Assessment** - Six schemes scoring highest on Safety via enhanced risk assessment process (QIA) - choice whether to proceed (**£0.7m**)

| SCHEME | HIGHEST SCORE | TOTAL SCORE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------|
| The Neurosurgery service located at the Cardiff and Vale UHB meets national standards to deliver a sustainable Neurosurgery Service. | 25 (safety) | 122 |
| Impact of not releasing the funding to for the formal commissioning of High Dependency services linked to tertiary care, and what this means for the population of South Wales who would access this service. | 20 (safe and timely) | 104 |
| Neuropsychiatry Phase 2 | 16 (effective, safe, timely & staffing) | 89 |
| Impact of not supporting the Major Trauma Centre (MTC) combined service proposal CIAG submission, comprising funding for a range of MTC developments | 20 (safe) | 74 |
| Impact of not releasing the funding to for the formal commissioning of Paediatric Orthopaedic Surgery and what this means for the population of South Wales who would access this service. | 12 (all with exception timely + effective – 9) | 66 |
| Impact of not releasing the funding to establish the new Neonatal Transport Operational Delivery Network (to be reviewed within Phase 2 Neonatal Strategic Planning) | 20 (safety) | 65 |

Access - WHSSC Spend & Patient Analysis



Patient count by LHB and Specialty (top 15 by patient count) - Elective patient activity

| SpecDesc_WHSSC (High level grouping) | Patient Count |
|---------------------------------------------|---------------|
| Plastic Surgery | 3,316 |
| Cardiology | 3,144 |
| Nephrology | 2,347 |
| Neurosurgery | 1,192 |
| Cardiac Surgery | 1,115 |
| Paediatric Surgery | 829 |
| Clinical Oncology (Previously Radiotherapy) | 816 |
| Thoracic Surgery | 758 |
| General Surgery | 571 |
| Gynaecology | 482 |
| Paediatric Gastroenterology | 360 |
| Neurology | 351 |
| Paediatric Medical Oncology | 324 |
| Paediatric Plastic Surgery | 272 |
| Paediatric Ear Nose And Throat | 267 |

Source: MAIR/contract monitoring.

NB. Activity by HB available in monthly Power BI report.



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Welsh Health Specialised
Services Committee

Access Choices

See Waiting Times Information in Supporting Information slides

- Surgical specialities in specialised services commissioning generally low volume
- Majority of 'elective' activity in cardiac surgery, thoracic surgery and neurosurgery is urgent and/or cancer-related
- Joint Committee agreed in principle to maintain a 52 week wait in paediatric surgery
- Plastic surgery in SBUHB is the only high-volume speciality and only specialty where patients wait over 104 weeks

Choices

- Choices limited re slowing down activity without adversely affecting patient outcomes
- Note that LTAs arrangements mean any planned slow down of activity only releases marginal rates
- What choices are HBs making in the access domain that will impact on specialised services pathways?

Demand Management, Value and Sustainability

Demand Management

- Continuing in-year - a change to the agreed risk-share arrangements
- Clinical quality / operational risks and opportunities will need to be worked through as part of finalising the savings plan in the Plan eg secondary immunodeficiency
- Referral Management System to be refreshed and restarted as part of £10m savings already in the Plan

Value and Sustainability

- Value and Sustainability - continuing to strengthen approach & opportunities pipeline:

Technical Efficiency

- Achieve best value out of medicines management
- Optimise value from procurement
- Review of excess costs of independent sector and private providers

Incentivise Productivity

- Utilisation of contract maximising baseline investment
- Maximise contracting and risk share to incentivise activity to pre COVID levels as a minimum
- Offer referral management incentives to border Health Boards

Value Based Healthcare

- Meet demand appropriately and reduce avoidable demand
- Review of individual high cost patients or services and triangulate cost and outcomes
- Longer term approach working across NHS Wales and WG

Management Group Advice

- **Inflationary Uplift** – WG letter awaited. Full pass through remains in the Plan to support system agreement of LTAs
- **Clinical effectiveness and further work on Commissioning Policies** –Supported further scoping– up to £7m in budget but not cash releasing until at least 2025/26
- **Prioritised developments in the Plan** – reluctant to remove as robust prioritisation has taken place and 6 schemes scoring high on patient safety remain in ICP
- **Access and waiting times** –choices on access limited and require system response. Change in plastics commissioning (transfer of non-specialised plastics commissioning to HBs) – already in ICP for handover in 2025
- **Demand management and efficiency** – relaunched Referral Management System already within the £10m savings plan – will require close system working. No additional options identified
- **Overall Advice** – difficult context with no new opportunities identified. Additional savings target will have system impact (risks either immediate or materialising in-year).

ICP 2024/25 Financial Plan

| | Aneurin Bevan UHB | Betsi Cadwaladr UHB | Cardiff & Vale UHB | Cwm Taf Morgannwg UHB | Hywel Dda UHB | Powys THB | Swansea Bay UHB | 2024-25 Total Requirement | |
|---------------------------------------------------------|-------------------------|---------------------------|--------------------------|-----------------------------|---------------------|--------------|-----------------------|---------------------------------|--------|
| | £m | £m | £m | £m | £m | £m | £m | £m | |
| 2024-25 Opening Income (M8) | 152.401 | 167.567 | 138.495 | 115.953 | 90.747 | 33.107 | 100.390 | 798.660 | |
| M8 23-24 Outturn Forecast | (1.294) | (1.672) | (2.609) | (1.771) | (1.385) | (0.217) | (0.773) | (9.722) | -1.22% |
| Reinstate Non-Recurrent Writebacks | 2.832 | 3.150 | 2.252 | 2.030 | 2.005 | 0.896 | 2.107 | 15.274 | 1.91% |
| Adjustments for Non Recurrent Performance | 2.619 | 4.374 | 3.056 | 1.692 | 0.882 | 0.396 | 0.742 | 13.761 | 1.72% |
| Full Year Effect of Prior Commitments | 0.356 | 0.179 | 0.366 | 0.243 | 0.238 | 0.065 | 0.351 | 1.799 | 0.23% |
| B/F Recurrent Position | 4.514 | 6.031 | 3.065 | 2.193 | 1.742 | 1.140 | 2.426 | 21.112 | 2.64% |
| Unavoidable New Growth & Cost Pressures | 1.053 | 1.878 | 0.978 | 0.812 | 0.706 | 0.225 | 0.698 | 6.350 | 0.80% |
| NICE Growth | 0.375 | 0.446 | 0.317 | 0.284 | 0.246 | 0.084 | 0.248 | 2.000 | 0.25% |
| Savings & Re-Commissioning Schemes | (1.599) | (3.061) | (1.810) | (1.201) | (0.883) | (0.447) | (0.999) | (10.000) | -1.25% |
| CIAG & Prioritisation Schemes | 0.186 | 0.023 | 0.152 | 0.135 | 0.110 | 0.020 | 0.125 | 0.751 | 0.09% |
| Strategic Priorities - SW Thrombectomy | 0.406 | 0.000 | 0.332 | 0.276 | 0.269 | 0.047 | 0.295 | 1.625 | 0.20% |
| B/F Position, Growth, Savings & Developments | 4.935 | 5.316 | 3.034 | 2.499 | 2.190 | 1.069 | 2.794 | 21.838 | 2.73% |
| % Uplift Required before allocation inflation | 3.24% | 3.17% | 2.19% | 2.16% | 2.41% | 3.23% | 2.78% | 2.73% | |

Risk Management In Year

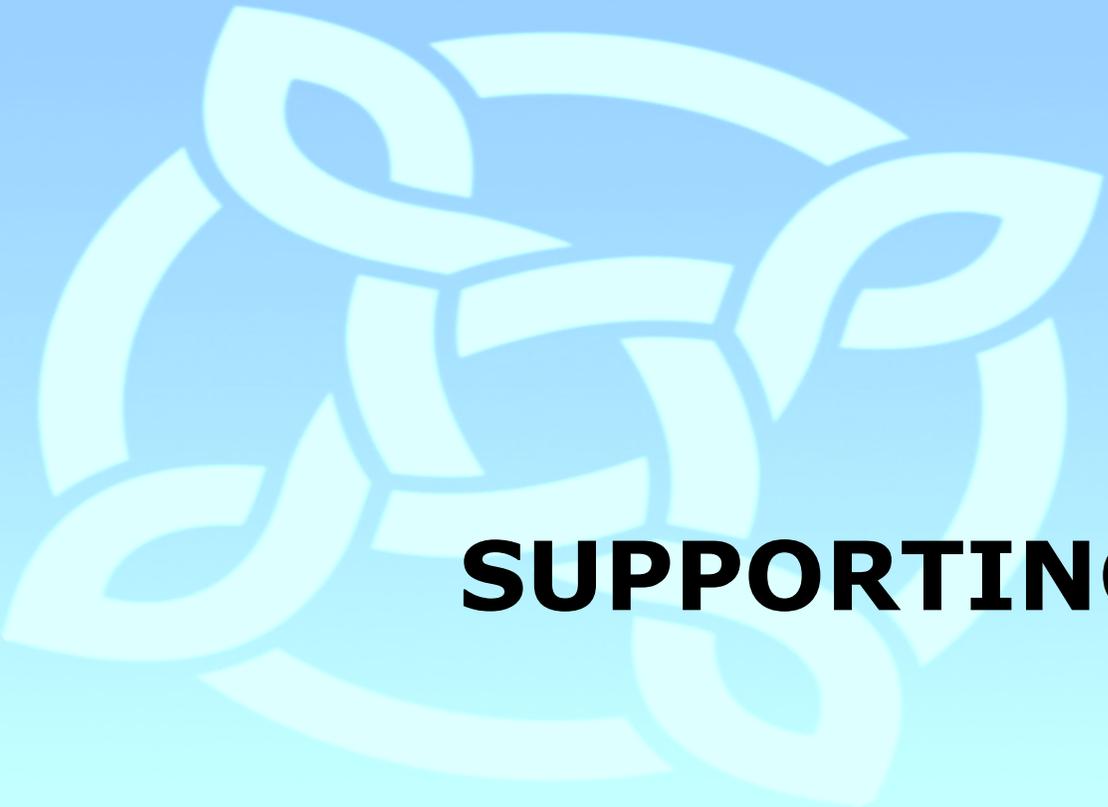
- Commissioning risks in Welsh providers – due to minimal investment will need to be managed with providers within commissioning budgets
- If significant scale/complexity will require a JCC decision

Specific areas:

- Early indication NHSE system funding specialised provider top ups – to be monitored in year
- Fertility – cryopreservation for pre-pubertal children not in Plan (to be reviewed in year) (c£0.5m)
- Gender – change of tariff in NHSE not funded in Plan (c£0.4m)

Recommendation for Approval of the ICP

- HBs required to agree a Plan through the Joint Committee for specialised services in line with the NHS Wales Planning Framework and with HB Commissioner Plans for submission to Welsh Government.
- Recommend the pass through of the Allocation Letter inflation funding for specialised services.
- Recommend the approval of the Plan, predicated on delivery of savings, sustainability, unavoidable demand and core cost inflationary pressures, recognising the risks and opportunities.



SUPPORTING INFORMATION

Waiting Times

November 2023

| Main specialties patients waiting for admissions (DHCW data) | | | | | | | |
|-------------------------------------------------------------------|-------------------|----------------|-----------------|-----------------|------------------|----------------|--------------|
| CensusFinancialMonthNo | 1 - Up to 4 weeks | 2 - 5-25 weeks | 3 - 26-35 weeks | 4 - 36-51 weeks | 5 - 52-103 weeks | 6 - 104+ weeks | Total |
| 202309 | 430 | 1,208 | 405 | 447 | 710 | 315 | 3,515 |
| Cardiac Surgery Cardiff and Vale University Local Health Board | 4 | 62 | 16 | 9 | 3 | | 94 |
| Cardiac Surgery Swansea Bay University Local Health Board | 11 | 29 | 2 | | | | 42 |
| Neurosurgery Cardiff and Vale University Local Health Board | 37 | 160 | 39 | 7 | | | 243 |
| Paediatric Surgery Cardiff and Vale University Local Health Board | 45 | 156 | 86 | 75 | 94 | | 456 |
| Plastic Surgery Swansea Bay University Local Health Board | 309 | 777 | 252 | 348 | 611 | 315 | 2,612 |
| Thoracic Surgery Cardiff and Vale University Local Health Board | 18 | 14 | 9 | 5 | 2 | | 48 |
| Thoracic Surgery Swansea Bay University Local Health Board | 6 | 10 | 1 | 3 | | | 20 |
| Total | 430 | 1,208 | 405 | 447 | 710 | 315 | 3,515 |

| Liverpool Heart & Chest - Patients waiting - Admitted Care (Data from provider) | | | | | | | |
|---------------------------------------------------------------------------------|-------------------|----------------|-----------------|-----------------|------------------|------------|--|
| Fyear | 1 - Up to 4 weeks | 2 - 5-25 weeks | 3 - 26-35 weeks | 4 - 36-51 weeks | 5 - 52-103 weeks | Total | |
| 2023/24 | 25 | 92 | 26 | 28 | 30 | 201 | |
| 8 | 25 | 92 | 26 | 28 | 30 | 201 | |
| CASUR | 11 | 58 | 25 | 28 | 30 | 152 | |
| TAVIS | 4 | 21 | 1 | | | 26 | |
| THSUR | 10 | 13 | | | | 23 | |
| Total | 25 | 92 | 26 | 28 | 30 | 201 | |

Source: DHCW data – main specialties