

# Joint Committee - In Public

Tue 21 November 2023, 14:30 - 16:30


## Agenda

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14:30 - 14:30

0 min

### 1. PRELIMINARY MATTERS

 0.0 JC Public Agenda 21 November 2023 v5.pdf (2 pages)

#### 1.1. Welcome and Introductions

*Oral*              *Chair*

#### 1.2. Apologies for Absence

*Oral*              *Chair*

#### 1.3. Declarations of Interest

*Oral*              *Chair*

#### 1.4. Minutes of the Meeting held on 19 September 2023 and Matters Arising

*Att.*              *Chair*

 1.4 Unconfirmed JC (Public) Minutes 19 September 2023 v8.pdf (15 pages)

#### 1.5. Action Log

*Att.*              *Chair*

 1.5 JC Action Log November 2023.pdf (4 pages)

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14:30 - 14:30

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### 2. PRESENTATION

#### 2.1. In Year Financial Savings Update

*Pres.*              *Director of Finance*

#### 2.2. Draft Integrated Commissioning Plan (ICP)

*Pres & Att.*              *Director of Planning & Performance*

 2.2 Draft Integrated Commisisoning PPlan (ICP) 2024-2025.pdf (5 pages)

 2.2.1 Appendix 1 - ICP 24-25.pdf (86 pages)

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### 3. ITEMS FOR CONSIDERATION AND/OR DECISION

#### 3.1. Chair’s Report

*Att.*              *Chair*


 3.1 Chair's Report JC 21 November 2023.pdf (4 pages)

 3.1.1 Appendix 1 - Chairs action Appointment of New Chair.pdf (2 pages)

#### 3.2. Managing Director’s Report

Att. *Managing Director*

 3.2 Managing Director's Report.pdf (4 pages)

 3.2.1 Appendix 1 - Cystic Fibrosis - Kaftrio analysis.pdf (5 pages)

### **3.3. Specialised Paediatric Services Update (Mid and South Wales)**

Att. *Director of Planning & Performance*


 3.3 Specialised Paediatric Services Update.pdf (6 pages)

 3.3.1 Appendix 1 - JC Paeds workshop v9.pdf (15 pages)

### **3.4. Individual Patient Funding Request Policy (IPFR) and WHSSC Terms of Reference (TOR)**

Att. *Managing Director / Committee Secretary*


 3.4 IPFR All Wales IPFR Policy WHSSC ToR.pdf (8 pages)

 3.4.1 Appendix 1 NHS Wales IPFR Policy - V9 Post TF Clean Nov 2023.pdf (29 pages)

### **3.5. Delivery and Assurance Commissioning Arrangements for Operational Delivery Networks**

Att. *Director of Planning & Performance*

 3.5 Delivery Assurance and Commissioning Arrangements for ODN.pdf (6 pages)

 3.5.1 Appendix 1 - SWTN Delivery Assurance Group ToR 02.11.23.pdf (4 pages)

 3.5.2 Appendix 2 - SWSN Delivery Assurance Group ToR 02.11.23.pdf (4 pages)

### **3.6. Gender Identity Services for Children and Young People Update**

Att. *Director of Nursing*

 3.6 Gender Identity Services for Children and Young People.pdf (12 pages)

### **3.7. Audit Wales – WHSSC Committee Governance Arrangements Update**

Att. *Committee Secretary*

 3.7 Audit Wales WHSSC Committee Governance Report update.pdf (7 pages)


 3.7.1 Appendix 1 - Audit Wales WHSSC Governance Tracker - Oct 2023.pdf (20 pages)

14:30 - 14:30  
0 min

## **4. ROUTINE REPORTS AND ITEMS FOR INFORMATION**

### **4.1. WHSSC Integrated Performance Report August 2023**

Att. *Director of Planning & Performance*

 4.1 WHSSC Integrated Performance Report August 2023.pdf (37 pages)

### **4.2. Financial Performance Report Month 6 2023-2024**


Att. *Director of Finance*

 4.2 Financial Report Month 6 2023-2024 WHSSC.pdf (11 pages)

### **4.3. Corporate Governance Matters Report**

Att. *Committee Secretary*

 4.3 Corporate Governance Report.pdf (4 pages)










 4.3.1 Appendix 1 - WHSSC Annual Report NEW 10\_23.pdf (47 pages)

 4.3.2 Appendix 2 - WHSSC Joint Committee 12 Month Forward Work Plan.pdf (10 pages)

### **4.4. Reports from the Joint Sub-Committees**

*Att.*                      *Joint Sub-Committee Chairs*

- i. Audit and Risk Committee (ARC) Assurance Reports
- ii. Management Group Briefings
- iii. Individual Patient Funding Request (IPFR) Panel
- iv. Integrated Governance Committee (IGC)
- v. Quality & Patient Safety Committee (QPSC)
- vi. Welsh Kidney Network (WKN)

-  4.4.1 Audit and Risk Committee Assurance Report 24 October 2023.pdf (3 pages)
-  4.4.2a MG Core Brief 28 September 2023.pdf (4 pages)
-  4.4.2b MG Core Brief 26 October 2023.pdf (4 pages)
-  4.4.3 IPFR Chair Report - November 2023.pdf (2 pages)
-  4.4.4 IGC Chair's Report November 2023.pdf (4 pages)
-  4.4.5 Quality Patient Safety Committee Chairs Report.pdf (12 pages)
-  4.4.6 WKN Chairs Report.pdf (3 pages)
-  4.4.6.1a Appendix 1.pdf (4 pages)
-  4.4.6.1b Appendix 1.pdf (5 pages)

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14:30 - 14:30

## 5. CONCLUDING BUSINESS

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### 5.1. Any Other Business

*Oral*                      *Chair*

### 5.2. Date of Next Meeting (Scheduled)

*Oral*                      *Chair*

- 16 January 2023 at 9.30am

### 5.3. In Committee Resolution

*Oral*                      *Chair*

The Joint Committee is recommended to make the following resolution: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".



**WHSSC Joint Committee Meeting held in public**  
**Tuesday 21 November 2023**  
**at 14:30 hrs**  
Microsoft Teams  
**AGENDA**

| ITEM  |   | LEAD                                   | PAPER / ORAL | TIME                |
|---|---|--|--------------|---------------------|
| 1.0 PRELIMINARY MATTERS                     |   |  |              |                     |
| 1.1   | Welcome and Introductions   | Chair                                  | Oral         | 14:30<br>-<br>14:35 |
| 1.2   | Apologies for Absence   | Chair                                  | Oral         |                     |
| 1.3   | Declarations of Interest  | Chair                                  | Oral         |                     |
| 1.4   | Minutes of the Meeting held on 19 September 2023 and Matters Arising                | Chair                                  | Att.         |                     |
| 1.5   | Action Log  | Chair                                  | Att.         |                     |
| 2.0 PRESENTATION                            |   |  |              |                     |
| 2.1   | Financial Savings Update  | Director of Finance                    | Pres         | 14:35<br>-<br>14:50 |
| 2.2   | Draft Integrated Commissioning Plan (ICP)   | Director of Planning & Performance     | Pres & Att.  | 14:50<br>-<br>15:05 |
| Comfort Break – 10 minutes                  |   |  |              |                     |
| 3.0 ITEMS FOR CONSIDERATION AND/OR DECISION |   |  |              |                     |
| 3.1   | Chair’s Report  | Chair                                  | Att.         | 15:15<br>-<br>15:20 |
| 3.2   | Managing Director’s Report  | Managing Director                      | Att.         | 15:20<br>-<br>15:25 |
| 3.3   | Specialised Paediatric Services Update (Mid and South Wales)                        | Director of Planning & Performance     | Att.         | 15:25<br>-<br>15:35 |
| 3.4   | Individual Patient Funding Request Policy (IPFR) and WHSSC Terms of Reference (TOR) | Managing Director/ Committee Secretary | Att.         | 15:35<br>-<br>15:40 |
| 3.5   | Delivery and Assurance Commissioning Arrangements for Operational Delivery Networks | Director of Planning & Performance     | Att.         | 15:40<br>-<br>15:45 |
| 3.6   | Gender Identity Services for Children and Young People Update                       | Director of Nursing                    | Att.         | 15:45<br>-<br>15:50 |
| 3.7   | Audit Wales – WHSSC Committee Governance Arrangements Update                        | Committee Secretary                    | Att.         | 15:50-<br>16:00     |



| ITEM   | LEAD                               | PAPER<br>/<br>ORAL | TIME                |
|--|------------------------------------|--------------------|---------------------|
| <b>4.0 ROUTINE REPORTS AND ITEMS FOR INFORMATION</b>   |                                    |                    |                     |
| <b>4.1</b> WHSSC Integrated Performance Report August 2023   | Director of Planning & Performance | Att.               | 16:00<br>-<br>16:10 |
| <b>4.2</b> Financial Performance Report Month 6 2023-2024  | Director of Finance                | Att.               | 16:10<br>-<br>16:15 |
| <b>4.3</b> Corporate Governance Report   | Committee Secretary                | Att.               | 16:15<br>-<br>16:20 |
| <b>4.4</b> Reports from the Joint Sub-Committees<br>i. Audit and Risk Committee (ARC) Assurance Reports<br>ii. Management Group Briefings<br>iii. Individual Patient Funding Request (IPFR) Panel<br>iv. Integrated Governance Committee (IGC)<br>v. Quality & Patient Safety Committee (QPSC)<br>vi. Welsh Kidney Network (WKN)   | Joint Sub-Committee Chairs         | Att.               | 16:20<br>-<br>16:25 |
| <b>5.0 CONCLUDING BUSINESS</b>   |                                    |                    |                     |
| <b>5.1</b> Any Other Business  | Chair                              | Oral               | 16:25<br>-<br>16:30 |
| <b>5.2</b> Date of Next Meeting (Scheduled)<br>- 16 January 2023 at 9.30am   | Chair                              | Oral               |                     |
| <b>5.3</b> In Committee Resolution<br>The Joint Committee is recommended to make the following resolution: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)". | Chair                              | Oral               |                     |

**Unconfirmed Minutes of the  
WHSSC Joint Committee Meeting held **In Public** on  
Tuesday 19 September 2023  
In Person and via MS Teams**

**Members:**

|                   |       |  |
|-------------------|-------|--|
| Kate Eden         | (KE)  | Chair, WHSSC   |
| Sian Lewis        | (SL)  | Managing Director, WHSSC   |
| Carole Bell       | (CB)  | Director of Nursing Quality                                      |
| Carolyn Donoghue  | (CD)  | Independent Member, WHSSC  |
| Iolo Doull        | (ID)  | Medical Director, WHSSC  |
| Richard Evans     | (RE)  | Executive Medical Director, Swansea Bay UHB                      |
| James Leaves      | (JL)  | Interim Director of Finance and Information, WHSSC               |
| Steve Moore       | (SM)  | Chief Executive Officer, Hywel Dda UHB (via Teams)               |
| Chantal Patel     | (ChP) | Independent Member, WHSSC  |
| Nicola Prygodzicz | (NP)  | Chief Executive Officer, Aneurin Bevan UHB                       |
| Suzanne Rankin    | (SR)  | Chief Executive Officer, Cardiff and Vale UHB                    |
| Carol Shillabeer  | (CS)  | Interim Chief Executive Officer, Betsi Cadwaladr UHB (via Teams) |
| Steve Spill       | (SS)  | Independent Member, WHSSC  |
| Hayley Thomas     | (HTh) | Interim Chief Executive Officer, Powys teaching HB (via Teams)   |

**Deputies:**

|               |      |   |
|---------------|------|---|
| Linda Prosser | (LP) | Executive Director of Transformation and Strategy, CTMUHB |
|---------------|------|---|

**In Attendance:**

|                      |       |   |
|----------------------|-------|---|
| Stuart Davies        | (SD)  | Programme Manager, WHSSC  |
| Claire Harding       | (CH)  | Assistant Director of Planning, WHSSC   |
| Stephen Harray       | (SH)  | Board Director / Chief Ambulance Service Commissioner, Corporate Development, NCCU & EASC (via Teams for item 3.4 only) |
| Nicola Johnson       | (NJ)  | Director of Planning, WHSSC   |
| Jacqui Maunder-Evans | (JME) | Committee Secretary & Associate Director of Corporate Services, WHSSC   |
| Sian Morgan          | (SMg) | Consultant Clinical Scientist, AWMGS Laboratory Director (via Teams for item 2.1 only)                                  |
| Karen Preece         | (KP)  | Programme Director, Welsh Kidney Network  |
| Ian Phillips         | (IP)  | Independent Chair, Welsh Kidney Network (via Teams)   |
| David Roberts        | (DR)  | Director for Mental Health & Vulnerable Groups, WHSSC   |
| Helen Tyler          | (HT)  | Head of Corporate Governance, WHSSC   |

Joanna Williams (JW) Programme Director Welsh Sexual Health Assault Services (SARC) (via Teams for item 3.4 only)

Nick Wood (NW) Deputy Chief Executive NHS Wales, Health and Social Services Group, Welsh Government (via Teams)

### Observing:

Kerryn Lutchman-Sing (KLS) Assistant Medical Director, WHSSC

Stacey Taylor (ST) Deputy Director of Finance, NHS Wales Delivery Unit

### Apologies:

Paul Mears (PM) Chief Executive Officer, Cwm Taf Morgannwg UHB

### Minutes:

Gemma Trigg (GT) Corporate Governance Officer, WHSSC

| Min Ref  | Agenda Item  |
|----------|--|
| JC23/113 | <p><b>1.1 Welcome and Introductions</b></p> <p>The Chair welcomed Members in Welsh and English and thanked members for coming to the Welsh Health Specialised Services (WHSSC) offices to hold the meeting in person and welcomed those who joined the meeting virtually. The Chair stated that future meetings would continue to be held virtually via MS Teams until the next scheduled in person meeting in March 2024. The Chair reminded Members of the purpose of the Joint Committee and the WHSSC values of respect, partnership, improvement and innovation.</p> <p>Introductions were made and members noted that Kerryn Lutchman-Sing, Assistant Medical Director for WHSSC and Stacey Taylor, NHS Wales Delivery Unit, attended as observers.</p> <p>There were no objections to the meeting being recorded for administrative purposes. It was noted that a quorum had been achieved.</p> |
| JC23/114 | <p><b>1.2 Apologies for Absence</b></p> <p>Apologies for absence were noted and listed as above.</p>   |
| JC23/115 | <p><b>1.3 Declarations of Interest</b></p> <p>The Joint Committee (JC) noted the standing declarations. Chantal Patel (ChP) raised one Declaration under the Chair's Report relating to the appointment of the Vice Chair. It was agreed that ChP would leave the meeting for Item 3.1.</p>  |

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|          | There were no additional declarations of interest made relating to the items for discussion on the agenda.   |
| JC23/116 | <p><b>1.4 Minutes of the meetings held on 18 July 2023 and 1 August 2023 and Matters Arising</b></p> <p>The minutes of the JC meeting held on 18 July 2023 and the Extraordinary JC meeting held on 1 August 2023, were <b>received</b> and <b>approved</b> as a true and accurate record of discussions.</p> <p>There were no matters arising.</p>  |
| JC23/117 | <p><b>1.5 Action Log</b></p> <p>The action log was received, and members <b>noted</b> the progress on the actions outlined on the action log and <b>approved</b> actions that had been closed.</p>   |
| JC23/118 | <p><b>2.1 Genomics Update</b></p> <p>The presentation outlining how the All Wales Medical Genomics Service (AWMGS) was leading the way in the Rare Disease, Cancer, Pharmacogenomics and Mental Health areas of Genomics was received. The presentation covered the work being taken forward in prevention, diagnosis and targeted treatments being used where there is a clinical need.</p> <p>Sian Morgan (SMg) presented the key updates and members noted the Genomics Delivery Plan for Wales 2022-2025 and the way that the field of Genomics had, and continued to, transform cancer diagnostics and treatment. Members noted that the aim of the AWMGS was to deliver equitable genomic testing for improved outcomes in cancer and rare disease enabling precision medicine prescribing and reducing adverse reactions. The service, however, was at risk of inequity due to the restructuring of the Genomics within NHS England (NHSE).</p> <p>Members noted the patient story of Craig Maxwell a 41-year-old dad of two who had been diagnosed with stage 4-lung cancer, had been raising the profile for the QuicDNA testing, and had raised over £350k towards improving cancer diagnosis in Wales.</p> <p>Suzanne Rankin (SR) highlighted that currently only those therapies that had been approved by the National Institute for Health and Care Excellence (NICE) were funded and emphasised the challenges Health Boards (HBs) had financially, as well as regarding capacity to be able to service the pathway. SR suggested that more strategic thought needed to be given as to how these opportunities were being commissioned in Wales so the requirements were captured</p> |

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|         | <p>across the whole pathway and not just for therapies to reduce inequitable access.</p> <p>Nick Wood (NW) agreed that there was a very compelling case to expand in this area and that there was a need to look at the way testing was conducted, reporting mechanisms on Genomics services in Wales and a need to review the wider diagnostics agenda. NW highlighted the importance of bringing this to the top of everyone's agenda to enable changes in treatment and diagnosis as a priority.</p> <p>ChP thanked SMg for the informative presentation and queried whether there were any ethical issues that would need to be managed as a result of any incidental findings for example General Data Protection Regulation GDPR (GDPR) issues, and what measures would be taken to mitigate those issues. SMg gave an assurance that impact assessments were undertaken to consider any broader compliance factors.</p> <p>Steve Moore (SM) praised the work being done by the service and how it was creating curative possibilities in an area where there were none previously. SM queried what the future investment profile of precision medicine would be, what advanced therapeutics may look like, what costs would be involved when looking at the whole pathway, including all local diagnostic services, and how the inequity issues were going to be addressed to increase awareness of the services provided and how to access them.</p> <p>Nicola Prygodzicz (NP) supported the plan to raise the profile with all HBs and Welsh Government (WG) being involved and the need to create a clear pathology strategy and address workforce issues to ensure changes could be implemented.</p> <p>Linda Prosser (LP) queried what the impact would be on traditional services and what the future model would mean in terms of savings and whether those savings could be incorporated into the financial planning.</p> <p>SR informed members that an integrated national pathology service would have to consider how to best use existing resources and digital cellular pathology service would need to be in place in order to embed any pathology service. SR explained the difficulty in terms of existing levels of demand and future savings as these new novel therapies would move patients from short-term cancer patients to long-term condition patients who may need lifelong support and therefore convert existing levels of demand into a different type of demand.</p> |

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|          | <p>Stuart Davies (SD) emphasised that there would be some cost saving opportunities in pharmacogenomics with the implementation of DPYD testing resulting in a potential saving of £5m and agreed that there was a need to identify the long term consequences of improved outcomes for patients.</p> <p>SMg noted that the All Wales Clinical Oncology Group (AWCOG), whose remit was to ensure there was an all Wales equitable pathway around recommendations of testing as well as education, met on a regular basis including Cell Pathologist Lead representation from West, North and East Wales. Members noted that lung cancer outcomes in Wales were one of the poorest across Europe and the urgent need to improve outcomes for patients.</p> <p>The Chair thanked SMg for sharing some of the success stories and the progress that had been made by the service.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the presentation.</li> </ul>  |
| JC23/119 | <p><b>3.1 Chair's Report</b></p> <p>The Chair's report was received and members <b>noted</b>:</p> <ul style="list-style-type: none"> <li>• <b>the Appointment of a Vice Chair</b> – Due to ChPs Declaration of Interest ChP was asked to leave the room for this item. The Chair proposed that, in order to ensure effective business continuity for WHSSC and the Joint Committee, it was proposed that Chantal Patel, Independent Member (IM), WHSSC be appointed to the unremunerated role of Vice Chair for the Joint Committee, in accordance with the WHSSC Standing Orders (SOs),</li> <li>• <b>Chair of the Individual Patient Funding Request (IPFR) Panel</b> - Further to the Extraordinary Joint Committee meeting held on 1 August 2023, which supported the request to take forward the urgent recruitment of the WHSSC Individual Patient Funding Request (IPFR) panel Chair and which approved the proposed remuneration package, the post had now been advertised following earlier delays. The aim was to appoint a substantive IPFR Chair by the end of October 2023. Interim arrangements had been put in place to cover meetings during October 2023;</li> <li>• <b>Chair of the Quality Patient Safety Committee</b> – Carolyn Donoghue (CD), Independent Member, WHSSC had taken on the Chairs role for the WHSSC Quality &amp; Patient Safety Committee (QPSC) and will attend her first meeting as Chair in October 2023; and</li> <li>• Key meetings attended.</li> </ul> |



| Min Ref  | Agenda Item   |
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|          | <p>The Chair also provided an update on the Establishment of a WHSSC/Emergency Ambulance Services Committee (EASC) Vacancy Control Panel following both WHSSC and EASC receiving a letter sent on behalf of the CEOs imposing an immediate recruitment freeze. Members noted that although this request did not align with the governance arrangements for the Joint Committee, it was agreed that WHSSC and EASC would establish a joint Vacancy Control Panel, aligned with that of CTMUHB but that was also responsive to the needs of both functions.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report,</li> <li>• <b>Note</b> the update on the recruitment of the Chair of the Independent Patient Funding Request (IPFR) Panel,</li> <li>• <b>Approve</b> the appointment of Chantal Patel as Vice Chair of the WHSSC Joint Committee; and</li> <li>• <b>Note</b> the establishment of the WHSSC/EASC Vacancy Control Panel.</li> </ul>   |
| JC23/120 | <p><b>3.2 Managing Director's Report</b></p> <p>The Managing Director's Report was received and members <b>noted</b> the following updates:</p> <ul style="list-style-type: none"> <li>• <b>Progress on South Wales Neonatal ODN</b> - Funding for the South Wales Neonatal Transport Operational Delivery Network (ODN) was agreed at the 14 March 2023 Joint Committee meeting and funding had been released. However, the recruitment process had not yet taken place in line with the approach for the implementation of uncommitted investments to be suspended for this financial year. WHSSC will review the need and/or different options for delivering the scheme in 2024-2025. This scheme will now be considered within the process for prioritisation of all uncommitted expenditure and WHSSC had requested further information from Swansea Bay UHB (SBUHB), the provider HB to inform the evaluation,</li> <li>• <b>Fertility Update - WHSSC Policy development: - CP37 Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy - CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy</b> - The WHSSC team met with Llais on 31 August 2023 to discuss the next steps regarding the policy development. WHSSC informed Llais that due to the uncertainty surrounding the budget impact of any policy changes, the current financial challenges for the NHS in Wales meant that policy development had been halted. Colleagues in Llais understood the financial challenge and the difficult</li> </ul> |

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|          | <p>choices faced by WHSSC and HBs. A further update meeting was planned for late September 2023; and</p> <ul style="list-style-type: none"> <li>• <b>South Wales Spinal Network (SWSN)</b> - Following discussions at the NHS Wales Health Collaborative Executive Group (CEG), Cardiff and Vale UHB (CVUHB) and SBUHB Regional and Specialised Services Provider Planning Partnership (RSSPPP) had set up a project to develop a new service model, to clarify the regional model for South East and South West Wales respectively, as well as the supra-regional model for South Wales, West Wales and South Powys. The project was launched in October 2020, with the aim of developing recommendations for delivering a safe, effective and sustainable model for spinal surgery in South and West Wales. The service specification for the ODN (CP241, Spinal Services Operational Delivery Network) was approved and published by WHSSC in June 2022. The South Wales Spinal Network (SWSN) Implementation Board proposed and agreed at the meeting held on 6 June 2023 that the SWSN will launch in September 2023. The network team were continuing to work with all HBs and pre-hospital providers to ensure that each component part of the network will be ready to go live on 25 September 2023.</li> </ul> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report; and</li> <li>• <b>Note</b> that the South Wales Spinal Network (SWSN) will go live on 25 September 2023.</li> </ul> |
| JC23/121 | <p><b>3.3 Development of the Integrated Commissioning Plan (ICP) 2024/2025</b></p> <p>The report offering assurance regarding the development of the 2024/2025 Integrated Commissioning Plan (ICP) and the approach to its development within the wider NHS Wales situational context was received. Members noted that the process was on track in accordance with the timeline presented to the JC in May 2023 and an initial draft will be presented to the JC meeting on 21 November 2023.</p> <p>Members noted that the Annual Plan for WHSSC was being prepared in line with the changes to the Ministerial measures and would form part of the legacy statement supporting the establishment of the new Commissioning Joint Committee.</p> <p>Members noted that the detailed financial improvement options would be presented to the "In Committee" meeting session that day and the prioritisation process for this year would include in depth risk assessment processes using the learning from previous years</p>   |



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|          | <p>of financial austerity. The results of those risk assessments will be presented to the November JC meeting.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report,</li> <li>• <b>Receive</b> assurance on the planning process to date which was in line with timeline received by the Joint Committee in May 2023; and</li> <li>• <b>Note</b> the approach being taken to respond to the NHS Wales situational context, including an enhanced risk assessment.</li> </ul>  |
| JC23/122 | <p><b>3.4 South Wales Sexual Assault Referral Centres (SARC) Regional Model Implementation Briefing Paper</b></p> <p>The report providing an update on the implementation of the South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme following the Business Case approval in 2019, and which proposed that the WHSSC Joint Committee fulfil the CEO reporting function at the request of the NHS Wales Chief Executives; and which requested that the Joint Committee give final approval for Phase 1 implementation of the Programme was received.</p> <p>The Chair welcomed Stephen Harrhy (SH), Board Director / Chief Ambulance Service Commissioner, Corporate Development, NCCU &amp; EASC and Joanna Williams (JW), Programme Director Welsh Sexual Health Assault Services (SARC) who were in attendance to present the report.</p> <p>Members noted that the briefing had previously been taken through the Collaborative Leadership Forum who received regular updates on the regionalisation programme and that the three Police Forces in South Wales and the Police and Crime Commissioners had agreed the preferred model and approved the 50% funding contribution for phase 1.</p> <p>Members noted that the SARC service being implemented was ISO accredited meaning that victims could be provided with evidence that could be taken through court. Evidence could be deemed as inadmissible by a court if it had not been taken from an ISO accredited facility, which could jeopardise any potential conviction.</p> <p>Stephen Harrhy (SH) confirmed the governance route and informed members that the uplift requested for HB approval was already included in their financial plans.</p> <p>CD queried whether the ISO accreditation was in line to be agreed by the October 2023 deadline. SH confirmed that the work was</p> |

| Min Ref | Agenda Item   |
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|         | <p>ahead of schedule and provided an assurance that the ISO accreditation would be granted in October.</p> <p>NP queried which financial plan the funding sat in and James Leaves (JL) confirmed that the provision for the in year funding release had been collected from HBs through EASC and the slippage from that would begin to show in the future. SH agreed to provide a covering letter for the report submitted to HBs outlining the governance process and ratification for further clarity.</p> <p><b>Action</b> – SH to draft a report to submit to Health Boards (HBs) to approve the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model.</p> <p>SR queried whether all reports relating to the SARC went through the Commissioning and Finance Group, SH confirmed that reporting did go through that route.</p> <p>SH advised members that an evaluation would be undertaken before moving forward and that regular reviews will be embedded.</p> <p>Karen Preece (KP) confirmed that the SARC was one of the services that the new Joint Committee will be commissioning and will oversee performance management, a service specification and evaluation will be brought through the usual process for approval, providing more clarity and structure around the governance and reviews.</p> <p>ChP queried the date listed within the report recommendations as 1 April 2023 and SH confirmed that prior to submission to HBs it would be changed to September 2023 to ensure that it was not being reported retrospectively.</p> <p><b>ACTION:</b> SH to draft a separate briefing to HBs summarising and clarifying the financial arrangements for Phase 1.</p> <p>The Joint Committee resolved to;</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report,</li> <li>• <b>Approve</b> the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model, prior to a report being issued to the seven HBs for final approval,</li> <li>• <b>Consider</b> and <b>approve</b> that the WHSSC Joint Committee will fulfil the CEO reporting function for the programme with immediate effect, prior to a report being issued to the seven HBs for final approval,</li> <li>• <b>Recommend</b> to HBs for <b>approval</b> of an in year funding uplift of £347k and a recurrent full year funding of up to</li> </ul> |

| Min Ref  | Agenda Item  |
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|          | <p>£506k by 2025/26 for phase 1 of the implementation of the SARC Regionalisation Programme, prior to a report being issued to the seven HB's for final approval; and</p> <ul style="list-style-type: none"> <li>• <b>Recommend</b> to HBs for <b>approval</b> of a continuation of funding for Phase 2 at the current level prior to a report being issued to the seven HBs for final approval.</li> </ul>  |
| JC23/123 | <p><b>3.5 Welsh Government National Commissioning Review Update</b></p> <p>A verbal update outlining the progress of the Welsh Government (WG) National Commissioning review was received. Members noted that the programme structure was now in place to deliver all of the recommendations approved by the Minister.</p> <p>The first meeting of the National Commissioning Review Implementation Board meeting was due to take place immediately after the WHSSC Joint Committee meeting today.</p> <p>Carole Shillabeer (CS) queried the engagement of Chairs and the accountability process that was in place. KP confirmed that formal communication would come from Samia Edmonds (SE), Director of Planning and Performance, WG in her capacity as Chair of the Oversight Board. During the last Oversight Board, it was agreed that SE would attend a future meeting of the Chairs Group to be further informed.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the verbal update.</li> </ul> |
| JC23/124 | <p><b>3.6 Single Commissioner for Secure Mental Health Services Project Initiation Document (PID)</b></p> <p>The report presenting the Project Initiation Document (PID) for the Single Commissioner Model for Secure Mental Health Services was received alongside the Terms of Reference (ToR) for information.</p> <p>NP raised some concerns around the commissioning and operational management and where responsibility began and ended. DR provided assurance that clear lines of responsibility would be set as the project was developed at an operational level.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report; and</li> <li>• <b>Support</b> the recommendation to initiate the project to develop a Single Commissioner Model for Secure Mental Health Services.</li> </ul>  |

| Min Ref  | Agenda Item   |
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| JC23/125 | <p><b>3.7 Revision to Financial Delegated Limits</b></p> <p>The report presenting the proposed changes to the financial limits for Individual Patient Funding Requests (IPFR) approvals was received.</p> <p>Hayley Thomas (HTh) queried the large number in 2022-23 below £50k and asked for further analysis for those requests. JL agreed to share further information following the meeting.</p> <p><b>ACTION:</b> JL to share additional detail of IPFR approvals for 2022-23 under £50k with the Joint Committee.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report, and</li> <li>• <b>Approve</b> the requested changes to the financial limits for Individual Patient Funding Request (IPFR) approvals.</li> </ul>  |
| JC23/126 | <p><b>3.8 WHSSC Model Standing Orders – Governance and Accountability Framework</b></p> <p>The report providing an update on the WHSSC Model Standing Orders (SOs) and Governance and Accountability Framework was received. Members noted that WG had issued changes that WHSSC were required to adopt and once approved, they will be issued to HBs for approval and for inclusion as schedule 4.1 within their own respective SOs. The report will be presented to CTM Audit and Risk Assurance Committee for assurance in October 2023.</p> <p>The Joint Committee resolved to;</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report,</li> <li>• <b>Approve</b> the proposed changes to the WHSSC Standing Orders (SOs), prior to being issued to the seven HBs for approval and inclusion as schedule 4.1 within their respective HB SOs,</li> <li>• <b>Approve</b> the proposed changes to the WHSSC Standing Financial Instructions (SFIs) prior to being issued to the seven HBs for approval and inclusion as schedule 4.1 Annex 2.1 within their respective HB SOs; and</li> <li>• <b>Note</b> that there were no changes to the Memorandum of Agreement (MoA).</li> </ul> |
| JC23/127 | <p><b>4.1 WHSSC Performance Report</b></p> <p>The report providing a summary of the performance of WHSSC's commissioned services was received and members noted the changes that had taken place since the last meeting, including:</p> <ul style="list-style-type: none"> <li>• The Children and Adolescent Mental Health Service (CAHMS) at Ty Llidiard had been de-escalated thanks to the hard work put in by the Committee, Operational and Clinical Teams,</li> </ul>   |

| Min Ref  | Agenda Item   |
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|          | <ul style="list-style-type: none"> <li>Fertility services were currently in escalation,</li> <li>Paediatric Intensive Care and Neonatal Services were being considered through the escalation framework and further information will be provided within the next Performance Report; and</li> <li>The Plastic surgery Service in South Wales was in escalation and was the only service with current waiting times of over 104 weeks for inpatient treatment.</li> </ul> <p>ChP queried whether the Welsh Fertility Institute (WFI) issues were the same issues raised previously. Sian Lewis (SL) confirmed that there were a number of unresolved historical issues and that further information would be brought to the WHSSC Quality &amp; Patient Safety Committee (QPSC) meetings. SL assured members that WHSSC were working with the provider to try to address these issues.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li><b>Note</b> the report.</li> </ul> |
| JC23/128 | <p><b>4.2 Financial Performance Report Month 4 2023-2024</b></p> <p>The Financial Performance Report setting out the financial position for WHSSC for month 4 2023-2024 was received and members noted the financial position reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2023.</p> <p>The year to date financial position reported at Month 4 for WHSSC an overspend against the ICP financial plan of £1.069m and a forecast year-end overspend of £0.767m.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li><b>Note</b> the contents of the report including the year to date financial position and forecast year-end position.</li> </ul>  |
| JC23/129 | <p><b>4.3 South Wales Neonatal Transport Delivery Assurance Group Report (April – June 2023)</b></p> <p>The report providing a summary of the South Wales Neonatal Transport Delivery Assurance Group (DAG) quarterly report for 1 April 2023 – 30 June 2023 was received and members noted that the detailed information would be presented to the “In Committee” session of the Joint Committee.</p> <p>The Joint Committee resolved to;</p> <ul style="list-style-type: none"> <li><b>Note</b> the highlights of the Q1 Neonatal Transport DAG report,</li> <li><b>Note</b> that the full report would be shared In-Committee due to potential patient identifiable data; and</li> </ul>   |

| Min Ref  | Agenda Item   |
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|          | <ul style="list-style-type: none"> <li>• <b>Receive</b> assurance that the Neonatal Transport service delivery and outcomes were being scrutinised by the Delivery Assurance Group (DAG).</li> </ul>  |
| JC23/130 | <p><b>4.4 South Wales Trauma Network Delivery Assurance Group Report (Q1)</b></p> <p>The report providing a summary of the Quarter 1 2023/24 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN) was received.</p> <p>Members noted the following key updates;</p> <ul style="list-style-type: none"> <li>• A Gateway 5 Review had been triggered by the SRO and timescales were under discussion with the WG review team,</li> <li>• The Trauma Audit Research Network (TARN) had been the subject of a cyber-attack and as a precautionary measure; the TARN network database had been taken offline. There was no evidence of the TARN data being compromised; and</li> <li>• Activity and utilisation of the Major Trauma Centre had been added to the DAG reports and further work was being undertaken by WHSSC on the risk share arrangements in the context of the ICP process. A report was being prepared for the October 2023 Management Group meeting that will encompass delivery assurance, commissioning and performance management arrangements for ODNs.</li> </ul> <p>CD highlighted the concern around the loss of data, which could result in a huge impact on evaluation and clinical outcomes.</p> <p>NP and HTh asked that future reports include more detailed information around evaluation, outcomes and mortality information.</p> <p><b>ACTION:</b> Additional detail around evaluation, mortality information and outcomes to be included in future reporting.</p> <p>The Joint Committee resolved to</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the full South Wales Major Trauma Network (SWTN) DAG Report and highlights contained in the cover report.</li> </ul> |
| JC23/131 | <p><b>4.5 Specialised Paediatric Services Strategy – Implementation Board Highlight Report</b></p> <p>The report providing a progress update on the implementation of the Specialised Paediatric Services Strategy was received and members noted the improvements that had been put in place.</p> <p>The Joint Committee resolved to;</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report and the progress made.</li> </ul>  |



| Min Ref  | Agenda Item  |
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| JC23/132 | <p><b>4.6 All Wales PET Programme Progress Report</b></p> <p>The report providing an update on the progress made by the All Wales Positron Emission Tomography (PET) Programme was received and members noted that progress was being made according to the planned timeline with the main outstanding issue being the confirmation of capital funding from WG.</p> <p>The Joint Committee resolved to;</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the progress made by the All Wales Positron Emission Tomography (PET) Programme and its associate projects and workstreams.</li> </ul>  |
| JC23/133 | <p><b>4.7 Corporate Governance Matters Report</b></p> <p>The report providing an update on Corporate Governance Matters since the previous meeting was received.</p> <p>Members noted that since the report was written a task and finish group had been set up reporting to the NHS Wales Board Secretaries Group to progress the development of the All Wales IPFR policy with the aim to submit and updated report to JC in November 2023.</p> <p>Jacqueline Maunder-Evans (JME) informed members that a representative from Audit Wales would be joining the Joint Committee Meeting in November to provide an update on progress against the recommendations in the Audit Wales "WHSSC Committee Governance Arrangements" Report.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul> |
| JC23/134 | <p><b>4.8 Reports from the Joint Sub-Committees</b></p> <p>The Joint Committee Sub-Committee reports were received as follows:</p> <p><b>4.8.1 Audit and Risk Committee (ARC) Assurance Report</b></p> <p>The JC noted the assurance report from the CTMUHB Audit and Risk Committee meeting held on 16 August 2023.</p> <p><b>4.8.2 Management Group Briefings</b></p> <p>The JC noted the core briefing documents from the meetings held on 27 July 2023 and 24 August 2023.</p> <p><b>4.8.3 Individual Patient Funding Request (IPFR) Panel</b></p> <p>The JC noted the Chair's report from the meeting held on 17 August 2023. Members noted that the advert for the IPFR Chair vacancy had gone out.</p>  |

| Min Ref  | Agenda Item  |
|----------|--|
|          | <p><b>4.8.4 Integrated Governance Committee (IGC)</b><br/>The JC noted the Chair's report from the meeting held on 15 August 2023.</p> <p><b>4.8.5 Quality &amp; Patient Safety Committee (QPSC)</b><br/>The JC noted the Chair's report from the meeting held on 16 August 2023 and the summary of services in escalation that was attached as an appendix. Members noted the concerns raised in the Plastics outreach services and the escalation was being taken through WG.</p> <p>KP informed members that the Network Manager position for the Welsh Kidney Network had not been advertised as planned.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the reports.</li> </ul> |
| JC23/135 | <p><b>5.1 Any Other Business</b></p> <ul style="list-style-type: none"> <li>• <b>Cheshire &amp; Wirral Mother and Baby Unit (MBU)</b> – Members noted that a contractor had been identified and commencement on site was expected before Christmas. Recruitment to the posts was expected to start in April 2024 with view to new unit being operational by 1 October 2024; and</li> <li>• <b>WHSSC Annual Report</b> – members noted that the WHSSC Annual Report would be circulated via email for approval and brought back to the November meeting for ratification.</li> </ul>  |
| JC23/136 | <p><b>5.2 Date of Next Meeting (Scheduled)</b><br/>The Joint Committee noted that the next scheduled meeting would be held on 21 November 2023.</p> <p>There being no other business other than the above the meeting was closed at 11.02hrs.</p>  |
| JC23/137 | <p><b>5.3 In Committee Resolution</b><br/>The Joint Committee is recommended to make the following resolution: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".</p>   |

**Chair's Signature:** .....

**Date:**.....





## JOINT COMMITTEE MEETING 21 November 2023 Action Log

| Action Ref           | Minute Ref and Action   | Owner | Due Date       | Progress  | Status        |
|----------------------|---|-------|----------------|---|---------------|
| <b>14 March 2023</b> |   |       |                |   |               |
| JC23/004             | <p><b>JC23/43 Eating Disorder In-Patient Provision for Adults</b></p> <p>CS advised it was important to ensure that patients did not need to travel long distances for treatment, and queried the weighting criteria and asked if there were measures to monitor outcomes and the difference that had been achieved by the providers with experience of improvement in the facilities. DR responded and advised that it may not be possible to run a unit within Wales due to the specialist skills required and therefore the patient need was balanced against access and proximity together with the skills and expertise of the relevant independent sector provider.</p> <p><b>ACTION:</b> DR will circulate the proposed weighting criteria to members following the meeting.</p> | DR    | September 2023 | <p><b>27.04.2023</b> – Due to the NHS Wales Shared Services Partnership (NWSSP) encountering delays associated with the specification of a Welsh location within the procurement tender, an update will now be given in the Summer.</p> <p><b>13.06.2023</b> - WHSSC are pursuing two avenues in order to secure an Inpatient Eating Disorders Service in Wales, one involving an independent provider being placed on the NCCU Framework and the second via a tendering process currently being developed and supported by Legal Advisors. A further update will be provided in September 2023.</p> <p><b>30.08.2023</b> - Independent sector providers are being placed on the NCCU framework. The tender process is currently on hold subject to legal</p> | <b>CLOSED</b> |

| Action Ref          | Minute Ref and Action  | Owner | Due Date      | Progress   | Status      |
|---------------------|--|-------|---------------|--|-------------|
|                     |  |       |               | <p>advice. Discussions are ongoing to secure provision with a new independent sector provider within the Welsh border.</p> <p><b>07.11.2023</b> – WHSSC have commissioned 8 beds on the Ty Glyn Ebwy Unit, which opened on 9<sup>th</sup> November 2023. As the Mental Health strategy is developed, the pros and cons of a NHS Unit versus the Independent sector will be considered. Action completed.</p>                                   |             |
| <b>18 July 2023</b> |  |       |               |  |             |
| JC23/008            | <p><b>JC23/109 Reports from the Joint Sub-Committees</b></p> <ul style="list-style-type: none"> <li><b>Individual Patient Funding Request (IPFR) Panel</b></li> </ul> <p>The JC noted the Chair's report from the meeting held on 15 June 2023. The report highlighted issues in achieving quoracy.</p> <p><b>ACTION:</b> A chairs reminder around quoracy to be issued.</p> | KE    | November 2023 | <p><b>25.08.2023</b> - Actioned deferred as a new member has been appointed from Powys and attendance from other HBs improved in August. This will be kept under close review.</p> <p><b>07.11.2023</b> - A New IPFR Chair has been appointed and the Policy and ToR are on the JC Agenda for November 2023. The proposed ToRs reduce the number of required HB representatives from 5 to 4. Approval will allow this action to be closed.</p> | <b>OPEN</b> |

| Action Ref          | Minute Ref and Action  | Owner | Due Date      | Progress  | Status      |
|---------------------|--|-------|---------------|---|-------------|
|                     |  |       |               |   |             |
| <b>18 July 2023</b> |  |       |               |   |             |
| JC23/009            | <b>JC23/122 South Wales Sexual Assault Referral Centres (SARC) Regional Model Implementation Briefing Paper</b><br><br><b>ACTION:</b> SH to draft a report to submit to Health Boards (HBs) to approve the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model. | SH    | November 2023 | <b>07.11.2023</b> – An update is awaited from the NCCU.   | <b>OPEN</b> |
|                     | <b>ACTION:</b> SH to draft a separate briefing to HBs summarising and clarifying the financial arrangements for Phase 1.   | SH    | November 2023 | <b>07.11.2023</b> – An update is awaited from the NCCU.   | <b>OPEN</b> |
| JC23/010            | <b>JC23/125 - Revision to Financial Delegated Limits</b><br>A query on the large numbers of IPFR approval in 2022-2023 below £50k was raised and further analysis was requested.   | JL    | November 2023 | <b>07.11.2023</b> – This is currently in progress and the information will be circulated outside of the November 2023 JC meeting. | <b>OPEN</b> |

| Action Ref | Minute Ref and Action   | Owner | Due Date     | Progress  | Status      |
|------------|---|-------|--------------|---|-------------|
|            | <b>ACTION:</b> JL to share additional detail of IPFR approvals for 2022-23 under £50k with the Joint Committee.   |       |              |   |             |
| JC23/011   | <b>JC23/130 South Wales Trauma Network Delivery Assurance Group Report (Q1)</b><br><br><b>ACTION:</b> Additional detail around evaluation, mortality information and outcomes to be included in future reporting. | NJ    | January 2024 | <b>07.11.2023</b> – WHSSC met with the Network Manager of the MTN DAG and requested the additional detail around evaluation, mortality information and outcomes. The next update to JC will be in January 2024. <b>Not yet due.</b> | <b>OPEN</b> |

|                            |   |                                     |                                     |   |   |
|----------------------------|---|-------------------------------------|-------------------------------------|---|---|
| Report Title               | Integrated Commissioning Plan (ICP) 2024 – 2025   |                                     |                                     | Agenda Item                                   | 2.2   |
| Meeting Title              | Joint Committee   |                                     |                                     | Meeting Date                                  | 21/11/2023                                    |
| FOI Status                 | Open/Public   |                                     |                                     |   |   |
| Author (Job title)         | Assistant Director of Planning  |                                     |                                     |   |   |
| Executive Lead (Job title) | Director of Planning  |                                     |                                     |   |   |
| Purpose of the Report      | The purpose of this report is to present the current draft of the 2024-2025 Integrated Commissioning Plan (ICP) for consideration prior to its submission to Welsh Government in line with NHS Wales planning requirements. |                                     |                                     |   |   |
| Specific Action Required   | RATIFY<br><input type="checkbox"/>  | APPROVE<br><input type="checkbox"/> | SUPPORT<br><input type="checkbox"/> | ASSURE<br><input checked="" type="checkbox"/> | INFORM<br><input checked="" type="checkbox"/> |

**Recommendation(s):**

- Members of Joint Committee are asked to:
- Note** the report; and
  - Discuss** and provide comment on the first draft of the 2024-2025 Integrated Commissioning Plan (ICP).

# INTEGRATED COMMISSIONING PLAN 2024-2025

## 1.0 SITUATION

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

## 2.0 BACKGROUND

There is a requirement for WHSSC to develop an ICP on behalf of Health Boards (HBs) that must be agreed by the Joint Committee (JC), and align with the Welsh Government NHS Planning Framework and Commissioner Integrated Medium Term Plans (IMTPs).

At the time of writing, the NHS Planning Framework has not been received to frame the development of the 2024/2025 ICP. The guidance is anticipated over the next few weeks, and there is an acceptance therefore that there may be a need to revisit some of the content of this plan as the guidance emerges.

## 3.0 ASSESSMENT

### 3.1 Governance and Decision Making

WHSSC has once again followed its well established annual cycle to develop the ICP, with key governance touchpoints 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) assessment day     |
| 02/10/23 | First draft Corporate Directors Group Board (CDGB) meeting |
| 26/10/23 | Management Group consideration                             |
| 21/11/23 | Joint Committee consideration                              |

Further workshops will be required as the plan develops with both the Management Group and with the JC to finalise the Plan for approval in January 2024.

### 3.2 The Integrated Commissioning Plan (ICP)

The first draft of the 2024/2025 ICP is presented at **Appendix 1** and has been considered by the WHSSC CDGB on 2 October 2023, 19 October 2023 and 10 November 2023.

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. A triangulated risk assessment is also being undertaken with the Management Group to prioritise uncommitted schemes from previous plans alongside the results of the CIAG prioritisation process for 2024-2025 to ensure that informed choices can be made by the JC in the final Plan.

The draft 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

The plan is also supported by a number of appendices including detailed information on:

- Ministerial priorities,
- 2023/2024 achievements,
- Detailed financial plans; and
- A summary of savings schemes.

JC members will see a number of drafting notes on the current version, and will observe a number of areas requiring further development prior to final submission.

At the time of drafting, the next steps are:

- Develop detailed finance and performance information to follow as plan progresses (quarter 3 reports to be included),
- Risk assessments will need further enhancement prior to finalisation of the plan,
- Discussion at the JC ICP workshop on 12 December 2023; and
- A Final Plan to be presented to JC for approval on 16 January 2024.

## 4.0 RECOMMENDATIONS

Members of Joint Committee are asked to:

- **Note** the report; and
- **Discuss** and provide comment on the first draft of the 2024-2025 Integrated Commissioning Plan (ICP).



| <b>Governance and Assurance</b>   |  |
|---|--|
| <b>Link to Strategic Objectives</b>   |  |
| <b>Strategic Objective(s)</b>   | The development of the Integrated Commissioning Plan is a requirement contained within the NHS Planning framework  |
| <b>Link to Integrated Commissioning Plan</b>  | This report presents the Integrated Commissioning Plan   |
| <b>Health and Care Standards</b>  | Safe Care<br>Effective Care<br>Governance, Leadership and Accountability   |
| <b>Principles of Prudent Healthcare</b>   | Only do what is needed<br>Care for Those with the greatest health need first<br>Reduce inappropriate variation   |
| <b>NHS Delivery Framework Quadruple Aim</b>   | People in Wales have improved health and well-being with better prevention and self-management<br>People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement<br>The health and social care workforce is motivated and sustainable<br>Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome |
| <b>Organisational Implications</b>  |  |
| <b>Quality, Safety &amp; Patient Experience</b>   | The ICP has quality, safety and patient experience at its core   |
| <b>Finance/Resource Implications</b>  | There are financial implications related to the realisation of the ICP which will be outlined in the final report  |
| <b>Population Health</b>  | The ICP responds to the tertiary needs of the welsh population and seeks to outline priority areas for commissioning to meet those needs   |
| <b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b> | The ICP has been developed with regard the relevant legislative requirements, including considerations of those with protected characteristics   |
| <b>Long Term Implications (incl WCFG Act 2015)</b>                                      | 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  |
| <b>Report History (Meeting/Date/ Summary of Outcome)</b>                                | 26 October 2023 – Management Group<br>2 October 2023, 19 October 2023 and 10 November 2023 – WHSSC CDGB  |
| <b>Appendices</b>   | Appendix 1 – Draft Integrated Commissioning Plan (ICP) 2024-2025   |

# WELSH HEALTH SPECIALISED SERVICES COMMITTEE

DRAFT

## INTEGRATED COMMISSIONING PLAN 2024/2025



GIG  
CYMRU  
NHS  
WALES

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

# FOREWORD

As we finalise the delivery of the 2023/2024 Integrated Commissioning Plan (ICP), we are delighted to present the new 2024/2025 Specialist Services ICP setting out how we will continue to commission high quality specialist 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, as during this period, we will become part of a new national commissioning arrangements for NHS Wales. We embrace this opportunity to strengthen all Wales commissioning and will continue to work towards:

- Improving 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
- Minimal disruption to the system



**Dr Sian Lewis**  
**Managing Director**

As a strategic commissioning organisation, we continue to develop our commissioning approach to support the system to meet the needs of Welsh patients for specialised services and will be 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. Unsurprisingly, then, as the plan has a strong emphasis on recommissioning, value and transformation, focussing on risk assessments across a number of service areas and working to ensure service sustainability

As always we are grateful to Joint Committee and Management Group members for overseeing the development of the plan, bringing ideas, and scrutiny throughout its development, to both commissioning and provider Health Boards, and as always our committed staff who work tirelessly to plan, secure and monitor specialist services for the people of Wales.



**Kate Eden**

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DRAFT

# 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 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 xx (Q3 delivery report)

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; and commissions a number of Operational Delivery Networks. We also have a team in North Wales to manage the complex commissioning interfaces for that population.

The financial context within NHS Wales means that intelligent and robust commissioning is more important now than ever, as such our **overarching principle, 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 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

Features even more strongly in this years plan.



## 2. THE CONTEXT FOR SPECIALIST 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 specialist service for the population of Wales.

On a day-to-day basis, the Joint Committee delegates operational responsibility for commissioning to WHSSC Officers, 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 NHSE was reconfigured into 42 Integrated Care Systems, with the delegation of direct commissioning functions from 2023. The 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. WHSSC will continue to monitor this closely and escalate any further potential issues as appropriate.

## 2.1 PLANNING CONTEXT



WHSSC remains ambitious about the organisation's 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. 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). 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 X](#).

There is strong commitment within NHS Wales on regional planning, and 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. The clinical pathways into specialist services from secondary care have an impact on access to specialist care. Where there are gaps in primary or secondary care this can be seen in the referrals into specialist care. 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. WHSSC also has a track record of working across Health Boards to enable responses to specialist 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.



## 2.1 PLANNING CONTEXT



Whilst WHSSC is responsible for the planning of specialist services for the population of Wales the context for planning and delivering specialist services for the population of North Wales requires a unique set of considerations. With a significant reliance on NHSE providing not only specialist services but also non-specialist services for example neurology is provided across the HB by Walton Neurology Centre which may impact on referrals through to specialist services. Outreach into NHS Wales localities to enable “Care Closer to home” requires consideration not only of the facilities with the HB but the Governance and IT systems across the HB and NHSE provider.

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.

- Will need to put the expectations of the planning framework here when out

## 2.2 FINANCIAL CONTEXT

The financial context within NHS Wales at the current time presents significant challenge and risk to the commissioning and further development of Specialist Services provision within Wales.

Health Boards have a responsibility to commission and deliver health services for their local populations, the tertiary services component of this responsibility is formally delegated to WHSSC. The funding approach to tertiary services commissioning is based on a population risk share approach. Given the financial position of all Health Boards across Wales, there is unlikely to be funding available for further investment in tertiary 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 specialist service provision). Furthermore, WHSSC has made proposals with regard the system wide savings requested across the NHS and as such, this plan commences from a significant challenging financial position, requiring intelligent commissioning at pace to sustain existing services, and place added emphasis on value, recommissioning and redesign. As a national commissioning organisation 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 specialist services are identified, explored and delivered.

We have strengthened our approach through the establishment of a recommissioning and efficiency Board, with membership from across WHSSC and the 7 Health Boards in Wales. The Board has identified areas for focus and savings through:

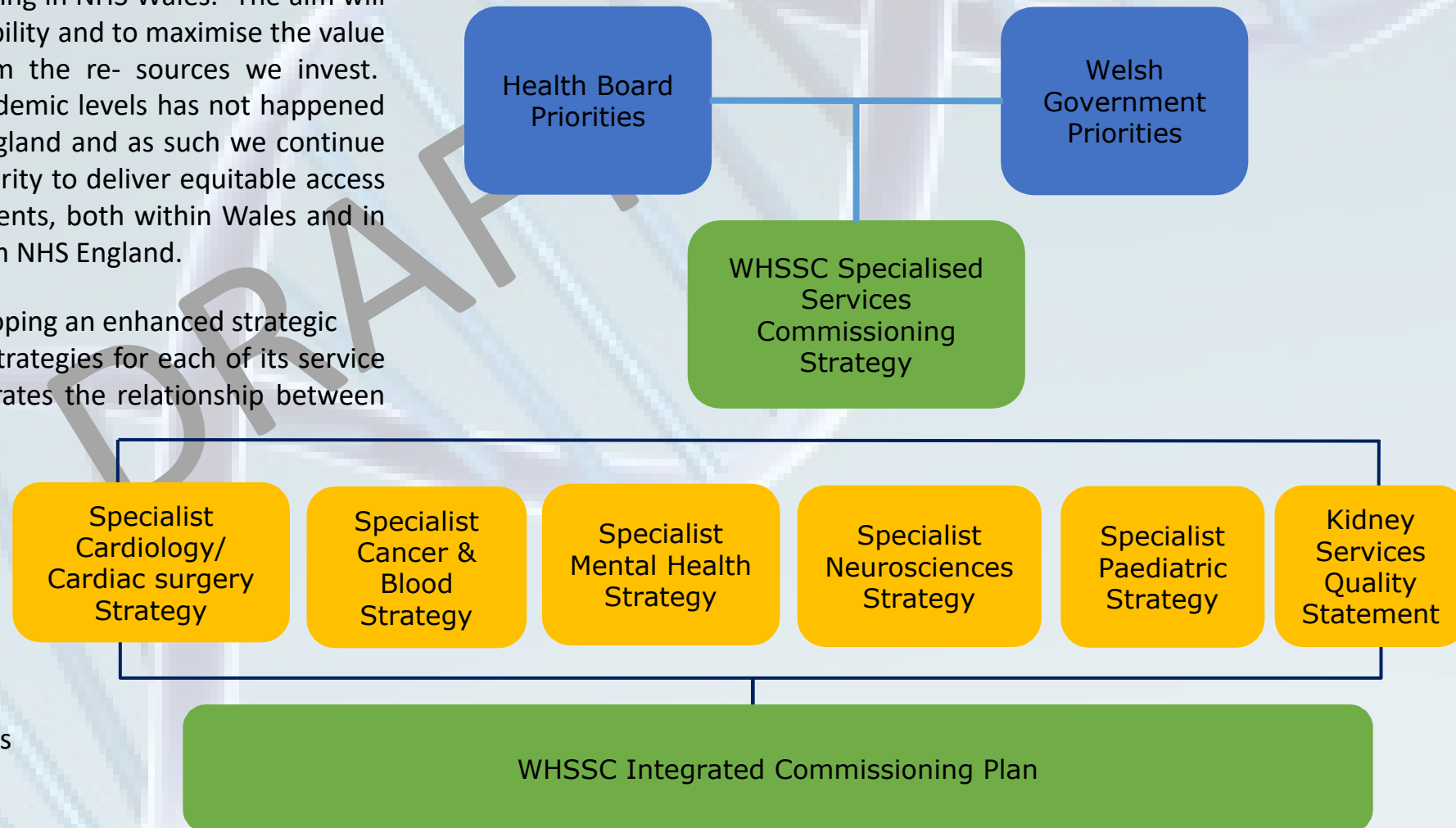
|  |   |
|--|---|
| Investment reviews                       | Have there been investments committed to that have been unable to progress, and if so could that allocation now be released |
| Benchmarking                             | Where are there opportunities for efficiencies based on how we benchmark 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

### 3. SPECIALISED SERVICES STRATEGY

The WHSSC Specialised Services Strategy was published during 2023 and set an ambitious direction of travel for the future commissioning of Specialised services over the next 10 years, and establishing a strong 'Once for Wales' approach for commissioning in NHS Wales. The aim will be to improve equity and service sustainability and to maximise the value that the Welsh population receives from the re- sources we invest. Recovery of Specialist services to pre-pandemic levels has not happened as quickly within Wales as within NHS England and as such we continue to pursue a continued commissioning priority to deliver equitable access and reduced waiting times for Welsh patients, both within Wales and in comparison to services commissioned from NHS England.

Over recent years, WHSSC has been developing an enhanced strategic Approach to commissioning, developing strategies for each of its service portfolios (the picture opposite demonstrates the relationship between those strategies and this plan.



It is the collective implementation of the WHSSC strategy and these commissioned service strategies that form the basis of this plan

## 3.1 STRATEGIC AIMS : FRAMEWORK FOR THE PLAN

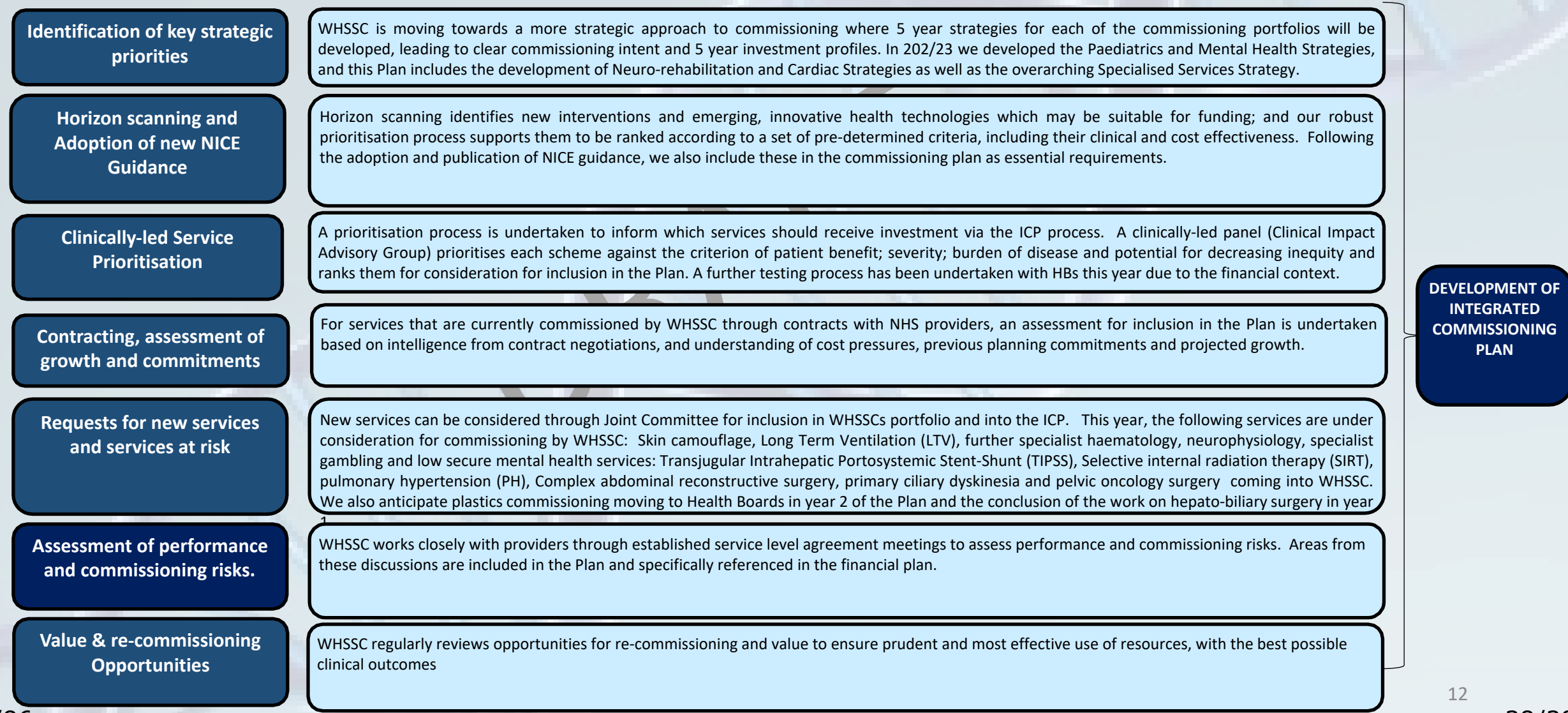
During 2023, WHSSC published a commissioning strategy for Specialised Services. The strategic aims from this are outlined below, and referenced within the specific actions of the plan, so that it is clear how our commissioning activity contributes to their achievement:

|   |  |   |
|---|--|---|
| 1 | <b>To ensure the provision of safe, high-quality services for the people of Wales</b>  | To do this, we will continue to commission safe, high-quality services by ensuring the STEEEP 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 | <b>To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change</b> | 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.<br>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 | <b>To provide an expert approach to national healthcare commissioning</b>  | 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 | <b>To be an effective partner, supporting service and system transformation</b>  | 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 | <b>To maximise value and outcomes within available resources</b>   | 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.   |



## 4. HOW THE INTEGRATED COMMISSIONING PLAN IS DEVELOPED

The ICP for Specialised Services for Wales 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:



# 4.1 PRIORITISATION PROCESSES

There are a number of processes that run as part of the ICP planning framework, two of these are outlined here, as well as an extended risk assessment process which has also been undertaken this year given the austere financial context. The approach to this is also therefore outlined over coming 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 evidence assessment process.
- Both processes utilise the criteria and weighted scores outlined here for assessment.
- The outcome of the two prioritisation processes for inclusion in the 2024/25 plan 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%       |



| Intervention  | Inclusion in Plan                            |
|---|--|
| Rituximab for the treatment in acute Thrombotic Thrombocytopenic Purpura (TTP) and elective therapy to prevent TTP relapse (adults 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 manifestations 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  |  |
| An all-Wales Colorectal Peritoneal Metastasis Service: a proposal for clinical commissioning  | REMOVED not for routine commissioning - IPFR |

## 4.2 RISK ASSESSMENT (Note that this entire risk section will be updated further following the risk assessment workshop with Management Group)

In order to ensure every consideration has been given to every aspect of investment and potential savings, to inform this plan, WHSCC officers have enabled a triangulated risk assessment across commissioner (WHSCC) service (Provider Health Boards) and patient (Commissioning Health Boards), for all services identified for investment, however that remain to receive this. The process enabled a review of 25 different service areas as follows:

| 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 | SWAN   | 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 | Paediatric Orthopaedic surgery   | Cardiff & Vale  |
| ICP 22/23 | Neurosurgery Sustainability and standards  |                 |
| ICP 22/23 | Formally Commission Paediatric Respiratory   | Cardiff & Vale  |
| ICP 22/23 | Paediatric Orthopaedic surgery   | Cardiff & Vale  |
| ICP 22/23 | Neurosurgery Sustainability and standards  |                 |

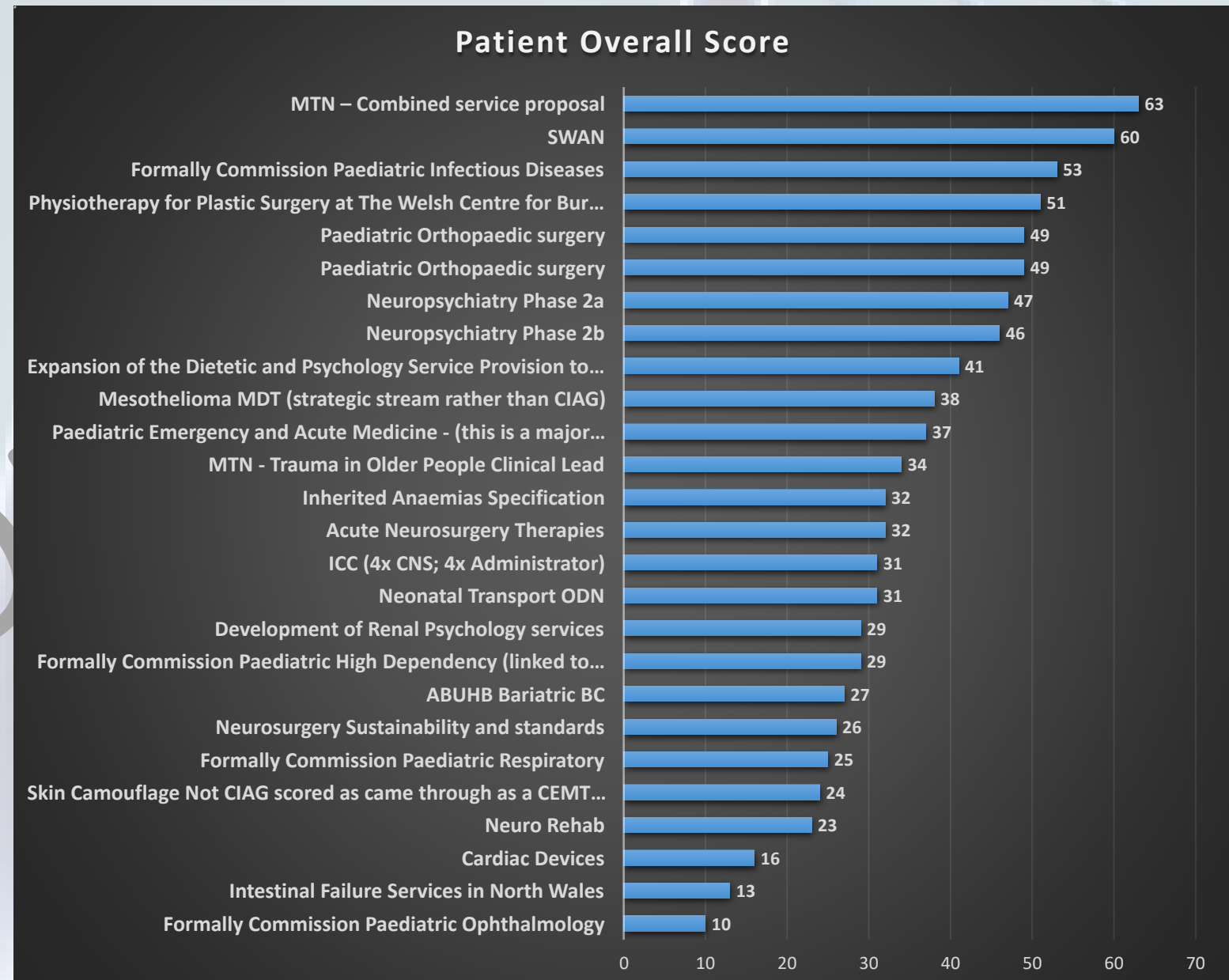


## 4.3 DEVELOPMENT OF A RISK BASED PLAN

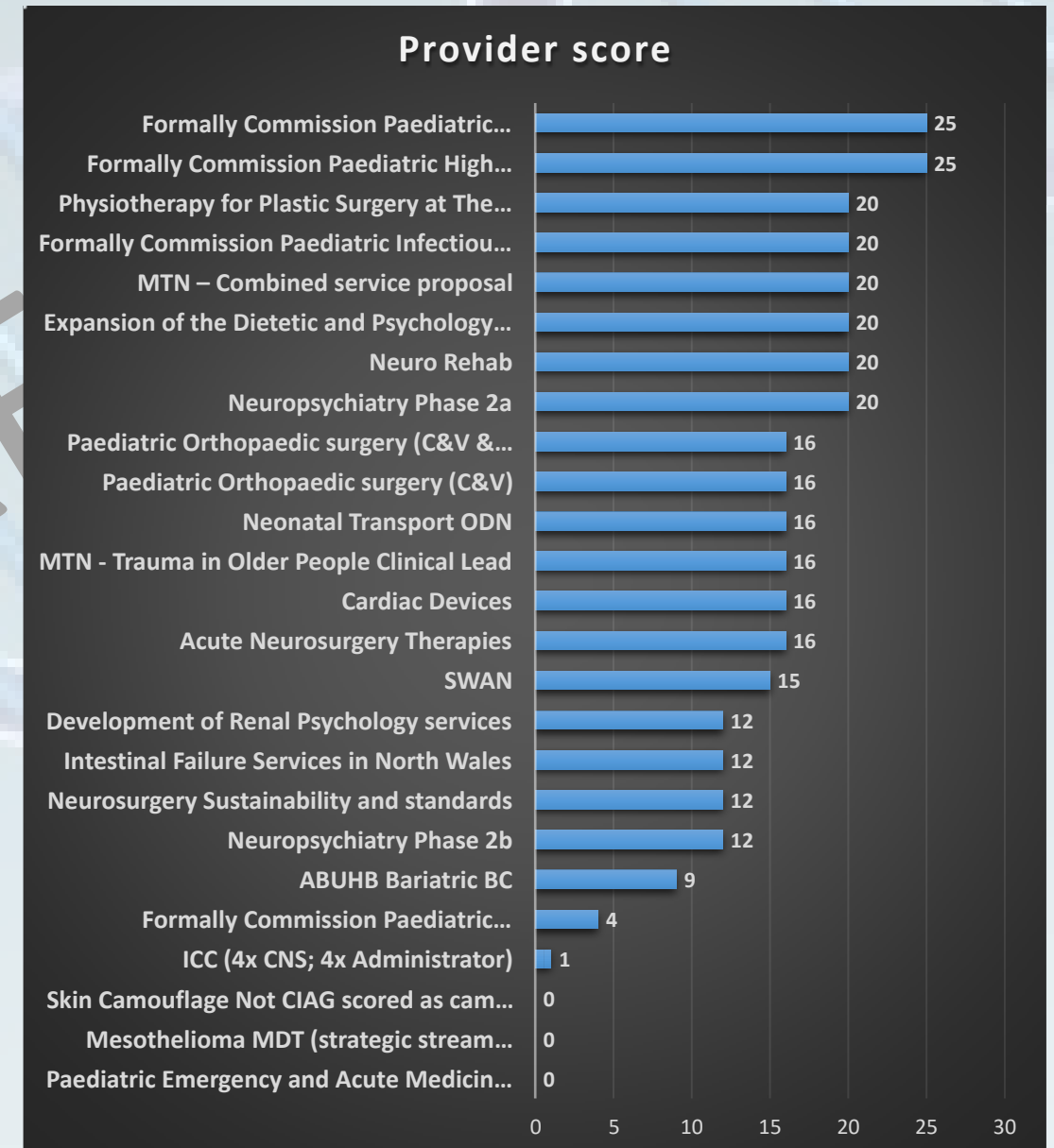
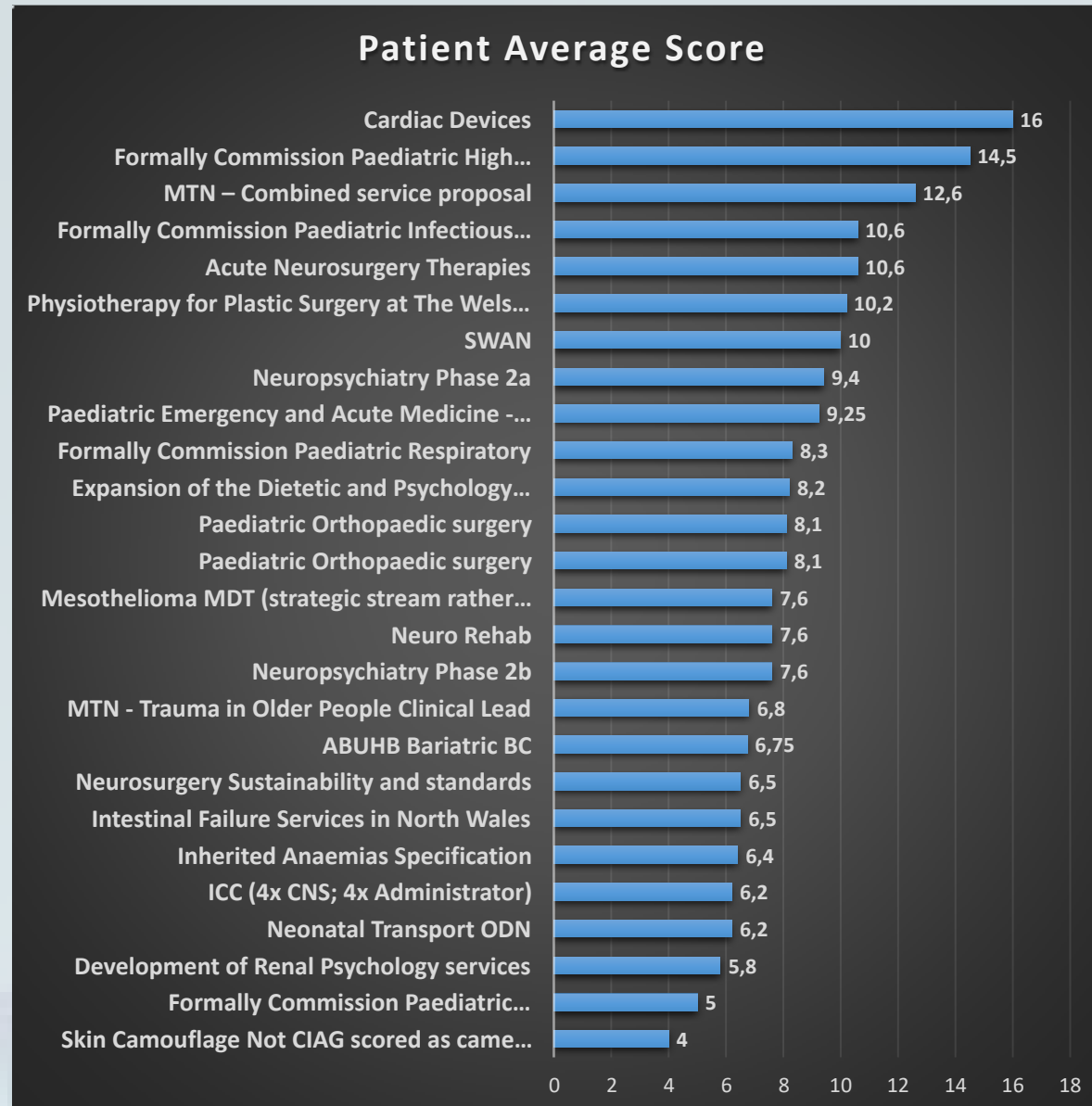
Within the current financial position, and as part of the development of the Integrated Commissioning Plan for 24/25, WHSSC has been requested by management group to undertake an enhanced risk assessment across the following areas:

- CIAG schemes (recently scored) to inform the 2024/25 ICP;
- Last year's CIAG schemes (all of the schemes which were scored, approved for funding but not yet implemented) to inform the 2023/24 ICP;
- The previous year's CIAG (all of the schemes which were scored, approved for funding but not yet implemented) to inform the 2022/23 ICP;
- The schemes included in the 10/20/30% financial efficiencies work (including all investment that was funded but not yet implemented);

The process mirrors that undertaken in 2017/2018 which triangulated WHSSC and Health Board assessments from a commissioner, provider and population perspective (6 of 7 Health Boards responded). In total 25 schemes were risk assessed, with the following assessments of priority made:



## 4.3 DEVELOPMENT OF A RISK BASED PLAN



## 4.3 DEVELOPMENT OF A RISK BASED PLAN



Commissioner assessed top risks

- Cardiac Devices
- Formally Commission Paediatric High Dependency (linked to tertiary care)
- MTN – Combined service proposal

Provider assessed top risks

- Formally Commission Paediatric High Dependency (linked to tertiary care)
- Formally Commission Paediatric Respiratory
- Neuropsychiatry Phase 2a
- Neuro Rehab
- Expansion of the Dietetic and Psychology Service Provision to the Welsh Institute of Metabolic and Obesity Surgery
- MTN – Combined service proposal
- Formally Commission Paediatric Infectious Diseases
- Physiotherapy for Plastic Surgery at The Welsh Centre for Burns and Plastic Surgery (WCBPS)

Health Board (patient) assessed top risks

- Expansion of the Dietetic and Psychology Service Provision to the Welsh Institute of Metabolic and Obesity Surgery
- Neuropsychiatry Phase 2a
- Neurosurgery Sustainability and standards

Both Paediatric high dependency and the combined major trauma scheme feature in the top priorities for both patient and provider. Both WIMOS enhancement and Neuropsychiatry phase 2a feature in the top priorities for commissioner and provider. There is very little further correlation across the top risks in the three perspectives in order to drive a triangulated position.

## 4.4 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 areas we anticipate responding to in year are:

|  |  |                                   |
|--|--|-----------------------------------|
| <b>Transjugular Intrahepatic Portosystemic Stent-Shunt</b> | <b>Pulmonary Hypertension</b>                        | <b>Primary ciliary dyskinesia</b> |
| <b>Selective Internal Radiation Therapy</b>                | <b>Complex abdominal wall reconstructive surgery</b> | <b>Pelvic oncology surgery</b>    |

**Need to add Rituximab and middle ear implants from Horizon scanning here**

**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. 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.



## 5. COMMISSIONER ASSURANCE ( PERFORMANCE, QUALITY, ESCALATION, AND RISK)

(Note at final stages these issues will have some write up - not as yet as subject to change)

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 (need to update at point of submission) and is addressed in our planning. Additional narrative can be found in the service sections of this plan.

| <div>  <div> Pwyllgor Gwasanaethau Iechyd<br/>Arbenigol Cymru (PGIAC)<br/>Welsh Health Specialised<br/>Services Committee (WHSSC) </div> </div> <div>Performance Scorecard</div> |                                   |                  |              |            |          |   |          |   |          |   |                 |
|---|-----------------------------------|------------------|--------------|------------|----------|---|----------|---|----------|---|-----------------|
| Specialty / Provider Name   | Measure                           | Tolerance Levels |              |            | May 2023 |   | Jun 2023 |   | Jul 2023 |   | Latest Movement |
| Cardiac Surgery   | RTT < 36 weeks - admissions       | <95%             | 95-99%       | 100%       | 89.54%   | ⊗ | 88.33%   | ⊗ | 95.89%   | ⓘ | ↑               |
| Cardiothoracic Surgery  | RTT < 36 weeks - admissions       | <95%             | 95-99%       | 100%       | 94.12%   | ⊗ | 90.00%   | ⊗ | NaN      |   | ↓               |
| Neurosurgery  | RTT < 36 weeks - admissions       | <95%             | 95-99%       | 100%       | 96.57%   | ⓘ | 96.68%   | ⓘ | 98.28%   | ⓘ | ↑               |
| Paediatric Surgery  | RTT < 36 weeks - admissions       | <95%             | 95-99%       | 100%       | 76.00%   | ⊗ | 75.60%   | ⊗ | 72.48%   | ⊗ | ↓               |
| Plastic Surgery   | RTT < 36 weeks - admissions       | <95%             | 95-99%       | 100%       | 61.03%   | ⊗ | 59.53%   | ⊗ | 61.12%   | ⊗ | ↑               |
| Spinal Surgery Service  | RTT < 36 weeks - admissions       | <95%             | 95-99%       | 100%       | 77.27%   | ⊗ | 100.00%  | ⊙ | NaN      |   | ↑               |
| Thoracic Surgery  | RTT < 36 weeks - admissions       | <95%             | 95-99%       | 100%       | 96.43%   | ⓘ | 96.56%   | ⓘ | 95.77%   | ⓘ | ↓               |
| Bariatric Surgery   | RTT < 36 weeks - admissions       | <95%             | 95-99%       | 100%       | 58.62%   | ⊗ | 68.25%   | ⊗ | 64.52%   | ⊗ | ↓               |
| PET Scans   | Pet scan < 10 days after referral | <90%             | 90-95%       | >=95%      | 67.61%   | ⊗ | 72.54%   | ⊗ | ↑        |   |                 |
| Posture & Mobility RTT - Adult  | RTT < 36 weeks                    | <90%             | 90-95%       | >=95%      | 94.30%   | ⓘ | 94.28%   | ⓘ | ↓        |   |                 |
| Posture & Mobility RTT - Paeds  | RTT < 36 weeks                    | <90%             | 90-95%       | >=95%      | 97.42%   | ⊙ | 96.97%   | ⊙ | ↓        |   |                 |
| CAMHS Beddays (excl. Out of Area)   | NHS Beddays against contract      | <85%, >105%      | < 90%, >100% | 90% - 100% | 65.02%   | ⊗ | 63.51%   | ⊗ | 78.68%   | ⊗ | ↑               |
| CAMHS Home Leave (excl. Out of Area)  | NHS Home Leave against total      | <20%, >40%       | <25%, >35%   | 25% - 35%  | 26.79%   | ⊙ | 24.46%   | ⓘ | 24.04%   | ⓘ | ↓               |
| Medium Secure Beddays   | NHS Beddays against contract      | <90%, >110%      | < 95%, >105% | 95% - 105% | 79.66%   | ⊗ | 79.62%   | ⊗ | 78.29%   | ⊗ | ↓               |

## 5.1 QUALITY AND ESCALATION

- There are currently **xx** services with an escalation status across all providers. These are summarised in the table here and presents the position as of (will need to be updated prior to submission)
- 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 7).

| Escalation level | Movement | 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  |
| None             | down     | CTM UHB            | FACTS                           | In escalation since September 2020 due to issues around workforce and clinical leadership; de-escalated to level 2 in December 2022, and out of escalation in August 2023.  |
| Level 3          | up       | 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 3          | 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. |
| Level 3          | 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.   |
| Level 2          | same     | Cardiff & Vale UHB | AWLP (All-Wales Lymphoma Panel) | In escalation since April 2023 due to a drop in performance, including the 7 day turn-around time target. Escalation meetings will be held to monitor progress.   |
| 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     | CTM UHB            | CAMHS (Ty Lidiard)              | In escalation since March 2018 due to unexpected patient death and patient safety concerns; implementation of Medical Emergency Response SOP by CTM, and recruitment/Estates issues addressed, leading to de-escalation to level 3 in December 2022, and to level 2 in July 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; weekly performance data being received   |

## 5.2 RISKS (section needs some introductory narrative and read across to actions)

| Risk Ref   | Risk Title   | How Plan responds  |
|--|--|--|
| <b>Risk Ref: 3 Plastic Surgery Delays (CB03)</b>                       | There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is Date Added to Register: 26/02/21 (first identified 17/03/14) caused by failure to achieve the maximum waiting times target with some patients waiting >104 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service. | The plastic surgery service is currently at escalation level 2. Plastic surgery service will continue to be performance managed in accordance with the escalation framework and commissioning processes of WHSSC.  |
| <b>Risk Ref: 6 - Paediatric patients waiting for surgery (P/21/10)</b> | There is a risk that paediatric patients waiting for surgery in the Children's Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. Date Added to Register: 24/02/21. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.  | The Paediatric Surgery Service is currently at escalation level 3 of the WHSSC Escalation Framework. The review of the Children's Hospital for Wales, will bring about recommendations for transformational change that will support a reduction in waiting lists. |
| <b>Risk Ref: 26 - Neuropsychiatry patients waiting times (NCC046)</b>  | 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.  |

## 5.2 RISKS

| Risk Ref  | Risk Title   | How Plan responds  |
|---|--|--|
| <b>Risk Ref: 34 - Lack of Paediatric Intensive Care Beds (P/21/02)</b>                        | 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. |
| <b>Risk Ref: 35 Bed Capacity Mental Health Patients (MH/21/06)</b>                            | There is a risk that mental health patients will be unable to gain a placement due to the lack of available UK beds, which as a consequence may result in inappropriate placement.   | The demand and capacity modelling data has been received which will feed into the Mental Health Strategy ensuring that there are adequate available beds to meet the needs of the service.   |
| <b>38 – Neo neonatal cot availability in South Wales due to staffing shortages ( P/21/16)</b> | There is a risk that there will not be a Neonatal cot available across the south Wales region due to significant neonatal nursing shortages. There is a consequence that babies will need to travel to NHS England to receive their care or be cared for in an inappropriate setting whilst waiting for an available cot.  | The Reconfiguration of cots across the south and west Wales which is a goal of the Integrated Commissioning Plan for 2024/25 will ensure the right number of cots are and in the right places moving forward.  |
| <b>Risk Ref: 40 Limited outpatient dialysis capacity in Swansea (WKN 08)</b>                  | There is a risk that the number of patients receiving outpatient haemodialysis in Morriston will exceed Date Added to Register: 14/12/22 capacity. As a consequence, there is need for expansion of outpatient service provision to include demand from the Neath Port Talbot area and Bridgend localities.  | Meeting the demand for Dialysis growth across Wales is a goal of the Integrated Commissioning Plan for 2024/25. The contract for Swansea Regional provision has been awarded with a view of operationalising increase capacity in summer 2024.   |



## 5.2 RISKS

| Risk Ref   | Risk Title  | How Plan responds  |
|--|---|--|
| <b>Risk Ref: 42 Referrals for adults with an eating disorder (ED) /disordered eating (MH/21/15)</b>                    | There is a risk that referrals for adults with an eating disorder/disordered eating, will require longer waiting times due to changes at NHSE and the loss of our main contract. The consequence is that additional placements may be needed, and admissions delayed due to the absence of ED beds in Wales.  | ED beds have been commissioned in the new unit in Ebbw Vale giving Welsh patients equitable access to local beds. The demand for these beds will be monitored moving forwards.   |
| <b>Risk Ref: 44 Paediatric cardiac surgery (P/21/19)</b>   | There is a risk that paediatric cardiac surgery patients will have longer waits than is clinically appropriate due to lack of availability of a PIC bed. There is a consequence that the condition of the patient could deteriorate whilst waiting.   | The paediatric cardiac surgery 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.   |
| <b>Risk Ref: 46 North Wales Outreach Plastic Surgery Clinic Management Arrangements (CB06)</b>                         | There is a risk that patients may come to harm due to a lack of clinical prioritisation and oversight of Date Added to Register: 09/09/22 waiting lists for outreach plastic surgery clinics in YG and YGC. This is caused by lack of clarity in the governance and management arrangements for these clinics. This could lead to poor patient experience and outcomes. | The plastic surgery outreach clinics in north Wales are currently within the scope of the special measures action plan agreed between BCUHB and Welsh Government. WHSSC will continue to work with BCUHB, WG and the provider to implement the actions required to address the risks and ensure a sustainable and high quality outreach service is provided for patients in north Wales. |
| <b>Risk Ref: 47 Sustainability and Delivery of Service provided by Cardiff and Vale University Health Board (IF14)</b> | There is a risk that due to issues of provider sustainability and delivery, that Cardiff and Vale University Health Board will no longer be able to provide Intestinal Failure services to the welsh population and as a consequence resulting in no service available in Wales.  |  |

## 5.2 RISKS

| Risk Ref  | Risk Title   | How Plan responds  |
|---|--|--|
| <b>Risk Ref: 48 Wales Fertility Institute (WFI) P/21/20</b> | 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 |
| <b>Risk Ref: 49 Calea technical issue (IF02)</b>            | There is a risk that the private provider Calea will again experience technical issues in the provision of HPN due to issues of compliance with standards which as a consequence will lead to issues of supply and potential patient harm.   |  |

## 5.2 RISKS

| Risk Ref  | Risk Title  | How Plan responds   |
|---|---|---|
| <b>Risk Ref: 50 Deep Brain Stimulation and delays in communication with gatekeeper/referring clinician (NCC060)</b> | There is a risk that patients with Parkinson's disease, tremor and dystonia who have undergone Deep Brain Stimulation at North Bristol NHS Trust do not receive the correct ongoing treatment including medication due to significant delays in communication with the gatekeeper and referring clinicians. | A new Functional Neurosurgical Service for patients with complex movement disorders in South Wales (Including a Deep Brain Stimulation Service - DBS) intended to negate those risks associated with the current service will commence in Q1 24/25, enabled by a Designated Provider process commenced in December 2023 and per the ICP Goal of reviewing current DBS commissioning arrangements. |
| <b>Risk Ref 51 - Deep Brain Stimulation – lack of awareness of eligibility criteria re unmet need (NCC061)</b>      | There is a risk that patients with Parkinson's disease, tremor and dystonia who could benefit from Deep Brain Stimulation aren't being referred for assessment and treatment due to a lack of awareness of eligibility criteria and potential to benefit amongst referring clinicians.                      |   |
| <b>Risk Ref: 52 Additional Dialysis Sessions (WKN 12)</b>   | Dialysis capacity at Glan Clwyd Unit: There is a risk that due to the current physical environment of the unit that additional dialysis sessions will not be able to be accommodated. As a consequence patients may not be able to dialyse in the unit closest to home.                                     | Meeting the demand for Dialysis growth across Wales is a goal of the Integrated Commissioning Plan for 2024/25.   |

## 5.2 RISKS

| Risk Ref   | Risk Title  | How Plan responds  |
|--|---|--|
| <b>Risk Ref 53 C&amp;VUHB Neurosciences Staffing issues/level (NCC062)</b> | There is a risk that patients requiring admission to the Inpatient Neuro-rehabilitation Unit (C&VUHB) are unable to access specialist rehabilitation due to considerable staffing pressures as the service has a number of current vacancies which the service are unable to recruit to the posts. The gap in the number of posts that has been commissioned is not meeting the national standards. | Continued from the 2023/24 ICP and impacted by current financial pressures, a business case submitted to WHSSC and intended to address staffing pressures remains pending approval. If endorsed, the scheme is due to commence Q1/2 2024/25. In addition, during 2024/25 WHSSC will deliver the ICP goal of working to develop a Rehabilitation Operational Delivery Network (ODN) intended to strengthen the discharge and repatriation process across organisation boundaries. |
| <b>Risk Ref: 54 CAHMS Environment and Workforce (MH/23/16)</b>             | 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.  |
| <b>Risk Ref: 55 Neonatal Workforce (P/21/22)</b>                           | There is a risk that neonates who require tertiary regional neonatal support in South Wales may be inappropriately cared for, due to the impact of the available workforce within UHW, to support the current intensive care demand. There is a consequence that a neonate may be cared for in an inappropriate care setting, where the necessary skills and/or equipment are not available.        | The Reconfiguration of cots across the south and west Wales which is a goal of the Integrated Commissioning Plan for 2024/25 will ensure the right number of cots are and in the right places moving forward supported by the required workforce.  |

## 5.2 RISKS

| Risk Ref   | Risk Title  | How Plan responds   |
|--|---|---|
| <b>Risk Ref: 56 Neo-natal Infection Control (P/21/23)</b>                                      | There is a risk that neonates within the Neonatal Intensive Care Unit environment within UHW, are at greater risk of exposure to IP&C issues, whilst safer practice monitoring is being embedded. This is following a recent MRSA outbreak and identification of other organisms within the clinical area. There is a consequence of increased neonatal morbidity, if processes to address these issues are not effectively implemented.  | The Neonatal service at Cardiff and Vale UHB is currently at escalation level 2. Plastic surgery service will continue to be performance managed in accordance with the escalation framework and commissioning processes of WHSSC.  |
| <b>Risk Ref: 57 Delays in surgery due to insufficient theatre beds (NCC049) ESCALATED RISK</b> | There is a risk that patients in south Wales will have their surgery delayed due to insufficient theatre and inpatient Date Added to Register:27/01/21 bed capacity to deliver the required commissioned activity that meet the needs of the population with a consequence of deteriorating condition and disease progression. During the last ¾ months it has been indicated that the overruns are expensive. There are no theatre staff or anaesthetic staff to support the extended theatre sessions. Neurosurgery are trying to accommodate and consider their issues but it is now impacting on neurosurgery activity. | Per the ICP goal of mitigating the operational risks associated with the Neurosurgery Service and of meeting relevant national standards, WHSSC will review those elements of the business case submitted by the service in Q2 2023/24 that remain outstanding due to current financial pressures, taking forward to implementation during 2024/25 if deemed apposite and affordable. |

## 6. SUMMARY OF THE DRIVERS RESULTING IN THE COMMISSIONING PRIORITIES

WHSSC is committed as always 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, which is of course at a premium. It is our newly developed Specialised services strategy, specific service strategies and our approach to performance management and quality assurance, alongside the unprecedented financial position which means that WHSSCs approach to working with agility and innovation is amplified as we seek to develop measurable and deliverable goals that surmount, circumvent or embrace current system challenges, driving the continued evolution and optimisation of specialist services provision.

To this end, the commissioning priorities, as well as their methods of delivery and intended outcomes ('our plan') set out on the following pages, are driven by:

- The newly published Specialist Services Strategy and condition specific strategies
- Our approach to performance management and our recently published performance management framework
- The unprecedented financial context across NHS Wales, and the extent of savings required across the whole system
- Acute workforce challenges across specialist services, resulting at times in issues of considerable 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, efficiency and recommissioning

As such our previously stated commitment remains extant :

**To maximise value from our core resources by:**



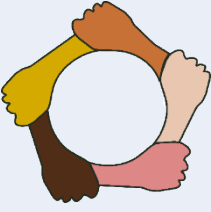
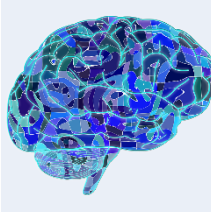

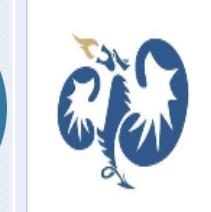
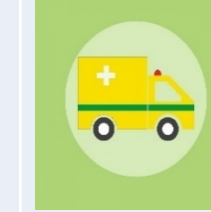

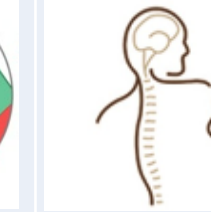

- Making overt choices on new developments and investments on a risk assessed basis
- Ensuring that considerations of equality and equity are central to planning and commissioning
- Ensuring that repatriation of services maximises value for patients and wherever possible is delivered within existing 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





# 7. 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 (under review)  | Major Trauma Network   | Spinal Services Network  | Traumatic Stress Wales (TSW)   |
|  |  |  |  |  |  |  |  |  |  |
| CROSS CUTTING THEMES   |  |  |   |  |  |  |  |  |  |



## 7.1 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.

## 7.1 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.<br>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.<br>Ensures patients receive the correct therapy in the timeliest and most cost efficient manner.<br>Allows more patients to be treated locally.<br>Allows better use of resources at the tertiary centre.<br>Improves communication between Welsh centres. | ✓                   | ✓ | ✓ | ✓ | ✓ |
|   | Develop an AML immunophenotyping service specification.<br>Designate a Health Board for AML immunophenotyping.                | Ensures patients receive the correct therapy in the timeliest and most cost efficient manner.<br>Improves efficiency of existing MDT by having all results available for discussion in a single MDT meeting.<br>Brings Welsh immunophenotyping and genetic services into compliance with national and international standards.                                | ✓                   | ✓ | ✓ | ✓ | ✓ |

## 7.1 CANCER & BLOOD : PLAN

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

## 7.1 CANCER & BLOOD : PLAN

| GOAL  | METHOD   | OUTCOME   | STRATEGIC OBJECTIVE |   |   |   |   |
|---|--|---|---------------------|---|---|---|---|
|   |  |   | 1                   | 2 | 3 | 4 | 5 |
| To commission the all Wales Mesothelioma MDT – tbc if delayed to 2024-25 (“10-20-30” option). (Q1)                        | Designate host health board for specialist MDT.  | Equity of access across Wales to specialist mesothelioma expertise.<br>Improved access to clinical trials.                                | ✓                   |   |   |   | ✓ |
| To commission new Stereotactic radiation therapy (SABR) indications – tbc if delayed to 2024-25 (“10-20-30” option). (Q1) | Publish commissioning policies for new indications.<br>Commission from SABR providers. | Improved outcomes for patients with cancer.<br>Equity of access with patients from NHS England.   | ✓                   |   |   |   |   |
| To implement the scheme for a social worker for the Hereditary Anaemias service. (Q1)                                     | Release of funding to the commissioned service.  | Improved patient experience.<br>Efficiency through more prudent use of specialist nursing time.<br>Compliance with service specification. | ✓                   |   |   |   | ✓ |
| To implement the scheme for physiotherapy for Plastic Surgery. (Q2)   | Release of funding to the commissioned service.  | Improved patient outcomes.<br><br>To maximise the value (regained function, quality of life) obtained from plastic surgery.               | ✓                   |   |   |   | ✓ |

## 7.1 CANCER & BLOOD : PLAN

| GOAL   | METHOD   | OUTCOME   | STRATEGIC OBJECTIVE |   |   |   |   |
|--|--|---|---------------------|---|---|---|---|
|  |  |   | 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.<br><br>Improved access to SIRT due to provision closer to home. | ✓                   |   |   |   | ✓ |
| 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.<br><br>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.<br><br>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.   | ✓                   | ✓ |   |   | ✓ |

## 7.1 CANCER & BLOOD : PLAN

| GOAL  | METHOD  | OUTCOME  | STRATEGIC OBJECTIVE |   |   |   |   |
|---|---|--|---------------------|---|---|---|---|
|   |   |  | 1                   | 2 | 3 | 4 | 5 |
| 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.<br><br>To obtain best value from resources. | ✓                   | ✓ | ✓ | ✓ | ✓ |
| 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>  | ✓                   | ✓ | ✓ |   |   |
| Molecular radiotherapy (MRT): To commission new MRT in alignment with national guidance (NICE). (Q4)          | Develop commissioning policies. Commission pathways and designate providers.  | Equitable access to effective treatments to maximise survival and quality of life                              | ✓                   |   |   | ✓ |   |

## 7.1 CANCER & BLOOD : PLAN

| GOAL  | METHOD   | OUTCOME  | STRATEGIC OBJECTIVE |   |   |   |   |
|---|--|--|---------------------|---|---|---|---|
|   |  |  | 1                   | 2 | 3 | 4 | 5 |
| 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. | ✓                   |   |   |   | ✓ |
| 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.                    | ✓                   | ✓ |   |   | ✓ |



## 7.1 CANCER & BLOOD : PLAN

| GOAL   | METHOD   | OUTCOME  | STRATEGIC OBJECTIVE |   |   |   |   |
|--|--|--|---------------------|---|---|---|---|
|  |  |  | 1                   | 2 | 3 | 4 | 5 |
| To recommission the long term ventilation (LTV) service.   | Assess demand, develop service specification, agree service model. | Timely and equitable access to LTV.<br>To obtain best value from resources.  | ✓                   | ✓ | ✓ |   | ✓ |
| To implement the scheme for therapies to meet the specification for the sarcoma service. (Q3)                                      | Release of funding to the commissioned service.                    | Improved patient outcomes<br>Compliance with service specification.<br><br>Equity of access to therapy services for patients in south Wales.<br><br>Maximising value (function, quality of life) from sarcoma surgery. | ✓                   |   |   |   | ✓ |
| To implement the scheme for psychology support for thoracic surgery to meet the service specification standards. (Q2)              | Release of funding to the commissioned service.                    | Improved patient outcomes.<br><br>Compliance with service specification.<br><br>Equity of access to psychology services for patients in south Wales.   | ✓                   |   |   |   | ✓ |
| To implement the scheme for Enhanced Recovery After Surgery for thoracic surgery to meet the service specification standards. (Q3) | Release of funding to the commissioned service.                    | Improved patient outcomes<br>Maximising value from thoracic surgery (patient recovery,<br>Improved efficiency in resource use through maximising patient recovery.   | ✓                   |   |   |   | ✓ |

# 7.1 CANCER & BLOOD : PLAN

| GOAL   | METHOD  | OUTCOME   | STRATEGIC OBJECTIVE |   |   |   |   |
|--|---|---|---------------------|---|---|---|---|
|  |   |   | 1                   | 2 | 3 | 4 | 5 |
| To implement the scheme for psychology support for the immunology service to meet the service specification standards. (Q2)                | Release of funding to the commissioned service. | Improved patient experience and outcomes.                       | ✓                   |   |   |   |   |
| 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. | ✓                   |   |   |   | ✓ |

## 7.2 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 reimagining 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 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 ICC 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.

## 7.2 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.                              | ✓                   |   | ✓ |   | ✓ |

## 7.2 CARDIAC : PLAN

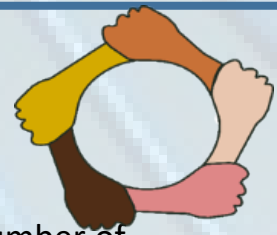
| GOAL   | METHOD  | OUTCOME   | STRATEGIC OBJECTIVE |   |   |   |   |
|--|---|---|---------------------|---|---|---|---|
|  |   |   | 1                   | 2 | 3 | 4 | 5 |
| Identify the future configuration of WHSSC-commissioned cardiac surgery and TAVI via the delivery of Phase 2 of the Cardiac Review. (Q4) | Commission and deliver a population needs assessment<br>Undertake demand & capacity modelling and national bench-marking<br>Convene clinical working group to consider evidence and future trends, including alignment with interventional valve cardiology services<br>Develop new service specification<br>Agree and implement new commissioning and delivery models. | Identification of optimal configuration of WHSSC-commissioned cardiac surgery and TAVI activity.<br>Reduction of variation in survival and improved outcomes as a result of greater specialisation<br>Implementation of new commissioning and delivery model, optimising the service available to Welsh patients. | ✓                   | ✓ | ✓ | ✓ | ✓ |
| 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.  | ✓                   | ✓ |   |   | ✓ |

## 7.2 CARDIAC : PLAN

| GOAL  | METHOD   | OUTCOME  | STRATEGIC OBJECTIVE |   |   |   |   |
|---|--|--|---------------------|---|---|---|---|
|   |  |  | 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.    | 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. | ✓                   | ✓ |   | . | ✓ |



## 7.3 MENTAL HEALTH & VULNERABLE GROUPS CONTEXT



### Mental Health

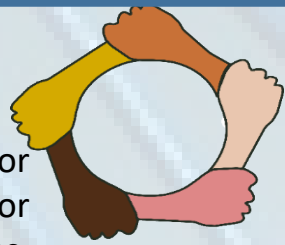
The Specialised Services Strategy for Mental Health was developed in draft form in 2022 in response to a number of key drivers including a number of Committee Inquiries and external reviews influencing Welsh Government policy and recommendations; changes to the commissioning landscape in England that 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 will be developed following a demand and capacity report commissioned and due to report in October 2023. 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.

## 7.3 MENTAL HEALTH : PLAN

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

## 7.3 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>  | ✓                   | ✓ |   |   | ✓ |

## 7.3 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) | 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.<br>Ensuring links with Ministry of Justice for pathways between health and MoJ services.<br>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.<br>To ensure patients with a Learning Disability have their needs met in mainstream services where this is appropriate.<br>Ensuring links with Ministry of Justice for pathways between health and MoJ services.<br>Flow of patients between prison and NHS mental health services.<br>Upskilling of secure services staff to ensure safe and effective care and treatment is in place for patients with a learning disability. | ✓                   | ✓ |   |   | ✓ |

## 7.3 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. (Q3)  | <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.  | ✓                   |   |   |   |   |



## 7.3 MENTAL HEALTH : PLAN

| GOAL   | METHOD  | OUTCOME  | STRATEGIC OBJECTIVE |   |   |   |   |
|--|---|--|---------------------|---|---|---|---|
|  |   |  | 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> | ✓                   |   |   |   | ✓ |

## 7.3 MENTAL HEALTH : PLAN

| GOAL  | METHOD  | OUTCOME  | STRATEGIC OBJECTIVE |   |   |   |   |
|---|---|--|---------------------|---|---|---|---|
|   |   |  | 1                   | 2 | 3 | 4 | 5 |
| To progress the Neuropsychiatry All-Wales Liaison Model. (Q4) | Develop services within the Neuropsychiatry provision for Acquired Brain Injury through a phased business case model to develop therapeutic intervention and expertise advice.    | Therapeutic provision available for both inpatient services and outreach services. | ✓                   | ✓ | ✓ | ✓ | ✓ |
|   | 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. | Fully operational liaison model to ensure equity of service across Wales.          |                     |   |   |   |   |
|   | 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.            |  |                     |   |   |   |   |
|   | This is currently on pause and will be reviewed for 2024-25.  |  |                     |   |   |   |   |

## 7.3 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.<br>(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. <b>This investment is currently on pause and will be reviewed in 2024 -25 (Phase 3 CIAG).</b> | 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 explore how gender identity surgical services for adults can be brought closer to home.<br>(Ongoing Q1-Q4)              | Work with NHS England regional commissioners to extend provision into Wales where feasible.   | Adults in Wales have access to surgical services closer to home.   | ✓                   | ✓ |   |   | ✓ |
|  | Work with the Welsh Gender Service and surgical providers to offer initial and follow up appointments through outreach clinics in Wales.  | Adults in Wales have access to surgical outpatient appointments closer to home.                                | ✓                   | ✓ |   |   | ✓ |

## 7.3 VULNERABLE GROUPS : PLAN

| GOAL   | METHOD  | OUTCOME  | STRATEGIC OBJECTIVE |   |   |   |   |
|--|---|--|---------------------|---|---|---|---|
|  |   |  | 1                   | 2 | 3 | 4 | 5 |
| To commission high quality gender identity services for the children and young people of Wales.<br>(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.  | ✓                   | ✓ |   | ✓ | ✓ |

## 7.3 VULNERABLE GROUPS : PLAN

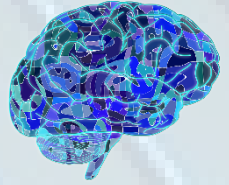
| GOAL   | METHOD  | OUTCOME  | STRATEGIC OBJECTIVE |   |   |   |   |
|--|---|--|---------------------|---|---|---|---|
|  |   |  | 1                   | 2 | 3 | 4 | 5 |
| To commission the Forensic Adolescent Consultation Service (FACS) for Youth Justice Services in Wales.<br>(Q3) | Evaluate the current 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.  | ✓                   |   |   |   |   |
|  | Develop and consult on a service specification for FACS for Youth Justice Services.   | Youth justice practitioners are supported with the provision of psychological team formulation to understand the presentation and needs of children in the youth justice system who present with complexity and vulnerability.   | ✓                   | ✓ |   | ✓ | ✓ |
|  |   | Access for complex children and young people that may not be in receipt of mental health services (as they do not meet CAMHS thresholds nor present with diagnosable mental health disorders) to more informed practice and case management in the youth justice system. | ✓                   | ✓ |   | ✓ | ✓ |

## 7.3 VULNERABLE GROUPS : PLAN

| GOAL  | METHOD   | OUTCOME   | STRATEGIC OBJECTIVE |   |   |   |   |
|---|--|---|---------------------|---|---|---|---|
|   |  |   | 1                   | 2 | 3 | 4 | 5 |
| To explore the commissioning of a specialist gambling addiction service in Wales. | <p>Scope, develop and commission a specialist gambling addiction service.</p> <p><b>This is currently on pause until the conclusion of a Welsh Government advisory group review of the Gambling Act 2005 (timescale TBC)</b></p> | Adults in Wales have access to specialist Gambling Addiction Services closer to home. | ✓                   | ✓ |   | ✓ | ✓ |
| To commission a national Skin Camouflage Pilot in Wales.                          | <p>Identify and commission a non NHS Provider and develop a skin camouflage service specification.</p> <p><b>This is currently on pause and will be reviewed for 2024-25</b></p>   | Access for the people of Wales age 5 and over to a skin camouflage service in Wales.  | ✓                   | ✓ | ✓ | ✓ | ✓ |



## 7.4 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 mitigated with investment from the Clinical Information Advisory Group process or addressed via the Rehabilitation Strategy.

## 7.4 NEUROSCIENCES : PLAN

| GOAL  | METHOD  | OUTCOME   | STRATEGIC OBJECTIVE |   |   |   |   |
|---|---|---|---------------------|---|---|---|---|
|   |   |   | 1                   | 2 | 3 | 4 | 5 |
| To enhance provision of Acute Neurosurgery Therapy. (Q4)  | We will include in the ICP 24/25 to receive a business from service.  | Improved patient flow across the acute neurosurgery service pathway enabling early discharge and repatriation.                                  | ✓                   | ✓ |   | ✓ | ✓ |
|   | Funding release and implementation.   |   |                     |   |   |   |   |
|   | Work with service to develop a business case<br>Propose funding release to management group<br>Commission the service.                      | Improved patient outcomes.<br><br>Patients receive the appropriate intensity of rehabilitation in the timeliest and most cost efficient manner. |                     |   |   |   |   |
|   |   | Compliance with British Society of Rehabilitation (BSRM) standards.   |                     |   |   |   |   |
| To mitigate operational risks, meet national standards to deliver a sustainable service for the Neurosurgery Service. (Q1)<br><br>Currently under review as part of 10/20/30. | Review the business case to identify service critical posts for inclusion within the 24/25 ICP.   | Compliance with British Society of Rehabilitation (BSRM) standards.   | ✓                   | ✓ |   |   | ✓ |
|   | The scheme was approved and included in the ICP23/24 but elements within the scheme were paused as part of the 10/20/30 efficiency savings. | Improved patient flow across the acute neurosurgery service pathway enabling early discharge and repatriation & improving patient outcomes.     |                     |   |   |   |   |
|   | Review the implementation of the outstanding posts to take forward and include in the ICP 24/25.  |   |                     |   |   |   |   |

## 7.4 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><b>(This is subject to approval of the Rehabilitation Strategy by Joint Committee)</b></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.</p> <p>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</p> <p>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> | ✓                   | ✓ | ✓ | ✓ | ✓ |

## 7.4 NEUROSCIENCES : PLAN

| GOAL   | METHOD  | OUTCOME  | STRATEGIC OBJECTIVE |   |   |   |   |
|--|---|--|---------------------|---|---|---|---|
|  |   |  | 1                   | 2 | 3 | 4 | 5 |
| <p>To ensure the Neurorehabilitation located at the Swansea Bay UHB meets the demands and needs of the service in accordance with the British Society Rehabilitation Standards (BSRM). (Q1)</p> <p>The scheme was approved and included in the ICP23/24 but elements within the scheme were paused as part of the 10/20/30 efficiency savings.</p> | <p>Review the implementation of the outstanding posts to take forward and include in the ICP 24/25.</p> <p>Review and update the Rehabilitation Service Specification based on a person centre needs service not disease or condition specific.</p> | <p>Compliance with British Society of Rehabilitation (BSRM) standards. Patients receive the appropriate intensity of rehabilitation in the timeliest and most cost efficient manner.</p> <p>Improved patient flow across the rehabilitation pathway.</p> <p>Reduction in unwanted variation and inequity between the health boards for the provision of Neurorehabilitation.</p> | ✓                   | ✓ | ✓ |   | ✓ |

## 7.4 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.  | Patients receive the appropriate intensity of rehabilitation in the timeliest and most cost efficient manner. | ✓                   | ✓ | ✓ | ✓ | ✓ |
|   | Establish a framework for the subsequent DBS service modelling work for the south Wales population, using the Designated Provider Framework. | Improved patient flow across the DBS service pathway.   |                     |   |   |   |   |
|   | Work with Neurology and Gerontology teams across the south Wales region to help identify the surgical patient cohort.                        | Increased staff skills and knowledge.   |                     |   |   |   |   |
| 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.<br><br>Effective utilisation of resource.    |                     |   |   |   |   |

## 7.4 NEUROSCIENCES : PLAN

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



## 7.4 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)   | Repatriate the north Wales Paediatric Cochlear Implant patients from Manchester University Hospital.<br><br>Monitor the transformation through regular meetings with the service and at BCUHB interface meetings.  | Improve patient flow across the pathway.<br><br>Ensure value for money in commissioning.<br><br>Care is provided closer to home.  |                     | ✓ |   |   |   |
| 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.  | Ensure value for money in commissioning.<br>Ensure equity of provision for Welsh residents.   |                     | ✓ | ✓ |   | ✓ |
| 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) | Using the All Wales Engagement and Consultation document.<br><br>Preferred model agreed and proceed to implementation.<br><br>Launch and implement the newly developed Specialist Auditory Hearing Implant Service.<br><br>Development of PROMS and PREMS for the Bone Conduction Implant Service. | Ensure equity of provision for Welsh residents.<br>Ensure value for money in commissioning.<br>Compliance with the British Cochlear Implant Group (BCIG) quality standards and the Bone Conduction Hearing Implant Guidelines.<br>Providing care closer to home aligning with the NHS and whole system core values which have been set out in A Healthier Wales (2018). |                     |   | ✓ |   | ✓ |

## 7.5 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.

## 7.5 WOMEN AND CHILDRENS : PLAN

| GOAL  | METHOD   | OUTCOME   | STRATEGIC OBJECTIVE |   |   |   |   |
|---|--|---|---------------------|---|---|---|---|
|   |  |   | 1                   | 2 | 3 | 4 | 5 |
| To restructure Neonatal Services in south Wales in collaboration with Health Boards to consider wider implications for non-commissioned services.       | 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'.  | ✓                   | ✓ |   | ✓ | ✓ |
|   | Formal Consultation and Engagement of any proposed changes.  | Patients have access to right care in the right place at the right time.  | ✓                   | ✓ |   | ✓ | ✓ |
| Review of Children's Hospital for Wales including operational management, optimal service configuration and appropriateness of governance arrangements. | 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.               | ✓                   | ✓ |   | ✓ | ✓ |

## 7.5 WOMEN AND CHILDRENS : PLAN

| GOAL   | METHOD   | OUTCOME   | STRATEGIC OBJECTIVE |   |   |   |   |
|--|--|---|---------------------|---|---|---|---|
|  |  |   | 1                   | 2 | 3 | 4 | 5 |
| To ensure paediatric ophthalmology services are available for the people of Wales.   | Formally Commission Paediatric Ophthalmology.<br><br>Work with provider to develop business case; followed by consideration by the Specialised Paediatric Strategy Implementation Board. | Equitable access to Specialised Paediatric Ophthalmology for the population of Wales.   | ✓                   | ✓ |   |   | ✓ |
| To ensure efficient and equitable services, through the review of three services are available for children across Wales both in-reach and outreach. | Review three services.<br>To be confirmed by the Implementation Board and prioritised according to service risks.  | Improved access to paediatric services for all patients across Wales.<br>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. | ✓                   | ✓ |   |   | ✓ |
|  | Develop sustainable workforce model for each reviewed service.   | Sustainable staffing levels that meet the needs of the patient population.  | ✓                   |   |   |   | ✓ |
| To ensure neonatal transport is on a sustainable footing to serve the population of south wales, 24 hours a day.                                     | Work with providers across Wales.  | Safe, effective and efficient model of care for neonates in south Wales.  | ✓                   | ✓ |   | ✓ | ✓ |

## 7.5 WOMEN AND CHILDRENS : PLAN

| GOAL  | METHOD  | OUTCOME   | STRATEGIC OBJECTIVE |   |   |   |   |
|---|---|---|---------------------|---|---|---|---|
|   |   |   | 1                   | 2 | 3 | 4 | 5 |
| Fertility<br>Reconfiguration of fertility services offering outpatient function and andrology laboratory on a single site.  | Designated provider/ Review of Business Case.             | Single site will offer improved patient involvement, sustainable workforce and service development. | ✓                   | ✓ | ✓ | ✓ | ✓ |
| To formally commission:<br><ul style="list-style-type: none"> <li>- Fertility preservation for service users with ovarian tissue who are at high/very high risk of infertility and cannot store mature eggs.</li> <li>- Fertility preservation for service users with testicular tissue who are at high/very high risk of infertility and cannot store sperm.</li> <li>- Fertility and endocrine restoration using cryopreserved ovarian tissue.</li> </ul> | Work with NHS England on Nationally Commissioned service. | Equitable access to fertility preservation for paediatric patients in Wales.                        | ✓                   | ✓ | ✓ | ✓ | ✓ |



## 7.6 NETWORK DEVELOPMENT & DELIVERY

WHSSCs role in relation to networks has been developing over recent years, and continues to strengthen through the period of this plan:



### 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 attached at Appendix **xx**

### 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.



## 7.6.1 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.

## 7.6.1 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) | <p>Increase capacity to meet the demand.</p> <p>Re-fresh current Commissioning Policy and Service specification.</p>  | <p>Patients who choose unit dialysis are closer to home.</p> <p>There is equitable service provision across Wales.</p> <p>Reduction in variation across Independent Service Providers across Wales.</p>   | ✓                   | ✓ | ✓ | ✓ | ✓ |
|  | <p>Under the new entity for National Commissioning (24/25) will enable closer working with commissioning team responsible for Non-Emergency Patient Transport (NEPTS).</p> <p>Active representation and participation of the WKN on Ambulance Care Programme Board.</p> | <p>There is equitable service for provision across Wales.</p> <p>A transportation service is aligned to Unit Dialysis Service provision.</p> <p>A transportation services meets the 30:30:30 service specification.</p> <p>Up to date Commissioning Policy and service specification.</p> | ✓                   | ✓ | ✓ | ✓ | ✓ |
| Strategy Vascular Access. (Q4)                                 | Refresh Vascular Access Commissioning Policy and Service specification.   | <p>Reduction of variation of vascular access across Wales.</p> <p>There is equitable access and service provision for patients.</p>   | ✓                   | ✓ | ✓ | ✓ | ✓ |

## 7.6.1 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.<br>Up to date Commissioning Policy and service specification.<br>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<br>A framework that embeds Value and Outcomes approach.<br>Achieve Value for Money (VfM) through economies of scale.<br>A framework that is sustainable and equitable, fit for purpose acting as an enabler to support the Home Dialysis strategy. | ✓                   | ✓ | ✓ | ✓ | ✓ |

## 7.6.1 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.<br>Delivering Get it Right First Time (GIRFT) recommendations.<br>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.<br>An increase of patients receiving transplants in Wales.<br>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.<br>Patients feel empowered to become actively involved in the development and delivery of care within the WKN Commissioned services.<br>A sustainable 3rd Sector provision to support Kidney patients in Wales. | ✓                   | ✓ | ✓ | ✓ | ✓ |

## 7.6.1 WELSH KIDNEY NETWORK : PLAN

| GOAL                                      | METHOD                                  | OUTCOME  | STRATEGIC OBJECTIVE |   |   |   |   |
|---|---|--|---------------------|---|---|---|---|
|   |   |  | 1                   | 2 | 3 | 4 | 5 |
| Strengthen national approach on ICT.      | 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. | Continuation of regional ViHC projects. | <p>Increase in the number of patients choosing home dialysis and achieving &gt;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>  | ✓                   | ✓ | ✓ | ✓ | ✓ |

## 7.6.1 WELSH KIDNEY NETWORK : PLAN

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



## 7.6.2 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.

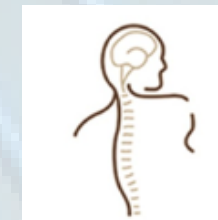
Since its launch, the Network has been subject to a First Year Evaluation which identified that, although the Network remains in its infancy, there is measurable evidence of its positive impact. The Network has also undergone its first Peer Review, which acknowledged the Network's successes, and which 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 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.

## 7.6.2 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.   |  |                     |   |   |   |   |

## 7.6.3 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.

## 7.6.3 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 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.                          |  |                     |   |   |   |   |

## 7.7 CROSS CUTTING DELIVERABLES : PLAN

Within the context of the Specialist Services Strategy, and the movement to a single commissioning system 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.  | 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. | Effective Programme Management of the three PET Projects (Swansea, North Wales ?) to ensure implementation of the All Wales PET Programme Business Case. | 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.                                      | 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).     | 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. |                     |   |   |   |   |

## 7.7 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.   | 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.  | 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. | Follow the WHSSC methodology for policy development and update, including: <ul style="list-style-type: none"> <li>• Maintenances of the Policy Register</li> <li>• Effective engagement with WHSSC commissioning teams</li> <li>• Facilitate the effective running of the WHSSC Policy Group</li> <li>• Provision of up to date, high quality evidence to support policy content</li> </ul> | 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. |                     |   |   |   |   |

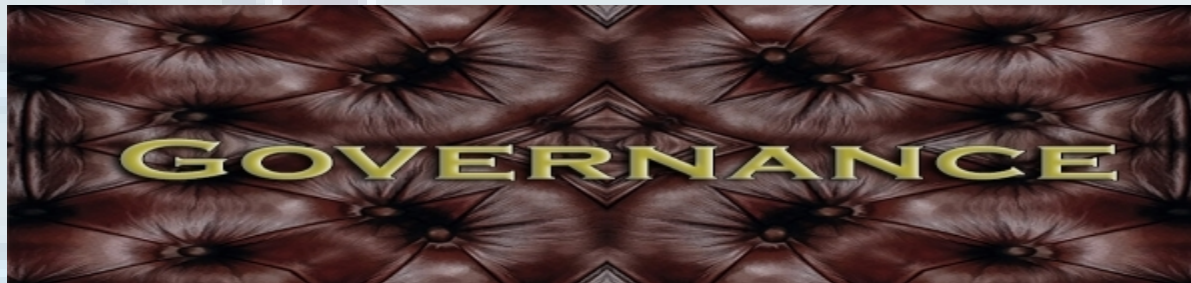


## 7.7 CROSS CUTTING DELIVERABLES : PLAN

| 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). | <p>Work with external agencies to identify new medicines and non-medical technologies.</p> <p>Inform the WHSSC prioritisation process, WHSSC service development and financial planning within commissioning teams and supports other programmes within WHSSC and across NHS Wales.</p> | 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.                      | 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.   | ✓                   | ✓ | ✓ | ✓ | ✓ |

## 8. THE GOVERNANCE OF THE PLAN

- The Integrated Commissioning Plan is developed within a strong and well established Governance Framework.
- 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.
- 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.



## 9. 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 new statutory Duty of Quality in Wales, the quality of care and experience that patients and their families receive is therefore 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. As referenced previously in section x in 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.

## 10. FINANCIAL GOVERNANCE AND PROPOSALS (JAMES/KENDAL)

DRAFT

# 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.

## 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.

## 12. TOWARDS A NEW JOINT COMMISSIONING COMMITTEE

- As we present this final plan as the Welsh Health Specialist Services Committee, we embrace the opportunities that lie ahead in a new and refreshed commissioning committee within NHS Wales, and acknowledge how a strengthened, centralised, 'Once for Wales' committee will have a positive impact for the Welsh population and ensure efficiency and value for commissioning organisations.
- Insert further detail here as it emerges – i.e. could we reflect the functions, organisational development plans etc.?

DRAFT



# APPENDICES

|            |                                 |
|------------|---------------------------------|
| Appendix A | Achievements from 2023/24 ICP   |
| Appendix B | Ministerial Priorities Position |
| Appendix C | Summary of Savings Schemes      |
| Appendix D | Objectives for Networks         |
| Appendix E | Detailed Financial Plans        |



|                            |  |              |            |
|----------------------------|--|--------------|------------|
| Report Title               | Chair's Report   | Agenda Item  | 3.1        |
| Meeting Title              | Joint Committee  | Meeting Date | 21/11/2023 |
| FOI Status                 | Public   |              |            |
| Author (Job title)         | Chair of WHSSC   |              |            |
| Executive Lead (Job title) | Committee Secretary and Associate Director of Corporate Services |              |            |

|                          |  |                                     |                                     |   |   |
|--------------------------|--|-------------------------------------|-------------------------------------|---|---|
| Purpose of the Report    | The purpose of this report is to provide Joint Committee members with an update of the issues considered by the Chair since the last Joint Committee meeting, and to request that the Joint Committee ratify the appointment of the WHSSC Individual Patient Funding Request (IPFR) Panel Chair. |                                     |                                     |   |   |
| Specific Action Required | RATIFY<br><input checked="" type="checkbox"/>  | APPROVE<br><input type="checkbox"/> | SUPPORT<br><input type="checkbox"/> | ASSURE<br><input checked="" type="checkbox"/> | INFORM<br><input checked="" type="checkbox"/> |

## Recommendation(s)

Members are asked to:

- **Note** the report; and
- **Ratify** the Chair's action taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel.

# CHAIR'S REPORT

## 1.0 SITUATION

The purpose of this report is to provide Joint Committee members with an update of the issues considered by the Chair since the last Joint Committee meeting, and to request that the Joint Committee ratify the appointment of the WHSSC Individual Patient Funding Request (IPFR) Panel Chair.

## 2.0 BACKGROUND

At each Joint Committee (JC) meeting, the Chair presents a report on key issues that have arisen since its last meeting.

## 3.0 ASSESSMENT

### 3.1 Chairs Action

A Chair's Action was taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel from 1 November 2023 for a period of up to 3 years and will be subject to an annual review by the Chair of WHSSC. The IPFR Chair may be re-appointed for a period of up to 1 year but may not serve longer than 4 years in aggregate.

In accordance with the Joint Committee's decision made on the 18 July 2023 to approve the recruitment process for the appointment of the Chair and lay members to the All Wales IPFR Panel a recruitment process to replace the interim Chair was undertaken in September 2023, and following a competitive recruitment exercise Lizzie was offered and has accepted the role.

The letter is presented at **Appendix 1** for information.

### 3.2 Key Meetings

I have attended the following meetings:

- Regular catch up meetings with WHSSC IMs and WKN Chair,
- Regular bi-monthly meetings with the Chair of the QPS Committee,
- Integrated Governance Committee,
- Chairs and CEOs Ministerial meeting
- Oversight Board and Implementation Board meetings for National Commissioning Review

## 4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report; and
- **Ratify** the Chair's action taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel.

| <b>Governance and Assurance</b>   |  |
|---|--|
| <b>Link to Strategic Objectives</b>   |  |
| <b>Link to Integrated Commissioning Plan</b>  | This report provides an update on key areas of work linked to Commissioning Plan deliverables.   |
| <b>Health and Care Standards</b>  | Governance, Leadership and Accountability  |
| <b>Principles of Prudent Healthcare</b>   | All  |
| <b>Institute for HealthCare Improvement Quadruple Aim</b>                               | Not applicable   |
| <b>Organisational Implications</b>  |  |
| <b>Quality, Safety &amp; Patient Experience</b>   | Ensuring the Joint Committee makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff. |
| <b>Finance/Resource Implications</b>  | There is no direct financial/resource impact from this report.   |
| <b>Population Health</b>  | The updates included in this report apply to all aspects of healthcare, affecting individual and population health.  |
| <b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b> | There are no specific legal implications relating to any of the issues outlined within this report.  |
| <b>Long Term Implications (incl WCFG Act 2015)</b>                                      | WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.   |
| <b>Report History (Meeting/Date/ Summary of Outcome)</b>                                | -  |
| <b>Appendices</b>   | Appendix 1 – Letter to Joint Committee Members – Chairs Action to Appoint a new IPFR Chair   |



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

Your ref/eich cyf:  
Our ref/ein cyf: KE.JE  
Date/dyddiad: 25 October 2023  
Tel/ffôn: 01443 443 443 ext. 8131  
Email/e-bost: Jacqueline.Evans8@wales.nhs.uk

WHSSC Joint Committee Members,

Dear Colleague,

**Re: Chair's Action – Appointment of a New Chair for the Individual Patient Funding Request (IPFR) Panel**

I am writing to you to inform you that a Chair's action has been undertaken to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel from 1 November 2023 for a period of up to 3 years and will be subject to an annual review by the Chair of WHSSC. The IPFR Chair may be re-appointed for a period of up to 1 year but may not serve longer than 4 years in aggregate.

In accordance with the Joint Committee's decision made on the 18 July 2023 to approve the recruitment process for the appointment of the Chair and lay members to the All Wales IPFR Panel a recruitment process to replace the interim Chair was undertaken in September 2023, and following a competitive recruitment exercise Lizzie was offered and has accepted the role.

The Chair's action was taken in accordance with provisions of the WHSSC Standing Orders (SOs), specifically section 3.1.1 in relation to Chair's action on urgent matters whereby decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee.

**Chair's Action**

I confirm that by this letter, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, Steve Spill, Independent Member (IM) of WHSSC, Carolyn Donoghue, IM of WHSSC and Chantal Patel IM of WHSSC, I have taken Chair's Action to approve the appointment of Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC IPFR Panel from 1 November 2023 for a period of up to 3 years.

This matter will be reported on at the next Joint Committee meeting on the 21 November 2023 for ratification.

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**Welsh Health Specialised Services Committee**  
Unit G1, The Willowford,  
Treforest,  
Pontypridd  
CF37 5YL

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru  
Uned G1, The Willowford,  
Treforest,  
Pontypridd  
CF37 5YL

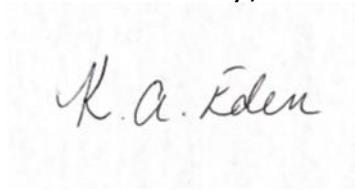
**Chair/Cadeirydd:** *Kate Eden*

**Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr Dros Dro Comisiynu Gwasanaethau Arbenigol a Thrydyddol:** *Dr Sian Lewis*



If you require further information or clarification regarding this matter, please contact Jacqui Evans, Committee Secretary, [Jacqueline.Evans8@wales.nhs.uk](mailto:Jacqueline.Evans8@wales.nhs.uk) in the first instance.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'K. A. Eden', is centered within a light gray rectangular box.

**Kate Eden**  
**Chair**

**Cc – Dr Sian Lewis, Managing Director, WHSSC**  
**Cc – Stacey Taylor, Director of Finance, WHSSC**

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**Welsh Health Specialised Services  
Committee**  
Unit G1, The Willowford,  
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CF37 5YL

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru  
Uned G1, The Willowford,  
Treforest,  
Pontypridd  
CF37 5YL

**Chair/Cadeirydd:** *Kate Eden*  
**Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr**  
**Dros Dro Comisiynu Gwasanaethau Arbenigol a Thrydyddol:** *Dr Sian Lewis*



|   |  |                                     |                                     |   |   |
|---|--|-------------------------------------|-------------------------------------|---|---|
| Report Title  | Managing Director's Report   |                                     |                                     | Agenda Item                                   | 3.2   |
| Meeting Title   | Joint Committee  |                                     |                                     | Meeting Date                                  | 21/11/2023                                    |
| FOI Status  | Public   |                                     |                                     |   |   |
| Author (Job title)  | Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales  |                                     |                                     |   |   |
| Executive Lead (Job title)  | Managing Director, Specialised And Tertiary Services Commissioning   |                                     |                                     |   |   |
| Purpose of the Report   | The purpose of this report is to provide the Joint Committee with an update on key issues that have arisen since the last meeting. |                                     |                                     |   |   |
| Specific Action Required  | RATIFY<br><input type="checkbox"/>   | APPROVE<br><input type="checkbox"/> | SUPPORT<br><input type="checkbox"/> | ASSURE<br><input checked="" type="checkbox"/> | INFORM<br><input checked="" type="checkbox"/> |
| <p><b>Recommendation(s):</b></p> <p>Members are asked to:</p> <ul style="list-style-type: none"><li><b>Note</b> the report.</li></ul> |  |                                     |                                     |   |   |

# **MANAGING DIRECTOR'S REPORT**

## **1.0 SITUATION**

The purpose of this report is to provide the Joint Committee with an update on key issues that have arisen since the last meeting.

## **2.0 BACKGROUND**

At each Joint Committee meeting, the Managing Director presents a report on key issues that have arisen since its last meeting. The purpose of the Managing Director's report is to keep the Joint Committee up to date with important matters related to WHSSC. A number of issues raised within this report may also feature in more detail within the update reports as part of the Joint Committee's business.

## **3.0 ASSESSMENT**

### **3.1 Cochlear Implant and Bone Conduction Hearing Implant – Update**

The Designated Provider process has been initiated to implement the model agreed by the Joint Committee. A letter inviting Expressions of Interest to become the specialist auditory implant device hub with an outreach service was sent to all the Health Boards (HBs) in the South East Wales, South West Wales and South Powys region in July 2023.

WHSSC received two responses: CVUHB submitted an Expression of Interest in becoming the specialist auditory implant device hub with an outreach service; and SBUHB confirmed that they wish to work in partnership with CVUHB to develop the outreach support.

The remaining elements of the Designated Provider process are in progress to ensure that the HB is able to meet the service criteria. The results of the full process will be received by the Management Group for scrutiny before a formal recommendation is made to the Joint Committee.

### **3.2 Welsh Healthcare Financial Management Association (HFMA) Innovation, Digital & Data Award**

Congratulations to James Leaves, Interim Director of Finance, WHSSC and Sandy Tallon, Head of Information, WHSSC on winning the 'Innovation, Data and Digital' HFMA Wales Branch award in October 2023. James, Sandy and their teams have been working on the financial costs and effects of the new Cystic Fibrosis drug called 'Kaftrio'. WHSSC were instrumental in arranging for the drug to be prescribed to Welsh patients from the autumn 2020. Digital Health and Care Wales (DHCW) data was used to analyse inpatient, outpatient and emergency attendances of the Kaftrio patient cohort, comparing information


before and after their first prescription of the new drug. Attached at **Appendix 1** is some further information about the usage analysis. The HFMA is the professional body for finance staff working in healthcare, and the various winners were announced at the annual HFMA/ACCA conference.

## 4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report.

| <b>Governance and Assurance</b>  |  |
|--|--|
| <b>Link to Strategic Objectives</b>  |  |
| <b>Strategic Objective(s)</b>  | Governance and Assurance<br>Choose an item.<br>Choose an item.   |
| <b>Link to Integrated Commissioning Plan</b>   | This report provides an update on key areas of work linked to Commissioning Plan deliverables.   |
| <b>Health and Care Standards</b>   | Governance, Leadership and Accountability<br>Choose an item.<br>Choose an item.  |
| <b>Principles of Prudent Healthcare</b>  | Public & professionals are equal partners through co-production<br>Care for those with the greatest health need first<br>Only do what is needed<br>Reduce inappropriate variation  |
| <b>NHS Delivery Framework Quadruple Aim</b>  | Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.   |
| <b>Organisational Implications</b>   |  |
| <b>Quality, Safety &amp; Patient Experience</b>  | The information summarised within this report reflect issues relating to quality of care, patient safety, and patient experience.  |
| <b>Finance/Resource Implications</b>   | There is no direct financial/resource impact from this report.   |
| <b>Population Health</b>   | The updates included in this report apply to all aspects of healthcare, affecting individual and population health.  |
| <b>Legal Implications (including equality &amp; diversity, socio economic duty etc.)</b> | There are no specific legal implications relating within this report.  |
| <b>Long Term Implications (incl. WBFG Act 2015)</b>                                      | WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change. |
| <b>Report History (Meeting/Date/Summary of Outcome)</b>                                  | -  |
| <b>Appendices</b>  | Appendix 1 – Cystic Fibrosis – Kaftrio analysis  |



# **WHSSC – Cystic Fibrosis patients / Kaftrio usage analysis**

# Cystic Fibrosis drugs - first month Kaftrio is charged by patient (Data source: Health Board contract/invoice backing)

**Adults/Paeds**

☒ Select all

☒ Adults

☒ Paeds - 12 and over

☒ Paeds - Under 12's

**Cardiff Banding**

☒ Select all

☒ (Blank)

☒ 1

☒ 1A

☒ 2

☒ 2A

☒ 3

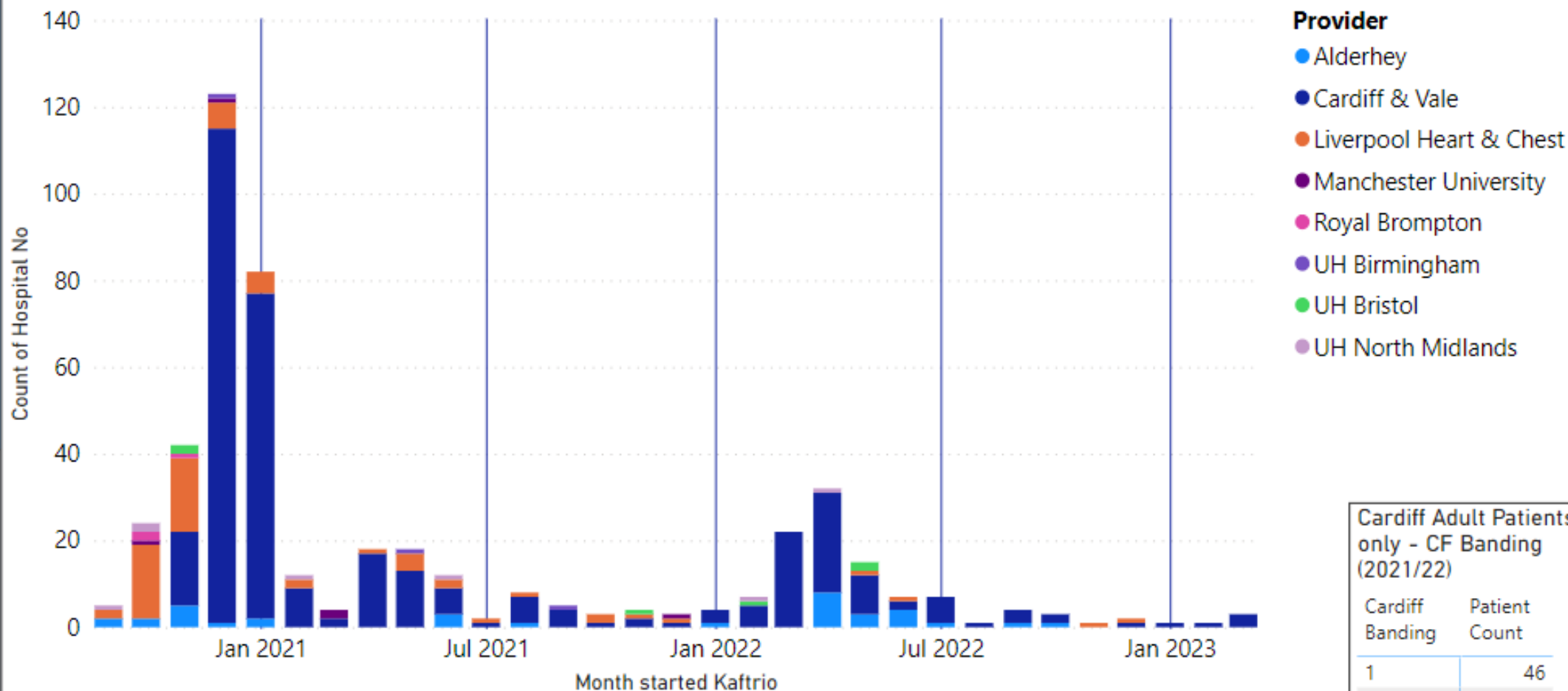
☒ 4

☒ 5

**Notes:**

1. Patients starting these drugs up to March 2023.
2. Not all patients with a Cardiff banding are on CF drugs, and vice versa.
3. Patients not on drugs only visible for Cardiff as a provider as WHSSC received a Banding schedule of all patients.

Count of Hospital No by Month started Kaftrio and Provider



| Adults/Paeds        | Patients on Kaftrio | Patients on other/no drugs | Count of NHS Number | % of patients on Kaftrio |
|---------------------|---------------------|----------------------------|---------------------|--------------------------|
| Adults              | 330                 | 114                        | 444                 | 75%                      |
| Paeds - 12 and over | 89                  | 1                          | 90                  | 99%                      |
| Paeds - Under 12's  | 56                  | 27                         | 83                  | 67%                      |
| <b>Total</b>        | <b>475</b>          | <b>142</b>                 | <b>617</b>          | <b>77%</b>               |

Cardiff Adult Patients only - CF Banding (2021/22)

| Cardiff Banding | Patient Count |
|-----------------|---------------|
| 1               | 46            |
| 1A              | 5             |
| 2               | 27            |
| 2A              | 121           |
| 3               | 88            |
| 4               | 28            |
| 5               | 5             |
| <b>Total</b>    | <b>329</b>    |

617



# Comparison of inpatient episodes – patients with primary diagnosis of CF versus Respiratory Medicine activity

## CF patients versus general Respiratory Medicine activity

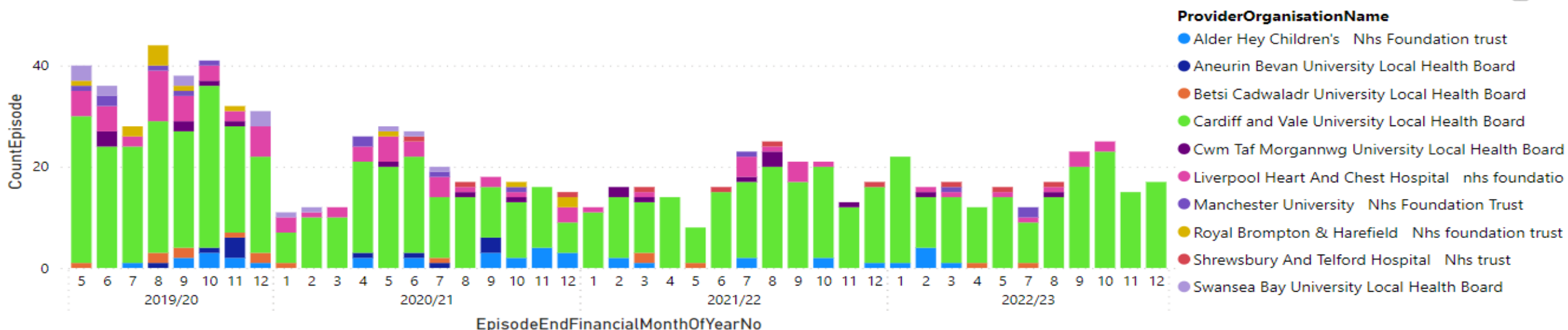
PatientDischarge\_Paeds\_Adults

Adult (age  
18+)

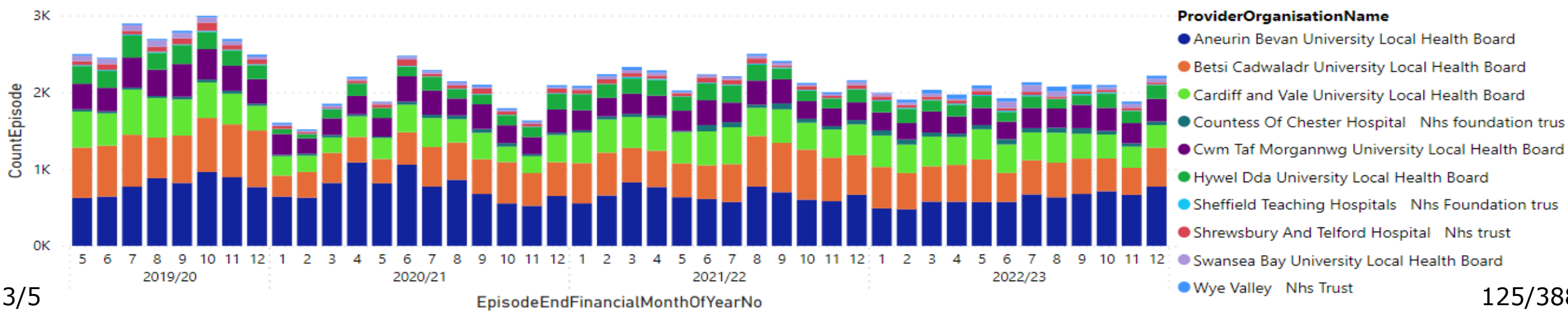
Paeds (age 11  
and under)

Paeds (age 12  
- 17)

DHCW inpatient episode end data - Primary diagnosis of Cystic Fibrosis - top 10 providers



DHCW inpatient episode end data - All Respiratory/CF Medicine (using specialty) - top 10 providers



# Example of calculations for costs of the cohort of patients that started Kaftrio in December 2020:

Month started on Kaftrio

|         |                |              |               |               |              |               |            |            |          |           |           |             |                |              |               |   |
|---------|----------------|--------------|---------------|---------------|--------------|---------------|------------|------------|----------|-----------|-----------|-------------|----------------|--------------|---------------|---|
| (Blank) | September 2020 | October 2020 | November 2020 | December 2020 | January 2021 | February 2021 | March 2021 | April 2021 | May 2021 | June 2021 | July 2021 | August 2021 | September 2021 | October 2021 | November 2021 | > |
|---------|----------------|--------------|---------------|---------------|--------------|---------------|------------|------------|----------|-----------|-----------|-------------|----------------|--------------|---------------|---|

|               |                         |                     |                    |
|---------------|-------------------------|---------------------|--------------------|
| 123           | 123                     | Total months before | Total months after |
| Patient Count | Patients alive Apr 2023 | 32                  | 28                 |

ProviderOrganisat...  

Select all

Alder Hey Children's ...

Aneurin Bevan Univer...

Betsi Cadwaladr Univ...

Cardiff and Vale Unive...

Cwm Taf Morgannwg ...

Hywel Dda University ...

Liverpool Heart And C...

Total episodes before 1st Kaftrio costs (avg cost £398/day)

| EpisodeEnd FYear | Patient Count | Total bed days | Costs (using avg bed day cost) |
|------------------|---------------|----------------|--------------------------------|
| 2018/19          | 66            | 941            | £374,518                       |
| 2019/20          | 70            | 1,253          | £498,694                       |
| 2020/21          | 40            | 411            | £163,578                       |
| Total            | 89            | 2,605          | £1,036,790                     |

Average costs / month

£32,400

Total episodes after 1st Kaftrio costs (avg cost £398/day)

| EpisodeEnd FYear | Patient Count | Total bed days | Costs (using avg bed day cost) |
|------------------|---------------|----------------|--------------------------------|
| 2020/21          | 16            | 99             | £39,402                        |
| 2021/22          | 39            | 374            | £148,852                       |
| 2022/23          | 46            | 529            | £210,542                       |
| Total            | 63            | 1,002          | £398,796                       |

Average costs / month

£14,499

ProviderOrganisat...  

Select all

Alder Hey Children's ...

Aneurin Bevan Univer...

Betsi Cadwaladr Univ...

Birmingham Women's...

Cardiff and Vale Unive...

Cwm Taf Morgannwg ...

Guy's And St Thomas'...

Hywel Dda University ...

King's College Hospi...

Total Outpatients before 1st Kaftrio costs (average cost £143/OP)

| Appt_Fyear | Patient Count | Count Appt | Cost (using avg OP cost) |
|------------|---------------|------------|--------------------------|
| 2018/19    | 120           | 1,155      | £165,165                 |
| 2019/20    | 122           | 1,202      | £171,886                 |
| 2020/21    | 122           | 870        | £124,410                 |
| Total      | 123           | 3,227      | £461,461                 |

Average costs / month

£14,421

Total Outpatients after 1st Kaftrio costs (average cost £143/OP)

| Appt_Fyear | Patient Count | Count Appt | Cost (using avg OP cost) |
|------------|---------------|------------|--------------------------|
| 2020/21    | 121           | 372        | £53,196                  |
| 2021/22    | 122           | 1,042      | £149,006                 |
| 2022/23    | 122           | 934        | £133,562                 |
| Total      | 122           | 2,348      | £335,764                 |

Average costs / month

£11,992

ProviderOrganisat...  

Select all

Aneurin Bevan Univer...

Betsi Cadwaladr Univ...

Cardiff and Vale Unive...

Cwm Taf Morgannwg ...

Hywel Dda University ...

Powys Teaching Local ...

Swansea Bay Universit...

Total Emergency Attendances before 1st Kaftrio costs (average cost £188/attendance)

| Fyear   | Patient Count | Count Attendance | Cost (using avg A&E cost) |
|---------|---------------|------------------|---------------------------|
| 2018/19 | 30            | 54               | £10,152                   |
| 2019/20 | 25            | 33               | £6,204                    |
| 2020/21 | 10            | 23               | £4,324                    |
| Total   | 53            | 110              | £20,680                   |

Average costs / month

£646

Total Emergency Attendances after 1st Kaftrio costs (average cost £188/attendance)

| Fyear   | Patient Count | Count Attendance | Cost (using avg A&E cost) |
|---------|---------------|------------------|---------------------------|
| 2020/21 | 10            | 12               | £2,256                    |
| 2021/22 | 24            | 35               | £6,580                    |
| 2022/23 | 27            | 52               | £9,776                    |
| Total   | 44            | 99               | £18,612                   |

Average costs / month

£698

4/5

126/388

# APC bed-day savings calculations of patients starting Kaftrio (using av bed-day rate of £398/day)

| Month started Kaftrio | Patient Count | Costs (using avg bed day cost) / mth BEFORE | Costs (using avg bed day cost) / mth AFTER | Costs savings/mth (IGNORE TOTAL) | Costs savings/year (IGNORE TOTAL) |
|-----------------------|---------------|---|--|----------------------------------|-----------------------------------|
| ☐                     | 142           |   |  |                                  |                                   |
| ☐ September 2020      | 5             | £3,925                                      | £1,926                                     | £1,999                           | £23,992                           |
| ☐ October 2020        | 24            | £12,471                                     | £1,990                                     | £10,481                          | £125,768                          |
| ☐ November 2020       | 42            | £13,095                                     | £9,895                                     | £3,200                           | £38,405                           |
| ☐ December 2020       | 123           | £32,400                                     | £14,499                                    | £17,901                          | £214,813                          |
| ☐ January 2021        | 82            | £22,228                                     | £9,066                                     | £13,162                          | £157,946                          |
| ☐ February 2021       | 12            | £7,351                                      | £4,592                                     | £2,759                           | £33,108                           |
| ☐ March 2021          | 4             | £3,389                                      | £907                                       | £2,481                           | £29,775                           |
| ☐ April 2021          | 18            | £2,819                                      | £1,808                                     | £1,012                           | £12,139                           |
| ☐ May 2021            | 18            | £4,937                                      | £4,274                                     | £663                             | £7,958                            |
| ☐ June 2021           | 12            | £2,189                                      | £2,062                                     | £127                             | £1,520                            |
| ☐ July 2021           | 2             | £71   |  | £71                              | £857                              |
| ☐ August 2021         | 8             | £597  | £378                                       | £219                             | £2,627                            |
| ☐ September 2021      | 5             | £78   | £21  | £57                              | £681                              |
| ☐ October 2021        | 3             | £578  | £442                                       | £136                             | £1,630                            |
| ☐ November 2021       | 4             | £852  | £3,465                                     | -£2,613                          | -£31,361                          |
| ☐ December 2021       | 3             | £398  | £323                                       | £75                              | £896                              |
| ☐ January 2022        | 4             | £876  | £1,035                                     | -£159                            | -£1,910                           |
| ☐ February 2022       | 7             | £1,082                                      | £2,246                                     | -£1,164                          | -£13,972                          |
| ☐ March 2022          | 22            | £1,998                                      | £1,163                                     | £835                             | £10,021                           |
| ☐ April 2022          | 32            | £1,318                                      | £1,028                                     | £290                             | £3,482                            |
| ☐ May 2022            | 15            | £739  | £217                                       | £522                             | £6,265                            |
| ☐ June 2022           | 7             | £1,329                                      | £756                                       | £573                             | £6,877                            |
| ☐ July 2022           | 7             | £538  | £44  | £494                             | £5,931                            |
| ☐ August 2022         | 1             |   |  |                                  |                                   |
| ☐ September 2022      | 4             | £293  | £1,194                                     | -£901                            | -£10,814                          |
| ☐ October 2022        | 3             | £52   | £1,857                                     | -£1,806                          | -£21,669                          |
| ☐ November 2022       | 1             |   |  |                                  |                                   |
| ☐ December 2022       | 2             | £910  |  | £910                             | £10,917                           |
| ☐ January 2023        | 1             | £98   |  | £98                              | £1,173                            |
| ☐ February 2023       | 1             | £14   |  | £14                              | £165                              |
| ☐ March 2023          | 3             | £364  | £1,592                                     | -£1,228                          | -£14,733                          |

| Savings 2020/21 | Savings 2021/22 | Savings 2022/23 | Savings 2023/24 |
|-----------------|-----------------|-----------------|-----------------|
| £211,979        | £633,376        | £619,866        | £602,489        |

Total inpatient savings calculated as more than £600k each year since 2020/21.

For the £602k calculated for 2022/23, this splits as £361k sitting with Health Board inpatient budgets, and £241k savings through English provider spends (£212k realised through WHSSC contracts depending on block/cost&volume arrangements, £29k through other financial mechanisms).

Savings appear relatively static each year as the initial cohort of adults saw the most visible benefit of the drug. It was prescribed to under 12's since the spring of 2022, but the cost savings to this cohort would show up in future decades as a reduced demand.

Other note: The forthcoming investment in Home IV for these patients of £0.5m has not now been needed in full = additional cost saving of circa £0.350 m.



|   |   |  |  |                                    |   |
|---|---|--|--|------------------------------------|---|
| Report Title  | Specialised Paediatric Services Update (Mid and South Wales)  |  |  | Agenda Item                        | 3.3   |
| Meeting Title   | Joint Committee   |  |  | Meeting Date                       | 21/11/2023                                    |
| FOI Status  | Open  |  |  |                                    |   |
| Author (Job title)  | Specialised Planning Manager, Women and Children  |  |  |                                    |   |
| Executive Lead (Job title)  | Director of Planning and Performance  |  |  |                                    |   |
| Purpose of the Report   | The purpose of this report is to consider the short term and longer term transformational changes for Paediatric Surgery and Paediatric Intensive Care in 2024/25 following a Joint Committee Workshop held on 17 November 2023. The neonatal service issues will be considered in more detail by the Joint Committee in January 2024. The report also makes a recommendation to continue outsourcing paediatric surgery in 2023/24 (previously included in WHSSC's Financial Improvement Options). |  |  |                                    |   |
| Specific Action Required  | RATIFY<br><input type="checkbox"/>  | APPROVE<br><input checked="" type="checkbox"/> | SUPPORT<br><input checked="" type="checkbox"/> | ASSURE<br><input type="checkbox"/> | INFORM<br><input checked="" type="checkbox"/> |
| <b>Recommendation(s):</b><br><br>Members are asked to; <ul style="list-style-type: none"><li>• <b>Note</b> the report and the steps taken to date,</li><li>• <b>Approve</b> the continued outsourcing of paediatric surgery cases in 2023/24,</li><li>• <b>Support</b> the principle of outsourcing the backlog of patients in 2024/25 to support a waiting list position of 36 weeks, with the detail to be considered in the agreement of the WHSSC Integrated Commissioning Plan (ICP) 2024/25; and</li><li>• <b>Support</b> the transformational programme of work for paediatric surgery and paediatric intensive care for inclusion in the WHSSC ICP 2024/25.</li></ul> |   |  |  |                                    |   |

# **SPECIALISED PAEDIATRIC SERVICES UPDATE (MID AND SOUTH WALES)**

## **1.0 SITUATION**

The purpose of this report is to consider the short term and longer term transformational changes for Paediatric Surgery and Paediatric Intensive Care in 2024/25 following a Joint Committee (JC) Workshop held on 17 November 2023. The neonatal service issues will be considered in more detail by the JC in January 2024. The report also makes a recommendation to continue outsourcing paediatric surgery in 2023/24 (previously included in WHSSC's Financial Improvement Options).

There are currently three services commissioned from the Children's Hospital for Wales (CHfW) that are at Level 3 of the WHSSC Escalation Framework (Paediatric Surgery, Paediatric Intensive Care and Neonatal). These will be brought together under a single Triple Escalation process with enhanced Executive leadership and with detailed objectives as well as objectives addressing the overarching themes, including the interlinked workforce issues.

## **2.0 BACKGROUND**

WHSSC has the commissioning responsibility for paediatric and neonatal specialised and tertiary services. The paediatric population of south and mid Wales access treatment from the CHfW in CVUHB and the north Wales population from Alder Hey NHS Foundation Trust (AHNFT). Powys patients, dependent on their geographical location, will access services from AHNFT, the CHfW and Birmingham Children's Hospital (BCH).

### **2.1 Paediatric Surgery**

The total contract value for paediatric surgery at the CHfW as of 2023/24 is £7.1m. The service has previously encountered periods of long waiting times and in 2015/16 it was reported through monitoring returns that there were 143 patients waiting over 36 weeks. In order to address the backlog and maintain capacity to meet recurrent demand a business case was submitted and approved which supported increased funding and the activity baseline. The funding supported the service in reducing the backlog and as of the February 2020 there were 40 paediatric patients waiting in excess of 36 weeks. The service were forecasting to achieve zero patients breaching 36 weeks by the end of 2019/20 however the COVID-19 pandemic impacted on capacity significantly. The service has been in escalation Level 3 of the WHSSC Commissioning Assurance Framework (CAF) escalation process since April 2023 due to the waiting list position and not delivering contract volumes, although there has been good



progress on operational and service improvements to improve efficiency and to meet GIRFT recommendations.

## **2.2 Paediatric Intensive Care Unit (PICU) and High Dependency Care Unit (HDU)**

WHSSC has formally commissioned services from the Paediatric Intensive Care Unit (PICU) since 2000, and during this period the unit has flexed to 9-10 beds for a limited number of bed days every year, apart from during the pandemic, when the demand was unusually low. The funding for the PICU unit MDT supports the current 7 commissioned beds (other than nursing which is on a WTE per bed) however the same size MDT could also support up to 12 to 13 beds. In order to safely nurse the PIC / HDU patient cohort the service requires 9+1 WTE nurses.

In 2018, following escalation WHSSC supported the reopening of the 7<sup>th</sup> bed and increased nursing to 7xWTE per bed for all beds in line with National PIC Standards (allowing for sickness, maternity etc). The contract baseline in bed days did not change and remained at 1,368 bed days, which is indicative of a 54% occupancy rate to take account of seasonal variation.

High Dependency beds in CVUHB are currently funded as an overhead of current tertiary contract lines, of which the combined contract value is over £27m and the WHSSC funded PIC MDT provides the medical and AHP cover for these beds which also serves the CVUHB local population. All other paediatric HDU services in Health Boards (HBs) are not commissioned by WHSSC.

## **3.0 ASSESSMENT**

A JC workshop took place on 17 of November 2023 and has informed the assessment. The full slide pack is included at **Appendix 1** for information. In the workshop it was reiterated that both of the paediatric services remained in escalation and the workforce and capacity issues which underpin the operational risks would continue to be managed through the Triple Escalation process. There has been excellent engagement with the provider at Executive and operational level and this was again evident at the workshop.

### **3.1 Paediatric Surgery**

As a consequence of the COVID-19 pandemic, reduced capacity below the baseline and high rates of cancellation due to available workforce, the position as of the end of September was that there were 230 patients waiting in excess of 36 weeks. The Ministerial Measure of 0 patients waiting over 104 weeks for treatment has consistently been met by the service throughout 2023/24, however contract volumes have not been met. The waiting times are of serious concern to the WHSSC Quality and Patient Safety Committee (QPSC) as evidenced in the Committee Chair's report presented to the JC. As discussed at the JC workshop on the 17 November 2023, the HB now has a robust trajectory to reach a 52 week waiting list position by the end of March 2024. However, it

was noted that in order to achieve this, the current outsourcing contract with Nuffield will need to continue to end of the financial year at a cost of £135k for 37 cases. The funding to support outsourcing is within the 2023/24 Integrated Commissioning Plan (ICP) financial framework so there is no additional cost expected for commissioner HBs in 2023/24. However, JC are asked to approve the continuation of the outsourcing to meet the 52-week waiting times as stopping it was previously presented as an option in the WHSSC Financial Improvement Options ('10 / 20 /30 savings') plan.

The workshop continued to discuss further reducing the backlog to 36 weeks in 2024/25 through a hybrid outsourcing model between Nuffield and NHS England (NHSE) providers. This would require a further 99 cases to be outsourced, with an estimated cost of £300k to £350k. If the principle of further reducing the backlog was to be supported this would be agreed through the development of the 2024/25 ICP.

In addition to outsourcing a further programme of transformational change was agreed, in particular the development of a Specialised Paediatric Surgery Service Specification that would be developed collaboratively with clinicians across Wales, and associated pathway development. HB representatives noted that impact assessments to consider service, workforce and capacity would be key in underpinning this work across the region. It will also require a networked regional approach to the delivery of specialised and non-specialised paediatric general surgery across South Wales, ensuring a prudent service model is in place. It is also likely to require co-ordination of WHSSC and inter-HB commissioning.

### **3.2 Paediatric Intensive Care (PIC)**

A number of transformational actions were discussed in relation to stabilising PIC for 2024/25 and beyond, in addition to the existing commitments to formally commission HDU linked with tertiary care that was included in the approved WHSSC Specialised Paediatric Services Strategy for 2023/24. It was proposed that a Service Specification for PICU and HDU is developed taking account of National PIC Standards and the GIRFT report. The service has undertaken a gap analysis against the GIRFT recommendations and there are notable gaps at outreach and step-down provision. There was a recognition at the workshop that a clinically-informed programme of work is required to ensure robust networked and regional approaches and services are in place. This will include the development of pathways on a case-mix basis and modernising the service model regarding outreach and step-down for respiratory care. It may also entail a relationship for surgical cases to be commissioned with Bristol. These elements will be included in the WHSSC ICP 2024/25 for agreement. As an enabler and underpinning requirement WHSSC will also work with CVUHB to rebase the contract for PICU and HDU.

### **3.3 Further workshop discussion**

The original aim of the CHfW was presented at the JC workshop, taken from the outline phase 2 business case (2005) which noted: *"The Hospital's role is key to*



*the development of managed clinical networks to support improved service delivery across Wales for a number of reasons including recruitment and retention of specialist staff and ensuring that clinical critical mass is achieved to secure quality and sustainability.”* CVUHB representatives at the workshop noted that due to the changes in prevalence rates, treatments, workforce and paediatric training requirements since the implementation of the business case it would be timely for the HB to develop a revised Strategy for the CHfW and its role across the region.

## 4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report and the steps taken to date,
- **Approve** the continued outsourcing of paediatric surgery cases in 2023/24,
- **Support** the principle of outsourcing of the backlog of patients in 2024/25 to support a waiting list position of 36 weeks with the detail to be considered in the agreement of the WHSSC Integrated Commissioning Plan (ICP) 2024/25; and
- **Support** the transformational programme of work for paediatric surgery and paediatric intensive care for inclusion in the WHSSC ICP 2024/25.

| <b>Governance and Assurance</b>   |   |
|---|---|
| <b>Link to Strategic Objectives</b>   |   |
| <b>Strategic Objective(s)</b>   | Implementation of the Plan<br>Governance and Assurance<br>Choose an item.   |
| <b>Link to Integrated Commissioning Plan</b>  | The WHSSC Performance Management Framework and Escalation Framework underpin the Integrated Commissioning Plan  |
| <b>Health and Care Standards</b>  | Timely Care<br>Staff and Resourcing<br>Governance, Leadership and Accountability  |
| <b>Principles of Prudent Healthcare</b>   | Reduce inappropriate variation<br>Care for Those with the greatest health need first<br>Choose an item.   |
| <b>NHS Delivery Framework Quadruple Aim</b>   | People in Wales have improved health and well-being with better prevention and self-management<br>The health and social care workforce is motivated and sustainable<br>Choose an item.<br>Choose an item. |
| <b>Organisational Implications</b>  |   |
| <b>Quality, Safety &amp; Patient Experience</b>   | The Paediatric Intensive Care service currently has a risk score of 20 and Paediatric Surgery 16 on the WHSSC CRAF. Both Services are at escalation level 3 of the WHSSC Escalation Framework.            |
| <b>Finance/Resource Implications</b>  | The paper seeks continued support for £135k for outsourcing within 2023/24.   |
| <b>Population Health</b>  |   |
| <b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b> |   |
| <b>Long Term Implications (incl WBFG Act 2015)</b>                                      |   |
| <b>Report History (Meeting/Date/ Summary of Outcome)</b>                                | 17 November 2023 – Joint Committee workshop on paediatric surgery   |
| <b>Appendices</b>   | Appendix 1 – Presentation Slides from the Joint Committee Paediatric Surgery Workshop - 17 of November 2023   |

# WHSSC Joint Committee Specialised Paediatric Services (Mid and South Wales) Workshop

17 November 2023



GIG  
CYMRU  
NHS  
WALES

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

# Background

- WHSSC commissions regional paediatric and neonatal tertiary services for the Mid and South Wales population from the Children's Hospital for Wales
- The business case for the Children's Hospital (phase 2) developed in February 2005, stated: *"The Hospital's role is key to the development of managed clinical networks to support improved service delivery across Wales for a number of reasons including recruitment and retention of specialist staff and ensuring that clinical critical mass is achieved to secure quality and sustainability."*
- The implementation of the 5 year commissioning strategy for paediatric specialised services, aimed at delivering the best services possible for the children of Wales, is dependent on the Children's Hospital for Wales being able to operationally deliver the services for which it is commissioned.
- Total budget for the Children's Hospital for Wales is £40.2m (excludes fetal medicine services) and Neonatal is £11.4m - 20% of the overall C&VUHB/WHSSC contract value

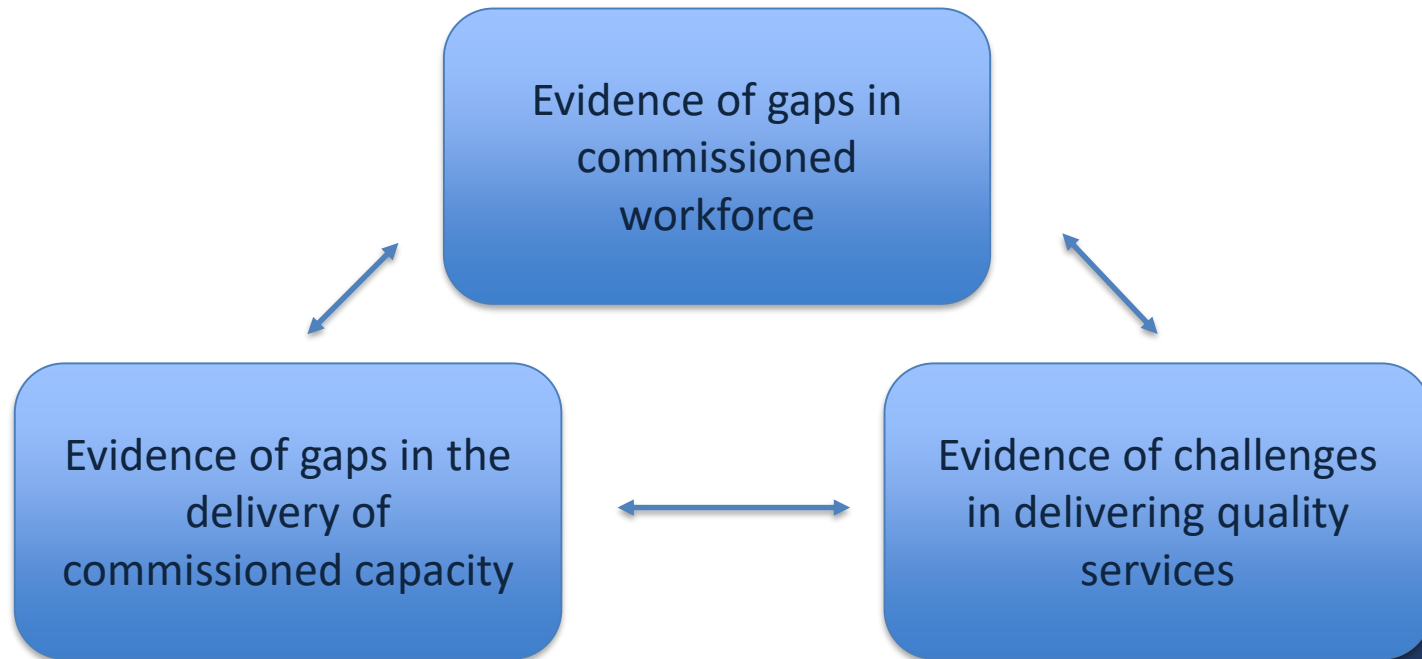


GIG  
CYMRU  
NHS  
WALES

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

# Current Concerns

- 3 services in Level 3 escalation (paediatric surgery, PIC, NIC) with consistent interlinked themes identified
- All 3 Escalations brought into one process with enhanced Executive leadership and improvement objectives including overarching themes



GIG  
CYMRU  
NHS  
WALES

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

# Workshop Purpose

- Three services are now in Escalation Level 3; paediatric surgery, PICU, NICU
- Agreement that these will be managed as a triple escalation due to the themes identified in previous slide
- The purpose of this workshop today is to discuss paediatric surgery and paediatric intensive care; neonatal services will be considered in more detail in the January JC
- Continued good engagement across all 3 services with CVUHB at Exec and operational level
- Short term mitigations are important (driven through the escalation process) but also a programme of transformation is required to ensure sustained improvement



GIG  
CYMRU  
NHS  
WALES

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

# Commissioning Paediatric Surgery

- WHSSC commissions paediatric general surgery at CVUHB – all activity financially flows through the WHSSC contract; via risk share arrangement
- Total contract value (2023/24) £7.1m – cost and volume for IP (elective and emergency)/OP/FU/OPP
- In 2015/16 there were 143 patients waiting over 36 weeks
- Business case 2016/17 added recurrent capacity and funding in to the system to address the backlog and maintain capacity to meet recurrent demand
- This supported the HB to clear the backlog
- Prior to COVID (February 2020) there were 40 patients waiting in excess of 36 weeks for Paediatric Surgery, forecast to end 2019/20 with zero breaches however, COVID impacted on this
- As of end of September 2023, 230 patients waiting over 36 weeks
- Combination of reduced capacity and high numbers of cancellations
- Service meeting Ministerial Measure for patients waiting over 104 weeks
- Service has robust trajectory to meet 52 weeks by the end of 2023/24
- Service in Escalation level 3 and currently not meeting contract volumes



GIG  
CYMRU  
NHS  
WALES

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



# Total Waiting Lists (Nov 2023)

- 489 patients on the waiting list (297 daycase and 192 inpatient)
- Mix of resident Health Boards
- Broad mix of procedures

| Health Board         | Patient Numbers |
|----------------------|-----------------|
| Aneurin Bevan UHB    | 106             |
| Betsi Cadwaladr UHB  | 1               |
| Cardiff and Vale UHB | 162             |
| Cwm Taf Mrognnwg UHB | 76              |
| Hywel Dda UHB        | 60              |
| Powys THB            | 10              |
| Swansea Bay UHB      | 74              |

| Procedure            | Patient Numbers |
|----------------------|-----------------|
| Orchidopexy          | 147             |
| Hernia               | 68              |
| Upper GI             | 70              |
| Lower GI / Bowel     | 44              |
| Nephrectomy / Renal  | 43              |
| Hypospadias          | 53              |
| Respiratory / Bronch | 5               |
| Excision / Lesion    | 12              |
| Other known ops      | 48              |

# Weeks wait by resident HB

- Case mix of tertiary, C&VUHB secondary care and secondary care patients with co-morbidities that require surgery in a tertiary unit
- Combination of daycase and inpatient procedures

|                       | 0 – 7 weeks | 8 – 13 weeks | 14 – 19 weeks | 20 – 25 weeks | 26 – 31 weeks | 32 – 35 weeks | 36 – 51 weeks | 52 – 103 weeks | 104 + weeks | Total      |
|-----------------------|-------------|--------------|---------------|---------------|---------------|---------------|---------------|----------------|-------------|------------|
| Aneurin Bevan UHB     | 12          | 6            | 9             | 12            | 14            | 3             | 16            | 34             | 0           | <b>106</b> |
| Betsi Cadwaldr UHB    | 1           | 0            | 0             | 0             | 0             | 0             | 0             | 0              | 0           | <b>1</b>   |
| Cardiff and Vale UHB  | 13          | 8            | 12            | 18            | 19            | 11            | 38            | 43             | 0           | <b>162</b> |
| Cwm Taf Morgannwg UHB | 8           | 10           | 4             | 9             | 10            | 0             | 10            | 25             | 0           | <b>76</b>  |
| Hywel Dda UHB         | 10          | 5            | 4             | 4             | 7             | 2             | 17            | 11             | 0           | <b>60</b>  |
| Powys THB             | 0           | 0            | 1             | 1             | 0             | 0             | 3             | 5              | 0           | <b>10</b>  |
| Swansea Bay UHB       | 12          | 5            | 6             | 12            | 7             | 4             | 15            | 12             | 1           | <b>74</b>  |
| <b>Total</b>          | <b>56</b>   | <b>34</b>    | <b>36</b>     | <b>56</b>     | <b>57</b>     | <b>20</b>     | <b>99</b>     | <b>130</b>     | <b>1</b>    | <b>489</b> |

# Delivery of 52 week waits by 31<sup>st</sup> March 2024

## Inpatients

- Health Board committed to a trajectory to achieve 52 weeks by end of March 2024 and to maintain there after.

## Daycase

- Health Board committed to a trajectory to achieve 52 weeks by end of March 2024 and to maintain there after.
- 37 of these have been allocated to be outsourced (through existing arrangement – if continued support is formally agreed by JC next week – see below)
- Achieved through utilisation of existing lists and within contract baseline

## Risks

- Unplanned cancellations due to anaesthetic and theatre staffing.

## Financial Assumptions

- The WHSSC reported forecast includes the full £135k required to continue to support outsourcing of the 37 patients.
- Paper to JC next week to approve continued support for this - stopping the outsourcing was included in the 10/20/30 Options

# Paeds Surgery Sustainability

## 2024/25 - Plan

Proposal to accelerate the backlog removal and reduce wait to 36 weeks in 2024/25 following discussion at WHSSC Quality and Patient Safety Committee.

- To deliver this will need to outsource a minimum of 99 cases.
- Estimated costs of outsourcing complex cases, minimum £300k - £350k dependent on case-mix through a hybrid arrangement with Nuffield and NHSE

## Transformation 2024/25 onwards

- Support service specification development and realignment of secondary care pathways and case mix across South Wales (i.e CHfW doing 'what only they can do')
- Development of networked and regional commissioning and delivery approaches between WHSSC and HBs



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# Commissioning PIC and Paeds HDU

- WHSSC has commissioned PIC since 2000 for 7 beds (including retrieval bed), based on a detailed population health needs assessment, to meet 95% of demand. The unit has flexed to 9-10 beds for a limited number of bed days every year, apart from during the pandemic, when the demand was unusually low.
- The MDT commissioned to support 7 beds (other than nursing which is on a WTE per bed) is the same as that required to support around 12/13beds.
- In 2018 following escalation WHSSC supported the reopening of a 7<sup>th</sup> bed and increased nursing to 7WTE per bed for all beds in line with National PIC Standards (allowing for sickness, maternity etc).
- In order to safely nurse the PIC / HDU patient cohort at 7:4 the service requires 9+1 WTE nurses.
- The contract baseline in bed-days did not change = 1368 bed days (which is an indicative 54% occupancy rate to take account of seasonal variation). However the total contract value increased to £5,139,606 (2022/23)
- This equates to £3,757 per bed day. Average bed day across 4 NHSE (Alder Hey, Birmingham, Bristol and GOSH) providers is £2,882
- High Dependency in CVUHB is currently funded as overhead of current tertiary contract lines and the WHSSC funded PICU MDT provides the medical and AHP cover for these beds which also serves the C&VUHB local population.
- Services currently commissioned that access HDU have a combined contract value of >£27m
- Paeds HDU services in Health Boards are not commissioned by WHSSC.

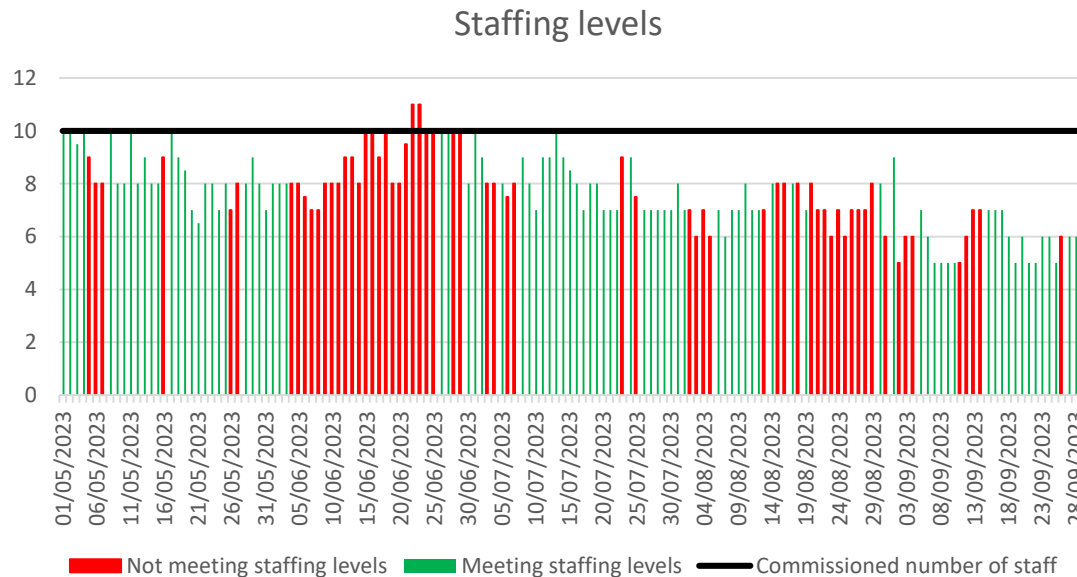


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# Commissioner Concerns

- Refusal rates, including when unit is below commissioned capacity
- Previous quality concerns around pressure sores
- Deviation from Nursing standards due to workforce constraints

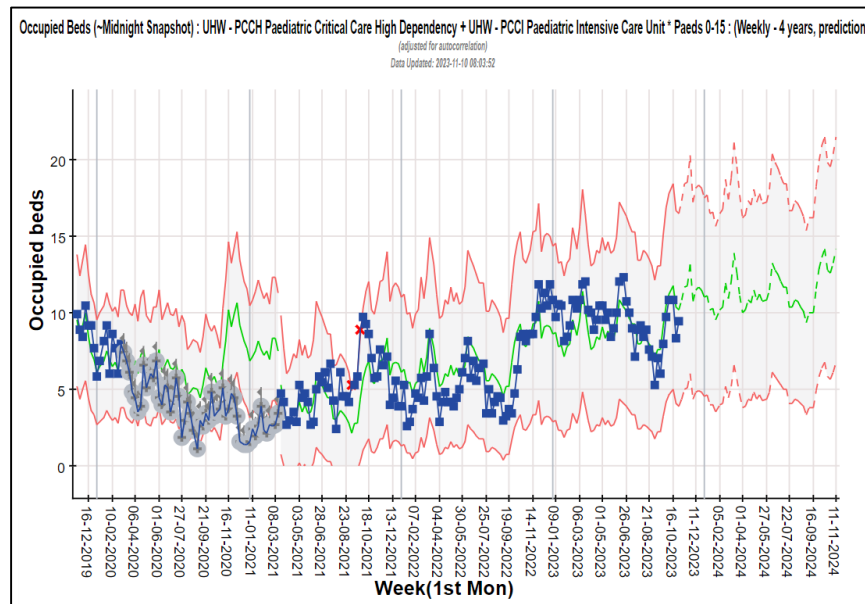


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# PCCU Occupancy Forecasting

- Forecasting would suggest that the periods of peak pressure on PCCU will be in late September 2023 and February 2024.
- The forecasts indicate that the ITU bed occupancy will range between 6-9 patients and the HDU beds will average approximately 5 patients. However, based on the previous winter and further trends throughout this summer, it could be reasonable to add an additional 3 patients to each.
- Therefore, it is forecast that ITU bed occupancy could range between 9-12 patients and HDU approximately 6-8. The standard number of Nurses required to care for the lower estimate (9 ITU 6 HDU) would be 14 Nurses (13 bedside Nurses and 1 Nurse in Charge).





# PCCU Workforce

- PCCU has been unable to average above 9 Nurses per shift, so this Nurse to Patient ratio would not be safe and other members of staff would need to be moved to support PCCU. This would normally come from Gwdihw (Surgical Ward in CHfW) as Elective Surgery would be cancelled in order to move Nursing staff as safely as possible.
- Assuming PCCU was able to staff to 9 members of staff, this would mean 4 Nursing staff would need to be asked to support. Working on the premise of 1 Nurse = 4 elective patients then this could potentially be 16 elective patients who may be cancelled (in reality, it may be possible to double up some patients and reduce the number of staff required, however, this comes with a raft of patient safety issues and poor experience for the staff).
- To help mitigate this potential threat, the CHfW have created Bumblebee, a protected Day Case Unit with the aim of ensuring up to 16 elective Day Case patients are treated a day and the staff protected from being moved. This began in October 2023 and has been extremely successful (linked closely to delivery of 52 weeks wait as previously described).

# PICU Sustainability

## Immediate Term

- Support through contracting mechanism for winter sustainability and stepped performance increase
- WHSSC to formally commission High Dependency linked with tertiary care and networked with secondary care (agreed in Specialised Paediatric Services Strategy)

## Transformation 2024/25 onwards

- Develop a service specification in line with National Standards and GIRFT report, with links to SW Network as well
- Providers have undertaken detailed gap analysis against GIRFT recommendations and PIC standards and identified gaps for outreach and step-down.
- Pathway development work at both ends of the pathway – Long term ventilation, community services and outreach / respiratory step-down / complex surgical case mix, potentially with Bristol
- Rebase PIC / HDU contracts and commissioning to reflect the Service Specification across South Wales – may be done in phases
- Again develop networked / regional approaches for commissioning and delivery with HBs



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# Next Steps

- Triple Escalation meeting and process set up – first meeting later in Nov
- Paper to Joint Committee 21<sup>st</sup> Nov to make choices regarding Paeds Surgery (52/36 weeks wait and outsourcing)
- Sustainability and Transformation actions to be formally agreed through the ICP 2024/25



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|   |   |  |  |                                    |   |
|---|---|--|--|------------------------------------|---|
| Report Title  | Individual Patient Funding Request Policy (IPFR) and WHSSC Terms of Reference (TOR)   |  |  | Agenda Item                        | 3.4   |
| Meeting Title   | Joint Committee   |  |  | Meeting Date                       | 21/11/2023                                    |
| FOI Status  | Open  |  |  |                                    |   |
| Author (Job title)  | Senior Project Manager  |  |  |                                    |   |
| Executive Lead (Job title)  | Director of Nursing & Quality   |  |  |                                    |   |
| Purpose of the Report   | The purpose of this report is to present the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek support for the proposed changes to the policy prior to being shared with Health Boards for final approval. The updated WHSSC IPFR Terms of Reference (ToR) are also presented for approval. |  |  |                                    |   |
| Specific Action Required  | RATIFY<br><input type="checkbox"/>  | APPROVE<br><input checked="" type="checkbox"/> | SUPPORT<br><input checked="" type="checkbox"/> | ASSURE<br><input type="checkbox"/> | INFORM<br><input checked="" type="checkbox"/> |
| Recommendation(s):<br><br>Members are asked to: <ul style="list-style-type: none"><li>• <b>Note</b> the report,</li><li>• <b>Note</b> the feedback from the WHSSC IPFR engagement process with key stakeholders,</li><li>• <b>Support</b> the proposed changes to the All Wales IPFR Policy prior to being submitted to each Health Board (HB) for final approval,</li><li>• <b>Note</b> that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC),</li><li>• <b>Note</b> that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption,</li><li>• <b>Note</b> that a Task &amp; Finish Group have discussed and agreed some further updates to the WHSSC ToR; and</li><li>• <b>Approve</b> the proposed changes to the WHSSC IPFR Panel ToR.</li></ul> |   |  |  |                                    |   |

# **INDIVIDUAL PATIENT FUNDING REQUEST POLICY (IPFR) AND WHSSC TERMS OF REFERENCE (TOR)**

## **1.0 SITUATION**

The purpose of this report is to present the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek support for the proposed changes to the policy prior to being shared with Health Boards for final approval. The updated WHSSC IPFR Terms of Reference (ToR) are also presented for approval.

## **2.0 BACKGROUND**

### **2.1 IPFR Governance Framework**

#### **2.1.1 All Wales IPFR Policy**

The All Wales IPFR Policy is an NHS Wales policy owned by each of the seven Health Boards (HBs) who have statutory responsibilities in relation to IPFR decisions. Each HB has its own HB IPFR Panel.

#### **2.1.2 WHSSC IPFR Panel Terms of Reference (ToR)**

The purpose of the WHSSC IPFR Panel is to act as a Sub Committee of WHSSC and hold delegated Joint Committee (JC) authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide. The panel considers requests for treatment for rare or specialist conditions that fall within the service remit of WHSSC on behalf of NHS Wales. The Terms of Reference (ToR) for both HBs and WHSSC are outlined within the All Wales IPFR Policy. The WHSSC IPFR Panel is a sub-committee of the JC of WHSSC and has responsibility for agreeing the WHSSC IPFR Panel ToR.

The Terms of Reference (ToR) for the WHSSC All Wales IPFR panel are included within the policy.

In November 2020, a report was presented to the JC of WHSSC recommending changes to the ToR of the Panel. The changes were not approved because concerns were raised outside the JC to the CEOs regarding the authority of the JC to amend the ToRs. Since then, WHSSC officers have both met in person and corresponded on a number occasions with the CPO and other policy leads as well as the Medical Directors Peer Group and CMO to obtain clarity regarding responsibility for the Panel ToR and subsequently the All Wales IPFR Policy. The authority of the JC was confirmed in the letter of 28 July 2022 received from the Chief Pharmaceutical Officer, Welsh Government (WG).

Following a Judicial Review in December 2021, WHSSC engaged a KC Barrister to advise on Policy changes and an independent Barrister to observe and advise

on the WHSSC Panel processes. Advice was taken from previous IPFR Chairs and the WHSSC Medical Director. Finally, as requested in the letter from the CPO, WG a stakeholder engagement process was taken forward to develop new ToR and specific but limited changes to the All Wales Policy. This process involved a presentation to stakeholders by the KC. Costs for this process including the external advice were absorbed by WHSSC.<sup>1</sup>

## **2.2 Stakeholder Engagement Exercise**

On the 8 November 2022, the JC approved the methodology for engagement for WHSSC to embark on an engagement process, and were assured that the process adhered to the specific request from WG for the engagement for the IPFR panel ToR and the specific and limited review of the All Wales IPFR Policy.

The stakeholder engagement process took place between the 10 and the 22 December 2022. The consultation documentation was issued to a broad range of stakeholders including the WHSSC IPFR panel, the All Wales Toxicology and Therapeutics Quality Assurance Group (AWTTC QAG), the NHS Wales IPFR Policy Implementation Group (PIG), Medical Directors and Board Secretaries of each of the HBs, WG and Velindre University NHS Trust (VUNT). Additionally, a stakeholder engagement workshop was held on the 2 December 2022 in Cardiff and a number of engagement briefings were held.

Feedback was received from all HBs, the AWTTC, and individual IPFR Panel members. The feedback from HBs and the AWTTC was co-ordinated by the IPFR Policy Implementation Group (PIG) and as such, the comments received were consistent across all HBs.

The output from this process were the revised ToRs for the Panel which were approved at the 14 March 2023 JC and a revised Policy which was due to be presented to the 18 July 2023 JC meeting of WHSSC for support prior to submission to the HBs for approval, however the report was deferred.

## **3.0 ASSESSMENT**

### **3.1 IPFR Engagement Stakeholder Feedback**

Feedback was received from all HBs, the AWTTC QAG and individual IPFR Panel members. As with the ToR previously presented to JC in March, the feedback from HBs and the AWTTC was co-ordinated by the IPFR Policy Implementation Group (PIG) and QAG and as such the comments received were consistent across all HBs.

In January 2023, WHSSC held a meeting with the IPFR Policy Implementation Group (PIG) to review the feedback received and to revise the policy.

It should be noted that the PIG in conjunction with WHSSC undertook to revise the Policy in line with the responses from the HBs, taking into consideration the comments received from the Kings Counsel (KC) where considered appropriate.

The final All Wales IPFR Policy which incorporates the WHSSC Terms of Reference is presented at **Appendix 1** for consideration and support.

Table 1 below provides a summary of the emerging themes from the engagement exercise. To ensure effective information governance in accordance with UK GDPR and the Data Protection Act 2018 the full range of responses are available on request only to ensure we do not inadvertently identify specific individuals on the IPFR panel.

Table 1 - Summary of Key Themes from Stakeholder Feedback

| Key Themes   | WHSSC Response  |
|--|---|
| <b>Tests versus criteria</b><br>The concept of tests were not widely supported   | The KC highly recommended the use of tests as opposed to criteria, setting out the proposed recommendations to specifically address the issues raised in the Judicial Review.<br>However, following further discussion, the KC confirmed that there is no legal difference between the terms and therefore the term criteria has been reinstated. |
| <b>Use of legal jargon</b><br>Stakeholders felt that in parts the document was over wordy and used too much legal jargon.  | These sections have been reworded and subsequently reviewed by the KC and confirmed as acceptable.  |
| <b>Reinstatement of the Decision Making Guidance (DMG)</b><br>All Stakeholders felt strongly that this should be reinstated, as it was a helpful guide for panel members in reaching a decision. | The DMG has been reinstated as an appendix rather than embedded in the main body of the policy.<br>Following further discussions with the KC, additional wording has been added to the policy itself to add clarity to the use of the guide in conjunction with the criteria to be considered under Part A or B of the policy.                    |
| <b>References to Commissioning policies</b><br>The terminology "commissioning policies" used throughout the document was felt to be misleading as HB's do not have commissioning policies.       | The sections have been expanded to include NICE, AWMSG, HTW and One Wales Medicines guidance.   |



| Key Themes  | WHSSC Response  |
|---|---|
| <p><b>Use of ICER's and QALY's</b><br/>Asking panels to produce ICER's (incremental cost effectiveness ratios) and QALY's (quality- adjusted life years) was considered to be beyond the abilities of most panels and would ideally require a Health Economist on each Panel.</p> | <p>The section was subsequently reworded by AWTTTC colleagues to support Panel decision making.</p>   |
| <p><b>Di minimis review</b><br/>Feedback received highlighted that due to the number of changes made to the policy that it could not be considered as a di minimis review as requested in the letter from the Chief Pharmaceutical Officer (CPO).</p>                             | <p>The legally precise definition of di minimis was recognised and the wording included in the agreed recommendation from the JC was of a 'specific and limited' review.</p> <p>The changes suggested in the original draft were all submitted to the KC and met with his understanding of "relatively limited" changes.</p> <p>The KC had made a number of key changes to the Policy in order to strengthen and address the key issues raised by the Judicial Review. Additional changes were proposed where the KC felt that further clarity was required in order to prevent further potential contradictions in the interpretation of the policy.</p> <p>The WHSS team felt that whilst the proposed changes may be considered technically more than a di minimis review, it was essential that the review achieved the agreed core aim of re-establishing the originally intended meaning of the policy.</p> |
| <p><b>Stakeholder engagement process</b><br/>Stakeholders raised concern that the IPFR Policy Implementation Group (PIG) was not included in the engagement process.</p>  | <p>HB colleagues were invited to the stakeholder event held on the 2 December 2022.</p> <p>WHSSC subsequently met with the group to review the comments received and to develop the revised policy.</p>   |
| <p><b>Structure of the document</b></p>   | <p>The policy has been amended to reflect the comments from</p>   |

| Key Themes   | WHSSC Response   |
|--|--|
| Stakeholders felt that the structure of the document lacked flow and contained a number of inaccuracies. | stakeholders and has in the main returned to the original Policy format. |

The post consultation revision of the Policy has been reviewed by the KC and some minor changes to add further clarity have been incorporated into the final draft document. These proposed changes were shared with the PIG and AWTCC QAG and considered acceptable.

Once the JC support the updated All Wales IPFR Policy it will then be taken forward for approval by the Boards of the seven HBs. Following approval by the seven HBs it will be shared with WG prior to adoption.

### 3.2 WHSSC IPFR Panel Terms of Reference (ToR)

In July 2022, WG confirmed that as the WHSSC IPFR Panel is a Sub-Committee of the WHSSC JC, it is within JC's authority to update and approve the ToR.

Following stakeholder engagement, a revised ToR for the WHSSC IPFR Panel was approved by the JC on the 14 March 2023. The revised document took into account comments received from key stakeholders. It was agreed that the ToR would be implemented following the approval of the All Wales IPFR Policy and following the recruitment of a substantive IPFR Chair. The ToR sit within the All Wales IPFR Policy, which was due to be considered at the July 2023 meeting of the JC, however it was deferred due to issues raised immediately prior to the meeting by the NHS Wales Board Secretaries Peer Group regarding concerns around the integrity of the previous approval process.

To address the concerns raised a Task & Finish group, consisting of the ABUHB Board Secretary, the All Wales IPFR Lead and the WHSSC Committee Secretary was established. Amendments to the ToR were agreed regarding the definition of quoracy and the requirement for the Chair to review membership, which have now addressed those concerns

It should be noted that since the WHSSC IPFR ToR were approved in March 2023 a minor amendment has been made to explicitly describe the IPFR Panel authority in relation to one off patient packages and lifetime packages. This is in line with the updated WHSSC Standing Orders approved by the JC on 14 March 2023.

The updated All Wales Policy is presented at **Appendix 1** and the JC are asked to support the proposed changes to the All Wales IPFR Policy prior to being submitted to each Health Board (HB) for final approval.

The updated WHSSC Panel ToR are presented at **Appendix 1, (page 25 Appendix 3)** for approval.

It is also relevant to note that the Task and Finish group considered how IPFR functions would feature within the new Standing Orders for the new single Joint Commissioning Committee, and further work is now being taken through the governance work-stream which supports the implementation of the national commissioning review.

## 4.0 GOVERNANCE AND RISK

The issues of the ToR were first raised in November 2020 with the JC of WHSSC and the issues regarding the Policy in January 2022.

The very long time line associated with the process to address the issues identified in the WHSSC ToR and All Wales IPFR Policy, illustrates the very significant complexities in taking forward this change. This is despite it being highlighted as the highest corporate risk within WHSSC and is symptomatic of the lack of clarity around the governance arrangements within the arena of IPFR Policy.

## 5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the feedback from the WHSSC IPFR engagement process with key stakeholders,
- **Support** the proposed changes to the All Wales IPFR Policy prior to being submitted to each Health Board (HB) for final approval,
- **Note** that the proposed changes in the revised Policy have been developed by the Policy Implementation Group and WHSSC have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC),
- **Note** that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption,
- **Note** that a Task & Finish Group have discussed and agreed some further updates to the WHSSC ToR; and
- **Approve** the proposed changes to the WHSSC IPFR Panel ToR.

| <b>Governance and Assurance</b>  |  |
|--|--|
| <b>Link to Strategic Objectives</b>  |  |
| <b>Strategic Objective(s)</b>  | Governance and Assurance   |
| <b>Link to Integrated Commissioning Plan</b>   | No   |
| <b>Health and Care Standards</b>   | Governance, Leadership and Accountability  |
| <b>Principles of Prudent Healthcare</b>  | Public & professionals are equal partners through co-production<br>Choose an item.   |
| <b>NHS Delivery Framework Quadruple Aim</b>  | The health and social care workforce is motivated and sustainable<br>Choose an item.<br>Choose an item.  |
| <b>Organisational Implications</b>   |  |
| <b>Quality, Safety &amp; Patient Experience</b>  | An IPFR is the process Health Boards (HBs) and the Welsh Health Specialised Services Committee (WHSSC) use to consider providing a patient with a treatment, which is not routinely available in NHS Wales. The IPFR Quality Assurance Group (QAG) monitor the quality of the decisions made by HBs and WHSSC concerning IPFR decisions.   |
| <b>Finance/Resource Implications</b>   | The financial resource implication concerning remuneration of the Chair is under discussion  |
| <b>Population Health</b>   | No adverse implications relating to population health have been identified.  |
| <b>Legal Implications (including equality &amp; diversity, socio economic duty etc.)</b> | The purpose of the WHSSC IPFR Panel is to act as a Sub Committee of WHSSC and hold delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide. The Governance framework for the WHSSC IPFR panel is outlined within the "All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)", published in June 2017, which includes specific ToR for the WHSSC IPFR panel. |
| <b>Long Term Implications (incl. WBFG Act 2015)</b>                                      | WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.   |
| <b>Report History (Meeting/Date/ Summary of Outcome)</b>                                 | 18 July 2023 – Joint Committee – deferred.<br>6 November 2023 - Corporate Directors Group Board  |
| <b>Appendices</b>  | Appendix 1 – Revised All Wales IPFR Policy   |



## NHS WALES POLICY MAKING DECISIONS ON INDIVIDUAL PATIENT FUNDING REQUESTS (IPFR)

|                         |   |                       |                              |
|-------------------------|---|-----------------------|------------------------------|
| <b>Reference Number</b> | Policy Reference<br>(as per individual Health Board)                  | <b>Version Number</b> | V9 DRAFT<br>November<br>2023 |
| <b>Linked Documents</b> | Health Board Policies on Interventions Not Normally Undertaken (INNU) |                       |                              |

**Classification of Document:** Clinical Policy

**Area for Circulation:** Health Boards and Primary Care providers across Wales  
  
Welsh Health Specialised Services Committee (WHSSC)  
Public Health Wales (PHW)  
Public Domain via Internet Sites

**Policy Development:** All Wales IPFR Policy Implementation Group

**Consultation:** Legal Advice from TBC  
NHS Wales Medical Directors  
Stakeholder groups

**Approved:** TBC

**Date of Publication:** DD/MM/YEAR

Date of Next Review DD/MM/YEAR

**Lead Health Board Contact:** Contact details as per individual Health Board

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# **1 INTRODUCTION**

## **1.1 Background**

In 2010, the Director General, Health and Social Services, Chief Executive, NHS Wales requested that Health Boards would work together with the Welsh Health Specialised Services Committee (WHSSC) and Public Health Wales (PHW) to develop an All-Wales policy and standard documentation for dealing with individual patient funding requests (IPFR) for treatment. This policy has been in place since September 2011.

**1.1.1** In October 2013, The Minister for Health and Social Services announced a review of the IPFR process in Wales. An independent review group was established to explore how the current process could be strengthened.

**1.1.2** In April 2014, the "Review of the IPFR process" report was published. The report concluded that the IPFR process in Wales is comprehensive and supports rational, evidence-based decision making for medicine and non-medicine technologies which are not routinely available in Wales. The review group also made a number of recommendations to strengthen the IPFR process.

**1.1.3** In September 2016, following the 2014 review and implementation of its recommendations, the Cabinet Secretary for Health, Well-being, and Sport agreed the time was right for a new, independent review of the IPFR process. The panel would be independent of the Welsh Government and encompass a range of expertise and knowledge.

The "Independent Review of the Individual Patient Funding Requests Process in Wales" report was published in January 2017.

**1.1.4** Following a Judicial Review in December 2021, the Welsh Government in July 2022 agreed that a specific and limited review would be undertaken to put beyond doubt how the policy should be interpreted.

## **1.2 Purpose of this Policy**

**1.2.1** To ensure an open, transparent, fair, clearly understood and easily accessible process is followed, the NHS in Wales has introduced this Policy on decision making for IPFR's. It describes both the principles underpinning how decisions are made to approve or decline individual patient requests for funding and the process for making them.

**1.2.2** Continuing advances in technology, changing populations, better information and increasing public and professional expectations all mean that NHS Health Boards have to agree their service priorities for the application of their financial and human resources. Agreeing these priorities is a complex activity based on sound research evidence where available, sometimes coupled with value judgments. It is therefore important to be open and clear about the availability of healthcare treatments on the NHS and how decisions on what should be funded by the NHS are made.



- 1.2.3** A comprehensive range of NHS healthcare services are routinely provided locally by primary care services and hospitals across Wales. In addition, the Welsh Health Specialised Services Committee (WHSSC), working on behalf of all the Health Boards in Wales, commissions a number of more specialist and highly specialist services at a national level. However, each year, requests are received for healthcare that falls outside this agreed range of services. We refer to these as Individual Patient Funding Requests (IPFR).
- 1.2.4** Each Health Board in Wales has a separate Policy called 'Interventions Not Normally Undertaken' (INNU) setting out a list of healthcare treatments that are not normally available on the NHS in Wales. This is because:
- There is currently insufficient evidence of clinical and/or cost effectiveness; and/or
  - The intervention has not been reviewed for the indication under consideration by the National Institute for Health and Care Excellence (NICE) or the All-Wales Medicines Strategy Group (AWMSG); and/or One Wales Medicines process or Health Technology Wales.
  - The intervention is considered to be of relatively low priority for NHS resources.
- 1.2.5** The INNU policy should be read together with this policy on making decisions.
- 1.2.6** The challenge for all Health Boards and WHSSC is to strike the right balance between providing services that meet the needs of the majority of the population in the geographical area for which it is then given responsibility, whilst having in place arrangements that enable it to accommodate people's individual needs. Key to this is having in place a comprehensive range of policies and schedule of services that the Health Board and/or WHSSC has decided to fund to meet local need within the resource available. To manage this aspect of the Health Board and WHSSC's responsibilities, there will always need to be in place a robust process for considering requests for individual patient funding within the overall priority setting framework. Demand for NHS services is always likely to exceed the resources available and, as a result, making decisions on IPFR are some of the most difficult a Health Board or WHSSC will have to make.
- 1.2.7** In line with the requirements of the Equality Act 2010 and the Welsh Government guidance 'Inclusive Policy Making' issued in May 2010, a detailed equality impact assessment has been completed to assess the relationship between this policy and the duties of the Act.

### **1.3 Explaining Individual Patient Funding Requests (IPFR)**

- 1.3.1** IPFRs are defined as requests to a Health Board or WHSSC to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a Health Board or WHSSC has arranged to routinely provide, or commission. This can include a request for any type of healthcare including a specific service, treatment, medicine, device or piece of equipment.

Such a request will normally be within one of the three following categories;

- a patient and NHS clinician have agreed together that they would like a treatment that is either new, novel, developing or unproven and is not within the Health Board's routine schedule of services and treatments (for example, a request to use a cancer drug that has yet to be approved by the Health Board for use in that particular condition);
- a patient and NHS clinician have agreed together that they would like a treatment that is provided by the Health Board in certain clinical circumstances but is not eligible in accordance with the clinical policy criteria for that treatment (for example, a request for treatment for varicose veins for cosmetic reasons alone);
- a patient has a rare or specialist condition that falls within the service remit of the WHSSC but is not eligible in accordance with the clinical policy criteria for treatment (for example, a request for plastic surgery where the indication is personal preference rather than medical need).

**1.3.2** IPFRs should not be confused with requests for packages of care for patients with complex continuing healthcare needs – these are covered by separate Continuing Healthcare arrangements. Further information can be obtained from the Health Board's Nursing Department.

**1.3.3** IPFRs should also not be confused with treatments that have already been provided or administered. Requests **will not** be considered for retrospective funding.

**1.3.4** If the clinical circumstances for the specific individual patient have changed, an IPFR application form describing / explaining / justifying:

- i. why the patient is likely to gain a significant clinical benefit from the proposed intervention; and
- ii. demonstrating that the value for money of the intervention for that particular patient is likely to be reasonable,

then a case may be submitted to the Health Board or WHSSC for consideration for further prospective funding. For example, if a patient funds a treatment themselves and their clinician believes they can demonstrate that the patient has gained significantly more clinical benefit from the intervention than would normally be expected for that treatment, an IPFR can be submitted for consideration.

**1.3.5** The three categories of treatment described in 1.3.1 will only potentially be funded in specific clinical circumstances. It is important to note that the NHS in Wales does not operate a blanket ban for any element of NHS healthcare but equally the granting of funding in one case does not mean that funding will be provided for the same treatment for other patients. We will consider each IPFR on its individual merits and in accordance with the arrangements set out in this policy. We will determine if the patient should receive funding based on the significant clinical benefit expected from the treatment and whether the cost of the treatment is in balance with the expected clinical benefits.

**1.3.6** In this policy, the words "significantly different to the general population of

patients” means that the patient’s condition does not have substantially the same characteristics as other members of that population. For a patient to be significantly different, their particular clinical presentation is unlikely to have been considered as being part of the population for which the policy was made.

- 1.3.7** In practice, it is not always practical to determine the “benefit” of an intervention in numerical terms in the same way, for example as NICE or the AWMSG. In these situations, a description of the benefit should be used to enable IPFR panels to compare the description of the incremental clinical benefit likely to be obtained. In general, the clinician should compare the benefits of the intervention being requested with what he or she considers to be the next best alternative, which may in some cases be best supportive care.
- 1.3.8** Whether an intervention provides “value for money” is assessed conceptually in terms of the incremental cost per incremental quality-adjusted life year (QALY) of benefit. Whilst “reasonable” value for money is to be interpreted in the same way that “cost-effective” is used in the Health Technology Appraisal (HTA) process operated by NICE and AWMSG.
- 1.3.9** Recognising that it can never be possible to anticipate all unusual or unexpected circumstances this policy aims to establish a clear guide to making decisions on IPFRs to determine whether the evidence that the patient is likely to gain a significant clinical benefit, and the value for money of the intervention for that particular patient is likely to be reasonable, has been presented.

Please refer to the decision-making guidance in Appendix 1 to see how panel members determine the significant clinical benefit expected by the treatment, and whether the cost of the treatment is in balance with the expected benefits.

## **2 THE LEGAL CONTEXT OF THIS POLICY**

- 2.1** Health Boards exercise functions delegated to them by the Welsh Ministers under various statutes and in particular under the National Health Service (Wales) Act 2006 and under secondary legislation made under that Act.
- 2.2** In addition to specific statutory obligations, Health Boards are public bodies, which are required to comply with their legal obligations to act in accordance with the rights of individuals under the European Convention of Human Rights as defined in the Human Rights Act 1998 and under common law.
- 2.3** Health Boards must therefore be able to demonstrate that their decisions are within their powers and comply with their legal obligations. In terms of the exercise of their powers, they must show that they have taken into account all relevant issues in the decision-making process, giving them appropriate weight and that those decisions are rational, logical, lawful and proportionate.

Careful consideration needs to be given in relation to all decisions; particular care may need to be given in the following circumstances:

- when evidence is not clear or conclusive;
- when the issue is controversial and may not have the support of NICE, AWMMSG, One Wales or HTW;
- when life or death decisions are involved;
- when limiting access to specific services or treatments;
- when setting priorities;
- When other Health Boards or WHSSC may have used their discretion to make a different decision on a specific topic.

2.4 It is lawful for WHSSC and Health Boards to adopt policies about which treatments will, and which will not, be routinely funded. It is also lawful for WHSCC and Health Boards to adopt this Policy to define the circumstances in which a decision can be made to fund an intervention for a patient where other patients are lawfully denied funding for the same intervention as a result of policies or as a result of an absence of a policy approving funding for that intervention.

2.5 Consistency in policy and approach, together with clarity about clinical criteria for treatment and a consistent approach to dealing with IPFR requests should reduce the need for patients to have to go through a review or appeal process at any level. This should be the desirable outcome as far as it is possible.

### **3 PRINCIPLES UNDERPINNING THIS POLICY**

The principles underpinning this policy and the decision making of the Health Board are divided into five areas - the NHS Core Values, the Prudent Healthcare Principles, Evidence-based Considerations, Ethical Considerations and Economic Considerations.

**3.1 NHS Core Values** are set out by the Welsh Government as;

- Putting quality and safety above all else: providing high value evidence-based care for our patients at all times;
- Integrating improvement into everyday working and eliminating harm, variation and waste;
- Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales;
- Working in true partnerships with partner organisations and with our staff; and
- Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems, and environment to work safely and effectively.

**3.2 Prudent Healthcare Principles**

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production;
- Care for those with the greatest needs first, making the most effective use of all skills and resources;
- Do only what is needed, no more, no less; and do not harm;
- Reduce inappropriate variation using evidence-based practices consistently and transparently.

### **3.3 Evidence-Based Considerations**

- 3.3.1** Evidence-based practice is about making decisions using quality information, where possible, and recognising areas where evidence is weak. It involves a systematic approach to searching for and critically appraising that evidence.
- 3.3.2** The purpose of taking an evidence-based approach is to ensure that the best possible care is available to provide interventions that are sufficiently clinically effective to justify their cost and to reduce inappropriate variation using evidence-based practices consistently and transparently. NICE issue Technology Appraisals and the All-Wales Medicines Strategy Group, One Wales and Health Technology Wales issue guidance which Health Boards and WHSSC are required to follow.
- 3.3.3** Additionally, a central repository for evidence-based appraisals is available which provides support for clinicians making an application. This is located on the shared database. Users are able to upload and access the information available which will continue to be developed over time as evidence /new reports are produced.
- 3.3.4** It is also important to acknowledge that in decision making there is not always an automatic “right” answer that can be scientifically reached. A “reasonable” answer or decision therefore has to be reached, though there may be a range of potentially reasonable decisions. This decision is a compromise based on a balance between different value judgements and scientific (evidence-based) input. Those vested with executive authority have to be able to justify, defend and corporately “live with” such decisions.

### **3.4 Ethical Considerations**

- 3.4.1** Health Boards and WHSSC are faced with the ethical challenge of meeting the needs of individuals within the resources available and meeting their responsibility to ensure justice in the allocation of these resources (‘distributive justice’). They are expected to respect each individual as a person in his or her own right.
- 3.4.2** Resources available for healthcare interventions are finite, so there is a limit to what Health Boards and WHSSC can routinely fund. That limitation is reasonable providing it is fair, and not arbitrary. It must be based on the evidence both about the effectiveness of those interventions and their cost. A cost-effective intervention is one that confers a great enough benefit to justify its cost. That means policies must be based on research, but research is carried out in populations of patients, rather than individual patients. That leaves open the possibility that what is true for patients in general is not true about a specific individual patient. Fairness therefore also requires that there must be a mechanism for recognising when an individual patient will benefit from a particular intervention more than the general population of patients would. Identifying such patients is the purpose of the IPFR process.

- 3.4.3** Welsh Government communications set out six ethical principles for NHS organisations and these underpin this policy. They are:
- treating populations and particular people with respect;
  - minimising the harm that an illness or health condition could cause;
  - fairness;
  - working together;
  - keeping things in proportion; and
  - flexibility

### **3.5 Economic Considerations**

- 3.5.1** It is a matter for Health Boards and WHSSC to use its discretion to decide how it should best allocate its resources. Such resources are finite and difficult balancing decisions have to be made. Health Boards and WHSSC must prioritise the services that can be provided whilst delivering high-quality, cost-effective services that actively avoid ineffective, harmful, or wasteful care that is of limited benefit. The opportunity cost associated with each decision has also to be acknowledged i.e., the alternative uses to which resources could be put.

## **4 MAKING DECISIONS ON IPFR**

- 4.1** In line with the principles set out earlier in this document, Welsh Government communications set out the key factors for 'good decision making'. These are:
- openness and transparency.
  - inclusiveness.
  - accountability.
  - reasonableness.
  - effectiveness and efficiency.
  - exercising duty of care.
  - lawful decision making; and
  - the right to challenge and appeal

This policy aims to ensure that the Health Board and WHSSC has a clear and open mechanism for making decisions that are fair, open, and transparent. It enables those responsible for decision making to demonstrate that they have followed due process, given full consideration to the above factors, and has been both rigorous and fair in arriving at their decisions. It also provides a clear process for challenge and appeal.

- 4.2** In accordance with Welsh Government communications, NICE definitions, and the criteria set out in this policy, Health Boards and WHSSC should make decisions on IPFRs based on; the evidence presented to demonstrate the expected significant clinical benefit, and the evidence presented outlining the patient's individual clinical circumstances. Decisions should be undertaken whilst taking into reasonable account the evidence base, and the economic and ethical factors below:
- **evidence-based considerations** – clinical and cost effectiveness; service and policy implications.
  - **economic considerations** – opportunity cost; resources available; and
  - **ethical considerations** – population and individual impact; values and principles; ethical issues.

Non-clinical factors (such as employment status) will not be considered when making decisions on IPFR.

This Policy does not cover healthcare travel costs. Information on patient eligibility for healthcare travel costs to receive NHS treatment under the care of a consultant can be found on the Welsh Governments 'healthcare costs' website.

- 4.3 The following criteria must be used by all Health Board and WHSSC IPFR Panels when making IPFR decisions. It is the responsibility of the referring clinician to ensure that sufficient information is placed before the panel to allow the panel to be able to determine whether the criteria are satisfied.

A patient will only be entitled to NHS funding for the requested intervention or drug if the panel conclude that the criteria under **either (a) or (b)** below are satisfied:

**(a) If guidelines (e.g. from NICE or AWMSG) recommend NOT to use the intervention/drug, or the clinical access criteria of an applicable policy are not met:**

- I. The clinician must demonstrate that the patient's clinical circumstances are significantly different to other patients for whom the recommendation is not to use the intervention;
- II. The clinician can demonstrate that the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected from patients for whom the recommendation is not to use the intervention, and
- III. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.

**(b) If the intervention has NOT been appraised (e.g. in the case of medicines, by AWMSG or NICE), and there is no applicable policy in place:**

- I. The clinician can demonstrate that the patient is likely to gain significant clinical benefit, and
- II. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.

- 4.4 An IPFR panel is required to decide whether the application fulfils Part A or Part B and then consider the application against the relevant criteria. A panel may only approve applications which meet all of the applicable criteria above. It is however the responsibility of the requesting clinician to demonstrate the clinical case for the patient in respect of the criteria outlined.



## **4.5 Considerations under Part A**

- 4.5.1** Where a recommendation has been made not to use an intervention, the panel is required to consider whether the patients' clinical circumstances are significantly different to other patients for whom the recommendation is made not to use the intervention'. That process will usually require a comparison between the patient for whom treatment is being requested, and other patients with the same medical condition who could have been offered the requested intervention if the relevant guidance and/or applicable policy allowed.
- 4.5.2** The panel next need to consider whether there is a significant difference between the clinical circumstances of the patient for whom funding is being requested, and the comparator group, and whether the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected for patients for whom the recommendation has been made not to use the intervention. If, but only if, both of these criteria are met on the facts of an individual Part A case, the panel will then consider whether the intervention is deemed value for money as described at paragraph 4.7 below.

## **4.6 Considerations under Part B**

- 4.6.1** In the absence of any appraisal or applicable policy, the panel need to consider whether the referring clinician has provided sufficient evidence to conclude that the patient is likely to gain significant clinical benefit from the intervention requested. If, but only if, both of these criteria are met on the facts of an individual Part B case, the panel will then consider whether the intervention is deemed value for money as described below.

## **4.7 Value for money**

- 4.7.1** The assessment as to whether the intervention provides "value for money" is a matter of judgement for the panel. The panel should reach a decision exercising its broad discretion to decide whether the value for money of an intervention for a particular patient is likely to be reasonable.
- 4.7.2** The panel should consider the likely overall costs to the NHS of the requested intervention compared with the next best alternative treatment that is routinely funded on the NHS. The panel should in a similar way consider the overall benefit (effectiveness) of the intervention compared with the next best alternative treatment that is routinely funded on the NHS. If the requested intervention is estimated to be more effective and less costly (than the alternative treatment) then it is likely to represent value for money. If the treatment is less effective and more expensive, then it is unlikely to be deemed value for money. If the treatment is more effective and more costly or less effective and less costly then the panel will need to make a judgement as to whether the treatment is likely to represent value for money. For any scenario, other factors may affect treatment choice, and these should be documented as part of the discussion.

- 4.7.3** Where presented as part of the evidence, an incremental cost effectiveness ratio ("ICER") and quality- adjusted life year (QALY) may be considered by the panel provided this is relevant to the individual case and there is appropriate expertise by the group to do so. When assessing this evidence, the panel should consider relevant thresholds in relation to NICE and AWMSG when considering if the intervention is a cost-effective option.
- 4.8** When making decisions, the panel are entitled to have regard to the factors set out at Appendix 1 to this policy, if the panel consider that addressing those issues may assist the panel in coming to decisions on the criteria set out at paragraph 4.3 above. The panel are not obliged to consider all the factors set out Appendix 1 to this policy and may consider that some of the factors are not relevant on the facts of an individual case or do not assist the panel in coming to its decision on those criteria.

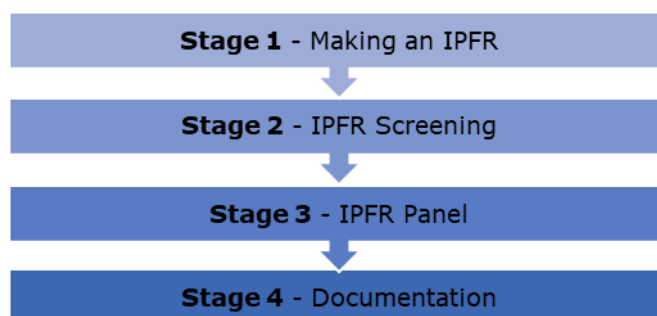
## **5 HOW TO MAKE A REQUEST FOR FUNDING UNDER THIS POLICY**

### **5.1 Information on how to make an IPFR**

A patient leaflet is available explaining how an individual patient funding request (IPFR) can be made. These can be downloaded from the Health Board, WHSSC or AWTTC website. Further information can be obtained from the IPFR Co-ordinator.

Copies of this policy and the IPFR application forms can also be obtained via the website, or by contacting the IPFR Co-ordinator.

### **5.2 Summary of the IPFR Process**



### **5.3 Stage 1 Making an IPFR**

The patient and their NHS clinician (agree together that a request should be made). The IPFR application form is completed by the clinician on the patient's behalf. This will ensure that adequate clinical information is provided to aid the decision-making process.

The requesting clinician must sign the application form to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

Ideally, applications for specialised and tertiary services should be completed by the patient's secondary care clinician, unless extenuating circumstances dictate otherwise. This is to ensure that all pertinent information is included in the form thereby avoiding the delay that will arise from the need to request further information before the application can be processed. All IPFR applications should demonstrate support from the relevant clinical lead, head of department or multi-disciplinary team (MDT). Where relevant, advice may also be sought from the internal clinical team.

It is necessary for clinicians to provide their contact details as there may be times when additional clinical information is required during a panel meeting to aid a decision.

The application form is sent to the IPFR Co-ordinator electronically or in hard copy so that the authorised consent of the clinician is recorded.

The IPFR application form must be completed in full to enable the IPFR Panel to reach a fully informed decision.

Should the IPFR Co-ordinator receive an application form which has not been completed sufficiently enough to determine whether or not the request can be screened out or taken to the IPFR Panel, or the incorrect form is completed, the form should be returned to the requesting clinician **within three working days**.

The requesting clinician is responsible for completing and re-submitting the application form **within ten working days**. Should this time elapse, a chaser letter will be sent providing a **further ten working days** to make a submission.

Where the information has still not been provided in the time set, the case shall be closed, and the requesting clinician notified accordingly.

#### **5.4 Stage 2 Screening of the IPFR**

The IPFR application will be considered by the IPFR Senior Officer to determine whether the application needs to be screened out because:

- (a) the request meets pre-agreed criteria for a service already commissioned/provided and can be automatically funded
- (b) an alternative and satisfactory clinical solution is found
- (c) the request represents a service development which needs to be passed to the relevant Division or Director for their action.

The IPFR Senior Officer should then communicate the outcome of the screening stage to the requesting clinician using a standard letter, **within five working days** of the decision being made. This letter will also include reasons for the decision and information on any further courses of action required.

## 5.5 Stage 3 Considerations by the IPFR Panel

Requests that are not screened out will be considered at a meeting of the IPFR Panel. The IPFR Co-ordinator will ensure that the panel has all of the information needed to reach a decision and will ensure that each case is anonymised before each meeting.

Panels will convene at least once per month in order to ensure that applications are dealt with in a timely manner. The volume and urgency of applications may require panels to meet more frequently as and when required.

The panel will consider each IPFR on its own merits, using the decision-making criteria set out in this policy (see appendix 1). Where possible, they should set out their assessment of the likely incremental clinical benefit and their broad estimate of the likely incremental cost so that their judgements on value for money are clear and transparent. The IPFR Co-ordinator or Senior Officer will complete a record of the panel's discussion on each IPFR, including the decision and a detailed explanation for the reason for that decision.

A standard decision letter should be prepared to communicate the decision to the requesting clinician. Correspondence will also be sent to the patient to inform them that a decision has been made and their clinician will contact them within 5 working days to discuss. If this has not happened, patients are encouraged to contact their clinician.

These letters will be sent **within five working days** of the panel's decision and will also include information on how to request a review of the process where a decision has been made to decline the request.

## 5.6 Who will sit on the IPFR Panel?

The Health Board will appoint core members of the IPFR Panel which will comprise:

- Executive Public Health Director (or deputy – Public Health Consultant)
- Executive Medical Director (or deputy - Associate/Assistant Medical Director)
- Executive Director of Nursing (or deputy – Assistant Director of Nursing)
- Director of Therapies & Clinical Science (or deputy - Assistant Director of Therapies)
- Director of Pharmacy and / or Chief Pharmacist or deputy; and
- Two lay representatives.

The Chair of the Panel will be selected from the group of core members and must have a clinical background (with the exception of WHSSC – see Terms of Reference at Appendix 3).

Each organisation may also wish to appoint up to a further two Panel members at the discretion of the Chair of the Panel, for example a member of the Ethics Committee, Primary Care Director, or Director of Planning.

Please refer to the Terms of Reference at Appendix 2 and 3 for details of the Health Board and WHSSC IPFR Panel.

## **5.7 What about clinically urgent cases?**

The IPFR Policy and process allows for clinically urgent cases, as deemed by the requesting clinician, to be considered outside of the normal screening and panel processes. In these circumstances, the Chair or Vice Chair of the IPFR panel is authorised to make a decision outside of a full meeting of the panel, within their delegated financial limits. Any such decisions will be made in line with the principles of this policy, taking into account the clinical urgency of the request outlined in the application form by the clinician. Those marked urgent will be considered within 24-48 hours (working days only) as per the application form.

## **5.8 Can patients and clinicians attend the IPFR Panel?**

Patients are not permitted to attend IPFR Panels. The reasons are that it would make the process less fair because it would draw to the attention of panel members characteristics of the individual patient that should not influence their decision-making. The IPFR process is anonymous therefore allowing patients to attend would jeopardise this level of scrutiny. The IPFR Panel will normally reach its decision on the basis of all of the written evidence provided, including the IPFR application form and other documentary evidence which is provided in support. Patients and clinicians are able to supply any written statements they feel should be considered by the Panel. **Any information provided which relates to non-clinical factors will not be considered.** Local Llais teams are able to support patients in making such statements if required.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on specific issues and/or request independent expert clinical advice for consideration by the panel at a future date. The Chair of the IPFR Panel, may also contact the referring clinician to get more clarification in respect of an individual referral.

The provision of appropriate evidence to the IPFR Panel will be entirely at the Chair of the IPFR Panels discretion.

## **5.9 Documentation**

The IPFR Co-ordinator will maintain a confidential electronic record of all requests. A separate, confidential hard copy file may also be maintained. This information will be held securely in compliance with Data Protection requirements and with Caldicott Guidance.

The IPFR Administration Team retains a record of the IPFR application and subsequent decision and any outcome data that is provided by the clinician. Data will be retained to help inform future planning requirements by identifying patient cohorts both at a local and national level. Data will also be used for the production of an annual report on IPFR's every year as required

by the Welsh Government. This will not include any identifiable data and will use aggregated data.

In addition, a central repository for clinical evidence will be available and will develop over time as and when new evidence reports are produced / become available.

Any information will be held in line with the NHS Information Governance Retention Policy

## **6 HOW TO REQUEST A REVIEW OF THE PROCESS**

If an IPFR is declined by the panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, a review hearing can be requested in line with the following:

### **6.1 The 'review period'**

There will be a period of **25 working days** from the date of the decision letter during which they may request a review by the review panel ('the review period'). The letter from the Health Board or WHSSC that accompanies the original decision will state the deadline for any review request. In calculating the deadline, Saturdays, Sundays, and public holidays in Wales will not be counted.

### **6.2 Who can request a review?**

A review can be requested either (a) by the original requesting clinician on the patient's behalf or (b) by the patient with the original requesting clinician's support. **The review request form must be completed by the clinician.** Both the patient and their clinician must keep each other informed of progress. This ensures the patient is kept informed at all times, that the clinician/patient relationship is maintained, and review requests are clinically supported. Patients are able to access advocacy support at any stage during this process.

### **6.3 What is the scope of a review?**

It does not constitute a review of the merits of the original decision. It has the restricted role of hearing review requests that fall into one or more of three strictly limited grounds. A review request on any other ground will not be considered.

The 3 grounds are:

**Ground One:** *The Health Board or WHSSC has failed to act fairly and in accordance with the All Wales Policy on Making Decisions on Individual Patient Funding Requests (IPFR).*

Health Boards and WHSSC are committed to following a fair and equitable procedure throughout the process. A patient who believes they have not been treated fairly by the Health Board or WHSSC may request a review on this ground. This ground relates to the procedure followed and not directly to the decision and it should be noted that the decision with which the patient does not agree is not necessarily unfair.

**Ground Two:** *The Health Board or WHSSC has prepared a decision which is irrational in the light of the evidence submitted*

The review panel will not normally entertain a review request against the merits of the decision reached by the Health Board or WHSSC. However, a patient may request a review where the decision is considered to be irrational or so unreasonable that no reasonable Health Board or WHSSC could have reached that conclusion. A claim that a decision is irrational contends that those making the decision considered irrelevant factors, excluded relevant ones, or gave unreasonable weight to particular factors.

**Ground Three:** *The Health Board or WHSSC has not exercised its powers correctly.*

Health Boards and WHSSC are public bodies which carry out its duties in accordance with the Statutory Instruments under which it was established. A patient may request a review on the grounds that the Health Board or WHSSC has acted outside its remit or has acted unlawfully in any other way.

#### **6.4 How is a review request lodged?**

A review request form should be completed and logged with the IPFR Co-ordinator of the Health Board or WHSSC within the review period. The review request form must include the following information:

- The aspect(s) of the decision under challenge and
- The detailed ground(s) of the review request

The review request form should be sent to the IPFR Co-ordinator so that the signatures of both the patient and their clinician are recorded. A scanned version sent electronically will also be acceptable as long as signatures are present.

If the patient signature cannot be obtained in a timely manner or at all, the requesting clinician can sign to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

#### **6.5 Initial scrutiny by the IPFR Senior Officer**

The review documents lodged will be scrutinised by the IPFR Senior Officer who will look to see that they contain the necessary information. If the review request does not contain the necessary information or if the review does not appear to the IPFR Senior officer to fall under any one or more grounds of



review, they will contact the referrer (patient or their clinician) to request further information or clarification.

A review will only be referred to the review panel if, after giving the patient and their clinician an opportunity to elaborate or clarify the grounds of the review, the Chair of the review panel is satisfied that it falls under one or more of the grounds upon which the review panel can hear the review.

The Chair of the review panel may refuse to consider a review that does not include all of the above information.

## **6.6 What is the timescale for a review to be heard?**

The review panel will endeavour to hear a review **within 25 working days** of the request being lodged with the Health Board. The date for hearing any review will be confirmed to the patient and their clinician in a letter.

This review process allows for clinically urgent cases, as deemed by the referring/supporting clinician, to be considered outside of the panel process by the Health Board's Chair together with a clinical member of the review panel. Any such decisions will be made in line with the principles of this policy.

## **6.7 Who will sit on the Review Panel?**

The Health Board will appoint members of the review panel. The panel will comprise (see Terms of Reference at Appendix 4 for full details);

- Health Board Independent Board Member – Lay (Chair of the Review Panel)
- Health Board Independent Board Member (with a clinical background)
- Health Board Executive Director, or deputy (with a clinical background)
- Chief Officer of the Community Health Council, or deputy
- Chair of the Local Medical Committee, or deputy
- WHSSC Representative at Director level (where applicable)

The Health Board will intend to inform the patient and their clinician of the membership of the review panel as soon as possible after a review request has been lodged. None of the members of the review panel will have had any prior involvement in the original submission.

In appointing the members of the review panel, the Health Board will endeavour to ensure that no member has any interest that may give rise to a real danger of bias. Once appointed, the review panel will act impartially and independently.

## **6.8 Can new data be submitted to the review panel?**

No, because should new or additional data become available then the IPFR application should be considered again by the original panel in order to maintain a patient's right to review at a later stage.

## 6.9 Can patients attend review panel hearings?

At the discretion of the panel, patients and/or their unpaid representative may attend review panel hearings as observers but will not be able to participate. This is because the purpose of a review hearing is to consider the process that has been followed and not to hear new or different evidence.

If new or different evidence becomes available, the case will automatically be scheduled for reconsideration by the IPFR Panel. Patients and/or their unpaid representatives are able to make their written representations to this IPFR Panel in order for their views to be considered.

It is important for all parties to recognise that review panel hearings may have to discuss complex, difficult and sensitive information in detail and this may be distressing for some or all of those present. Patients and/or their unpaid representatives should be aware that they will be asked to retire at the end of the review panel discussion in order for the panel to make their decision.

## 6.10 The decision of the review panel hearing

The IPFR Senior Officer will complete a record of the review panel's discussion including the decision and a detailed explanation for the reason for the decision. They will also prepare a standard decision letter to communicate the decisions of the panel to the patient and referring/supporting clinician.

The review panel can either;

- uphold the grounds of the review and ask the original IPFR Panel to reconsider the request; or
- not uphold the grounds of the review and allow the decision of the original IPFR Panel to stand.

There is no right to a further review unless new and relevant circumstances emerge. Should a patient be dissatisfied with the way in which the review panel carried out its functions, they are able to make a complaint to the Public Services Ombudsman for Wales.

## 6.11 After the review hearing

The Chair of the review panel will notify patients and their clinicians of the review panel's decision in writing. This letter should be sent **within five working days** of the panel and will also include information on how to make a complaint to the Public Services Ombudsman for Wales [www.ombudsman-wales.org.uk](http://www.ombudsman-wales.org.uk).

## 6.12 How will WHSSC undertake a review?

As the WHSSC is a collaborative committee arrangement to support all Health Boards in Wales, it will not be able to constitute a review panel. WHSSC will therefore refer any requests it receives for a review of its decisions to the Health Board in which the patient resides. A WHSSC representative who was not involved in the original panel will become a member of the review panel on these occasions.

The Health Boards IPFR Senior Officer will be present at these review hearings to advise on proceedings as per their governance role. In the interests of transparency, and not to confuse the applicant, the WHSSC Senior IPFR Officer will be responsible for circulating the review documentation to review panel members, clerking the hearing, and preparing the standard decision letter to communicate the decision of the review panel to the patient and clinician.

## **7 QUALITY ASSURANCE**

The IPFR Quality Assurance Advisory Group was established in 2017 to monitor and support all IPFR panels to promote quality in decision making and consistency across Wales. The Group meets quarterly to assess anonymised random sample IPFR reports in relation to their completeness, timeliness, and efficiency of communication in line with the NHS Wales IPFR policy process.

## **8 REVIEW OF THIS POLICY**

- 8.1 This Policy should be reviewed every 3 years or as required to reflect changes in legislation or guidance. The review will be undertaken by the All-Wales IPFR Policy Implementation Group. Any changes made will be undertaken in line with the groups Terms of Reference (see appendix 5) and authorised by the responsible Health Board and WHSSC Committee. Any delay in conducting a review will not prevent WHSCC or a Health Board from being able to rely on this policy.
- 8.2 Any of the following circumstances will trigger an immediate review of the linked INNU Policy:
- an exemption to a treatment policy criterion has been agreed.
  - new scientific evidence of effectiveness is published for all patients or sub-groups.
  - old scientific evidence has been re-analysed and published suggesting previous opinion on effectiveness is incorrect.
  - evidence of increased cost effectiveness is produced.
  - NHS treatment would be provided in all (or almost all) other parts of the UK.
  - A National Service Framework recommends care.

## **9 MAKING A COMPLAINT**

- 9.1 Making an IPFR does not conflict with a patient's ability to make a complaint through the Health Boards or WHSSC's Putting Things Right process, details of which can be found on their website.
- 9.2 If it is not possible to resolve a concern through local resolution the person raising the concern can refer the matter to the Public Services Ombudsman for

Wales (PSOW). Further information is available on the Ombudsman's website [www.ombudsman-wales.org.uk](http://www.ombudsman-wales.org.uk).

Patients are able to access advocacy support at any stage during this process.

## APPENDIX 1: DECISION MAKING GUIDE

This Guide cannot change the meaning of the criteria under paragraph 4.3 of the Policy and may not be relevant to each individual case.

| IPFR Panel<br>Decision-Making Factors   | IPFR Panel<br>Evidence for Consideration in Decision-Making  |
|---|--|
| <b>SIGNIFICANT CLINICAL BENEFIT</b>   |  |
| Is the clinical presentation of the patient's condition significantly different in characteristics to other members of that population?<br><b>And</b> Does this presentation mean that the patient will derive a greater clinical benefit from the treatment than other patients with the same condition at the same stage? | Consider the evidence supplied in the application that describes the specific clinical circumstances of the IPFR: <ul style="list-style-type: none"> <li>• What is the clinical presentation of this patient?</li> <li>• Is evidence supplied to explain why the clinical presentation of this patient is significantly different to that expected for this disease and this stage of the disease?</li> <li>• Is evidence supplied to explain why the clinical presentation means that the patient will gain a significantly greater clinical benefit from the treatment than another patient with the same disease at the same stage?</li> </ul>  |
| <b>EVIDENCE BASED CONSIDERATIONS</b>  |  |
| Does the treatment work?<br><br>What is the evidence base for clinical and cost effectiveness?  | Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel: <ul style="list-style-type: none"> <li>• What does NICE recommend or advise?</li> <li>• What does the AWMSG recommend or advise?</li> <li>• What does the Scottish Medicines Consortium recommend or advise?</li> <li>• What does Public Health Wales advise?</li> <li>• Is there advice available from the One Wales Medicines process or Health Technology Wales?</li> <li>• Is there peer reviewed clinical journal publications available?</li> <li>• What information does the locally produced evidence summary provide?</li> <li>• Is there evidence from clinical practice or local clinical consensus?</li> <li>• Has the rarity of the disease been considered in terms of the ability for there to be comprehensive evidence base available?</li> <li>• Does the decision indicate a need to consider policy or service change? If so, refer to service change processes.</li> </ul> |
| <b>ECONOMIC CONSIDERATIONS</b>  |  |
| Is it a reasonable cost?<br><br>What is the cost of the <b>treatment</b> and is the cost of the treatment likely to be reasonable? i.e.<br><br>Is the cost of the treatment in balance with the expected clinical benefits?   | Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel: <ul style="list-style-type: none"> <li>• What is the specific cost of the treatment for this patient?</li> <li>• What is the cost of this treatment when compared to the alternative treatment they will receive if the IPFR is declined?</li> <li>• Has the concept of proportionality been considered? (Striking a balance between the rights of the individual and the impact on the wider community), in line with Prudent Healthcare Principles.</li> <li>• Is the treatment reasonable value for money?</li> </ul>  |
| <b>ETHICAL CONSIDERATIONS</b>   |  |

|   |  |
|---|--|
| <p>How has the decision been reached?<br/>Is the decision a compromise based on a balance between the evidence-based input and a value judgement?</p> | <p>Having considered the evidence base and the cost of the treatment requested, are there any ethical considerations that have not been raised in the discussions?</p> <ul style="list-style-type: none"> <li>• Is the evidence base sufficient to support a decision?</li> <li>• Is the evidence and analysis of the cost sufficient to support a decision?</li> <li>• Will the decision be made on the basis of limited evidence and a value judgement? If so, have you considered the values and principles and the ethical framework set out in the policy?</li> <li>• Have non-clinical factors been excluded from the decision?</li> <li>• Has a reasonable answer been reached based on the evidence and a value judgement after considering the values and principles that underpin NHS care?</li> </ul> |
|---|--|

## APPENDIX 2

### TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (Health Board)

#### PURPOSE

The Health Boards IPFR Panel is constituted to act as a Committee of the Health Board and holds delegated Health Board authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support of the application.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

| SCHEME OF DELEGATION REPORTING   | MEMBERSHIP AND ATTENDANCE   |
|--|---|
| <p>The IPFR Panel cannot make policy/commissioning decisions for the Health Board. Any policy proposals arising from the panels considerations and decision will ultimately be reported to the Health Board's Quality &amp; Patient Safety Committee for ratification.</p> <p>Financial authorisation is as follows:</p> <ul style="list-style-type: none"><li>- The Panel's authorisation limit will be set at the delegated financial limit as per the individual Health Board structure.</li><li>- Any decisions resulting in a financial cost in excess of this must be reported to the Health Board Chief Executive for budget authorisation.</li></ul> | <ul style="list-style-type: none"><li>• Executive Public Health Director or deputy</li><li>• Executive Medical Director or deputy</li><li>• Executive Director of Therapies and Health Science or deputy</li><li>• Director of Pharmacy and/or Chief Pharmacist or deputy</li><li>• Executive Director of Nursing or deputy</li><li>• Two Lay Representatives</li></ul> <p>A further two panel members may be appointed at the discretion of the panel Chair, for example a member of the Ethics Committee, Primary Care Director, or Director of Planning.</p> <p>In Attendance:</p> <ul style="list-style-type: none"><li>• IPFR Co-ordinator</li><li>• Finance Advisor (if required)</li><li>• Senior Pharmacist (if required)</li></ul> |

#### PROCEDURAL ARRANGEMENTS

**Quorum:** Chair or Vice Chair plus 2 panel members with a clinical background.

**Meetings:** The IPFR Panel will normally be at least once per month, either virtually, face to face or a combination of both.

**Urgent Cases:** Provision will be made for occasions where decisions may need to be made urgently. In these circumstances, the Chair or Vice Chair

of the IPFR Panel is authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits.

**Recording:** The IPFR Co-ordinator will document the meetings to ensure panel discussions and decisions are appropriately recorded.

**Training:** All Panel members will receive a local induction.

Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.

**Panel Interest:** At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel.

**Consensus:** IPFR panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision



## APPENDIX 3

### TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (WHSSC)

#### PURPOSE

The Welsh Health Specialised Services Committee's IPFR Panel is constituted to act as a Sub Committee of the Welsh Health Specialised Services Committee (the "Joint Committee") and holds delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR Panel will act at all times in accordance with the All-Wales IPFR Policy taking into account the appropriate funding policies agreed by WHSSC.

The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support of the application.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

| SCHEME OF DELEGATION REPORTING   | MEMBERSHIP AND ATTENDANCE  |
|--|--|
| <p>The IPFR Panel cannot make policy/commissioning decisions for the Health Boards. Any policy proposals arising from the Panel's considerations and decisions will be reported to the WHSSC Management Group and/or Joint Committee for ratification.</p> <p>Financial authorisation is as follows:</p> <p><b>Individual Patient Packages</b></p> <p>The WHSSC scheme of delegation states that financial approval is required for individual NHS patient treatment charges outside of LTS's and SLA's concerning one off treatment costs exceeding £750,000. Therefore, any approved IPFR treatment exceeding £750,000 needs to be reported to the Joint Committee.</p> <p><b>Lifetime costs</b></p> <p>The WHSSC scheme of delegation states that financial approval is</p> | <ul style="list-style-type: none"><li>• Independent Chair (from open recruitment)</li><li>• 2 Lay representatives**</li><li>• Health Board IPFR Panel Chairs from each Health Board or nominated clinical deputy.</li><li>• 2 Vice Chairs (appointed from within the panel membership)</li><li>• WHSSC Medical Director or nominated deputy.</li><li>• WHSSC Director of Nursing or nominated deputy.</li></ul> <p>A further two panel members from the NHS in Wales may be appointed at the discretion of the Chair of the Panel in conjunction with the WHSSC Medical and/or Director of Nursing, for example a member of an ethics committee.</p> <p>In attendance from WHSSC</p> <ul style="list-style-type: none"><li>• IPFR Co-ordinator</li><li>• Finance Advisor (if required)</li><li>• Governance Advisor</li><li>• Other WHSSC staff as and when required to clarify on policy/commissioning arrangements/evidence evaluation</li></ul> <p>For particularly complex cases the IPFR Panel may invite other individuals with clinical, pharmacy or commissioning expertise and skills, unconnected with the requesting provider to support decision making.</p> |

|   |  |
|---|--|
| <p>required for individual NHS patient treatment charges outside of LTS's and SLA's for lifetime costs exceeding £100,000,000. Therefore, any approved IPFR exceeding £1,000,000 needs to be reported to the Joint Committee.</p> <p>Any decisions resulting in a financial cost in excess of these limits must be reported to the Managing Director of Specialised and Tertiary Services for authorisation and the relevant Health Board for information and if over £1 million to the Joint Committee for approval or ratification (if a chairs action was undertaken).</p> |  |
|---|--|

**\*\* Definition: Not registered as a healthcare professional, either lay (not currently healthcare worker) or lay plus (no healthcare experience ever) (Health Research Authority 2014) will be eligible.**

## **PROCEDURAL ARRANGEMENTS**

**Quorum:** The Panel will be quorate with 4 of the 7 Health Boards representatives, 3 of which must be clinical, 1 WHSSC Clinical Director or deputy and the Chair or Vice Chair.

**Meetings:** The IPFR panel will normally be held as a minimum once per month, either virtually, face to face or a combination of both.

**Urgent Cases:** Provision will be made for occasions where decisions may need to be made urgently.

Where possible, a virtual panel will be held to consider urgent cases. If this is not possible due to the urgency of the request, or availability of panel members, then the Managing Director of Specialised and Tertiary Services with either the Medical Director or Director of Nursing and Quality and the Chair of the WHSSC Panel (or a vice chair) are authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits, on behalf of the Panel.

**Recording:**

Urgent cases will be reported at the next scheduled IPFR panel. An electronic National IPFR database of all cases will be maintained by AWTTTC.

The IPFR Co-ordinator will document the meetings to ensure panel discussions and decisions are appropriately recorded.

**Training:**

All Panel members will receive a local induction programme.

Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.

**Members Interest:**

At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel.

**Consensus:**

IPFR Panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision.

**Review of the TOR:**

The Terms of Reference of the WHSSC Panel will be reviewed in line with the All Wales IPFR Policy.

## APPENDIX 4

### TERMS OF REFERENCE – REVIEW PANEL

#### PURPOSE

The IPFR Review Panel are constituted to act as a Committee of the Health Board and holds delegated Health Board authority to review (in line with the review process outlined in this policy) the decision-making processes of the Individual Patient Funding Request (IPFR) Panel.

The Review Panel may uphold the decision of the IPFR Panel or, if it identifies an issue with the decision-making process, it will refer the issue back to the IPFR Panel for reconsideration.

The Review Panel will normally reach its decision on the basis of all of the written evidence which is provided to it and will not receive any new information.

| SCHEME OF DELEGATION REPORTING   | MEMBERSHIP AND ATTENDANCE  |
|--|--|
| <p>The Review Panel has delegated authority from the Board to undertake reviews, limited to the purpose set out above.</p> <p>In exceptional circumstances, the Review Panel may also wish to make a recommendation for action to the Board.</p> <p>The action can only be progressed following its ratification by the Board (or by its Chief Executive in urgent matters).</p> | <ul style="list-style-type: none"><li>• Independent Board Member – Lay (Chair of the Review Panel)</li><li>• Independent Board Member (usually with a clinical background)</li><li>• Executive Director or deputy (with a clinical background)</li><li>• Chief Officer, Community Health Council, or deputy</li><li>• Chairman, Local Medical Committee, or deputy</li><li>• WHSSC representative at Director level (as required)</li></ul> <p>In Attendance:</p> <ul style="list-style-type: none"><li>• IPFR Senior Officer (governance advisor)</li><li>• WHSSC IPFR Senior Officer (as required)</li></ul> |

#### PROCEDURAL ARRANGEMENTS

**Quorum:** As a minimum, the Review Panel must comprise 3 members (one of whom must have a clinical background, one must be an Independent Board Member and one must be a Health Board Officer).

**Meetings:** As required.

**Urgent Cases:** It is recognised that provision must be made for occasions where reviews need to be heard urgently and before a full panel can be constituted. In these circumstances, the Health Board's Chair can undertake the review together with a clinical member of the Review

Panel. This ensures both proper accountability of decision making and clinical input.

**Recording:** The IPFR Senior Officer will clerk the meetings to ensure a proper record of the review discussion and outcome is made.

See detail under section 6.12 on how WHSSC will undertake a review.

|                                   |  |  |  |                                    |   |
|-----------------------------------|--|--|--|------------------------------------|---|
| <b>Report Title</b>               | <b>Delivery Assurance and Commissioning Arrangements for Operational Delivery Networks</b>   |  |  | <b>Agenda Item</b>                 | 3.5   |
| <b>Meeting Title</b>              | <b>Joint Committee</b>   |  |  | <b>Meeting Date</b>                | 21/11/2023                                    |
| <b>FOI Status</b>                 | Open   |  |  |                                    |   |
| <b>Author (Job title)</b>         | Director of Planning and Performance   |  |  |                                    |   |
| <b>Executive Lead (Job title)</b> | Director of Planning and Performance   |  |  |                                    |   |
| <b>Purpose of the Report</b>      | <p>The purpose of this report is to propose revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODN's) commissioned by WHSSC and the respective services where they sit within WHSSC's remit.</p> |  |  |                                    |   |
| <b>Specific Action Required</b>   | RATIFY<br><input type="checkbox"/>   | APPROVE<br><input checked="" type="checkbox"/> | SUPPORT<br><input checked="" type="checkbox"/> | ASSURE<br><input type="checkbox"/> | INFORM<br><input checked="" type="checkbox"/> |

### Recommendation(s):

Members are asked to:

- **Note** the report,
- **Approve** the revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODN's) commissioned by WHSSC and the respective services where they sit within WHSSC's remit; and
- **Approve** the new Terms of Reference (ToR) that have been prepared for the South Wales Trauma Network (SWTN) and the South Wales Spinal Network (SWSN) Delivery Assurance Groups (DAGs), presented at **Appendices 1 and 2**.

# **DELIVERY ASSURANCE AND COMMISSIONING ARRANGEMENTS FOR OPERATIONAL DELIVERY NETWORKS**

## **1.0 SITUATION**

The purpose of this report is to propose revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODN's) commissioned by WHSSC and the respective services where they sit within WHSSC's remit.

## **2.0 BACKGROUND**

The South Wales Trauma Network (SWTN) was launched in September 2020 following approval of a Programme Business Case by all six affected Health Boards (HBs). WHSSC commissions the Network from Swansea Bay UHB (SBUHB) as the designated host provider under the approved Service Specification. There is a quarterly Clinical and Operational Board (COB) run by the Network; assurance on delivery is currently provided to the Joint Committee (JC) via the quarterly WHSSC-led Delivery Assurance Group (DAG). With regard to trauma services, WHSSC commissions the Major Trauma Centre (MTC), the specialised services delivered by the SBUHB Trauma Unit, orthoplastics and some ambulance support. The Large Trauma Unit and Trauma Units are commissioned by HBs.

The South Wales Spinal Network (SWSN) was launched in September 2023 following agreement by the Collaborative Executive Group (CEG) in April 2021 to establish an ODN for the adult and paediatric spinal services pathway. WHSSC commissions the SWSN from SBUHB 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 JC via the quarterly WHSSC-led DAG. WHSSC does not commission adult spinal surgery services, which remain the responsibility of HBs.

The JC has also agreed to establish a Neonatal Transport ODN following concerns raised by WHSSC. A Service Specification has been agreed and SBUHB is designated as the host provider. The establishment of the ODN has been put forward under the Financial Improvement Options for review. WHSSC leads a DAG for the Neonatal Transport service although the ODN is not yet formally established for assurance on delivery to be reported to the JC on a quarterly basis. WHSSC commissions neonatal transport services.



### 3.0 ASSESSMENT

The SWTN is now three years old and with the launch of the SWSN and the review of the Neonatal Transport ODN it is timely to consider the delivery assurance, commissioning and performance management arrangements for the respective ODNs and services where they fall within WHSSC's remit to ensure that the assurance given to the JC is fit for purpose. Discussions have taken place with colleagues in NHS England (NHSE) to understand their commissioning arrangements as their ODNs are more numerous, and are of longer standing than those in NHS Wales. As in Wales, in England ODNs are overseen by NHSE Specialised Services Commissioning, with the principle that ODNs are a vehicle for transformation, quality and improvement of outcomes, and NHSE sets improvement objectives for each ODN on an annual basis. Value in service delivery is driven through commissioner contractual and performance mechanisms. It is proposed that this principle is broadly adopted by WHSSC on behalf of NHS Wales for the ODNs that WHSSC commissions, with objectives based on the agreed Service Specifications for each ODN. They will be agreed through the Integrated Commissioning Plan (ICP) and be included each year in the ICP. Due to the differences in scale and complexity of the respective ODNs the detailed proposed arrangements are as follows:

#### 3.1 South Wales Trauma Network (SWTN)

The SWTN is the governance mechanism for a major programme of operational change as laid out in the Programme Business Case (PBC), incorporating a change in patient flow across South, Mid and West Wales which entailed significant investment across the system. The investment objectives were laid out in the PBC and there is an agreed Benefits Realisation Plan. There is also an agreed evaluation programme laid out in the PBC including Peer Review, independent evaluation reports on the intended benefits and a further Gateway 5 Review. These are reported to the JC when produced through the regular Major Trauma DAG reports.

The DAG is a sub-group of the JC which meets quarterly and is chaired by the WHSSC Director of Planning and Performance. Whilst there is a member from each HB and from the Welsh Ambulance Service NHS Trust (WAST) it is noted that they are clinical or operational members which largely mirror the COB. It is also noted that the Large Trauma Unit and Trauma Units are commissioned by HBs, and not by WHSSC. For these reasons it is proposed that two HB commissioner representatives are invited to join the Group to provide more scrutiny and oversight of the whole trauma services network. The Terms of Reference (ToR) of the Group have been revised for approval by the JC and are presented at **Appendix 1**.

It is also proposed that annual objectives for the ODN are set and agreed in the WHSSC ICP, based on the objectives in the WHSSC Service Specification and that these are monitored through the Group. It is proposed that the regular report focusses on tracking delivery against these objectives, the PBC, Key

Performance Indicators (KPI's) and recommendations of the peer review and evaluation programme, rather than the operational delivery (which is overseen by the COB). An annual report on the PBC benefits realisation plan, including benchmarked outcomes, is also produced and is considered by the DAG and the JC.

Cardiff & Vale UHB (CVUHB) is the provider of the MTC and at present the activity and utilisation of the MTC is not included in the WHSSC Service Level Agreement (SLA) with CVUHB and is not formally monitored through the CVUHB/WHSSC SLA meeting. It is proposed that this takes place from 1 April 2024 and a high-level summary is considered on a quarterly basis by the DAG, as well as to the JC and the Management Group through the WHSSC performance reports.

The orthoplastics activity is included in the SBUHB contract based on the agreed funding released, again this to be considered as above by the DAG and JC. There is no mechanism at present for holding the Welsh Ambulance Services Trust (WAST) to account for the ambulance activity and funding. This will need to be considered by the new national Joint Commissioning Committee in the round.

### **3.2 South Wales Spinal Network (SWSN)**

The focus of the South Wales Spinal Network (SWSN) is on improving outcomes, standards and equity of services in South Wales. There is no programme business case underpinning the development of the Network and there is no intention to change patient flows. The commissioning budget within WHSSC is only for the ODN itself. The objectives for the ODN, reporting and quality indicators are set out in the WHSSC Service Specification.

The DAG will be a sub-group of the JC which will meet quarterly, chaired by the WHSSC Director of Planning and Performance. As stated above spinal surgery services remain commissioned by HBs. For this reason, it is proposed that the membership of the SWSN DAG also includes two commissioner representatives from HBs. The proposed SWSN DAG ToR are presented at **Appendix 2** for approval.

It is proposed that annual objectives for the ODN are set and agreed in the WHSSC ICP, based on the objectives in the WHSSC Service Specification and that these are monitored through the Group. It is proposed that the regular report focusses on tracking delivery against these objectives, key KPIs and recommendations of any evaluation programme, rather than the operational delivery (which is overseen by the COB). An annual report on these items will also be produced by the ODN.

There are no contractual or performance mechanisms required for adult spinal surgery services through WHSSC.

### 3.3 Neonatal Transport ODN

The arrangements for the Neonatal Transport ODN DAG will be reviewed when a decision is made on whether to operationalise it.

## 4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Approve** the revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODN') commissioned by WHSSC and the respective services where they sit within WHSSC's remit; and
- **Approve** the new Terms of Reference (ToR) that have been prepared for the South Wales Trauma Network (SWTN) and the South Wales Spinal Network (SWSN) Delivery Assurance Groups (DAGs), presented at **Appendices 1 and 2**.

| <b>Governance and Assurance</b>                 |   |
|---|---|
| <b>Link to Strategic Objectives</b>             |   |
| <b>Strategic Objective(s)</b>                   | Governance and Assurance  |
| <b>Link to Integrated Commissioning Plan</b>    | Major Trauma priorities and benefits realisation  |
| <b>Health and Care Standards</b>                | Safe Care<br>Effective Care<br>Individual Care  |
| <b>Principles of Prudent Healthcare</b>         | Reduce inappropriate variation<br>Care for Those with the greatest health need first<br>Only do what is needed  |
| <b>NHS Delivery Framework Quadruple Aim</b>     | Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome<br>People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement<br>The health and social care workforce is motivated and sustainable<br>Choose an item. |
| <b>Organisational Implications</b>              |   |
| <b>Quality, Safety &amp; Patient Experience</b> | The DAG receives assurance reports which include indicators of quality, safety and experience.  |
| <b>Finance/Resource Implications</b>            | The DAG report includes a quarterly update on the major trauma expenditure and strategic priorities.  |
| <b>Population Health</b>                        | The purpose of the SWTN is to improve access and equity to services to improve population health within South Wales.  |
| <b>Legal Implications</b>                       | No legal implications have been identified.   |
| <b>Long Term Implications</b>                   | The outcomes and benefits of the MTN are monitored and assured by the DAG.  |
| <b>Report History</b>                           | 2 October 2023 – Corporate Directors Group Board<br><br>26 October 2023 – the Management Group agreed the recommendations, noting particularly the proposed revisions to the Delivery Assurance Group membership.   |
| <b>Appendices</b>                               | Appendix 1 - South Wales Trauma Network Delivery Assurance Group Terms of Reference<br>Appendix 2 - South Wales Spinal Network Delivery Assurance Group Terms of Reference  |

## **South Wales Trauma Network Delivery Assurance Group**

### **Terms of Reference**

#### **1.0 Introduction**

The Welsh Health Specialised Services Committee (WHSSC) (as the “Joint Committee”) hereby resolves to establish a subgroup of the Joint Committee that will be known as the South Wales Trauma Network Delivery Assurance Group (DAG). The DAG has no executive powers, other than those specifically delegated in these Terms of Reference.

#### **2.0 Accountability**

The DAG will be accountable to WHSSC and will report to the Joint Committee on the delivery, performance and outcomes of the South Wales Trauma Network.

With regard to trauma services, WHSSC commissions the Major Trauma Centre, orthoplastics and some ambulance support. Trauma Units are commissioned by Health Boards directly. The membership of the DAG reflects all of these commissioning responsibilities to provide a single assurance forum.

Through the WHSSC Integrated Commissioning Plan the WHSSC Joint Committee will set the direction for the SWTN by agreeing annual objectives based on the WHSSC Service Specification, Programme Business Case and agreed evaluation programme.

#### **3.0 Purpose**

The purpose of the DAG is to provide assurance on the delivery, performance, evaluation and outcomes of the South Wales Trauma Network, which covers South Wales, West Wales and South Powys. Its function is to ensure that the SWTN's objectives are achieved, the WHSSC Service Specification is delivered, the benefits of the Programme Business Case are realised and that outcomes and experience are improved by working collaboratively.

The DAG will report to Health Boards on all aspects of the SWTN and major trauma services through the WHSSC Joint Committee. The DAG will also feed back to SBUHB as host organisation, via the SBUHB Governance Sub-Committee.

Wherever possible the DAG will seek not to replicate the functions of the Clinical and Operational Board (COB) of the SWTN. The DAG will receive reports from the COB to execute its functions.

The performance management of specific WHSSC-commissioned services will be undertaken via the Service Level Agreement meetings with the relevant providers and reported to Joint Committee, where appropriate, through the Integrated Performance Report.

#### **4.0 Terms of Reference**

The Terms of Reference of the DAG are as follows:

- To report to the Joint Committee on progress with the delivery of the SWTN and major trauma services, particularly as the SWTN continues to mature, via regular quarterly reports.
- To provide assurance on the implementation and delivery of the South Wales Trauma Network Programme Business Case, Major Trauma Centre Business Case and Specialised Services Business Cases.
- To provide assurance on the delivery and realisation of the benefits set out in the South Wales Trauma Network Programme Business Case, Major Trauma Centre Business Case and Specialised Services Business Case.
- To ensure that the evaluation programme set out in the Programme Business Case is delivered, lessons are learned, good practice shared and actions taken to address risks and issues.
- To support and monitor the performance management requirements set out in the WHSSC Service Specification for the South Wales Trauma Network, including monitoring the agreed key performance indicators.
- To ensure a high quality service is provided for Welsh residents by the South Wales Trauma Network, by ensuring patient outcomes, experience and other quality indicators are reported systematically, lessons are learned, good practice is shared and actions taken as required.
- To be assured that the development and implementation of consistent patient pathways and new models of care for major trauma across the SWTN area is undertaken by the Clinical and Operational Board of the SWTN.
- To ensure that the Network risks are actively monitored and managed by the COB and to receive reports on the serious risks and mitigating actions.
- To ensure that the South Wales Trauma Network works collaboratively within Wales and establishes relationships with relevant collaborative groups and networks as appropriate, particularly in NHSE.
- To ensure an annual report is produced by the SWTN on all of the above items, particularly focusing on benchmarked outcomes and benefits realisation.

## **5.0 Sub Groups**

The DAG may establish sub-groups or task and finish groups to carry out on its behalf as required.

## **6.0 Membership**

The Chair of the DAG is selected to ensure an all-Wales perspective and the co-ordination of the South Wales Trauma Network and other related services and networks.

Membership of the Group will be as follows:

- Chair – Director of Planning and Performance, WHSSC
- Senior Specialised Services Planner, Cardiac and Trauma, WHSSC
- Assistant Director of Finance, WHSSC
- 2 x commissioning representatives from Health Boards (nominated via WHSSC Management Group)
- 1 x senior operational/clinical/planning lead from each SWTN HB
- 1 x WAST Representative
- 1 x Welsh Government representative
- ODN Senior Responsible Officer – SBUHB (host organisation)

- ODN Clinical Director
- ODN Network Manager

***In Attendance:***

ODN Clinical leads for:

- Governance
- Training & Education
- Paediatric Trauma
- Quality Improvement
- Rehabilitation

Secretariat provided by Operational Delivery Network

The representatives from HBs should be Clinical or Executive Directors with appropriate authority and understanding of major trauma and its related pathways.

## **7.0 Delivery Group meetings**

### **Frequency of meetings**

Meetings shall be held at least quarterly.

### **Quorum**

At least five members must be present for the DAG to be quorate.

### **Withdrawal of individuals in attendance**

The Chair may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussions of particular matters.

### **Circulation of Papers**

The Chair and Secretariat will ensure that all papers are distributed at least five working days prior to the meeting.

### **Engagement**

The Chair must ensure that the DAG's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual DAG members must demonstrate, through their actions, that their contribution to the DAG's decision making is based upon the best interests of the NHS in Wales.

## **8.0 Reporting**

The Major Trauma DAG Chair shall:

- Report formally to the WHSSC Joint Committee on the DAG's activities and will make recommendations to the Joint Committee on behalf of the DAG relating to the commissioning of services. This includes reports on all matters within the DAG's remit as well as the presentation of an ODN annual report.
- Bring any significant matters under consideration by the DAG, or related to the commissioning of major trauma services, to the Joint Committee's attention in a timely manner.
- Ensure appropriate escalation arrangements are in place to alert the relevant Director (Health Board and WHSSC, where relevant) of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee.



## **9.0 Declarations of Interest**

Where individual DAG members identify an interest in relation to any aspect of business set out in the DAG's meeting Agenda, that member must declare an interest at the start of the meeting. DAG members should seek advice from the Chair before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the DAG's minutes.

## **10.0 Review**

These terms of reference shall be reviewed annually by the DAG; and every three years by the Joint Committee.



# South Wales Spinal Network

## Delivery Assurance Group

### Terms of Reference

#### 1. Introduction

The Welsh Health Specialised Services Committee (WHSSC) (as the “Joint Committee”) hereby resolves to establish a subgroup of the Joint Committee that will be known as the South Wales Spinal Network Delivery Assurance Group (DAG). The DAG has no executive powers, other than those specifically delegated in these Terms of Reference.

#### 2. Accountability & Responsibility

The DAG will be accountable to WHSSC and will advise the Joint Committee on issues regarding the development, delivery, performance and outcomes of the South Wales Spinal Network (SWSN).

#### 3. Purpose

The purpose of the DAG is to provide assurance on the delivery, performance, evaluation and outcomes of the SWSN, which covers South Wales, West Wales and South Powys and to ensure that the benefits of working collaboratively are realised. Its function is to ensure that the SWSN’s objectives are achieved, and that outcomes and experience are improved by working collaboratively.

The DAG will report to the Health Boards on all aspects of the SWSN through the WHSSC Joint Committee and oversee the performance and commissioning functions to improve pathways and standards of care for Welsh residents across the full spectrum of the SWSN.

The DAG will also feedback to Swansea Bay UHB as host organisation, via the SBUHB Governance Sub-Committee.

Wherever possible the DAG will seek not to replicate the functions of the Clinical and Operational Board (COB) of the SWSN. The DAG will receive reports from the COB to execute its functions.

#### 4. Terms of Reference

The Terms of Reference of the DAG are as follows:

- To provide evidence-based and timely advice to Health Boards, through the Welsh Health Specialised Services Committee (WHSSC), to assist them in setting the direction of and discharging their functions and meeting their responsibilities with regards to spinal services.
- To support and monitor the implementation and delivery of the South Wales Spinal Network Business Case.
- To provide assurance on the delivery and realisation of the benefits set out in the South



Wales Spinal Network benefits realisation plan.

- To support and monitor the commissioning functions and the performance management requirements set out in the Spinal Services Commissioning Quality & Delivery Framework.
- To ensure a high-quality service is provided for Welsh residents by the South Wales Spinal Network by ensuring patient outcomes, experience and other quality indicators are reported systematically, lessons are learned, good practice is shared and actions taken as required
- To be assured that the development and implementation of consistent patient pathways and new models of care for spinal services across SWSN area is undertaken by the Clinical and Operational Board of the SWSN.
- To ensure clear and appropriate hosting arrangements for the South Wales Spinal Network Operational Delivery Network.
- To ensure collaborative working for spinal service delivery is promoted through a Wales wide approach, leading to improved outcomes for Welsh residents through developing joint learning opportunities and sharing good practice.
- To ensure that the Network risks are actively monitored and managed by the COB and to receive reports on the serious risks and mitigating actions
- To co-ordinate the establishment and development of integrated clinical pathways across a range of spinal services. The system should facilitate movement throughout the pathway in a timely manner and proactively manage exceptional cases.
- To co-ordinate the development of sustainable spinal services in South Wales, West Wales, and South Powys to ensure Welsh residents receive appropriate care provided by skilled, trained staff at the lowest level of appropriate resource utilisation. North Wales and north Powys are part of the North West and West Midlands Spinal Networks.
- To consider and approve proposals for service change ensuring that due process has been followed.
- To ensure that the South Wales Spinal Network establishes relationships with relevant collaborative groups and networks as appropriate, including NHSE.
- To ensure an annual report is produced by the SWTN on all of the above items, particularly focusing on benchmarked outcomes and benefits realisation.

## 5. Subgroups

The DAG may establish sub-groups or task and finish groups to carry out on its behalf as required.

## 6. Membership

The Chair of the DAG is selected to ensure an all-Wales perspective and the co-ordination of the South Wales Spinal Network and other related services and networks.

Membership of the Group will be as follows:

- Chair – Director of Planning and Performance WHSSC (or deputy)
- 2 x commissioning representatives from Health Boards (nominated via WHSSC Management Group)
- Chair of ODN COB
- 1 x senior operational/clinical/planning lead from each SWSN HB



- 1 x WG representative
- 1 x WAST Representative
- 1 x National Radiology Representative
- ODN Senior Responsible Officer – SBUHB (host organisation)
- ODN Clinical Director
- ODN Network Manager
- ODN Programme Support Manager

***In Attendance:***

Clinical leads for:

- Governance
- Training & Education
- Quality Improvement & Research

Secretariat provided by Operational Delivery Network

The representatives from HBs should be SROs with appropriate authority and understanding of spinal services and its related pathways.

## 7. Delivery Group Meeting

**Frequency of meetings**

Meetings shall be held at least quarterly.

**Quorum**

At least five members must be present for the DAG to be quorate.

**Withdrawal of individuals in attendance**

The Chair may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussions of particular matters.

**Circulation of Papers**

The Chair and Secretariat will ensure that all papers are distributed at least five working days prior to the meeting.

**Engagement**

The Chair must ensure that the DAG's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual DAG members must demonstrate, through their actions, that their contribution to the DAG's decision making is based upon the best interests of the NHS in Wales.

## 8. Reporting

The Spinal Network DAG Chair shall:

- Report formally to the WHSSC on the DAG's activities and will make recommendations to the Joint Committees on behalf of the DAG relating to the commissioning of services. This includes updates on activity, the submission of DAG minutes and written reports as well as the presentation of an ODN annual report.
- Bring any significant matters under consideration by the DAG to the Joint Committee's



attention.

- Ensure appropriate escalation arrangements are in place to alert the relevant Director (Health Board and WHSSC, where relevant) of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee.

## 9. Declaration of Interest

Where individual DAG members identify an interest in relation to any aspect of business set out in the DAG's meeting agenda, that member must declare an interest at the start of the meeting. DAG members should seek advice from the Chair before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the DAG's minutes.

## 10. Review

These terms of reference shall be reviewed annually by the DAG and every 3 years by the Joint Committee.



|   |   |                                     |  |   |   |
|---|---|-------------------------------------|--|---|---|
| Report Title  | Gender Identity Services for Children and Young People Update   |                                     |  | Agenda Item                                   | 3.6   |
| Meeting Title   | Joint Committee   |                                     |  | Meeting Date                                  | 21/11/2023                                    |
| FOI Status  | Open/Public   |                                     |  |   |   |
| Author (Job title)  | Specialised Planning Manager for Vulnerable Groups  |                                     |  |   |   |
| Executive Lead (Job title)  | Director of Nursing and Quality   |                                     |  |   |   |
| Purpose of the Report   | The purpose of this report is to update members about progress of the NHS England (NHSE) Transformation programme for gender services for Children and Young People. The report aims to provide an update on the development of regional services, options for Welsh patients and identify any potential financial risks. |                                     |  |   |   |
| Specific Action Required  | RATIFY<br><input type="checkbox"/>  | APPROVE<br><input type="checkbox"/> | SUPPORT<br><input checked="" type="checkbox"/> | ASSURE<br><input checked="" type="checkbox"/> | INFORM<br><input checked="" type="checkbox"/> |
| Recommendation(s):<br><br>Members are asked to: <ul style="list-style-type: none"><li>• <b>Note</b> the information presented in the report regarding the NHS England Transformation Programme for children and young people with gender incongruence,</li><li>• <b>Note</b> the mobilisation timescale and the risk of increased waiting times for children and young people as a result,</li><li>• <b>Support</b> WHSSC's commissioning position of continuing to work with NHS England to progress services in line with the recommendations of the Cass Review,</li><li>• <b>Note</b> the information in the report regarding the financial risks linked to the NHS England mobilisation costs and potential revised tariff that are likely to present an 'in year' risk to WHSSC in 2024-25; and</li><li>• <b>Support</b> inclusion of the proposal for funding for the provision of waiting list support in the WHSSC triangulated risk assessment process which will inform the 2024/25 Integrated Commissioning Plan (ICP).</li></ul> |   |                                     |  |   |   |

# **GENDER IDENTITY SERVICES FOR CHILDREN AND YOUNG PEOPLE UPDATE**

## **1.0 SITUATION**

The purpose of this report is to update members about progress of the NHS England (NHSE) Transformation programme for gender services for Children and Young People. The report aims to provide an update on the development of regional services, options for Welsh patients and identify any potential financial risks.

## **2.0 BACKGROUND**

WHSSC commissions specialist gender identity services for children and young people in Wales through NHS England (NHSE). In response to the recommendations of the “Independent Review of Gender Identity Services for Children and Young People”, (*the Cass Review*) NHSE started a programme of work to improve, expand and transform service provision for children and young people (CYP) experiencing gender incongruence.

WHSSC are committed to securing a safe, sustainable, evidence based gender identity service for the children and young people of Wales. The learning from this programme and the publication of the final findings of the Cass Review will inform the planning of a service for children and young people in Wales. In addition, a National Research Oversight Board has been established to support continued learning, and oversee a robust research programme leading to improved outcomes for patients as services are established and progressed in line with the recommendations from Cass review. An important recommendation from the Cass Review involves the condition that CYP can only be prescribed Puberty Blockers as part of a follow-up study of CYP into adulthood. This is a National Research Collaboration Programme (NRCP) between the National Institute for Health Research and NHSE.

Whilst there has been some delay the phase 1 providers in both the North West of England and the South (London) are working towards full mobilisation of the new services by April 2024.

### **2.1 The Cass Review**

The Interim Report from the Cass Review emphasised the need to move away from the current model of a sole provider and to establish regional services that work to a new integrated clinical model that can better meet the holistic needs of a vulnerable group of children and young people. The clinical management aspect of this new model is broad and is intended to address all appropriate developmental and psycho-social options for CYP experiencing gender incongruence.

In July 2022, Dr Cass sent further advice on the core components of the clinical model with a key recommendation that experienced providers of tertiary paediatric care (Children's Hospitals) should lead future regional centres. This would ensure a focus on child health and development, with strong links to mental health services, established academic and education functions, a multi professional workforce and the ability to maintain a broad clinical perspective to embed the care of children and young people with gender uncertainty within a broader child and adolescent health context. The final Cass Review is expected in the early 2024, which will inform at pace the final clinical model and service specification.

## **2.2 Policies and Service Specifications**

NHSE have published an interim service specification for specialist gender incongruence services for children and young people to support Phase 1 (early adopter) providers in developing their new services. The public consultation on this draft interim service specification ran on the NHSE website for 45 days from 20 October to 4 December 2022. It received 5,183 responses in total. The final service specification is anticipated to be out for consultation following the final report of the Cass Review and confirmation of the clinical model.

The NHSE interim clinical policy on puberty suppressing hormones for children and adolescents who have gender incongruence or dysphoria ran for 90 days from 3 August to 1 November 2023.

Stakeholder engagement on a service specification outlining a new referral pathway for patients in England and management of the national waiting list was completed in late August and a public consultation on the proposed specification is expected shortly. The service specification will outline the role of the National Referral Support Service (NRSS) which manages Welsh referrals and the national waiting list. It is worth noting that the referral pathway for Welsh CYP remains unchanged and is through Children & Adolescent Mental Health Services (CAMHS) within Health Boards (HBs).

## **2.3 Children and Young People National Referral Support Service**

In June 2021, NHSE commissioned NHS Arden & Greater East Midlands Commissioning Support Unit (NAGEM) to provide an interim referral holding service for the Tavistock & Portman NHS Foundation Trust's Gender Identity Development Service (GIDS). In October 2022, this was expanded to include all referrals (including Wales) into the specialised service and the GIDS no longer received any new referrals, however 34 previously referred children continue to be managed there.

In response to this, NAGEM initially created the GIDS Referral Management Service (GIDS-RMS), which is now known as the Children & Young People Gender National Referral Support Service (CYP-GNRSS). This is an administrative service. The service responds to email queries from both professionals and the families of



young people including waiting times, checking that someone is on the waiting list and requesting expedition of the referral and/or clinical support.

They also provide information and resources for patients, parents/guardians and referrers of children and young people on or being referred to the waiting list through the NRSS for the NHS Gender Incongruence Service for CYP website which is also available in welsh.

## **2.4 Developing a Regional Service for Wales**

Phase 2 of the NHSE transformation programme has seen the University Hospital Bristol (UHB) and Weston NHS Foundation Trust (WNFT) express an interest in becoming a phase 2 provider. Aligned to that, NHSE have set up a CYP Gender Service (South West) Programme Board. Cardiff & Vale University Health Board (CVUHB) as the only HB provider in Wales to host a Children's Hospital, have been invited to join the discussions along with WHSSC as the commissioner of the service. Meetings between all parties took place on the 27 September and 20 October 2023 and discussions are at a preliminary phase with the need for CVUHB to confirm their intentions.

## **3.0 ASSESSMENT**

The following points summarise the progress that has been made against the next steps outlined in the last update to the Joint Committee on 8 November 2022:

1. WHSSC is working closely with the NHSE Communications team to ensure a co-ordinated approach to the cascade of information to patients, families and key stakeholders, especially as this pertains to those patients on the waiting list. The Tavistock and Portman NHS Foundation Trust stopped accepting new referrals in October 2022. The National Referral Support Service (NRSS) has been commissioned by NHSE to manage all referrals and signpost on as appropriate and have information and resources on their website. Correspondence to CYP on the waiting list or their families/carers (where appropriate) has been tailored to Wales and is available in Welsh. Additionally, Umbrella Cymru, a welsh stakeholder, attends the NHSE monthly stakeholder briefings alongside national stakeholders such as Stonewall. WHSSC also provides regular briefings to key stakeholders including Welsh Government (WG), Llais and the Children's Commissioner for Wales,
2. WHSSC has agreed a plan with the Welsh Gender Service (WGS) to ensure that all Welsh patients aged 18 and over under the care of the GIDS are transferred to the adult service in a timely manner. WHSSC are assured this process is functioning well as there are currently less than 5 young people aged 18 years plus under the care of GIDS; and
3. A process has been put in place to enable the National Referral Support Service to refer young people that age out on the waiting list (age 17 and over) to the WGS.

A joint letter from NHSE and NHS Wales has been sent to patients on the waiting list to explain what happens next with their referral. A summary of the plan in relation to Welsh CYP is outlined in Table 1 below:

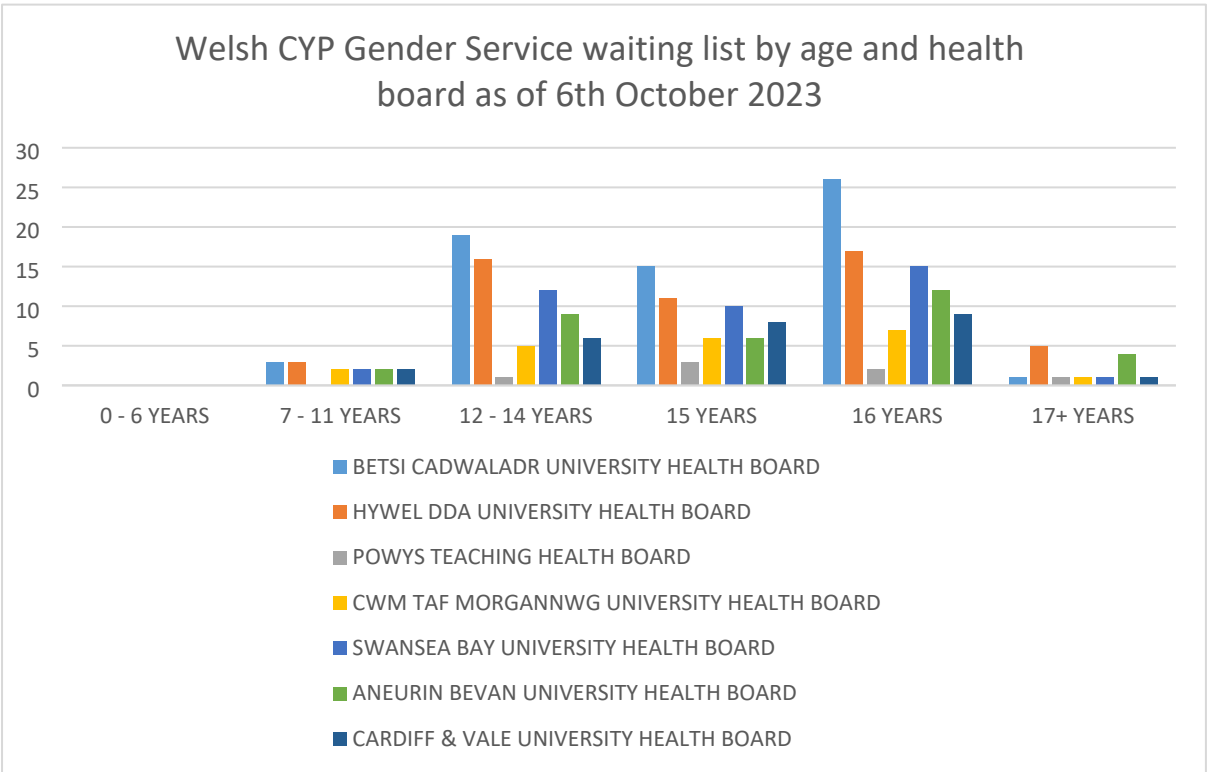
Table 1 - Welsh Patients in Cohort

| Cohort  | Number of Welsh patients in cohort |
|---|------------------------------------|
| > 17  | 70                                 |
| Patients 16+ and under 17 as at March 24              | 63                                 |
| Patient 15.11 years and below at point letter is sent | 164                                |
| 17+ as of 31 March 2023                               | 57                                 |

3.1 Children and Young People from Wales on the national waiting list

As of 6 October 2023, there were 243 CYP from Wales on the national waiting list held by the National Referral and Support Service (NRSS) as reported by HB and age in Graph 1 below.

Graph 1 – Welsh CYP Gender Service Waiting List – Age and HB



**3.2 Open cases at The Tavistock & Portman NHS Foundation Trust (Gender Identity Development Service – GIDS)**

The Tavistock & Portman NHS Foundation Trust are no longer taking new referrals and their service will be brought to a managed close by the end of March 2024. In October 2023, there were 34 children and young people from Wales that remained under the care of the Tavistock & Portman NHS Foundation Trust outlined in table 2 below.

Table 2 - Children and Young People from Wales that Remained Under the Care of the Tavistock & Portman NHS Foundation Trust

| Current Age | Number of Patients |
|-------------|--------------------|
| 11          | <5                 |
| 12          | <5                 |
| 13          | <5                 |
| 14          | <5                 |
| 15          | 5                  |
| 16          | 7                  |
| 17          | 9                  |
| 18+         | <5                 |

Where appropriate, the care of these children and young people will transfer to one of the new providers. Young People age 18+ are transferred to the Welsh Gender Clinic for adults where appropriate or discharged.

**3.3 Risks and mitigations**

Given there has been a delay in mobilising the Phase 1 providers, there is a risk that the waiting times for children and young people will be even longer whilst the new provider services are established and become fully operational. Immediate pressure to mitigate against this might include the proposal of developing a stand-alone service in Wales. It is however felt that this proposal would compromise the overall aim of commissioning a safe, sustainable, evidence based service, which is the main aim of the NHSE transformation programme and will move away from the recommendations made by Dr Hillary Cass. In the interim, NHSE has also invested in considerable resources to support children, young people their families and referrers (including Wales) through resources on the national referral support service which are available on the NRSS website. Additionally in Wales, children and young people are referred into GIDS via CAMHS and as such have access back into that service for support. This means that there is likely to be an increased demand on CAMHS because of the predicted increase in waiting times and therefore numbers of CYP waiting.

To further mitigate this risk and provide equity of support with that available for adults with gender incongruence, on the waiting list for clinical assessment, Welsh

Government has asked WHSSC to consider extending the provision to CYP. Further detail is provided under the 'financial risk section 3.4.4.

WHSSC clearly set out intentions to continue commissioning gender identity services for CYP in Wales through NHSE in the Signal of Commissioning intent documents for 2023-24 and 2024-25 and furthermore the intention to explore a regional service for Wales through CVUHB.

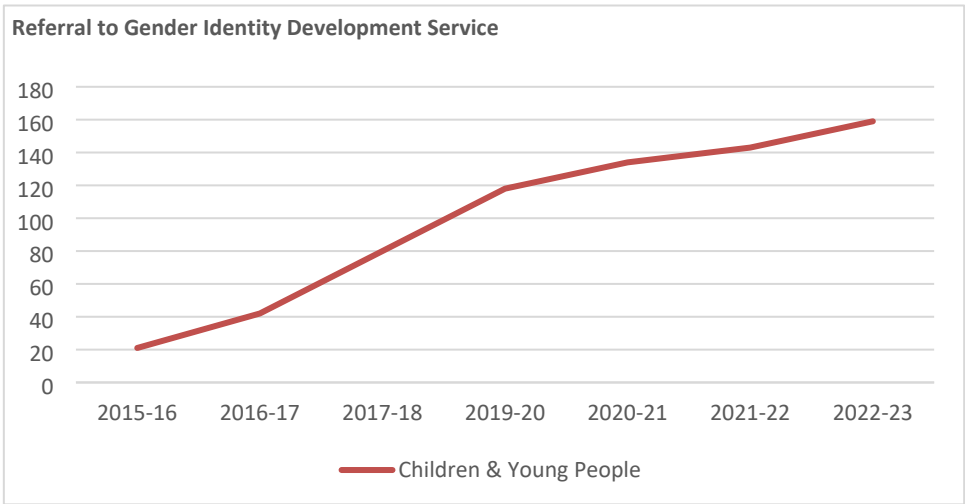
**3.4 Financial Risks**

In October 2022, WHSSC wrote to WG setting out the additional cost implications of participating in the NHSE Transformation Programme for their consideration. The costs were also outlined in a paper to WG in April 2023 highlighting the emerging financial risks on the gender identity pathway and the CYP NHSE Transformation programme. It was WHSSC’s understanding, at that time, that the additional costs for the CYP’s service were being considered by WG. However, following a communication from WG on 25 October, WHSSC were asked to escalate the financial risk of the CYP’s service to the JC for consideration.

**3.4.1 Current Costs**

Referrals to the children and young people’s service has continued to rise. The cost to NHS Wales of providing an assessment service for children and young people increased from £157k per year in 2015-16 to over £650k in 2022-23 as outlined in Graph 2 below.

Graph 2 – Cost Referral to the Gender Identity Development Service 2015-2023



In the development of the 2023-24 WHSSC Integrated Commissioning Plan (ICP), an additional £0.05m was allocated to meet the recurrent activity levels for assessments at GIDS. Table 3 below provides an outline of costs.

Table 3 - Children and Young People Gender Identity Service Costs

| <b>Children and Young People Gender Identity Service Costs</b>              | <b>2023/24</b> | <b>2024/25</b> |
|---|----------------|----------------|
| Assessments   | £700,000       | £750,000       |
| <b>Total</b>  |                |                |
| WHSSC ICP Funding for Children and Young People Gender Identity Assessments | £700,000       | £750,000       |
| Variance against baseline for NHSE activity and associated costs            | £0             | £0             |

The above is based on the current tariff for GIDS assessments through the Tavistock and Portman NHS Foundation Trust. A change in tariff linked to the interim service from April 2024 is anticipated which is likely to affect the variance against baseline presenting an in year risk in 2024-25.

WHSSC has currently seen a reduction in activity as a result of the changes to the GIDS and closure to new referrals and as such a reduction of cost year to date. It is anticipated that activity levels will increase as of April 2024.

### 3.4.2 Contribution to NHS England Mobilisation Costs

WHSSC has identified a number of areas for investment and initial thoughts were shared with WG in October 2022. WHSSC were unable to include any costs in the WHSSC ICP for 2023-24 as at that point, the transformation programme was in its infancy. On 2 March 2023, NHSE shared further information but no final costings. All potential costing areas for 2023/24 and 2024/25 are set out in table 4 below. It is understood that NHSE have made a significant investment to support the transformation programme in 2022/23 and to date have not asked Wales for a contribution. However, NHSE are currently working through contributions from WHSSC in 2023/24 towards the mobilisation of the new service. WHSSC will confirm the contributions required by NHSE (and over how many years) as soon as possible but anticipate the costs could be in the region of an additional £300k to £400k. The anticipated contributions are listed in table 4 below.

Table 4 – Contributions to NHS England Mobilisation Costs

| <b>Contributions to NHS England Mobilisation Costs</b>      | <b>2023/24</b> | <b>2024/25</b> |
|---|----------------|----------------|
| Mobilisation costs incurred from April 2023 and Harm Review | TBC            | TBC            |

| <b>Contributions to NHS England Mobilisation Costs</b>  | <b>2023/24</b> | <b>2024/25</b> |
|---|----------------|----------------|
| Referral management service provided by NHS Arden & Greater East Midlands Commissioning Unit (AGEM) | £35,000        | £35,000        |
| Funding for GIDS that may roll forward into subsequent years (including stranded costs)             | TBC            | TBC            |
| Contribution to Phase 1 providers   | TBC            | TBC            |
| Contribution to research programme  | TBC            | TBC            |
| Contribution to any additional mobilisation costs   | TBC            | TBC            |

### **3.4.3 Costs of developing a regional service for Wales**

In the longer term, further funding will be required to develop a regional service for Wales, initially with the appointment of a Project Lead employed by CVUHB to work with NHSE (University Hospital Bristol and Weston NHS Foundation Trust) to explore potential options and progress discussions within the HB. Any further costings for a proposed model will be outlined in a business case from the HB.

### **3.4.4 Support for the waiting list proposal**

At the request of WG the JC are requested to consider the procurement of additional support to children and young people on the waiting list for GIDS which will work alongside CAMHS and the national referral support service. It is anticipated that the costs would be in the region of £150k per annum. The type of support that could be provided includes:

- Ongoing social and wellbeing support,
- Identification of risks and links to local services; and
- Collaboration with other services involved with trans and non-binary CYP to provide wrap around support

The timing of this request from WG means that this potential expenditure has not been through the WHSSC prioritisation process and is currently not included in the WHSSC triangulated risk assessment process for uncommitted or future expenditure which will inform the 2024/25 ICP.

### **3.5 Next Steps**

- WHSSC to send an update to Medical Directors, Directors of Nursing, Directors of CAMHS and Directors of Planning,
- CVUHB to clarify their intentions regarding the provision of a CYP gender identity service for Wales,
- Hold monthly Meetings with WG at their request as a means of providing regular updates given the highlighted risks and pressure from stakeholder groups to develop a service within Wales; and
- Create an update page on the WHSSC website for stakeholders and the public.
- Include the proposal for funding of the provision of waiting list support in the WHSSC triangulated risk assessment process to inform the 2024/25 ICP

## 4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the information presented in the report regarding the NHS England Transformation Programme for children and young people with gender incongruence,
- **Note** the mobilisation timescale and the risk of increased waiting times for children and young people as a result,
- **Support** WHSSC's commissioning position of continuing to work with NHS England to progress services in line with the recommendations of the Cass Review,
- **Note** the information in the report regarding the financial risks linked to the NHS England mobilisation costs and potential revised tariff that are likely to present an 'in year' risk to WHSSC in 2024-25; and
- **Support** inclusion of the proposal for funding for the provision of waiting list support in the WHSSC triangulated risk assessment process which will inform the 2024/25 Integrated Commissioning Plan (ICP).

| <b>Governance and Assurance</b>   |  |
|---|--|
| <b>Link to Strategic Objectives</b>   |  |
| <b>Strategic Objective(s)</b>   | Governance and Assurance   |
| <b>Link to Integrated Commissioning Plan</b>  | Not applicable - this is already a commissioned service  |
| <b>Health and Care Standards</b>  | Safe Care<br>Effective Care<br>Timely Care   |
| <b>Principles of Prudent Healthcare</b>   | Public & professionals are equal partners through co-production  |
| <b>NHS Delivery Framework Quadruple Aim</b>   | Choose an item.<br>Choose an item.<br>Choose an item.  |
| <b>Organisational Implications</b>  |  |
| <b>Quality, Safety &amp; Patient Experience</b>   | The proposed changes will improve the quality, safety and patient experience of young people as recommended by the Cass Review Interim Report (February 2022)<br><a href="https://cass.independent-review.uk/publications/interim-report/">https://cass.independent-review.uk/publications/interim-report/</a>   |
| <b>Finance/Resource Implications</b>  | Financial risks are highlighted in the paper including a contribution towards NHS England mobilisation costs and increases in tariff.<br>Business case to be developed with CVUHB once their intentions are made clear. Consideration of additional support for Welsh patients on the waiting list.  |
| <b>Population Health</b>  | Not applicable   |
| <b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b> | NHS England have robust governance surrounding the transformation programme. An EQIA has been produced by NHS England alongside the development of an interim service specification.   |
| <b>Long Term Implications (incl WFG Act 2015)</b>                                       | This is a very specialised service affecting a relatively small number of the population. Therefore it is proposed that WHSSC continue to commission this service through the NHS England Network with the aim of developing a provider for Wales over time that can join the existing network.  |
| <b>Report History (Meeting/Date/ Summary of Outcome)</b>                                | 15/03/22 Joint Committee – Verbal briefing on the recommendations of the interim Cass Review<br>Corporate Directors Group Board 03/10/2022 <ul style="list-style-type: none"> <li>Supported the recommendation to align ongoing work with the Cass Review Research Programme and the NHS England Children's Gender Dysphoria Work Programme</li> </ul> |



|                   |   |
|-------------------|---|
|                   | <ul style="list-style-type: none"> <li>• Supported the recommendation to continue to commission a service for children and young people through the NHS England commissioning network</li> <li>• Supported the recommendation to explore the development of a regional provider for Wales as part of the NHS England commissioning network, potentially led by the Children's Hospital for Wales</li> <li>• Supported amendment to CP182a and b (Adult Gender Service Non –Surgical Policy and Specification) to reduce age of referral to the adult service waiting list from 17.5 to 17 years and thereby close referral of 17 years olds to GIDS</li> <li>• Approved the Frequently Asked Questions document.</li> </ul> <p>27/10/22– Management Group - For information paper following CDGB on 03/10/2022</p> <p>08/11/22 - Joint Committee</p> <ul style="list-style-type: none"> <li>• Noted the information presented within the report; and</li> <li>• Noted the information presented at Appendix 1 regarding the decommissioning of the Tavistock and Portman NHS Foundation Trust (TPNFT) and the NHS England (NHSE) transformation programme.</li> </ul> |
| <b>Appendices</b> | -   |



|                            |  |  |                                     |   |   |
|----------------------------|--|--|-------------------------------------|---|---|
| Report Title               | Audit Wales WHSSC Committee Governance Arrangements Update   |  |                                     | Agenda Item                                   | 3.7   |
| Meeting Title              | Joint Committee  |  |                                     | Meeting Date                                  | 21/11/2023                                    |
| FOI Status                 | Open   |  |                                     |   |   |
| Author (Job title)         | Committee Secretary & Associate Director of Corporate Services   |  |                                     |   |   |
| Executive Lead (Job title) | Committee Secretary & Associate Director of Corporate Services   |  |                                     |   |   |
| Purpose of the Report      | The purpose of this report is to provide an update on progress against the recommendations outlined in the Audit Wales WHSSC Committee Governance Arrangements report. |  |                                     |   |   |
| Specific Action Required   | RATIFY<br><input type="checkbox"/>   | APPROVE<br><input checked="" type="checkbox"/> | SUPPORT<br><input type="checkbox"/> | ASSURE<br><input checked="" type="checkbox"/> | INFORM<br><input checked="" type="checkbox"/> |

### Recommendation(s)

Members are asked to:

- **Note** the report,
- **Note** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report,
- **Note** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and
- **Approve** the updated audit tracker for submission to Audit Wales and to HB Audit Committees for assurance in early 2024.

# **AUDIT WALES WHSSC COMMITTEE GOVERNANCE ARRANGEMENTS UPDATE**

## **1.0 SITUATION**

The purpose of this report is to provide an update on progress against the recommendations outlined in the Audit Wales WHSSC Committee Governance Arrangements report.

## **2.0 BACKGROUND**

In 2015, the Good Governance Institute (GGI) and Healthcare Inspectorate Wales (HIW) undertook two separate governance reviews for WHSSC which highlighted issues with WHSSC's governance arrangements. The GGI highlighted concerns relating to decision making and conflicts of interest, and identified the need to improve senior level clinical input as well as the need to create a more independent organisation that is free to make strong and sometimes unpopular (to some) decisions in the best interest of the people of Wales. HIW) conducted a review of clinical governance and found that WHSSC was beginning to strengthen its clinical governance arrangements but needed to strengthen its approach for monitoring service quality and also improve clinical engagement.

Since then, considering the increasing service and financial pressures, and the potentially changing landscape of national collaborative commissioning and NHS Executive as set out in Welsh Government's "A Healthier Wales", the Auditor General for Wales felt it was timely to undertake a review WHSSC's governance arrangements.

The Audit Wales review into Committee Governance arrangements at WHSSC was undertaken between March and June 2020, however as a result of the COVID-19 pandemic, aspects of the review were paused, and re-commenced in July. A survey was issued to all Health Boards and the fieldwork was concluded in October 2020.

The scope of the work included interviews with officers and independent members at WHSSC, observations from attending Joint Committee and sub-committee meetings, feedback from questionnaires issued to Health Board Chief Executive and Chairs and a review of corporate documents.

The findings were published in May 2021 in the [Audit Wales Committee Governance Arrangements at WHSSC](#) report.

The report outlined 4 recommendations for WHSSC and the 3 recommendations for Welsh Government.

## 3.0 ASSESSMENT

### 3.1 WHSSC Management Response

The report outlined 4 recommendations for WHSSC and progress against the actions outlined within the management response have been monitored through the Integrated Governance Committee (IGC) and the CTMUHB Audit & Risk Committee (ARC). All of the WHSSC actions have been completed. The tracker document is presented at **Appendix 1** for assurance.

### 3.2 Welsh Government Management Response

The report outlined three recommendations for Welsh Government (WG) and progress against the WG management responses is monitored through discussions between the Chair, the WHSSC Managing Director and the Director General Health & Social Services/ NHS Wales Chief Executive.

Recommendation 5 has been completed, and Recommendations 6 & 7 are categorised as partially completed. An update on progress is outlined below:

| <b>R6 Sub-regional and regional programme management</b>   |   |
|--|---|
| This is linked to Recommendation 2 made to WHSSC in this report. When new regional or sub-regional specialised services are planned which are not the sole responsibility of WHSSC, ensure that effective multi- partner programme management arrangements are in place from concept through to completion (i.e. early in the development through to post-implementation benefits analysis).   |   |
| <b><i>Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:</i></b><br>As you have highlighted, whilst some key service areas like major trauma have been developed successfully and with good collaboration across organisations, the timelines around such changes have been slow and often hampered by a lack of clarity on who is driving the process. I agree with your view that end-to-end programme management of such schemes, which are not within the sole remit of WHSSC, should be strengthened. The National Clinical Framework which we published on 22 March, sets out a vision for a health system that is co-ordinated centrally and delivered locally or through regional collaborations. Implementation will be taken forward through NHS planning and quality | <u>WG Update 11 October 2023</u><br>WG have sought clarification from Audit Wales on the detail of the recommendation and WHSSC will be notified once a response is received.<br><br><u>WG Update 1 November 2023</u><br>The function of regional commissioning is being explored and discussed as part of the development of the new national commissioning arrangements. It is recognised though that this would be either a delegated function from or supporting function to health boards. |

improvement approaches and our accountability arrangements with NHS bodies.

## **R7 Future governance and accountability arrangements for specialised services**

A Healthier Wales included a commitment to review the WHSSC arrangements along with other national hosted and specialist advisory functions. COVID-19 has contributed to delays in taking forward that action. It is recommended that the Welsh Government set a revised timescale for the action and use the findings of this report to inform any further work looking at governance and accountability arrangements for commissioning specialised services as part of a wider consolidation of current national activity.

### ***Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:***

A Healthier Wales committed to reviewing the WHSSC arrangements alongside other hosted national and specialised functions, in the context of the development of the NHS Executive function. The position of WHSSC within this landscape needs to be carefully considered. On the one hand, there are strengths in the current system whereby health boards, through the joint committee, retain overall responsibility for the commissioning of specialised services. This requires collaboration and mature discussion from both the commissioner and provider standpoint. However, I recognise the inherent risk of conflict of interest in this arrangement and note the reference made in your report to the Good Governance Institute's report of 2015 which suggested a more national model may be appropriate.

In my letter to health boards of 14 August 2019, I indicated that, as recommended by the Parliamentary Review, the governance and hosting arrangements for the existing Joint Committees would be streamlined and standardised. I also said that it was

### **WG Update 11 October 2023**

The Minister for Health & Social Services asked Steve Combe, MBE to undertake an independent review of national commissioning functions at the beginning of this year. Following engagement with stakeholders and analysis of the evidence, review findings and recommendations were presented to the Minister in May 2023 and were accepted in full. Programme arrangements have been put in place to deliver those recommendations to deliver a new national commissioning joint committee by 1 April 2024. Audit Wales colleagues receive the papers for the overarching, WG Oversight Board for information on a monthly basis.

|   |  |
|---|--|
| <p>intended the NHS Executive would be become a member of the Joint Committees' Boards in order to ensure there is a stronger national focus to decision making. However, the thinking at the time was that the joint committee functions would not be subsumed into the NHS Executive function. We will continue to look at this as the NHS Executive function develops further and I will update you should there be any change to the direction of travel I indicated in 2019.</p> |  |
|---|--|

On the 22 August 2022 WHSSC were advised that the Director General Health and Social Services/NHS Wales Chief Executive Health and Social Services Group had written to Mark Isherwood, Chair of the PAPAC regarding recommendations 6 and 7 of the Audit Wales report into WHSSC Governance arrangements.

In relation to recommendation 7, the letter stated "that a review of the WHSSC arrangements along with other national hosted and specialist advisory functions should be undertaken. WG are in the process of setting up new piece of work to review the national commissioning arrangements in NHS Wales. The scope of this work and a timetable were currently being considered. However, we will be sure to take account of the recommendations as part of the rationale behind the work".

Having described the work that was in progress, it was suggested that the recommendations from the Audit Wales report were completed. The letter was copied to Mr Adrian Crompton, the Auditor General for Wales for assurance. Discussion with WG on the 31 August 2022 confirmed that the recommendations could be categorised as completed.

On the 27 September 2022 WHSSC received a further update from WG advising that Audit Wales had written to the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group to express the view that, at this stage, it was premature to consider the recommendations as closed and that they would like to keep them open and receive an update from WG in six months' time. This time has now elapsed and WG are in discussion with Audit Wales on how to progress the outstanding actions.

## 4.0 QUALITY, GOVERNANCE AND RISK

Audit Wales undertake an annual programme of independent external audits on NHS services, and NHS bodies are required to present a formal management response to the recommendations through a public report.

Audit Wales have confirmed they are content for the Joint Committee to receive an update on progress in November 2023. Thereafter an update will be submitted to Audit Wales and to HB Audit Committees for assurance in early 2024. This will ensure that all NHS bodies are able to maintain a line of sight on the progress being made, noting WHSSC's status as a Joint Committee of each HB in Wales.

Risk management is a key element of developing WHSSC's services and risk assessments are undertaken as required.

## 5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report;
- **Note** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and
- **Approve** the updated audit tracker for submission to Audit Wales and to HB Audit Committees for assurance in early 2024.

| <b>Governance and Assurance</b>  |  |
|--|--|
| <b>Link to Strategic Objectives</b>  |  |
| <b>Strategic Objective(s)</b>  | Governance and Assurance   |
| <b>Link to Integrated Commissioning Plan</b>   | Approval process   |
| <b>Health and Care Standards</b>   | Governance, Leadership and Accountability  |
| <b>Principles of Prudent Healthcare</b>  | Public & professionals are equal partners through co-production  |
| <b>Institute for HealthCare Improvement Quadruple Aim</b>                                | Improving Patient Experience (including quality and Satisfaction)<br>Choose an item.<br>Choose an item.  |
| <b>Organisational Implications</b>   |  |
| <b>Quality, Safety &amp; Patient Experience</b>  | Ensuring the Integrated Governance Committee makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff. |
| <b>Finance/Resource Implications</b>   | Not applicable   |
| <b>Population Health</b>   | Not applicable   |
| <b>Legal Implications (including equality &amp; diversity, socio economic duty etc.)</b> | There are no direct legal implications. There are no adverse equality and diversity implications.  |
| <b>Long Term Implications (incl. WBFG Act 2015)</b>                                      | WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.   |
| <b>Report History (Meeting/Date/Summary of Outcome)</b>                                  | 25 October 2023 – Integrated Governance Committee<br>24 October 2023 – CTMUHB Audit & Risk Committee for Hosted Bodies   |
| <b>Appendices</b>  | Appendix 1- Update on the Audit Wales report on WHSSC Committee Governance Arrangements.   |



## Recommendations from the Audit Wales Report Welsh Health Specialised Services Committee Governance Arrangements

### Audit Tracker– Update **October 2023**

In May 2021, Audit Wales published the “Welsh Health Specialised Services Committee Governance Arrangements”<sup>1</sup> which found that the governance, management and planning arrangements at WHSSC have improved, however the impact of COVID-19 will require a clear strategy to recover key services and that the Welsh Government’s long-term model for health and social care ‘A Healthier Wales’, and the references made to WHSSC should be re-visited.

Audit Wales made a number of recommendations for both WHSSC and Welsh Government and the management response was presented to the Joint Committee on the 13 July 2021. Progress against actions to address the recommendations will be monitored through the Integrated Governance Committee (IGC).

| Response/ Action   | Target Date | Exec Lead           | Progress/Comments<br><b>October 2023</b>   | RAG       |
|--|-------------|---------------------|--|-----------|
| <b>Recovery Planning</b>   |             |                     |  |           |
| <b>R3</b> In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on: <ul style="list-style-type: none"> <li>a. the backlog of waits for specialised services, how these will be managed whilst reducing patient harm.</li> <li>b. potential impact and cost of managing hidden demand. That being patients that did not present to primary or secondary care during the pandemic, with conditions potentially worsening.</li> <li>c. the financial consequences of services that were commissioned and under-delivered as a result of COVID-19, including the under-delivery of services commissioned from England. This should be used to inform contract negotiation.</li> </ul> |             |                     |  |           |
| <b>b) Potential impact and cost of managing hidden demand.</b><br>i. Introduction of demand monitoring compared to historical levels for high volume specialties, findings to be reported  | In place    | Director of Finance | i. The introduction of demand monitoring comparing historical levels for high volume specialties is routinely undertaken and the findings are reported to the WG | Completed |

<sup>1</sup> [Welsh Health Specialised Services Committee Governance Arrangements \(audit.wales\)](https://audit.wales.gov.uk/welsh-health-specialised-services-committee-governance-arrangements)

| Response/ Action   | Target Date                   | Exec Lead   | Progress/Comments<br><b>October 2023</b>   | RAG |
|--|-------------------------------|---|--|-----|
| to the WG Planned Care Board and HBs to inform non- WHSSC commissioned pathway development.<br>ii. Appointment of an Associate Medical Director for Public Health to work with Health Board Directors of Public Health to assess impact. | Q3/Q4 2021-22<br><br>Feb 2023 | Director of Nursing & Quality<br><br>Director of Planning<br><br>Medical Director | Planned Care Board and HBs to inform non- WHSSC commissioned pathway Development. Demand monitoring continuously features as part of the ICP process, board presentations to HBs and through strategic reviews highlighting variations in access using data systems,<br><br>ii. WHSSC began the process to advertise for an Associate Medical Director for Public Health via NHS jobs in Autumn 2022. Since then delays were encountered with the process for advertising a clinical role and an agenda for change role in tandem. The Job description has been reviewed by the job evaluation panel at CTMUHB and has been banded, however in light of the WG Review of National Commissioning Arrangements, it is proposed that the post be advertised after the Ministers announcement on the future of commissioning bodies. |     |

| Response/ Action   | Target Date                       | Exec Lead  | Progress/Comments<br>October 2023   | RAG       |
|--|-----------------------------------|--|---|-----------|
| <b>Specialised Services Strategy</b>   |                                   |  |   |           |
| <p><b>R4</b> The current specialised services strategy was approved in 2012. WHSSC should develop and approve a new strategy during 2021. This should:</p> <ul style="list-style-type: none"> <li>a. embrace new therapeutic and technological innovations, drive value, consider best practice commissioning models in place elsewhere, and drive a short, medium, and long-term approach for post pandemic recovery.</li> <li>b. be informed by a review of the extent of the wider services already commissioned by WHSSC, by developing a value-based service assessment to better inform commissioning intent and options for driving value and where necessary decommissioning.</li> </ul> <p>The review should assess services:</p> <ul style="list-style-type: none"> <li>• which do not demonstrate clinical efficacy or patient outcome (stop);</li> <li>• which should no longer be considered specialised and therefore could transfer to become core services of health boards (transfer);</li> <li>• where alternative interventions provide better outcome for the investment (change); currently commissioned, which should continue.</li> </ul> |                                   |  |   |           |
| <p><b>a. Embrace New Innovations</b></p> <p>i. We will continue to utilise our well-established horizon scanning process to identify new therapeutic and technological innovations, drive value and benchmark services against other commissioning models to support , short, medium, and long-term approach for post pandemic recovery,</p> <p>ii. We will continue to develop our relationship with NICE, AWMSG and HTW in relation to the evaluation of new drugs and interventions,</p> <p>iii. We will engage with developments for digital and Artificial intelligence (AI),</p>   | <p>Jul 2021</p> <p>Q3 2021-22</p> | <p>Managing Director</p> <p>Director of Finance</p> <p>Director of Nursing &amp; Quality</p> <p>Director of Planning</p> | <p>i. The dual processes of horizon scanning and prioritisation is firmly embedded in WHSSC's commissioning practice and has been applied successfully since 2016. The process helps ensure the NHS in Wales effectively commissions' new and innovative treatments that are both clinically and cost effective, and are made available in a timely manner. Horizon scanning identifies new interventions which may be suitable for funding, and prioritisation allows them to be ranked according to a set of pre-determined criteria,</p> | Completed |

| Response/ Action  | Target Date  | Exec Lead | Progress/Comments<br><b>October 2023</b>   | RAG |
|---|--|-----------|--|-----|
| iv. We will continue our regular dialogue and knowledge sharing with the four nations' specialised services commissioners,<br>v. We will continue to build upon our existing relationships with the Royal Colleges,<br>vi. We will continue to develop our work on value-based commissioning,<br>vii. We will develop a communication and engagement plan to support and inform the strategy.<br>viii. As previously agreed with Joint Committee a stakeholder engagement exercise will be undertaken to gain insight on long-term ambitions and to inform how we shape and design our services for the future. This will inform the Specialised Services Strategy and the supporting the 3 year integrated commissioning plan. | In Place<br><br><br><br><br><br><br><br><br><br>Dec 2021<br><br><br><br><br><br>Dec 2021 |           | including clinical and cost effectiveness. This information when combined with information around demands from existing services and interventions will underpin and feed into the development of the WHSSC Integrated Commissioning Plan (ICP). A horizon scanning exercise was undertaken by the Medical Directorate between January and May 2021, which informed the new Interventions Prioritisation Panel on the 20 July 2021, and the Clinical Impact Advisory Group (CIAG) prioritisation day on the 3 August 2021,<br><br>ii. WHSSC continues to develop its relationships including:<br>a. Three members of the WHSS team are current members of NICE appraisal committees (AC – TA committee A; ID – TA committee D; SD – HST committee). AC is also Chair of the NICE Welsh Health Network,<br>b. WHSSC has built a strong working relationship with HTW. A MoU was signed in 2018 (currently being updated) and WHSSC is |     |



| Response/ Action | Target Date | Exec Lead | Progress/Comments<br><b>October 2023</b>  | RAG |
|------------------|-------------|-----------|---|-----|
|                  |             |           | <p>represented on their Assessment Group, Appraisal Group and Stakeholder Forum. A joint proposal to support all Wales policy development of HTW guidance was supported by MG in June and the HTW Executive Board in July 2021. Funding for two posts (Project Manager and Admin) to support this work is now being sought from WG</p> <p>c. WHSSC also has a close working relationship with AWMSG, focused mainly on medicines management and horizon scanning. A MoU is now being developed between WHSSC and AWMSG to formalise these links and to share knowledge and expertise. The appointment of a WHSSC Medicines Management Pharmacist (due to start January 2022) will further strengthen this partnership.</p> <p>iii. We continue to engage with developments for digital and Artificial intelligence (AI)</p> |     |



| Response/ Action | Target Date | Exec Lead | Progress/Comments<br>October 2023   | RAG |
|------------------|-------------|-----------|---|-----|
|                  |             |           | <p>iv. We continue to attend the four nations' specialised services commissioners meetings,</p> <p>v. We continue to build upon our existing relationships with the Royal Colleges,</p> <p>vi. We continue to develop our work on value-based commissioning,</p> <p>vii. We have developed a communication and engagement plan to support and inform the strategy which will be presented to the CDGB in January 2022,</p> <p>viii. It was previously agreed with Joint Committee that a stakeholder engagement exercise would be undertaken in December 2021/January 2022 to gain insight on long term ambitions and to inform how we shape and design our services for the future. This would inform the Specialised Services Strategy which would be presented to the JC in January/March 2022. The timetable for this is however being revised in response to the system pressures related to the current wave of the pandemic and the letter from Judith Paget CEO of NHS Wales regarding use of the Options Framework and the</p> |     |

| Response/ Action  | Target Date                 | Exec Lead  | Progress/Comments<br><b>October 2023</b>  | RAG       |
|---|-----------------------------|--|---|-----------|
|   | May 2023                    |  | necessity to step down non-essential activities.<br>ix. A Project Manager (PM) has been employed on an interim basis to lead the work required to develop and agree the specialised services strategy. On the 6 September 2022 the Joint Committee approved the overall approach to developing a ten year strategy for specialised services and provided feedback on the engagement and communications plan, themes and the stakeholder survey. The engagement process was undertaken between 20 September and 22 December 2022. The draft strategy was presented to the Management Group on 23 March 2023, discussed at a workshop on the 17 April 2023 and was approved by the Joint Committee on 16 May 2023. View here - <a href="#">Strategies and Plans - Welsh Health Specialised Services Committee (nhs.wales)</a> |           |
| <b>b. Approach to Review of Services will be considered in strategy engagement</b><br>i. The draft strategy will consider our approach to the review of the existing portfolio of commissioned services and | Sept 2021<br><br>March 2022 | Director of Finance<br><br>Director of Nursing & Quality | The draft new specialised services strategy:<br>i. It was previously agreed with Joint Committee a stakeholder engagement exercise would be undertaken in December  | Completed |





| Response/ Action  | Target Date | Exec Lead            | Progress/Comments<br>October 2023  | RAG |
|---|-------------|----------------------|--|-----|
| undertake a value based services assessment to assess if existing services are still categorised as specialised,<br>ii. We will continue to undertake our annual prioritisation panel with HB's to assess new specialised services that could be commissioned,<br>iii. We will continue to undertake a process of continuous horizon scanning to identify potential new and emerging services and drugs, and to focus on existing and new hyper-specialised services,<br>iv. WHSSC will investigate opportunities for strengthening its information function through internal re-organisation and investment. This will include the development of an outcome manager post to support both the WHSSC strategic approach to outcome measurement as well as a feasibility analysis of currently available tools. We will pursue our planned investment to utilise the SAIL database with a view to assessing the population impact of services in a number of pilot areas. As previously agreed with the Joint Committee a stakeholder engagement exercise will be undertaken to gain insight from our stakeholders on long term ambitions and to inform how we shape and design our services for the | May 2023    | Director of Planning | 2021/January 2022 to gain insight on long term ambitions and to inform how we shape and design our services for the future. This would inform the Specialised Services Strategy which would be presented to the JC in January/March 2022. The timetable for this is however being revised in response to the system pressures related to the current wave of the pandemic and the letter from Judith Paget, CEO of NHS Wales regarding use of the Options Framework and the necessity to step down non-essential activities. A Project Manager (PM) has been employed on an interim basis to lead the work required to develop and agree the specialised services strategy. On the 6 September 2022 the Joint Committee approved the overall approach to developing a ten year strategy for specialised services and provided feedback on the engagement and communications plan, themes |     |



| Response/ Action  | Target Date | Exec Lead | Progress/Comments<br><b>October 2023</b>  | RAG |
|---|-------------|-----------|---|-----|
| future. This will inform transferring commissioned services into and out of the WHSSC portfolio to meet stakeholder and patient demand. |             |           | <p>and the stakeholder survey. The engagement process was undertaken between 20 September and 22 December 2022. The draft strategy was presented to the Management Group on 23 March 2023, discussed at a workshop on the 17 April 2023 and was approved by the Joint Committee on 16 May 2023 – view here <a href="#">Strategies and Plans - Welsh Health Specialised Services Committee (nhs.wales)</a></p> <p>ii. On the 28 September 2021 the WHSSC executive team met with Improvement Cymru (IC) to discuss and explore potential options for them to support WHSSC in developing its new specialist services strategy and WHSSC agreed to hold a Quality Improvement workshop facilitated by IC in January 2022 and to develop improvement and audit days with nursing teams with a view to undertaking our own internal competency assessment to drive improvement, and considered predictive modelling for</p> |     |

| Response/ Action | Target Date | Exec Lead | Progress/Comments<br><b>October 2023</b>   | RAG |
|------------------|-------------|-----------|--|-----|
|                  |             |           | <p>interventions, and international collaborative networks,</p> <p>iii. WHSSC are required to agree annually those services that should be planned on a national basis and those that should be planned locally (section 1.1.4 WHSSC SO's), to support this, following a discussion at the JC 7 September 2021 a workshop was held with the MG on the 25 November 2021 to evaluate the commissioning of services. MG members were requested to submit expressions of interest to evaluate specific commissioned services in order to evaluate the merits of the service being commissioned locally at HB level or through WHSSC.</p> <p>iv. A recovery workshop was held with the MG on the 16 December 2021 to discuss recovery Planning and Quality and Outcome Improvement for Patients. A second recovery workshop was held with the Joint Committee on the 12 July 2022 at their request to discuss HB recovery plans and trajectories. At the JC's request, a follow up deep dive into paediatrics was given to the Joint Committee on the 6 September</p> |     |



| Response/ Action | Target Date | Exec Lead | Progress/Comments<br><b>October 2023</b>   | RAG |
|------------------|-------------|-----------|--|-----|
|                  |             |           | <p>2022, and further recovery update session on the 8 November 2022.</p> <p>v. The annual prioritisation panel with HB's to assess new specialised services that could be commissioned was held on the 20 July 2021,</p> <p>vi. The process of continuous horizon scanning to identify potential new and emerging services and drugs, and to focus on existing and new hyper-specialised services was undertaken between January and May 2021 and informed the prioritisation panel on the 20 July 2021,</p> <p>vii. We have investigated opportunities for strengthening our information function through internal re-organisation and investment and have strengthened the staffing model of the information function to enable more timely information. The WHSSC staffing structure has been reviewed to include a senior outcomes commissioner to design outcome systems and monitor and report outcomes.</p> |     |

| Response/ Action  | Target Date | Exec Lead | Progress/Comments<br>October 2023   | RAG                 |
|---|-------------|-----------|---|---------------------|
| <b>Welsh Government Recommendation - Independent member recruitment</b>   |             |           |   |                     |
| <b>Welsh Government Recommendation - Sub-regional and regional programme management</b>   |             |           |   |                     |
| <b>R6</b> This is linked to Recommendation 2 made to WHSSC in this report. When new regional or sub-regional specialised services are planned which are not the sole responsibility of WHSSC, ensure that effective multi- partner programme management arrangements are in place from concept through to completion (i.e. early in the development through to post-implementation benefits analysis).  |             |           |   |                     |
| <b>Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:</b><br>As you have highlighted, whilst some key service areas like major trauma have been developed successfully and with good collaboration across organisations, the timelines around such changes have been slow and often hampered by a lack of clarity on who is driving the process. I agree with your view that end-to-end programme management of such schemes, which are not within the sole remit of WHSSC, should be strengthened. The National Clinical Framework which we published on 22 March, sets out a vision for a health system that is co-ordinated centrally and delivered locally or through regional collaborations. Implementation will be taken forward through NHS planning and quality improvement approaches and our accountability arrangements with NHS bodies. |             |           | <u>WG update received 22 August 2022</u><br>Letter received from the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group advising that she had written to Mark Isherwood, Chair of the PAPAC regarding recommendations 6 and 7 of the Audit Wales report into WHSSC Governance arrangements.<br><br>In relation to recommendation 7, the letter stated "that a review of the WHSSC arrangements along with other national hosted and specialist advisory functions should be undertaken. WG are in the process of setting up new piece of work to review the national commissioning arrangements in NHS Wales. The scope of this work and a timetable were currently being considered. However, we will be sure to take account of the recommendations as part of the rationale behind the work". | Partially Completed |



| Response/ Action | Target Date | Exec Lead | Progress/Comments<br><b>October 2023</b>  | RAG |
|------------------|-------------|-----------|---|-----|
|                  |             |           | <p>Having described the work that was now in progress, it was suggested that the recommendations from the Audit Wales report were now completed. The letter was copied to Mr Adrian Crompton, the Auditor General for Wales for assurance. Discussion with WG on the 31 August 2022 confirmed that the recommendations could be categorised as completed.</p> <p><u>WG update received 27 September 2022</u></p> <p>WHSSC received a further update from WG advising that Audit Wales had written to the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group to express the view that, at this stage, it was premature to consider the recommendations as closed and that they would like to keep them open and receive an update from WG in six months' time. WG have confirmed they are content to accept the suggestion and that WG will provide an update to Audit Wales in six months' time with a view, to closing the recommendations at that point.</p> |     |

| Response/ Action | Target Date | Exec Lead | Progress/Comments<br><b>October 2023</b>   | RAG |
|------------------|-------------|-----------|--|-----|
|                  |             |           | <p><u>WG Update Received 25 January 2023</u></p> <p>WG informed WHSSC that the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group had written to Audit Wales to provide them with an update on a proposed review of national commissioning functions. Copies of letters issued to NHS Chairs and Chief Executives on 23 January 2023 were included, along with the terms of reference for an independent review which had been agreed by the Minister for Health &amp; Social Services. The review commenced week commencing 23 January and will conclude by April 2023. The terms of reference were discussed at the NHS Wales Leadership Board 24 January 2023 and NHS organisations confirmed their commitment to participating in the review.</p> <p>An update was given to the Joint Committee on the 17 January 2023.</p> |     |



| Response/ Action | Target Date | Exec Lead | Progress/Comments<br><b>October 2023</b>   | RAG |
|------------------|-------------|-----------|--|-----|
|                  |             |           | <p><u>WG Update 31 May 2023</u><br/>Meeting with WG confirmed that due to a change in portfolio within the HSSG at WG, the Committee Secretary at WHSSC will liaise with Trudi Burton, WG to keep updated on the two recommendations pertaining to the WG to obtain an update for Joint Committee in July 2023.</p> <p><u>WG Update 11 October 2023</u><br/>WG have sought clarification from Audit Wales on the detail of the recommendation and WHSSC will be notified once a response is received.</p> <p><u>WG Update 1 November 2023</u><br/>The function of regional commissioning is being explored and discussed as part of the development of the new national commissioning arrangements. It is recognised though that this would be either a delegated function from or supporting function to health boards.</p> |     |

| Response/ Action   | Target Date | Exec Lead | Progress/Comments<br><b>October 2023</b>  | RAG                        |
|--|-------------|-----------|---|----------------------------|
|  |             |           |   |                            |
| <b>Welsh Government Recommendation - Future governance and accountability arrangements for specialised services</b>  |             |           |   |                            |
| <b>R7</b> A Healthier Wales included a commitment to review the WHSSC arrangements along with other national hosted and specialist advisory functions. COVID-19 has contributed to delays in taking forward that action. It is recommended that the Welsh Government set a revised timescale for the action and use the findings of this report to inform any further work looking at governance and accountability arrangements for commissioning specialised services as part of a wider consolidation of current national activity. |             |           |   |                            |
| <b>Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:</b><br>A Healthier Wales committed to reviewing the WHSSC arrangements alongside other hosted national and specialised functions, in the context of the development of the NHS Executive function. The position of WHSSC within this landscape needs to be carefully considered. On the one hand, there are strengths in the current system whereby health boards, through the joint committee, retain overall responsibility for                             |             |           | <u>WG update received 22 August 2022</u><br>Letter received from the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group advising that she had written to Mark Isherwood, Chair of the PAPAC regarding recommendations 6 and 7 of the Audit Wales report into WHSSC Governance arrangements.<br><br>In relation to recommendation 7, the letter stated, "that a review of the | <b>Partially Completed</b> |



| Response/ Action   | Target Date | Exec Lead | Progress/Comments<br><b>October 2023</b>   | RAG |
|--|-------------|-----------|--|-----|
| <p>the commissioning of specialised services. This requires collaboration and mature discussion from both the commissioner and provider standpoint. However, I recognise the inherent risk of conflict of interest in this arrangement and note the reference made in your report to the Good Governance Institute's report of 2015 which suggested a more national model may be appropriate.</p> <p>In my letter to health boards of 14 August 2019, I indicated that, as recommended by the Parliamentary Review, the governance and hosting arrangements for the existing Joint Committees would be streamlined and standardised. I also said that it was intended the NHS Executive would become a member of the Joint Committees' Boards in order to ensure there is a stronger national focus to decision making. However, the thinking at the time was that the joint committee functions would not be subsumed into the NHS Executive function. We will continue to look at this as the NHS Executive function develops further and I will update you should there be any change to the direction of travel I indicated in 2019.</p> |             |           | <p>WHSSC arrangements along with other national hosted and specialist advisory functions should be undertaken. WG are in the process of setting up new piece of work to review the national commissioning arrangements in NHS Wales. The scope of this work and a timetable were currently being considered. However, we will be sure to take account of these recommendations as part of the rationale behind the work".</p> <p>Having described the work that was in progress, it was suggested that the recommendations from the Audit Wales report were now completed. The letter was copied to Mr Adrian Crompton, the Auditor General for Wales for assurance. Discussion with WG on the 31 August 2022 confirmed that the recommendations could be categorised as completed.</p> <p><u>WG update received 27 September 2022</u></p> <p>WHSSC received a further update from WG advising that Audit Wales had written to the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services</p> |     |



| Response/ Action | Target Date | Exec Lead | Progress/Comments<br><b>October 2023</b>  | RAG |
|------------------|-------------|-----------|---|-----|
|                  |             |           | <p>Group to express the view that, at this stage, it was premature to consider the recommendations as closed and that they would like to keep them open and receive an update from WG in six months' time. WG have confirmed they are content to accept the suggestion and that WG will provide an update to Audit Wales in six months' time with a view, to closing the recommendations at that point.</p> <p><u>WG Update Received 25 January 2023</u></p> <p>WG informed WHSSC that the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group had written to Audit Wales to provide them with an update on a proposed review of national commissioning functions. Copies of letters issued to NHS Chairs and Chief Executives on 23 January 2023 were included, along with the terms of reference for an independent review which had been agreed by the Minister for Health &amp; Social Services. The review commenced week commencing 23 January and will conclude by April</p> |     |

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|------------------|-------------|-----------|---|-----|
|                  |             |           | <p>2023. The terms of reference were discussed at the NHS Wales Leadership Board 24 January 2023 and NHS organisations confirmed their commitment to participating in the review.</p> <p>An update was given to the Joint Committee on the 17 January 2023.</p> <p><u>WG Update 31 May 2023</u><br/>Meeting with WG confirmed that due to a change in portfolio within the HSSG at WG, Committee Secretary at WHSSC will liaise with Trudi Burton to keep updated on the two recommendations pertaining to the WG to obtain an update for Joint Committee in July 2023.</p> <p><u>WG Update 11 October 2023</u><br/>The Minister for Health &amp; Social Services asked Steve Combe, MBE to undertake an independent review of national commissioning functions at the beginning of this year. Following engagement with stakeholders and analysis of the</p> |     |



GIG  
CYMRU  
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WALES

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

| Response/ Action | Target Date | Exec Lead | Progress/Comments<br>October 2023   | RAG |
|------------------|-------------|-----------|---|-----|
|                  |             |           | <p>evidence, review findings and recommendations were presented to the Minister in May 2023 and were accepted in full. Programme arrangements have been put in place to deliver those recommendations to deliver a new national commissioning joint committee by 1 April 2024. Audit Wales colleagues receive the papers for the overarching, WG Oversight Board for information on a monthly basis.</p> <p>WG have sought clarification from Audit Wales on the detail of the recommendation and WHSSC will be notified once a response is received.</p> |     |

|                            |   |                                     |                                     |                                    |   |
|----------------------------|---|-------------------------------------|-------------------------------------|------------------------------------|---|
| Report Title               | WHSSC Integrated Performance Report – August 2023   |                                     |                                     | Agenda Item                        | 4.1   |
| Meeting Title              | Joint Committee   |                                     |                                     | Meeting Date                       | 21/11/2023                                    |
| FOI Status                 | Open/Public   |                                     |                                     |                                    |   |
| Author (Job title)         | Head of Information   |                                     |                                     |                                    |   |
| Executive Lead (Job title) | Director of Planning & Performance  |                                     |                                     |                                    |   |
|                            |   |                                     |                                     |                                    |   |
| Purpose of the Report      | The purpose of this report is to provide a summary of the performance of WHSSC commissioned services. Further detail by resident Health Board is provided in an accompanying Power BI Dashboard report. |                                     |                                     |                                    |   |
| Specific Action Required   | RATIFY<br><input type="checkbox"/>  | APPROVE<br><input type="checkbox"/> | SUPPORT<br><input type="checkbox"/> | ASSURE<br><input type="checkbox"/> | INFORM<br><input checked="" type="checkbox"/> |

Recommendation(s)

- Members are asked to:
- **Note** the report

# WHSSC INTEGRATED PERFORMANCE REPORT

## AUGUST 2023

### 1.0 SITUATION

This report provides an integrated overview of the performance of services commissioned by WHSSC up to the end of August 2023.

Quality issues, services in escalation, financial performance, recovery rates, access comparisons across Health Boards and waiting lists are considered, along with the relevant Performance Measures set out by Welsh Government.

Breakdowns of the current data (inpatient activity, outpatient activity and patients waiting) by resident Health Board is provided in an associated Power BI report, available online to all direct recipients of this report and their colleagues, upon request. Health Boards can use the filters on that report to see their own individual positions.

### 2.0 BACKGROUND

The performance report is presented on a monthly basis to the WHSSC Corporate Directors Board and Management Group, and presented at each Joint Committee meeting. The purpose of the report is to provide a monthly overview of the performance of commissioned services and the measures that are being taken by the WHSST team with the provider if they are not performing in line with relevant contract requirements and/or Ministerial Measures.

### 3.0 ASSESSMENT

WHSSC has used the national data sources from DHCW, together with monthly contract monitoring information received from providers to inform this report. Members are asked to note that the DHCW data for Admitted Patient Care and Patients Waiting includes all Welsh activity at providers with a WHSSC contract, and also includes some non-specialist activity that may be included in local Health Board contracts. The DHCW data used in this report was refreshed on October 2nd 2023; this data is available to all NHS Wales organisations on an anonymised basis, and is also the data that underlies the Welsh Government statistics reported online.

### 4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report.

| <b>Governance and Assurance</b>   |   |
|---|---|
| <b>Link to Strategic Objectives</b>   |   |
| <b>Strategic Objective(s)</b>   | Implementation of the Plan<br>Governance and Assurance<br>Choose an item.         |
| <b>Link to Integrated Commissioning Plan</b>  | This report provides assurance on delivery of the ICP.                            |
| <b>Health and Care Standards</b>  | Governance, Leadership and Accountability<br>Choose an item.<br>Choose an item.   |
| <b>Principles of Prudent Healthcare</b>   | Reduce inappropriate variation<br>Choose an item.<br>Choose an item.              |
| <b>Institute for HealthCare Improvement Triple Aim</b>                                  | Reducing the per capita cost of health care<br>Choose an item.<br>Choose an item. |
| <b>Organisational Implications</b>  |   |
| <b>Quality, Safety &amp; Patient Experience</b>   | Any issues are identified in the report.  |
| <b>Finance/Resource Implications</b>  | Any issues are identified in the report.  |
| <b>Population Health</b>  | Any issues are identified in the report.  |
| <b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b> | Any issues are identified in the report.  |
| <b>Long Term Implications (incl. WBFG Act 2015)</b>                                     | Any issues are identified in the report.  |
| <b>Report History (Meeting/Date/ Summary of Outcome)</b>                                | Management Group – 26 October 2023  |
| <b>Appendices</b>   | -   |

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# WHSSC Integrated Performance Report

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August 2023

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WHSSC

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## 1. Key Information for August 2023

**Performance risks:** All organisations have recently put forward Financial Improvement Options ("10/20/30") to reduce the system deficit to Welsh Government. Along with the revision to the Welsh Government performance measures at the end of Quarter 1 there are now risks that providers will reduce activity in order to balance financial pressures. These risks will be assessed and reported as the year progresses.

**Services in escalation:** At the end of September there were 9 services in escalation, compared to 9 last month; there were 4 services at level 2, and 5 services at level 3. There is also one related service which is under Welsh Government escalation (North Wales Plastics Outreach clinics). Escalation movements since last month are:

- New escalation of Neonatal Intensive Care (NICU) at C&VUHB
- De-escalation of Ty Lidiard, CTMUHB CAMHS service

The escalation level of Paediatric Intensive Care Unit (PICU) at CVUHB was raised to Level 3 in September, and WHSSC also wrote to the Health Board to escalate Neonatal services to Level 3 in the same month. There are now three Women and Children's services in CVUHB at Level 3 escalation. There are a number of themes underpinning these service risks; namely workforce, financial frameworks and regional service provision. Given the level of concern around these services, a Special WHSSC/CVUHB Exec-to-Exec meeting has been arranged to jointly discuss the issues in the Children's Hospital for Wales and Neonatal services. In terms of process, it has been agreed that all three services will be brought together for the purposes of managing the escalation through monthly meetings covering all three sets of objectives, with action plans which will need to be enhanced to address the underlying themes, particularly around workforce and quality.

**Quality:** There have been 10 incidents recorded within Quarter 1 (April-June 2023), and 14 within Quarter 2. There have been 8 complaints/concerns recorded within Quarter 1 (April-June 2023), and 16 within Quarter 2, 9 of which relate to the Wales Fertility Institute.

**Finance:** The annual budget for WHSSC is currently £1.05 billion, with about a quarter of this relating to EASC and NCCU budgets. The reported variances for Month 5 total a £4.9m overspend to date, with a year-end forecast underspend of £5.2m.

The swing from a current overspend to a forecast underspend is partially because the forecast 22-23 confirmed releases of £13.9m are not yet phased in to the year to date position.

The Welsh provider over performance has continued and is driven by TAVI cases and pass through costs for drugs and blood products. The NHS England provider

performance is also above baseline relations particularly for drugs and devices. The target ICP savings of £9.2m are broadly on track to be achieved.

**Welsh Government performance targets:** At the end of Quarter 1 Welsh Government announced revised Ministerial Measures for 2023/24. The main ones affecting WHSSC services are the requirements to have:

- Improvement towards no patients waiting over 52 weeks for a new outpatient appointment, then leading to no patients waiting over 36 weeks.
- Improvement towards no patients waiting over 104 weeks for treatment (97% expected to achieve this by December 2023, and 99% by March 2024), then leading to no patients waiting over 52 weeks for treatment.
- All main specialty services are meeting the 104 week target, except for Plastic Surgery at Swansea Bay UHB. This service is in escalation (see section below).

### **Key Planned Care Specialties**

**Cardiac Surgery:** By the end of August 2023, waiting lists for Cardiac Surgery treatments had halved at the Welsh providers compared to pre-Covid levels, although the waiting lists have increased at Liverpool Heart & Chest. Very few patients are currently waiting over 36 weeks. Work is underway to investigate the continuing growth in the number of TAVI procedures and resultant impact on Cardiac Surgery as a whole. Both of the South Wales services have been de-escalated from Level 3 to Level 2 (due to quality reasons) in the last quarter.

**Specialised Cardiology:** The volume of specialist cardiology activity at Cardiff and Vale and Swansea Bay University Health Boards is significantly greater than that delivered by other providers, reflecting the greater range of procedures undertaken, population sizes, and the relative stage of development of the different services. Overall inpatient activity through 2021/22, 2022/23 into 2023/24 is relatively flat, noting a degree of (occasionally significant) month-on-month volatility.

**Bariatric Surgery:** The Health Board's significant improvement in meeting contract volumes and waiting times in 2023/24 continues to be evident.

**Thoracic Surgery:** Whilst the Welsh centres are not performing to the full inpatient contract levels, waiting lists have improved compared to pre-Covid figures, and are approximately half of the total at the end of 2019/20. It is important to note that collaborative arrangements are in place between the two South Wales services to use their joint capacity to ensure equitable access.

**Plastic Surgery:** Patients continue to breach the Ministerial Measures waiting times for treatment at Swansea Bay UHB. There were 1,058 patients that were recorded at the end of August that have been waiting for inpatient treatment for over 1 year, including 489 that have been waiting over 2 years. In both categories this is a slight reduction from last month and the number of patients in both categories has been steadily reducing. However, the service have performed a

waiting list cleanse since then and are expecting a significant reduction in the reported figures for next month. The service has cleared the longest waiters for new outpatient appointments and is now achieving the WG performance target of no New outpatient waits over a year. The SBUHB service is at escalation Level 2 for performance reasons.

Small numbers of patients have been formally reported as waiting more than a year for any part of the pathway at Mersey & West Lancashire Trust (formerly known as St. Helens & Knowsley); there are also a small number at Countess of Chester, although this is a local BCU contract and not paid for through WHSSC. The BCUHB part of the North Wales pathway is in escalation via Welsh Government for quality reasons. Following investigation, the waiting times for the West and Central areas of BCUHB are now being reported to Welsh Government by the Health Board (not via the WHSSC contract). There are patients waiting over 156 weeks on the list and a backlog reduction exercise is being planned.

**Paediatric Surgery:** The end of August position at Cardiff & Vale UHB includes 117 patients waiting over 1 year for treatment; however, the 104 week target for inpatient and 52 week target for first outpatient appointments continue to be met. The service is in Escalation level 3. At present the service is meeting the Ministerial Measures but the escalation objective is to return to contract volumes. The provider "10/20/30" options put forward to Welsh Government include choices that reduce the ability to achieve contract volumes in this specialty. In addition, choices have been put forward by both WHSSC and the provider with regard to continued financial support for outsourcing. A paper will be taken to Joint Committee in November to make the choices about this service.

Alder Hey NHS Foundation Trust has reported that activity is higher than pre-Covid and the small number (<5) of patients waiting over 52 weeks was cleared during the summer.

**Paediatric ICU (PICU):** The C&VUHB service was put into escalation Level 3 in September, around 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.

**Neonatal ICU (NICU):** Badgernet is the service that collates all the NICU activity from Welsh providers. The patient level data for analysis has historically been received annually, but it has recently been agreed that WHSSC will receive this monthly going forward. The service was put into escalation Level 3 in September for reasons of quality and cot availability.

**Neurosurgery:** The C&VUHB service have met the Welsh Government target of zero patients waiting over 52 weeks. In August 2023 there were 7 patients waiting over 36 weeks for admission, intentions are that these will be cleared by March 2024.

The Walton Centre performance trajectory was discussed at a recent SLA meeting, there are 2 patient waiting over 52 weeks. There were 22 patients in July 2023 waiting over 36 weeks, the centre still plan to clear the backlog by March 2024. WHSSC will continue to monitor the situation at the regular quarterly SLA meetings.

### **Performance of other areas by exception**

**PET:** Breaches of the 10-day turnaround time for reports have been gradually increasing at all centres. This is due to increased demand over the past 4 years, and scanner breakdowns. A first in the UK digital scanner became live in Cardiff in July 2023. Although image optimisation is still ongoing, the site in Cardiff capacity has increased from 75 to 91 scans per week. Business cases are expected from SBUHB (fully tendered single case) and BCUHB (OBC) in November and September 2023 respectively.

**Artificial Limbs Service:** Posture & Mobility - After an initial lull in referrals since Covid 19, these have now increased again. There has been a significant reduction in numbers waiting since last month with 15 patients waiting over 52 weeks for the North Wales Posture and Mobility services, and 12 in total for the Cardiff/Swansea services.

**CAMHS:** CAMHS Out of Area (OoA) performance is much improved and has been consistently below target for an extended period. The NHS inpatient units are close again to pre-Covid activity levels. The FACTS service was de-escalated completely in August 2023, and Ty Lidiard in September 2023.

**Adult Medium Secure:** While both NHS inpatient units are delivering fewer bed-days than pre-Covid, the use of other providers has increased. Performance meetings are occurring with both units monthly to monitor progress and a repatriation plan is in place for each unit and is on profile.

**Neuropsychiatry:** A risk has been logged internally that Neuropsychiatry patients may not be able to be treated in a timely manner with the appropriate therapy support, due to staffing issues within the Cardiff & Vale service. Consequently, patients may have long waiting times to access the service, and the lack of availability of step down facilities to support the acute centre may also result in delays.

**Renal Network:** There are 3 regional providers of renal activity, with various over and underperforming service areas. Dialysis demand has been increasing over recent years.

**English provider activity (those with a WHSSC contract, DHCW data):** On average, English provider activity is 3% lower to date in 2023/24 than in 2019/20. It is noteworthy that A&E and Trauma are still seeing lower levels within that (15% less to date), which indicates higher recovery in the other treatment specialties.

| Episodes by provider - full years except current year (data: DHCW inpatient episodes) |               |               |               |               |                | 2019/20       | 2021/22       | 2022/23       | 2023/24       | Episodes 2023/24 % |
|---|---------------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|---------------|--------------------|
| Main HB   | 2019/20       | 2021/22       | 2022/23       | 2023/24       | Total          | (M1-5)        | (M1-5)        | (M1-5)        | (M1-5)        | diff from 19/20    |
| ☐   | 4,213         | 3,515         | 3,711         | 1,798         | 13,237         | 1,891         | 1,468         | 1,528         | 1,798         | -5%                |
| ☐ Major North Wales provider  | 14,853        | 12,731        | 13,275        | 5,746         | 46,605         | 6,269         | 5,154         | 5,638         | 5,746         | -8%                |
| ☐ Major Powys provider  | 17,650        | 15,685        | 16,768        | 7,276         | 57,379         | 7,192         | 6,699         | 6,839         | 7,276         | 1%                 |
| <b>Total</b>  | <b>36,716</b> | <b>31,931</b> | <b>33,754</b> | <b>14,820</b> | <b>117,221</b> | <b>15,352</b> | <b>13,321</b> | <b>14,005</b> | <b>14,820</b> | <b>-3%</b>         |

**Summary of main specialty inpatient activity and waiting lists (DHCW data):**

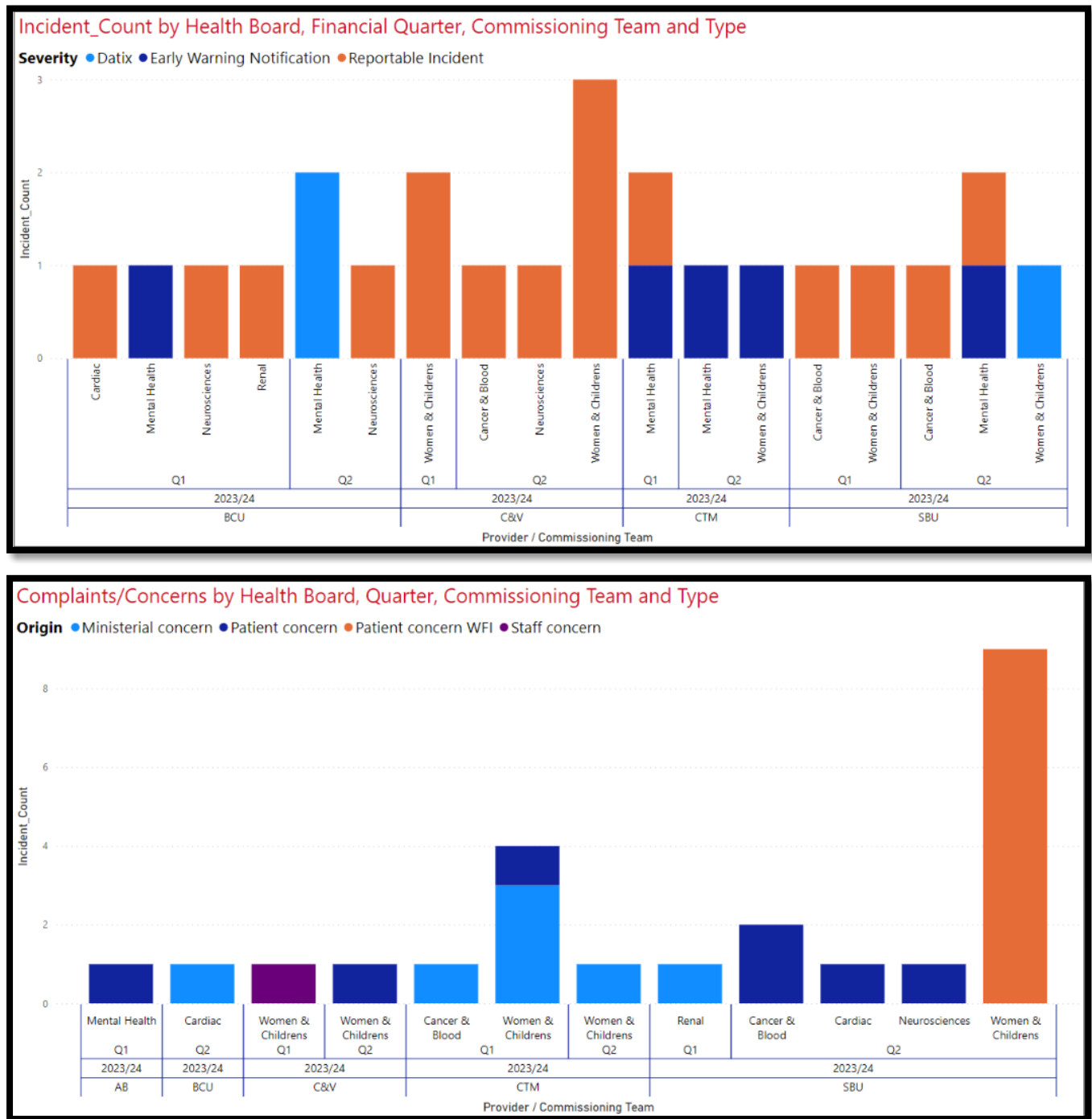
| Episode comparison to current month (DHCW data warehouse) |                             |                             |                             |                             |                                    | Current Waiting List totals (DHCW data) |                    |                    |              |              |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------------|---|--------------------|--------------------|--------------|--------------|
| Specialty_WHSSC   | Episodes for 2019/20 (M1-5) | Episodes for 2021/22 (M1-5) | Episodes for 2022/23 (M1-5) | Episodes for 2023/24 (M1-5) | Episodes 2023/24 % diff from 19/20 | 202304 Admitted diagnostic intervention | FUP OP appointment | New OP appointment | Unknown      | Total        |
| ☐ <b>Cardiac Surgery</b>                                  | <b>892</b>                  | <b>748</b>                  | <b>749</b>                  | <b>762</b>                  | <b>-15%</b>                        | <b>119</b>                              | <b>62</b>          | <b>97</b>          | <b>224</b>   | <b>502</b>   |
| Cardiff and Vale University Local Health Board            | 356                         | 285                         | 251                         | 275                         | -23%                               | 81                                      | 35                 | 45                 |              | 161          |
| Liverpool Heart And Chest Hospital nhs foundatio          | 181                         | 203                         | 184                         | 199                         | 10%                                |   |                    |                    | 213          | 213          |
| Swansea Bay University Local Health Board                 | 298                         | 214                         | 246                         | 240                         | -19%                               | 38                                      | 27                 | 52                 |              | 117          |
| University Hospitals Birmingham Nhs Foundation t          | 27                          | 23                          | 37                          | 30                          | 11%                                |   |                    |                    | 8            | 8            |
| University Hospitals Of North Midlands nhs trust          | 30                          | 23                          | 31                          | 18                          | -40%                               |   |                    |                    | 3            | 3            |
| ☐ <b>Neurosurgery</b>                                     | <b>1,440</b>                | <b>1,215</b>                | <b>1,183</b>                | <b>1,215</b>                | <b>-16%</b>                        | <b>226</b>                              | <b>120</b>         | <b>466</b>         | <b>505</b>   | <b>1,317</b> |
| Cardiff and Vale University Local Health Board            | 919                         | 769                         | 747                         | 782                         | -15%                               | 226                                     | 120                | 466                |              | 812          |
| The Walton Centre Nhs Foundation trust                    | 456                         | 389                         | 377                         | 371                         | -19%                               |   |                    |                    | 484          | 484          |
| University Hospitals Of North Midlands nhs trust          | 65                          | 57                          | 59                          | 62                          | -5%                                |   |                    |                    | 21           | 21           |
| ☐ <b>Paediatric Surgery</b>                               | <b>1,257</b>                | <b>952</b>                  | <b>958</b>                  | <b>974</b>                  | <b>-23%</b>                        | <b>521</b>                              | <b>73</b>          | <b>300</b>         | <b>90</b>    | <b>984</b>   |
| Alder Hey Children's Nhs Foundation trust                 | 192                         | 155                         | 151                         | 178                         | -7%                                |   |                    |                    | 90           | 90           |
| Cardiff and Vale University Local Health Board            | 1,065                       | 797                         | 807                         | 796                         | -25%                               | 521                                     | 73                 | 300                |              | 894          |
| ☐ <b>Plastic Surgery</b>                                  | <b>4,796</b>                | <b>3,569</b>                | <b>3,705</b>                | <b>3,972</b>                | <b>-17%</b>                        | <b>2,645</b>                            | <b>243</b>         | <b>1,175</b>       | <b>600</b>   | <b>4,663</b> |
| Countess Of Chester Hospital Nhs foundation trus          | 275                         | 211                         | 210                         | 274                         | -0%                                |   |                    |                    | 168          | 168          |
| Mersey and West Lancashire nhs trust                      | 603                         | 432                         | 479                         | 567                         | -6%                                |   |                    |                    | 432          | 432          |
| Swansea Bay University Local Health Board                 | 3,918                       | 2,926                       | 3,016                       | 3,131                       | -20%                               | 2,645                                   | 243                | 1,175              |              | 4,063        |
| ☐ <b>Thoracic Surgery</b>                                 | <b>580</b>                  | <b>561</b>                  | <b>540</b>                  | <b>570</b>                  | <b>-2%</b>                         | <b>61</b>                               | <b>93</b>          | <b>88</b>          | <b>21</b>    | <b>263</b>   |
| Cardiff and Vale University Local Health Board            | 270                         | 282                         | 261                         | 270                         | 0%                                 | 41                                      | 79                 | 66                 |              | 186          |
| Liverpool Heart And Chest Hospital nhs foundatio          | 92                          | 120                         | 99                          | 114                         | 24%                                |   |                    |                    | 21           | 21           |
| Swansea Bay University Local Health Board                 | 205                         | 151                         | 162                         | 179                         | -13%                               | 20                                      | 14                 | 22                 |              | 56           |
| University Hospitals Of North Midlands nhs trust          | 13                          | 8                           | 18                          | 7                           | -46%                               |   |                    |                    |              |              |
| <b>Total Specialty</b>                                    | <b>8,965</b>                | <b>7,045</b>                | <b>7,135</b>                | <b>7,493</b>                | <b>-16%</b>                        | <b>3,572</b>                            | <b>591</b>         | <b>2,126</b>       | <b>1,440</b> | <b>7,729</b> |

## 2. Overview of services in escalation

| Escalation level | Movement | 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  |
| None             | down     | CTM UHB            | CAMHS (Ty Lidiard)              | In escalation since March 2018 due to unexpected patient death and patient safety concerns; implementation of Medical Emergency Response SOP by CTM, and recruitment/Estates issues addressed, leading to de-escalation to level 3 in December 2022, and to level 2 in July 2023  |
| Level 3          | New      | 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 3          | 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. |
| Level 3          | 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.   |
| Level 2          | same     | Cardiff & Vale UHB | AWLP (All-Wales Lymphoma Panel) | In escalation since April 2023 due to a drop in performance, including the 7 day turn-around time target. Escalation meetings will be held to monitor progress.   |
| 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    | 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; weekly performance data being received   |
| <b>Total</b>     |          |                    |                                 |   |

Please see the bi-monthly Quality & Patient Safety (QPS) reports from the Quality team for more details.

### 3. Quality Dashboard



There have been 10 incidents recorded within Quarter 1 (April-June 2023), and 14 within Quarter 2. There have been 8 complaints/concerns recorded within Quarter 1 (April-June 2023), and 16 within Quarter 2, 9 of which relate to the Wales Fertility Institute.

Please see the bi-monthly Quality & Patient Safety (QPS) reports from the Quality team for more details.



## 4. Financial Summary

| Heading  | Annual Budget £'000 | Actual to Date £'000 | Variance to date £'000 | Forecast Variance Year-end £'000 |
|--|---------------------|----------------------|------------------------|----------------------------------|
| <b>Income</b>                                    | <b>(1,046,005)</b>  | <b>(435,835)</b>     | <b>(4,895)</b>         | <b>5,243</b>                     |
| <b>Spend - NHS Wales</b>                         |                     |                      |                        |                                  |
| Aneurin Bevan Health Board                       | 11,914              | 4,964                | -                      | -                                |
| Betsi Cadwaladr University Health Board Provider | 47,822              | 20,308               | 382                    | 917                              |
| Cardiff & Vale University Health Board           | 291,781             | 124,849              | 3,274                  | 7,857                            |
| Cwm Taf Morgannwg University Health Board        | 11,202              | 4,668                | -                      | -                                |
| Hywel Dda Health Board                           | 2,110               | 879                  | -                      | -                                |
| Swansea Bay University Health Board              | 121,226             | 51,950               | 1,439                  | 3,453                            |
| Velindre NHS Trust                               | 56,290              | 23,702               | 248                    | 805                              |
| <b>Total</b>                                     | <b>542,344</b>      | <b>231,319</b>       | <b>5,342</b>           | <b>13,032</b>                    |
| <b>Spend - Other</b>                             |                     |                      |                        |                                  |
| 2021/22 Reserves                                 | -                   | -                    | -                      | (13,962)                         |
| 2022/23 Plan Developments                        | 32,542              | 9,110                | (4,449)                | (8,882)                          |
| Direct Running Costs                             | 4,857               | 2,164                | 141                    | (32)                             |
| EASC (incl WAST and EASC/QAT team costs)         | 252,672             | 105,284              | 4                      | -                                |
| IPFR   | 42,981              | 18,350               | 441                    | (248)                            |
| IVF  | 5,071               | 2,141                | 28                     | 202                              |
| Mental Health                                    | 42,519              | 17,685               | (31)                   | 905                              |
| Non Welsh SLAs                                   | 129,569             | 56,775               | 2,787                  | 3,020                            |
| Phasing adjustment                               | -                   | -                    | -                      | -                                |
| Prior Year Developments                          | (11,510)            | (4,078)              | 717                    | 676                              |
| Renal  | 4,959               | 1,981                | (85)                   | 45                               |
| <b>Total</b>                                     | <b>503,660</b>      | <b>209,411</b>       | <b>(448)</b>           | <b>(18,275)</b>                  |
| <b>Total</b>                                     | <b>(0)</b>          | <b>4,895</b>         | <b>0</b>               | <b>0</b>                         |

The annual budget for WHSSC is currently £1.05 billion, with about a quarter of this relating to EASC and NCCU budgets. The reported variances for Month 5 total a £4.9m overspend to date, with a year-end forecast underspend of £5.2m.

The swing from a current overspend to a forecast underspend is partially because the forecast 22-23 confirmed releases of £13.9m are not yet phased in to the year to date position.

The Welsh provider over performance has continued and is driven by TAVI cases and pass through costs for drugs and blood products. The NHS England provider performance is also above baseline relations particularly for drugs and devices. The target ICP savings of £9.2m are broadly on track to be achieved.

Please see the monthly Finance report and Risk-sharing tables for more details.

## 5. Welsh Government Performance measures

New performance measures were announced by Welsh Government in January 2022, with a new Performance Framework for 2022/23. Some targets were amended in June 2023/24 for this current financial year. The measures relevant to WHSSC activity are listed below:

| Performance Measure   | Target   | Reporting Frequency | Source  | Ministerial Priority                                  | Status  |
|---|--|---------------------|---|---|---------|
| 28 Number of patients waiting more than 52 weeks for a new outpatient appointment   | Improvement trajectory towards a national target of zero | Monthly             | Referral to Treatment (combined) Dataset (DHCW) | Planned Care Recovery, Diagnostics & Pathways of Care | Revised |
| <b>Rationale:</b> The number of patients waiting for a new outpatient appointment has increased year on year whilst capacity has been unable to meet demand. NHS organisations are required to improve service planning and clinical pathways to deliver sustainable planned care services, where waiting lists are reduced to a manageable level.  |  |                     |   |   |         |
| 29 Number of patients waiting more than 36 weeks for a new outpatient appointment   | Improvement trajectory towards a national target of zero | Monthly             | Referral to Treatment (combined) Dataset (DHCW) | Planned Care Recovery, Diagnostics & Pathways of Care | New     |
| <b>Rationale:</b> As above.   |  |                     |   |   |         |
| 31 Number of patients waiting more than 104 weeks for referral to treatment   | Improvement trajectory towards a national target of zero | Monthly             | Referral to Treatment (combined) Dataset (DHCW) | Planned Care Recovery, Diagnostics & Pathways of Care | Revised |
| <b>Rationale:</b> Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services. |  |                     |   |   |         |
| 32 Number of patients waiting more than 52 weeks for referral to treatment  | Improvement trajectory towards a national target of zero | Monthly             | Referral to Treatment (combined) Dataset (DHCW) | Planned Care Recovery, Diagnostics & Pathways of Care | New     |
| <b>Rationale:</b> As above.   |  |                     |   |   |         |

Welsh Government have confirmed that there are no target dates for the revised targets, but they expect over 97% of NHS Wales services to meet the 104 week treatment target by December 2023, and 99% by March 2024.


Most services are meeting the required trajectories; please see the detailed pages in the underlying WHSSC Performance Dashboard report in Power BI for specific figures, including splits by resident Health Board.

The exceptions/services worth noting are (August 2023 DHCW data):

- Plastic Surgery (Swansea Bay UHB) – 1,058 waiting over 52 weeks for treatment, including 489 waiting over 104 weeks
- Paediatric Surgery (Cardiff & Vale UHB) – 117 waiting over 52 weeks for treatment
- English providers – of the main specialist specialties that WHSSC reports on, there were 113 patients that had been waiting longer than 52 weeks in

total across all parts of the pathway (ie. inpatients and outpatients totalled together).

## 6. Service Performance Scorecard

|  Priflywod Gwasanaethau Iechyd<br>Arbenigol Cymru (PGIAC)<br>Welsh Health Specialised<br>Services Committee (WHSSC) |                                   |                  |             |            |          |   |          |   |          |   |                 |
|--|-----------------------------------|------------------|-------------|------------|----------|---|----------|---|----------|---|-----------------|
| Performance Scorecard  |                                   |                  |             |            |          |   |          |   |          |   |                 |
| Specialty / Provider Name  | Measure                           | Tolerance Levels |             |            | Jun 2023 |   | Jul 2023 |   | Aug 2023 |   | Latest Movement |
| Cardiac Surgery  | RTT < 36 weeks - admissions       | <95%             | 95-99%      | 100%       | 88.33%   | ✗ | 86.53%   | ✗ | 94.22%   | ✗ | ↑               |
| Cardiothoracic Surgery   | RTT < 36 weeks - admissions       | <95%             | 95-99%      | 100%       | 93.33%   | ✗ | 92.31%   | ✗ | NaN      |   | ↓               |
| Neurosurgery   | RTT < 36 weeks - admissions       | <95%             | 95-99%      | 100%       | 96.42%   | ⚠ | 96.70%   | ⚠ | 99.11%   | ⚠ | ↑               |
| Paediatric Surgery   | RTT < 36 weeks - admissions       | <95%             | 95-99%      | 100%       | 75.82%   | ✗ | 74.60%   | ✗ | 71.17%   | ✗ | ↓               |
| Plastic Surgery  | RTT < 36 weeks - admissions       | <95%             | 95-99%      | 100%       | 60.82%   | ✗ | 62.53%   | ✗ | 61.98%   | ✗ | ↓               |
| Spinal Surgery Service   | RTT < 36 weeks - admissions       | <95%             | 95-99%      | 100%       | 90.00%   | ✗ | 88.89%   | ✗ | NaN      |   | ↓               |
| Thoracic Surgery   | RTT < 36 weeks - admissions       | <95%             | 95-99%      | 100%       | 95.62%   | ⚠ | 94.86%   | ✗ | 95.74%   | ⚠ | ↑               |
| Bariatric Surgery  | RTT < 36 weeks - admissions       | <95%             | 95-99%      | 100%       | 68.25%   | ✗ | 64.52%   | ✗ | 65.08%   | ✗ | ↑               |
| PET Scans  | Pet scan < 10 days after referral | <90%             | 90-95%      | >=95%      | 72.54%   | ✗ | 66.19%   | ✗ |          |   |                 |
| Posture & Mobility RTT - Adult   | RTT < 36 weeks                    | <90%             | 90-95%      | >=95%      | 94.28%   | ⚠ | 94.63%   | ⚠ |          |   |                 |
| Posture & Mobility RTT - Paeds   | RTT < 36 weeks                    | <90%             | 90-95%      | >=95%      | 96.97%   | ✓ | 96.72%   | ✓ |          |   |                 |
| CAMHS Beddays (excl. Out of Area)  | NHS Beddays against contract      | <85% >105%       | < 90% >100% | 90% - 100% | 63.51%   | ✗ | 78.68%   | ✗ | 82.28%   | ✗ | ↑               |
| CAMHS Home Leave (excl. Out of Area)   | NHS Home Leave against total      | <20% >40%        | <25% >35%   | 25%-35%    | 24.46%   | ⚠ | 24.04%   | ⚠ | 16.34%   | ✗ | ↓               |
| Medium Secure Beddays  | NHS Beddays against contract      | <90% >110%       | < 95% >105% | 95% - 105% | 79.62%   | ✗ | 78.29%   | ✗ | 78.05%   | ✗ | ↓               |

|  Priflywod Gwasanaethau Iechyd<br>Arbenigol Cymru (PGIAC)<br>Welsh Health Specialised<br>Services Committee (WHSSC) |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
| Welsh Government Post COVID Targets  |  |  |  |  |  |  |  |  |  |  |  |

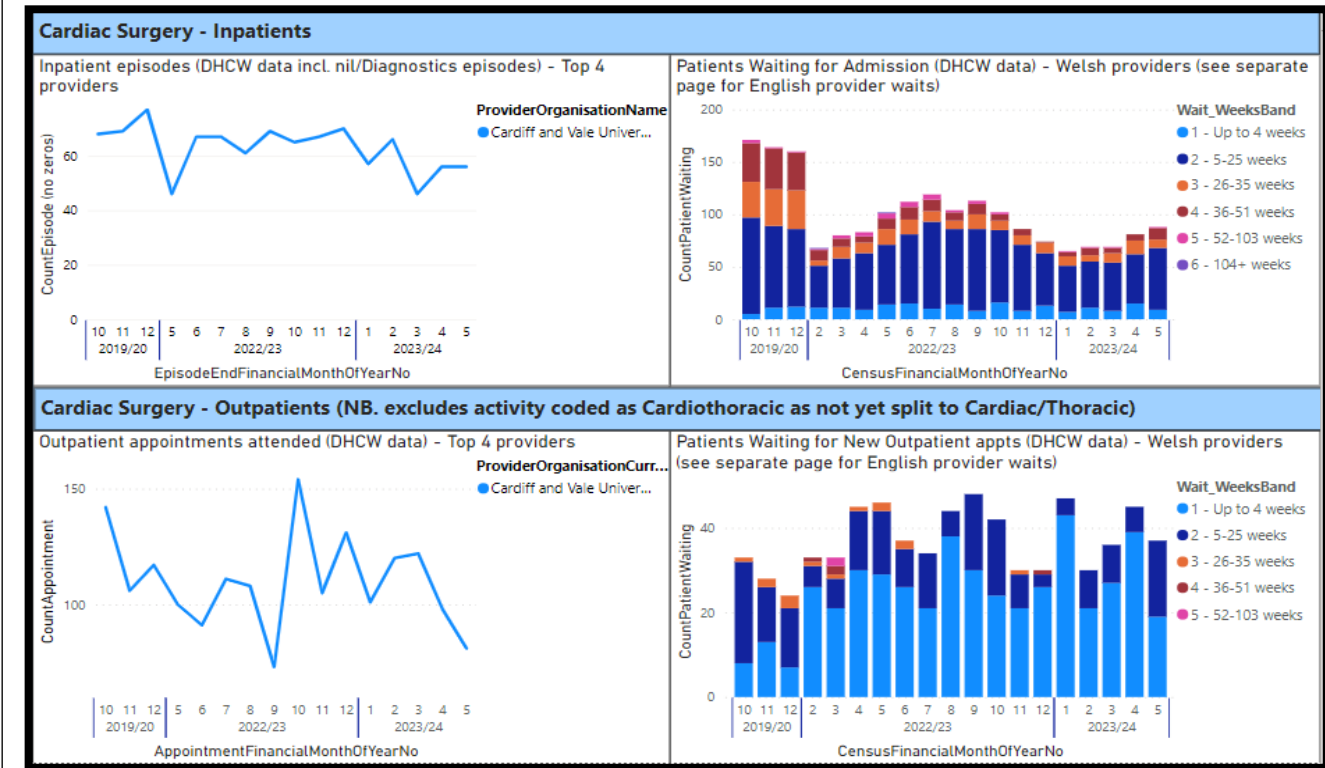
|                                     |                              |      |        |      |         |   |         |   |         |   |   |
|-------------------------------------|------------------------------|------|--------|------|---------|---|---------|---|---------|---|---|
| Cardiac Surgery                     | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | 100.00% | ✓ | → |
| Cardiothoracic Surgery              | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | #DIV/0! |   | → |
| Neurosurgery                        | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | 100.00% | ✓ | → |
| Paediatric Surgery                  | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | 100.00% | ✓ | → |
| Plastic Surgery                     | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 89.21%  | ✗ | 89.37%  | ✗ | 88.28%  | ✗ | ↓ |
| Spinal Surgery Service              | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | #DIV/0! |   | → |
| Thoracic Surgery                    | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | 100.00% | ✓ | → |
| Bariatric Surgery - Swansea Bay UHB | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | 100.00% | ✓ | → |
| Bariatric Surgery - Salford Royal   | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | 100.00% | ✓ | → |
| Cardiac Surgery                     | RTT < 52 weeks - admissions  | <95% | 95-99% | 100% | 96.69%  | ⚠ | 96.13%  | ⚠ | 99.66%  | ⚠ | ↑ |
| Cardiothoracic Surgery              | RTT < 52 weeks - admissions  | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | #DIV/0! |   | → |
| Neurosurgery                        | RTT < 52 weeks - admissions  | <95% | 95-99% | 100% | 99.77%  | ⚠ | 99.63%  | ⚠ | 100.00% | ✓ | ↑ |
| Paediatric Surgery                  | RTT < 52 weeks - admissions  | <95% | 95-99% | 100% | 88.88%  | ✗ | 87.96%  | ✗ | 86.59%  | ✗ | ↓ |
| Plastic Surgery                     | RTT < 52 weeks - admissions  | <95% | 95-99% | 100% | 75.08%  | ✗ | 76.29%  | ✗ | 74.01%  | ✗ | ↓ |
| Spinal Surgery Service              | RTT < 52 weeks - admissions  | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | #DIV/0! |   | → |
| Thoracic Surgery                    | RTT < 52 weeks - admissions  | <95% | 95-99% | 100% | 98.99%  | ⚠ | 98.97%  | ⚠ | 98.72%  | ⚠ | ↓ |
| Bariatric Surgery                   | RTT < 52 weeks - admissions  | <95% | 95-99% | 100% | 87.30%  | ✗ | 82.26%  | ✗ | 84.13%  | ✗ | ↓ |
| Cardiac Surgery                     | < 36 weeks for First OP      | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | 98.86%  | ⚠ | ↓ |
| Neurosurgery                        | < 36 weeks for First OP      | <95% | 95-99% | 100% | 100.00% | ✓ | 99.79%  | ⚠ | 100.00% | ✓ | ↑ |
| Paediatric Surgery                  | < 36 weeks for First OP      | <95% | 95-99% | 100% | 91.69%  | ✗ | 90.10%  | ✗ | 89.03%  | ✗ | ↓ |
| Plastic Surgery                     | < 36 weeks for First OP      | <95% | 95-99% | 100% | 91.31%  | ✗ | 91.84%  | ✗ | 92.31%  | ✗ | ↑ |
| Thoracic Surgery                    | < 36 weeks for First OP      | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | 100.00% | ✓ | → |
| Bariatric Surgery - Swansea Bay UHB | < 36 weeks for First OP      | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | 100.00% | ✓ | → |
| Cardiac Surgery                     | < 52 weeks for First OP      | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | 100.00% | ✓ | → |
| Neurosurgery                        | < 52 weeks for First OP      | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | 100.00% | ✓ | → |
| Paediatric Surgery                  | < 52 weeks for First OP      | <95% | 95-99% | 100% | 99.75%  | ⚠ | 98.98%  | ⚠ | 97.39%  | ⚠ | ↓ |
| Plastic Surgery                     | < 52 weeks for First OP      | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | 100.00% | ✓ | → |
| Thoracic Surgery                    | < 52 weeks for First OP      | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | 100.00% | ✓ | → |
| Bariatric Surgery - Swansea Bay UHB | < 52 weeks for First OP      | <95% | 95-99% | 100% | 100.00% | ✓ | 100.00% | ✓ | 100.00% | ✓ | → |

## 7. Specific Service details

### 7.1 Cardiac Surgery

#### Cardiff & Vale UHB - Performance data and forecasts

Cardiac Surgery current performance:



Waiting list analysis:

| CensusFinancialYearStyle                       | 2023/24 | 2023/24 | 2023/24 | 2023/24 | 2023/24 |
|--|---------|---------|---------|---------|---------|
| Specialty_WHSSC                                | 202301  | 202302  | 202303  | 202304  | 202305  |
| Cardiac Surgery                                | 132     | 127     | 144     | 165     | 164     |
| Cardiff and Vale University Local Health Board | 132     | 127     | 144     | 165     | 164     |
| Admitted diagnostic intervention               | 65      | 69      | 69      | 81      | 88      |
| Diagnostic                                     | 1       | 1       | 2       | 4       | 2       |
| FUP OP appointment                             | 19      | 27      | 37      | 35      | 37      |
| New OP appointment                             | 47      | 30      | 36      | 45      | 37      |
| Total  | 132     | 127     | 144     | 165     | 164     |

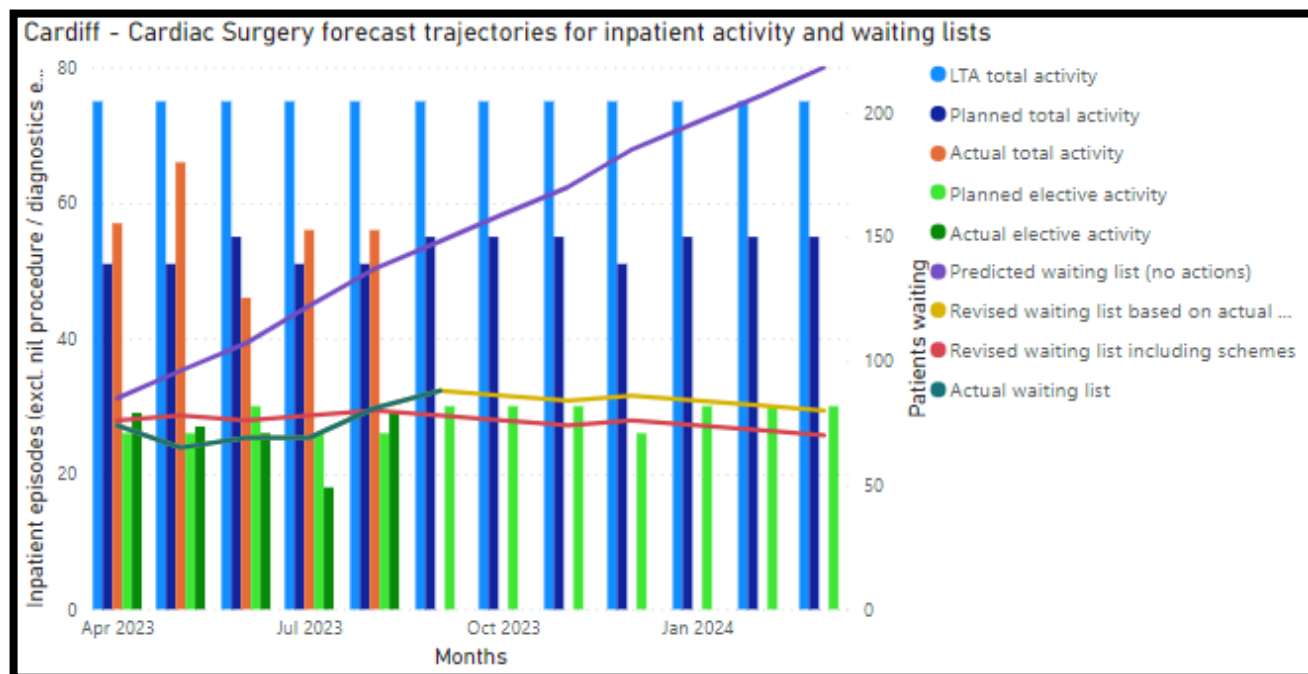
| CensusFinancialYearStyle                       | 2023/24 | 2023/24 | 2023/24 | 2023/24 | 2023/24 |
|--|---------|---------|---------|---------|---------|
| Specialty_WHSSC                                | 202301  | 202302  | 202303  | 202304  | 202305  |
| Cardiac Surgery                                | 132     | 127     | 144     | 165     | 164     |
| Cardiff and Vale University Local Health Board | 132     | 127     | 144     | 165     | 164     |
| 1 - Up to 4 weeks                              | 52      | 36      | 43      | 56      | 35      |
| 2 - 5-25 weeks                                 | 65      | 73      | 81      | 80      | 100     |
| 3 - 26-35 weeks                                | 10      | 10      | 14      | 18      | 13      |
| 4 - 36-51 weeks                                | 4       | 7       | 5       | 10      | 15      |
| 5 - 52-103 weeks                               | 1       | 1       | 1       | 1       | 1       |
| Total  | 132     | 127     | 144     | 165     | 164     |

#### Current Performance

As noted in previous iterations of this report, following a period of declining waits – arising from an agreement with SBUHB that CTMUHB cardiac surgery patients (excluding PMVR) would be referred to SBUHB and the concurrent engagement by CVUHB of a team of agency scrub staff – inpatient waits have begun to increase. Although the agency staff were only planned to be in place until the end of June 2023, their contract has been extended, and WHSSC has been advised that recent falls in activity have been a result of staff availability, specifically anaesthetists and ODP's. The cardiac surgery service is working with the Cardiff and Vale University Health Board Surgical Clinical Board to try and find a resolution, whilst two additional anaesthetists have been advertised to help plug the gaps. In addition, Cardiff and Vale have highlighted evidence that referrals have still not returned to pre-pandemic levels.

Waits will continue to be monitored via Risk, Recovery and Assurance meetings with a view to ensuring that recent progress is maintained, and mindful of the potential to reinstate the agreement with SBUHB – who have advised of continuing capacity – if required.

## Cardiac Surgery 2023/24 forecasts:



## What actions are WHSSC taking?

WHSSC is continuing to investigate the growth in the number of TAVI procedures, the profile of devices employed, and any resultant impact on the volume of WHSSC-commissioned cardiac surgery. It was agreed in January 2023 that this work would be taken forward as a two-phase review.

Phase 1 - which is underway at the time of writing - will seek to re-baseline the TAVI/cardiac surgery contract, ascertain whether the TAVI policy remains fit for purpose, and consider the differential costs of TAVI valve types. The outcomes of Phase 1 will be reported in due course.

## What are the main areas of risk?

At this point, Cardiff looks on track to hit the WG target of no waiters for admissions over 52 weeks, with just 1 patient waiting over this at the end of August 2023.

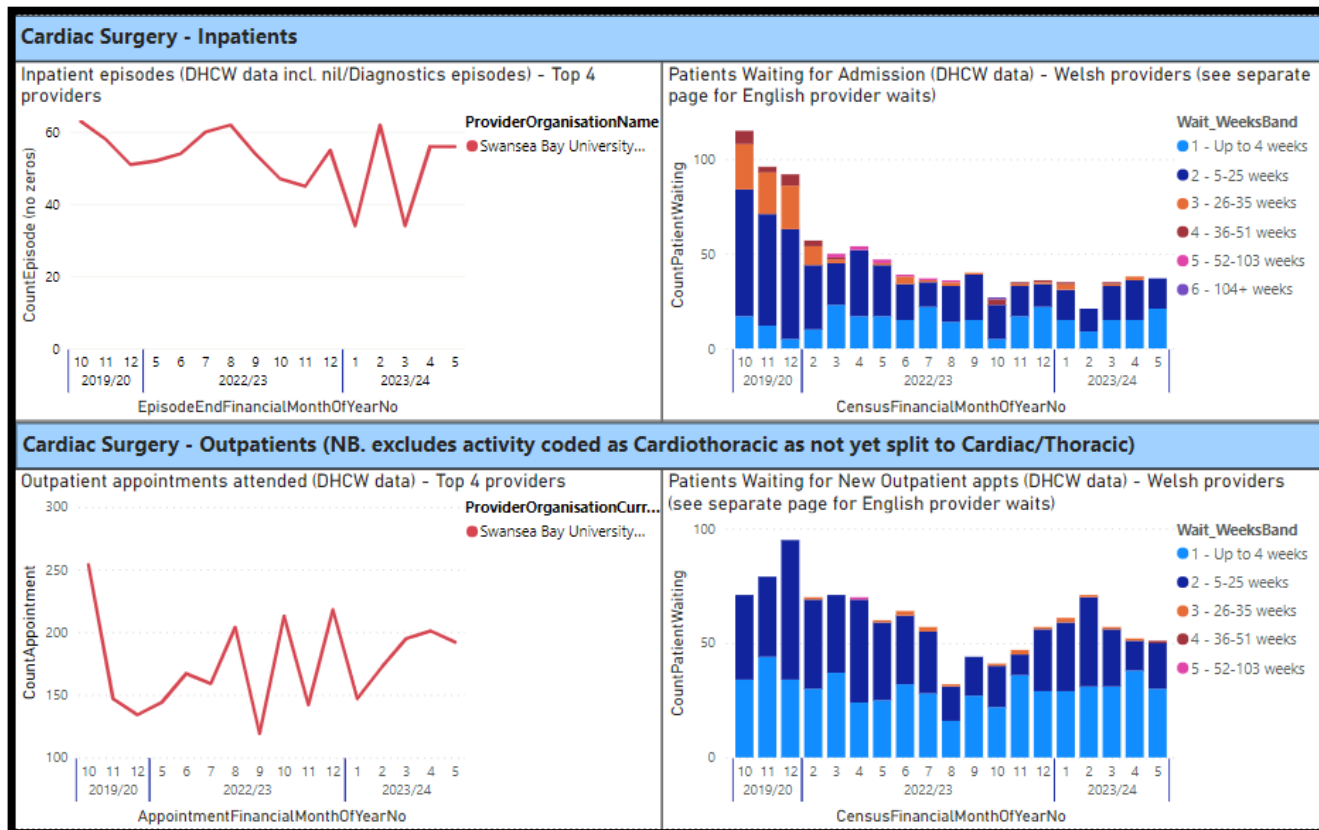
The service is not planning to meet the contracted inpatient levels, but lower demand is currently allowing the levels of patients waiting not to increase.

However, the Health Board forecasts includes assumptions of additional activity through a sustainable theatre staffing/agency scheme, plus the recruitment of a 6<sup>th</sup> consultant. If these do not materialise, the waiting lists would increase.



## Swansea Bay UHB - Performance data and forecasts

Cardiac Surgery current performance:



## Current Performance

The data indicates a decrease in the number of inpatient waiters though 2022/23, followed by a more variable picture during 2023/24. A recent decrease in the number of outpatient waiters is also evident. Both inpatient and outpatient waits are notable for the very small number of longer waiters, with the majority of patients waiting up to 4 weeks, or between 4 and 25 weeks.

The cardiac surgery service has highlighted that it has additional inpatient capacity, which has been offered to NHSE cardiac surgery centres as a way of ameliorating ongoing service pressures. At the time of writing, it is understood that this offer is yet to be taken up. The monitoring of Welsh patients will continue to be undertaken via cardiac services Risk, Assurance and Recovery meetings, which are also used to monitor the Cardiac Surgery service's current escalation level.

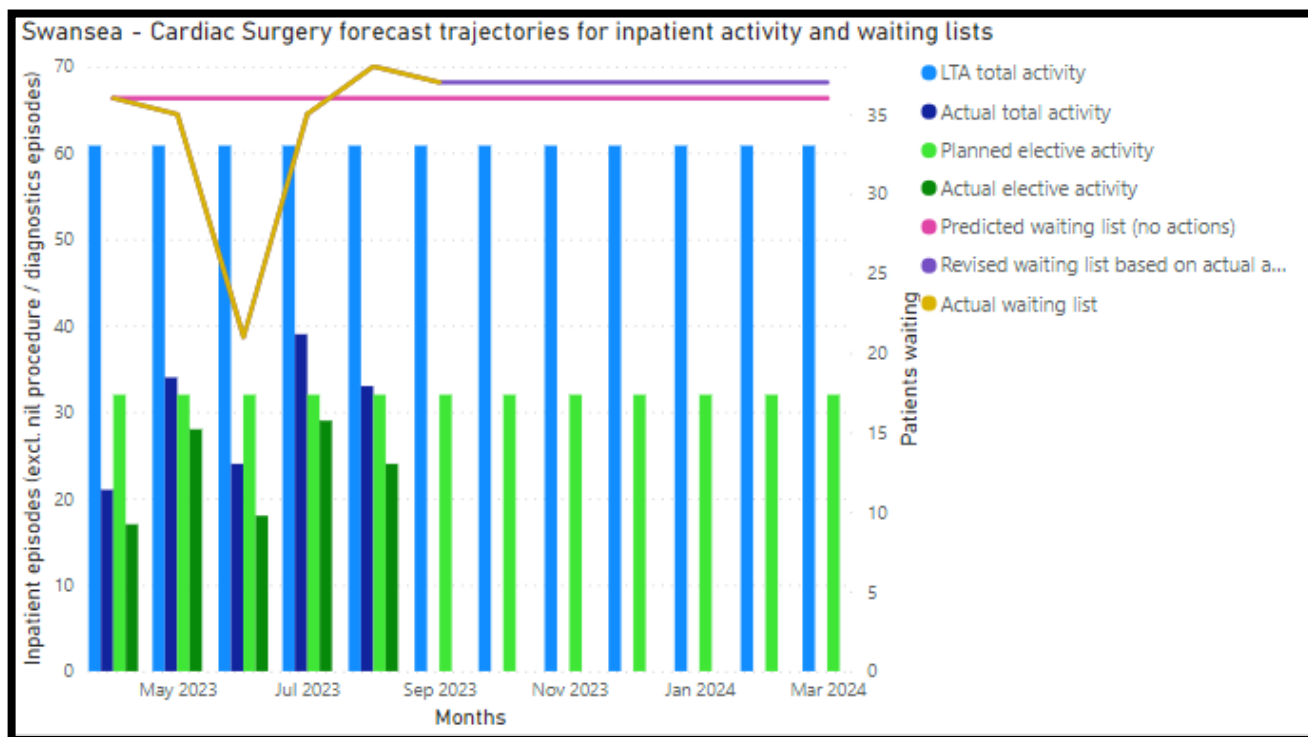
## Waiting list analysis:

| CensusFinancialYearStyle                  | 2023/24 | 202301 | 202302 | 202303 | 202304 | 202305 |
|---|---------|--------|--------|--------|--------|--------|
| Specialty_WHSSC                           | 202301  | 202302 | 202303 | 202304 | 202305 |        |
| Cardiac Surgery                           | 134     | 130    | 135    | 127    | 130    |        |
| Swansea Bay University Local Health Board | 134     | 130    | 135    | 127    | 130    |        |
| Admitted diagnostic intervention          | 35      | 21     | 35     | 38     | 37     |        |
| Diagnostic                                | 8       | 13     | 16     | 10     | 14     |        |
| FUP OP appointment                        | 30      | 25     | 27     | 27     | 28     |        |
| New OP appointment                        | 61      | 71     | 57     | 52     | 51     |        |
| Total                                     | 134     | 130    | 135    | 127    | 130    |        |

| CensusFinancialYearStyle                  | 2023/24 | 202301 | 202302 | 202303 | 202304 | 202305 |
|---|---------|--------|--------|--------|--------|--------|
| Specialty_WHSSC                           | 202301  | 202302 | 202303 | 202304 | 202305 |        |
| Cardiac Surgery                           | 134     | 130    | 135    | 127    | 130    |        |
| Swansea Bay University Local Health Board | 134     | 130    | 135    | 127    | 130    |        |
| 1 - Up to 4 weeks                         | 52      | 49     | 56     | 62     | 56     |        |
| 2 - 5-25 weeks                            | 73      | 76     | 74     | 61     | 68     |        |
| 3 - 26-35 weeks                           | 6       | 4      | 3      | 3      | 5      |        |
| 4 - 36-51 weeks                           | 3       | 1      | 2      | 1      | 1      |        |
| Total                                     | 134     | 130    | 135    | 127    | 130    |        |

## Cardiac Surgery 2023/24 forecasts:



### What actions are WHSSC taking?

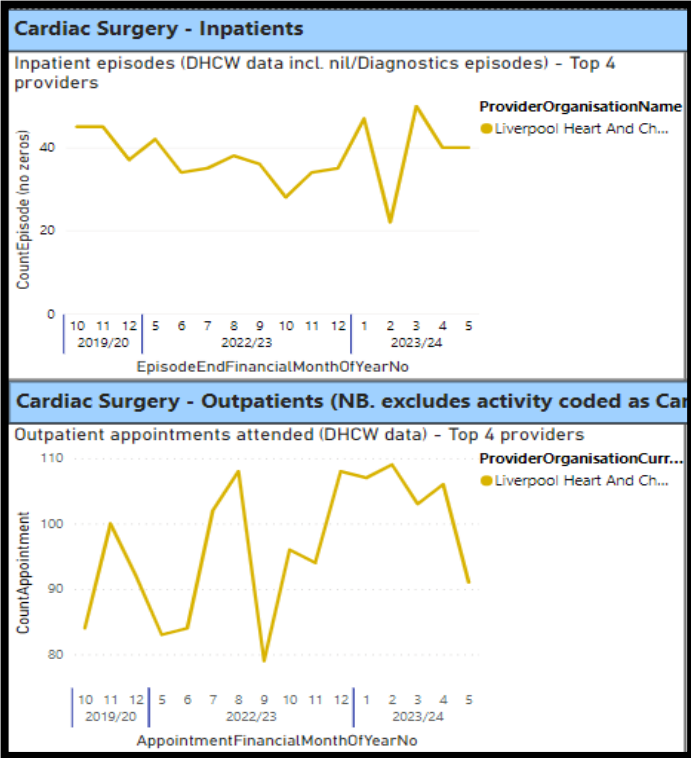
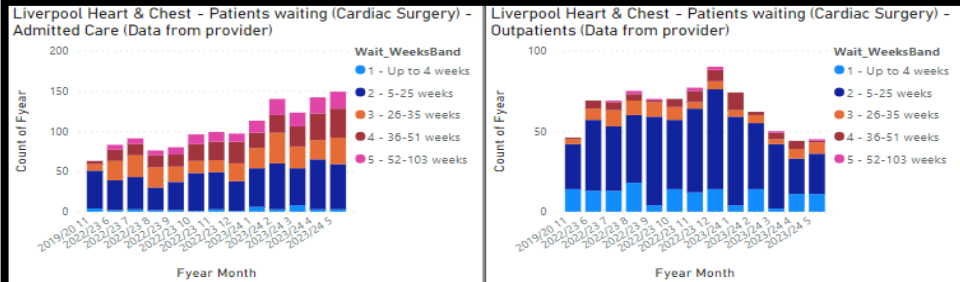
WHSSC is continuing to investigate the growth in the number of TAVI procedures, the profile of devices employed, and any resultant impact on the volume of WHSSC-commissioned cardiac surgery. It was agreed in January 2023 that this work would be taken forward as a two-phase review.

Phase 1 - which is underway at the time of writing - will seek to re-baseline the TAVI/cardiac surgery contract, ascertain whether the TAVI policy remains fit for purpose, and consider the differential costs of TAVI valve types. The outcomes of Phase 1 will be reported in due course.

### What are the main areas of risk?

Swansea Bay has hit the WG target of no waiters for admissions over 52 weeks, with the longest current waiters being 16 patients in the 5-25 week wait band.

The service is not planning to meet the contracted inpatient levels, but demand is also appearing lower, hence the waiting lists do not appear to be affected adversely.

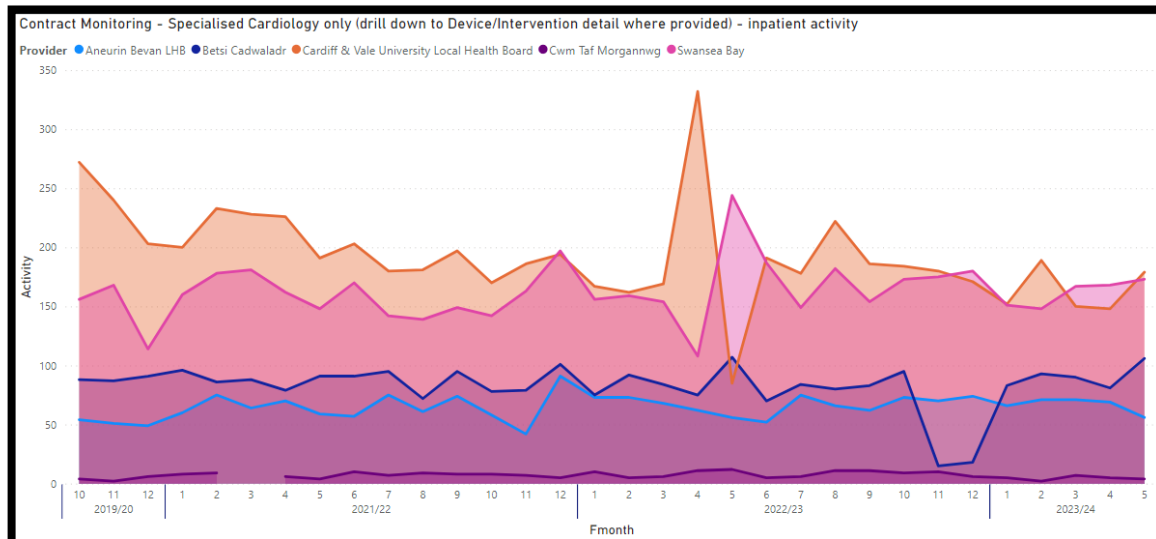
| Liverpool Heart & Chest - Performance data and forecasts  | Current Performance   |
|---|---|
| <p>Cardiac Surgery current performance:</p>  <p><b>Cardiac Surgery - Inpatients</b><br/>Inpatient episodes (DHCW data incl. nil/Diagnostics episodes) - Top 4 providers</p> <p><b>Cardiac Surgery - Outpatients (NB. excludes activity coded as Cardiac Surgery)</b><br/>Outpatient appointments attended (DHCW data) - Top 4 providers</p> | <p>As noted in previous updates, although Liverpool Heart &amp; Chest Hospital has recovered well when compared to pre-Covid levels, inpatient waiting lists have been steadily rising for the last six months. It is understood that such pressures are evident across NHSE cardiac surgery services; the potential for LHCH to utilise the NHSE Interim Policy Position Statement for TAVI (which would facilitate TAVI being used as an alternative to cardiac surgery for intermediate and low risk patients) was discussed at the most recent SLA meeting, mindful of the important of equity of access for all Welsh patients and the waiting list positions of the two South Wales cardiac surgery centres.</p> <p>In comparison, outpatient waits have significantly reduced over the course of 2023/24, increasing only in month 5.</p> <p><b>What actions are WHSSC taking?</b></p> <p>WHSSC continues to hold regular meetings with LHCH to monitor the waiting list position.</p> |
| <p>Waiting list analysis:</p>  <p><b>Liverpool Heart &amp; Chest - Patients waiting (Cardiac Surgery) - Admitted Care (Data from provider)</b></p> <p><b>Liverpool Heart &amp; Chest - Patients waiting (Cardiac Surgery) - Outpatients (Data from provider)</b></p>  | <p><b>What are the main areas of risk?</b></p> <p>Liverpool appears on track to hit the WG target of no waiters for admissions over 52 weeks, with the longest waiters currently being 20 patients in that wait band. The New outpatient target of no waiters over 36 weeks also appears on track with 2 patients currently in that wait band.</p> <p>With increasing waiting lists for New outpatients, this demand will increasingly put pressure on the waiting lists for admission and treatment.</p>   |



## 7.2 Cardiology (specialised Cardiology only)

### Cardiology - Performance data and forecasts

Cardiology current performance (specialised inpatient activity):



Cardiology Waiting list analysis (Note: ALL Specialised and Non-specialised):

| DHCW Patients waiting - Cardiology                |           |       |     |                                  |            |                    |
|---|-----------|-------|-----|----------------------------------|------------|--------------------|
| Census  | Financial | Month | No  | Admitted diagnostic intervention | Diagnostic | FUP OP appointment |
| 202304  |           |       |     |                                  |            |                    |
| Cardiology  |           |       |     |                                  |            |                    |
| Aneurin Bevan University Local Health Board       |           |       | 97  | 269                              |            | 171                |
| Betsi Cadwaladr University Local Health Board     |           |       | 117 | 905                              |            | 419                |
| Cardiff and Vale University Local Health Board    |           |       | 595 | 446                              |            | 1,270              |
| Countess Of Chester Hospital Nhs foundation trust |           |       |     |                                  |            |                    |
| Cwm Taf Morgannwg University Local Health Board   |           |       | 198 | 759                              |            | 127                |
| Guy's And St Thomas' Nhs foundation trust         |           |       |     |                                  |            |                    |
| Hywel Dda University Local Health Board           |           |       | 132 | 55                               |            | 5,139              |
| Liverpool Heart And Chest Hospital nhs foundation |           |       |     |                                  |            |                    |
| Powys Teaching Local Health Board                 |           |       |     | 53                               |            | 16                 |
| Shrewsbury And Telford Hospital Nhs trust         |           |       |     |                                  |            |                    |
| Swansea Bay University Local Health Board         |           |       | 401 | 492                              |            | 174                |
| University Hospitals Birmingham Nhs Foundation t  |           |       |     |                                  |            |                    |
| University Hospitals Bristol And Weston nhs foun  |           |       |     |                                  |            |                    |
| Wye Valley Nhs Trust                              |           |       |     |                                  |            |                    |
| Paediatric Cardiology                             |           |       |     |                                  |            |                    |
| Alder Hey Children's Nhs Foundation trust         |           |       |     |                                  |            |                    |
| University Hospitals Bristol And Weston nhs foun  |           |       |     |                                  |            |                    |
| Wye Valley Nhs Trust                              |           |       |     |                                  |            |                    |
| Total   |           |       |     | 1,540                            | 2,979      | 7,316              |

### Current Performance

It is evident that the volume of specialist cardiology activity at Cardiff and Vale and Swansea Bay University Health Board is significantly greater than that delivered by Aneurin Bevan, Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards, reflecting the greater range of procedures undertaken, population sizes, and the relative stage of development of the different services. Overall inpatient activity through 2021/22, 2022/23 into 2023/24 is relatively flat, noting a degree of (occasionally significant) month-on-month volatility.

### What actions are WHSSC taking?

WHSSC monitors specialist cardiology performance in Cardiff and Vale University Health Board and Swansea Bay University Health Board via a Risk, Assurance and Recovery meeting, agreeing mitigating actions as required. The performance of Aneurin Bevan, Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards is monitored via SLA meetings, whilst WHSSC is working to agree performance baselines for these health boards, whose specialist cardiology services are the result of relatively recent repatriations.

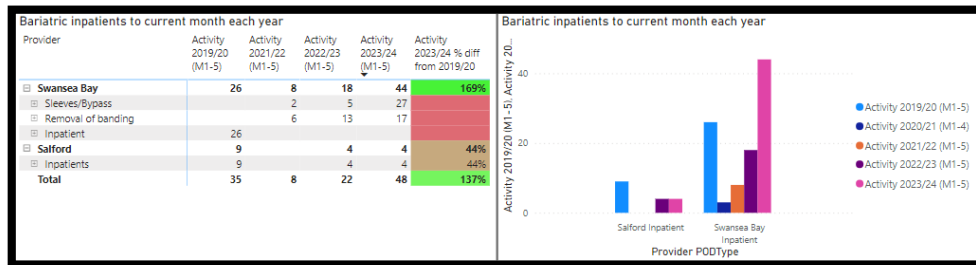
### What are the main areas of risk?

As noted above, performance baselines are required for Aneurin Bevan, Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards in order to facilitate robust performance monitoring and the gauge the success (or otherwise) of recent repatriations.

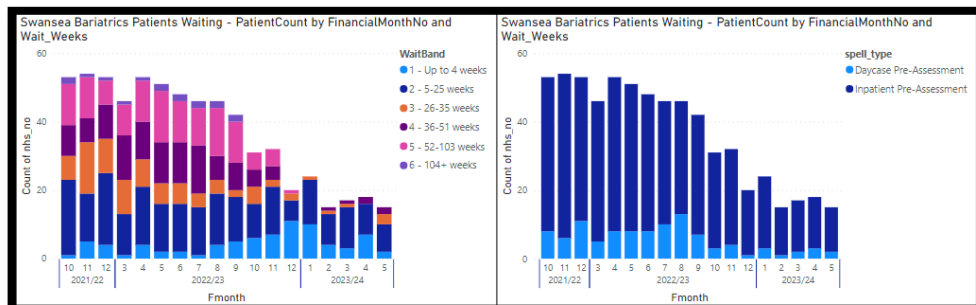
### 7.3 Bariatric Surgery

#### Bariatric Surgery - Performance data and forecasts

Bariatric Surgery current performance:



Swansea Bay Waiting list analysis:



#### Current Performance

As highlighted in previous updates, the Swansea Bay Bariatric Surgery service has delivered significant increases in the volume of inpatient and outpatient activity since January 2023, significantly reducing both the overall waiting list and the number of long waiters. Although, in line with the service's expectations, activity levels have reduced slightly from April 2023, the Health Board has advised that it is still likely to exceed its contract target for 2023-24. A small increase in waits evident in month 4 has since been reversed in month 5, manifesting as a relatively flat waiting list position during 2023/24.

#### What actions are WHSSC taking?

WHSSC continues to meet with the service on a bi-monthly basis to monitor the position and agree any mitigating actions as required. WHSSC also continues to work with the National Healthy Weight Pathway Steering Group in order to understand and enable the integration of Level 4 services and the Level 1-3 weight management pathway, and has recently corresponded with the Welsh Government concerning the post-surgical follow-up need of patients returning from private surgery abroad.

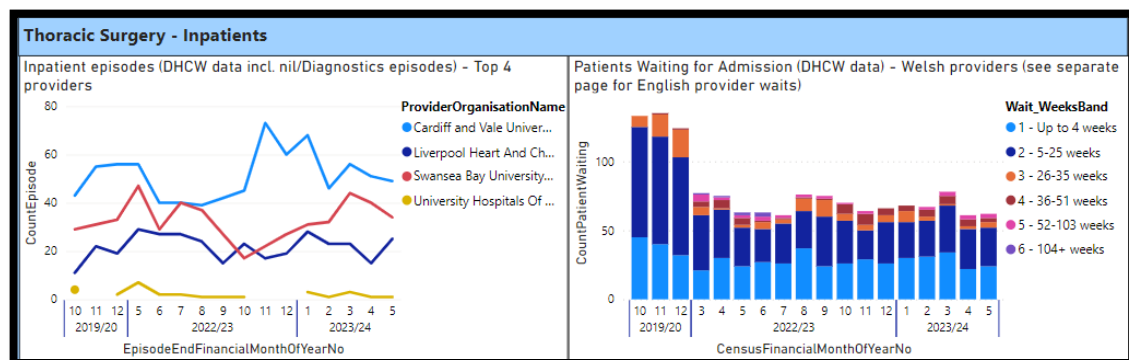
#### What are the main areas of risk?

The good progress at Swansea needs to be maintained to avoid a repeat of the waiting list deterioration, and referrals from the weight management pathway need to be maintained if the service is to operate at full capacity.

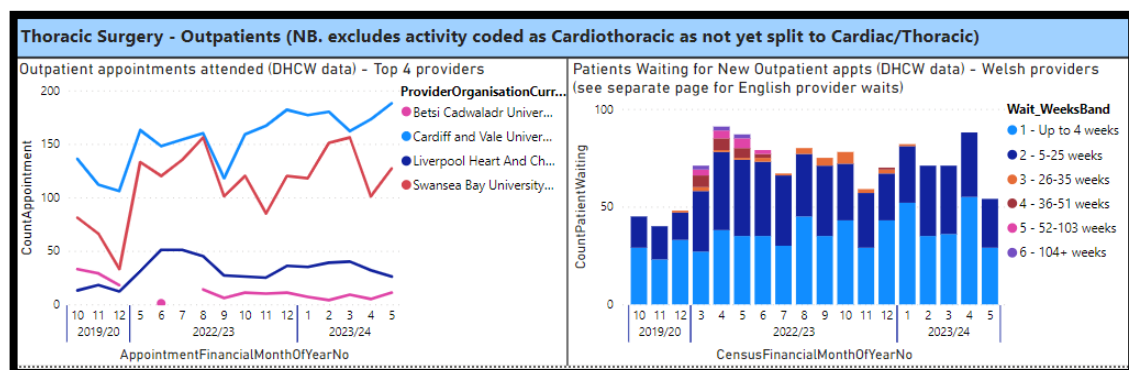
## 7.4 Thoracic Surgery

### Thoracic Surgery - Performance data and forecasts

Thoracic Surgery current inpatient performance and Welsh waits:



Thoracic Surgery current outpatient performance and Welsh waits:



Forecast trajectories for 2023/24 have been received from Cardiff & Vale. It shows lower planned inpatient activity than contracted, but does not forecast material increases in the waiting lists, or breaches of the Welsh Government targets.

### Current Performance

Whilst the Welsh centres are not performing to the full inpatient contract levels, this has not impacted waiting list levels compared to pre-Covid figures. The waiting list for inpatients has actually halved compared to the end of 2019/20.

### What actions are WHSSC taking?

In interpreting the data, it is important to note that collaborative arrangements are in place between the two South Wales Thoracic surgery services to use the joint capacity across the 2 services to ensure equitable access. This ensures that if the usual centre is capacity constrained and there is available capacity at the other south Wales service, patients can be cross referred and access treatment on the basis of clinical need. This means that activity at a particular centre does not directly translate into access for residents of Health Boards for which it is the usual provider.

To date, the joint meeting has focused on primary lung cancer patients. The service has been providing elective operations for non-cancer patients, but a small number of long waiters still remain within the backlog.

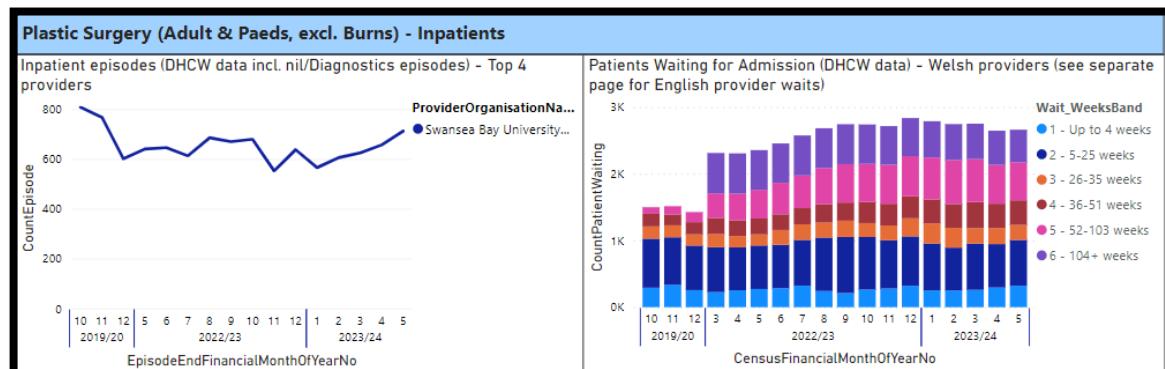
### What are the main areas of risk?

With increasing activity for New outpatients, this demand will increasingly put pressure on the waiting lists for admission and treatment.

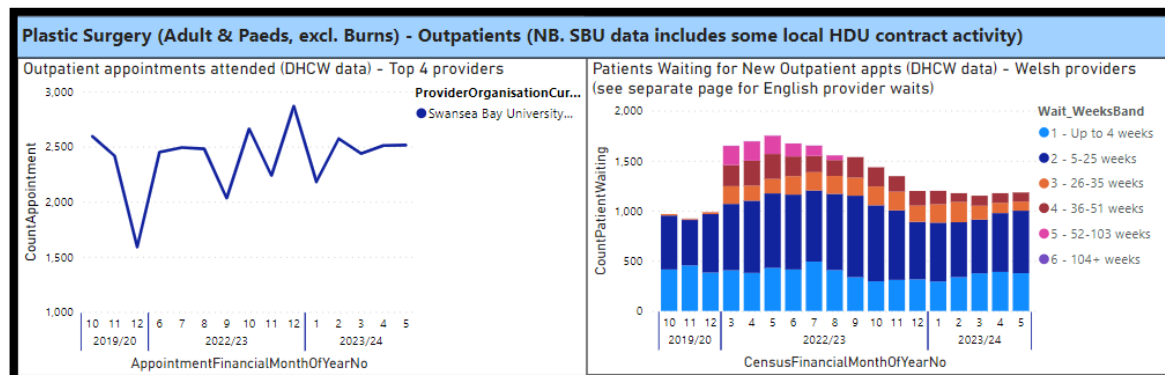
## 7.5 Plastic Surgery

### Swansea Bay UHB - Performance data and forecasts

Plastic Surgery current inpatient performance and Welsh waits:



Plastic Surgery current outpatient performance and Welsh waits:



### Current Performance

The service at Swansea Bay has been struggling with treatment and patients waiting for some time, even before Covid-19. Over 2,600 patients are waiting for admission, including 489 patients that have been waiting over 2 years, and almost 1,100 that have been waiting over 1 year.

Please note the numbers of patients waiting is as per DHCW data for August 2023; the service have since advised that they have cleansed the waiting list and have removed about a third of the patient numbers. The reduced figures should be evident by next month's report.

### What actions are WHSSC taking?

WHSSC put the service into level 1 escalation in December 2022, and is receiving weekly performance updates. The escalation status has since been increased to level 2 in July 2023.

Since the original escalation, the new outpatients waiting have reduced significantly, usually with no patients now waiting over a year, which will meet the WG New outpatient target. The total of patients waiting for admission has remained static i.e. not continued to deteriorate.

### What are the main areas of risk?

The 2023/24 forecast provided by the service assumes some small additions to capacity from various schemes, which would lead to a static total waiting list. However, within that total, they estimate the patients waiting over a year would reduce from 1,231 to 870,

## Breakdown of patients waiting:

| CensusFinancialYearStyle                  | 2023/24 |        |        |        |        |
|---|---------|--------|--------|--------|--------|
| Specialty_WHSSC                           | 202301  | 202302 | 202303 | 202304 | 202305 |
| Plastic Surgery                           | 2,788   | 2,745  | 2,751  | 2,645  | 2,658  |
| Swansea Bay University Local Health Board | 2,788   | 2,745  | 2,751  | 2,645  | 2,658  |
| Admitted diagnostic intervention          | 2,788   | 2,745  | 2,751  | 2,645  | 2,658  |
| 1 - Up to 4 weeks                         | 252     | 250    | 260    | 294    | 319    |
| 2 - 5-25 weeks                            | 702     | 643    | 693    | 651    | 686    |
| 3 - 26-35 weeks                           | 301     | 297    | 234    | 241    | 225    |
| 4 - 36-51 weeks                           | 360     | 357    | 391    | 365    | 370    |
| 5 - 52-103 weeks                          | 630     | 659    | 642    | 581    | 569    |
| 6 - 104+ weeks                            | 543     | 539    | 531    | 513    | 489    |
| Total                                     | 2,788   | 2,745  | 2,751  | 2,645  | 2,658  |

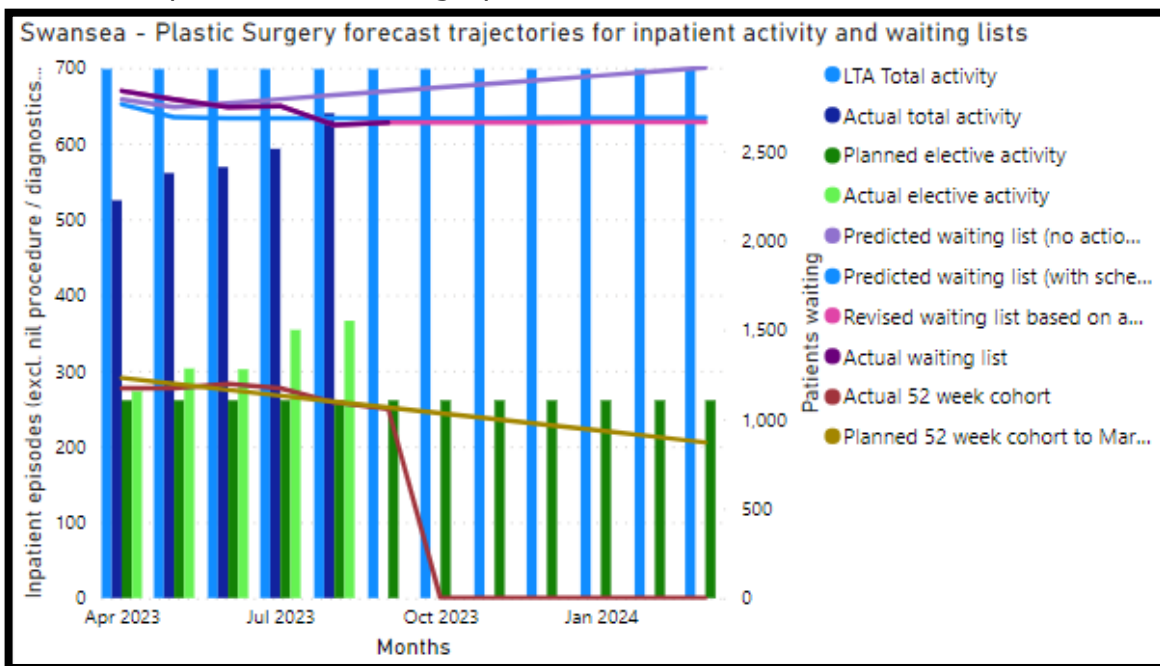
| CensusFinancialYearStyle                  | 2023/24 |        |        |        |        |
|---|---------|--------|--------|--------|--------|
| Specialty_WHSSC                           | 202301  | 202302 | 202303 | 202304 | 202305 |
| Plastic Surgery                           | 1,198   | 1,174  | 1,150  | 1,175  | 1,183  |
| Swansea Bay University Local Health Board | 1,198   | 1,174  | 1,150  | 1,175  | 1,183  |
| New OP appointment                        | 1,198   | 1,174  | 1,150  | 1,175  | 1,183  |
| 1 - Up to 4 weeks                         | 294     | 338    | 376    | 390    | 377    |
| 2 - 5-25 weeks                            | 587     | 547    | 536    | 587    | 624    |
| 3 - 26-35 weeks                           | 182     | 201    | 139    | 103    | 91     |
| 4 - 36-51 weeks                           | 134     | 88     | 99     | 95     | 91     |
| 5 - 52-103 weeks                          | 1       |        |        |        |        |
| Total                                     | 1,198   | 1,174  | 1,150  | 1,175  | 1,183  |

although this would still breach the WG inpatient target.

The risk is that demand would increase and negate the impact of the additional capacity schemes. The breakdown of complexity of the patients waiting is unknown to WHSSC.

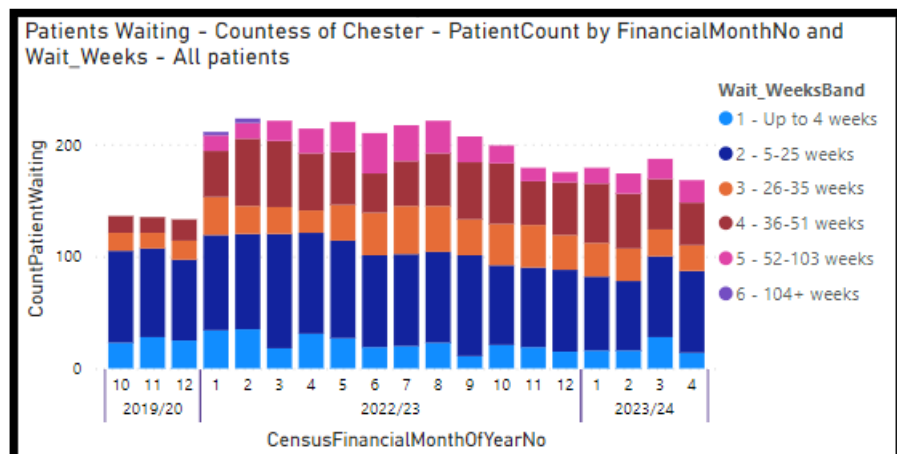
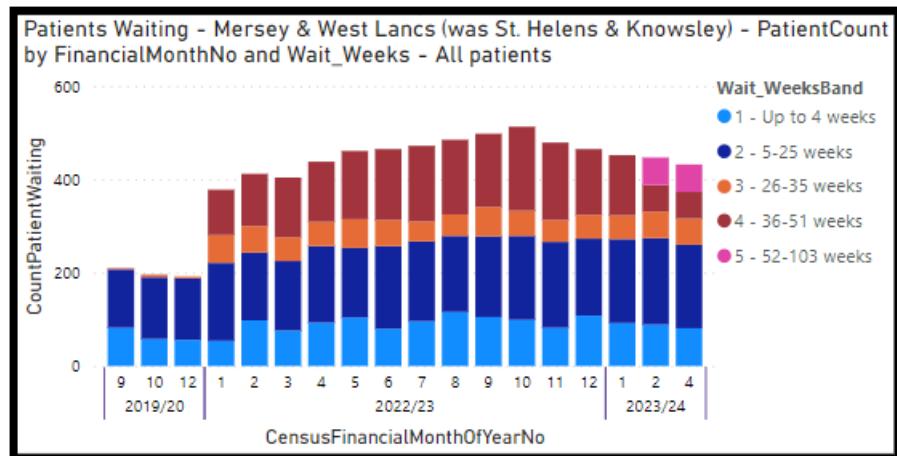
**Please note that it has been agreed that the commissioning of Plastic Surgery as a Specialty will return to Health Boards, with WHSSC retaining only an agreed sub-section of Specialised activity. A Project group is being formed to work out the details.**

## Swansea Bay UHB - Plastic Surgery 2023/24 forecasts:



## Plastic Surgery English providers - Performance data and forecasts

English providers waiting list analysis (total pathway, as the pathway point is not provided for English data):



## Current Performance

Mersey and West Lancashire Teaching Hospital NHS Trust operate outreach clinics (outpatient, minor operations and dressing clinics) into 3 BCUHB sites. These are inconsistent across the sites. There are a number of concerns with regards to the outreach model currently in place:

- Access to appropriate facilities across the sites leading to different levels of service
- The number of vacancies in Dermatology, with referrers increasingly referring into Plastic Surgery, as the waiting lists in this area are lower compared to Dermatology
- The differing IT systems across the BCUHB sites, which has led to different waiting list management arrangements.

The BCUHB element of the North Wales Plastics pathway has been put into escalation by Welsh Government due to concerns about the quality of the service. Following investigation, the waiting times for the West and Central areas of BCUHB are now being reported to Welsh Government by the Health Board (not via the WHSSC contract). There are patients waiting over 156 weeks on the list and a backlog reduction exercise is being planned.

### What actions are WHSSC taking?

Regular meetings with WG and BCUHB, with a request for BCUHB to convene a Task & Finish group to address the concerns Mersey and West Lancashire have been requested to undertake a Harms review of the waiting lists.

BCUHB have been requested to model the demand and capacity of this service. An SLA is being developed between MWLT and BCUHB for the outreach clinics.

### What are the main areas of risk?

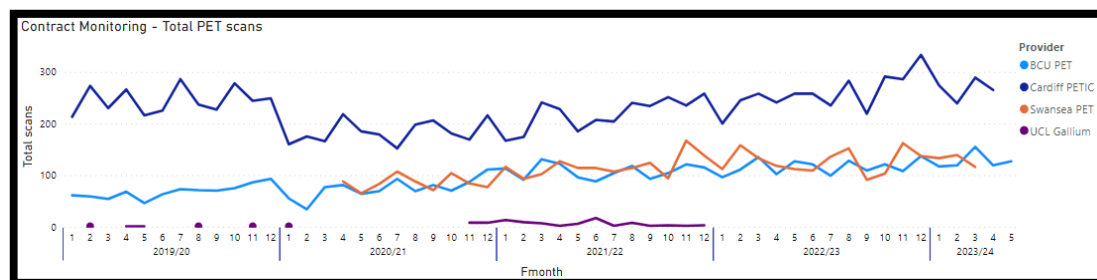
Lack of Dermatology services and appropriate clinic space. Lack of clarity in relation to the waiting list held by BCUHB for the clinics held at Ysbyty Glan Clwyd and Ysbyty Gwynedd, including a lack of reporting arrangements about these patients.



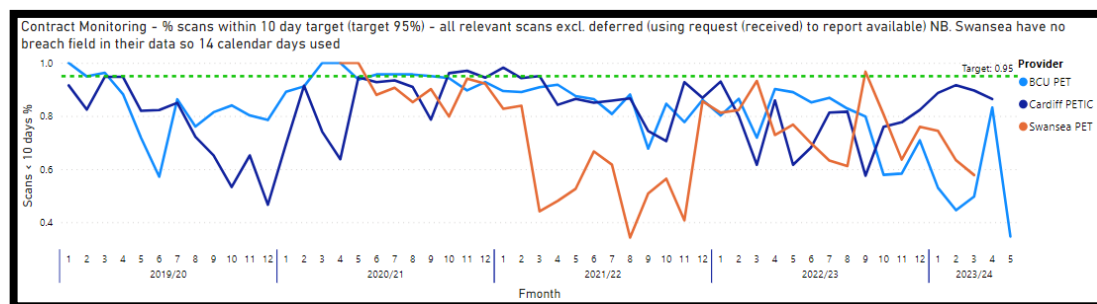
## 7.6 PET Scans

### PET Scans - Performance data and forecasts

PET Scans current performance:



Performance against 10 working day target from PET scan request to the report being available:



### Current Performance

PET scanning is an area with increasing growth and interest, which has led to capacity pressures. Cardiff recently provided significant support to Swansea when their site had major mobile scanner failures; this is now longer necessary.

### What actions are WHSSC taking?

Welsh Government (WG) requested WHSSC to lead the all-Wales PET Programme, which has an oversight and assurance function for the capital replacements across Wales. A small team sit within WHSSC to facilitate all aspects of capital replacement at PET sites, and are funded from WG until early 2025.

The programme has made significant input to the PET service across Wales. A first in the UK digital scanner became live in Cardiff in July 2023. Although image optimisation is still ongoing, the site in Cardiff capacity has increased from 75 to 91 scans per week. Business cases are expected from SBUHB (fully tendered single case) and BCUHB (OBC) in November and September 2023 receptively.

WHSSC are also working with all 3 Welsh providers to improve and standardise data collection across all sites, to ensure consistency and additional analysis opportunities.

### What are the main areas of risk?

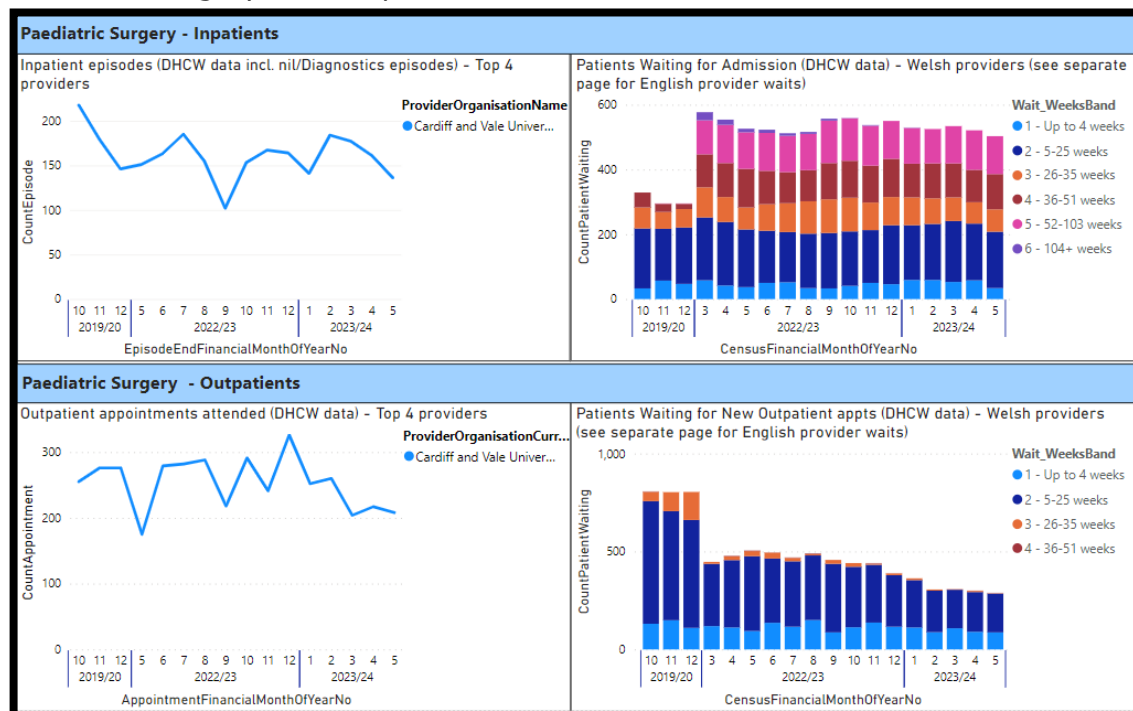
Increased demand has put significant pressure on the service, with the resulting drop of achievement of the 10 working day target of the PET scan report being available to the referring clinician.

The continued use of mobile scanners at BCUHB and SBUHB is resulting in frequent service failures due to scanner breakdown and radiopharmaceutical supply issues.

## 7.7 Paediatric Surgery

### Cardiff & Vale UHB - Performance data and forecasts

Paediatric Surgery current performance:



Waiting list analysis:

| CensusFinancialYearStyle                       | 2023/24 | 2023/25 | 2023/26 | 2023/27 | 2023/28 |
|--|---------|---------|---------|---------|---------|
| Specialty_WHSSC                                | 202301  | 202302  | 202303  | 202304  | 202305  |
| Paediatric Surgery                             | 529     | 525     | 534     | 521     | 503     |
| Cardiff and Vale University Local Health Board | 529     | 525     | 534     | 521     | 503     |
| Admitted diagnostic intervention               | 529     | 525     | 534     | 521     | 503     |
| 1 - Up to 4 weeks                              | 59      | 59      | 53      | 58      | 34      |
| 2 - 5-25 weeks                                 | 169     | 173     | 188     | 175     | 174     |
| 3 - 26-35 weeks                                | 86      | 79      | 73      | 66      | 69      |
| 4 - 36-51 weeks                                | 104     | 108     | 105     | 100     | 109     |
| 5 - 52-103 weeks                               | 110     | 106     | 115     | 122     | 117     |
| 6 - 104+ weeks                                 | 1       |         |         |         |         |
| Total  | 529     | 525     | 534     | 521     | 503     |

| CensusFinancialYearStyle                       | 2023/24 | 2023/25 | 2023/26 | 2023/27 | 2023/28 |
|--|---------|---------|---------|---------|---------|
| Specialty_WHSSC                                | 202301  | 202302  | 202303  | 202304  | 202305  |
| Paediatric Surgery                             | 363     | 306     | 308     | 300     | 288     |
| Cardiff and Vale University Local Health Board | 363     | 306     | 308     | 300     | 288     |
| New OP appointment                             | 363     | 306     | 308     | 300     | 288     |
| 1 - Up to 4 weeks                              | 112     | 88      | 108     | 90      | 87      |
| 2 - 5-25 weeks                                 | 242     | 212     | 197     | 203     | 198     |
| 3 - 26-35 weeks                                | 9       | 6       | 2       | 6       | 2       |
| 4 - 36-51 weeks                                |         |         | 1       | 1       | 1       |
| Total  | 363     | 306     | 308     | 300     | 288     |

### Current Performance

Cardiff and Vale is reporting a significant number of patients waiting over 52 weeks for treatment. In dialogue with the provider, there are a number of contributing factors to the waiting list including paediatric intensive care pressures, nurse capacity, bed capacity, anaesthetic support and theatre availability.

### What actions are WHSSC taking?

Following concerns around performance, WHSSC put the service into Level 1 escalation in December 2022, with weekly performance updates now being submitted. The escalation was increased to Level 3 in March 2023.

An improvement plan is in place to achieve contract volumes and is being monitored at Executive-led Escalation meetings, and a revised trajectory has been received. Outsourcing remains in place.

### What are the main areas of risk?

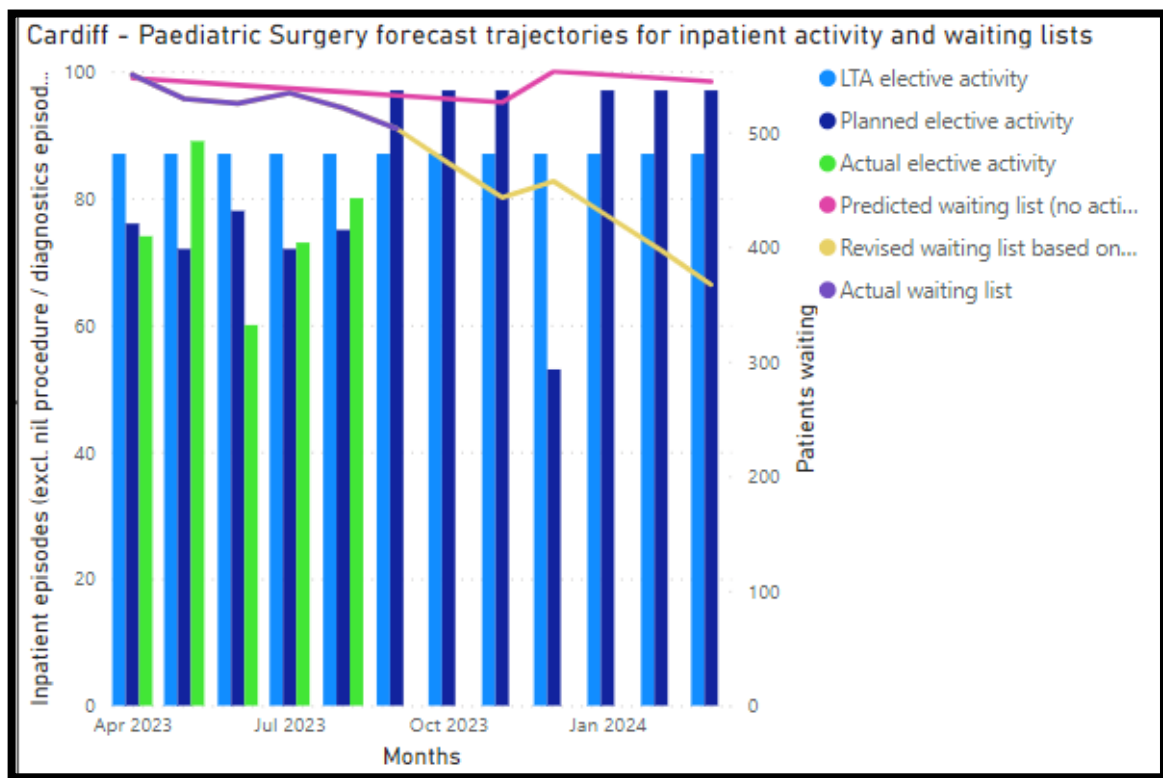
At this point, the Cardiff service is hitting the amended WG targets for 2023/24 of zero patients waiting more than 52 weeks for new outpatient appointments, or over 104 weeks for inpatients.

Further improvements to improve the patients waiting over 52 weeks for treatment will need increased delivery above contract volumes.

The recent "10/20/30" cost reduction work could also mean a reduction in performance, which would lead to waits increasing again.

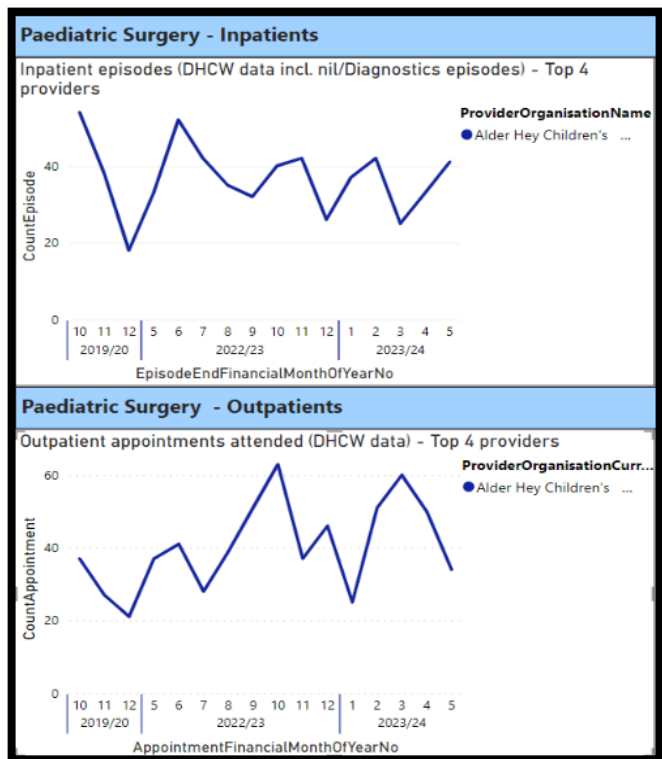


Cardiff & Vale UHB - Paediatric Surgery 2023/24 forecasts:



## Alder Hey Childrens Hospital - Performance data and forecasts

Paediatric Surgery current performance:



Waiting list analysis:

| CensusFinancialYearStyle   | 2019/20 |        |        | 2023/24 |        |        |        |
|--|---------|--------|--------|---------|--------|--------|--------|
| Specialty_WHSSC  | 201910  | 201911 | 201912 | 202301  | 202302 | 202303 | 202304 |
| <input type="checkbox"/> Paediatric Surgery                        | 50      | 49     | 54     | 108     | 99     | 95     | 90     |
| <input type="checkbox"/> Alder Hey Children's Nhs Foundation trust | 50      | 49     | 54     | 108     | 99     | 95     | 90     |
| <input type="checkbox"/> Unknown                                   | 50      | 49     | 54     | 108     | 99     | 95     | 90     |
| 1 - Up to 4 weeks  | 18      | 14     | 13     | 13      | 16     | 18     | 17     |
| 2 - 5-25 weeks   | 32      | 35     | 41     | 72      | 60     | 58     | 51     |
| 3 - 26-35 weeks  |         |        |        | 10      | 15     | 15     | 18     |
| 4 - 36-51 weeks  |         |        |        | 12      | 7      | 4      | 4      |
| 5 - 52-103 weeks   |         |        |        | 1       | 1      |        |        |
| Total  | 50      | 49     | 54     | 108     | 99     | 95     | 90     |

## Current Performance

Whilst activity totals are very close to pre-Covid levels, however the number of patients on the waiting list has increased. The increase in patient numbers is due to a number of contributing factors including increased referrals, post-Covid backlog and recent junior doctor strikes.

## What actions are WHSSC taking?

A face to face visit took place in Quarter 1 and Alder Hey reported to WHSSC a robust plan is in place to manage the small number of patients waiting over 52 weeks.

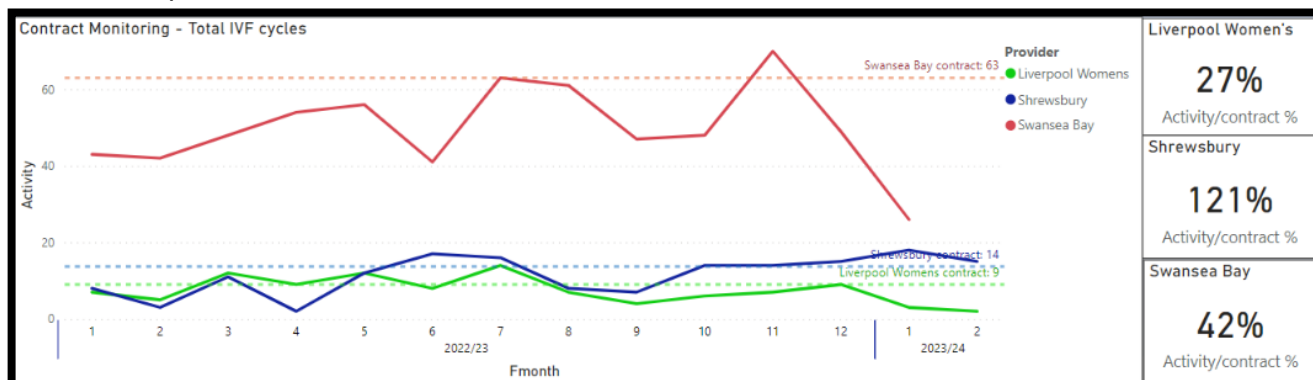
## What are the main areas of risk?

Before Covid, no patients at Alder Hey were waiting over 26 weeks, but this now applies to about a quarter of the patients. However, there are currently no patients waiting over 104 or 52 weeks, and just 4 waiting over 36 weeks at the end of July.

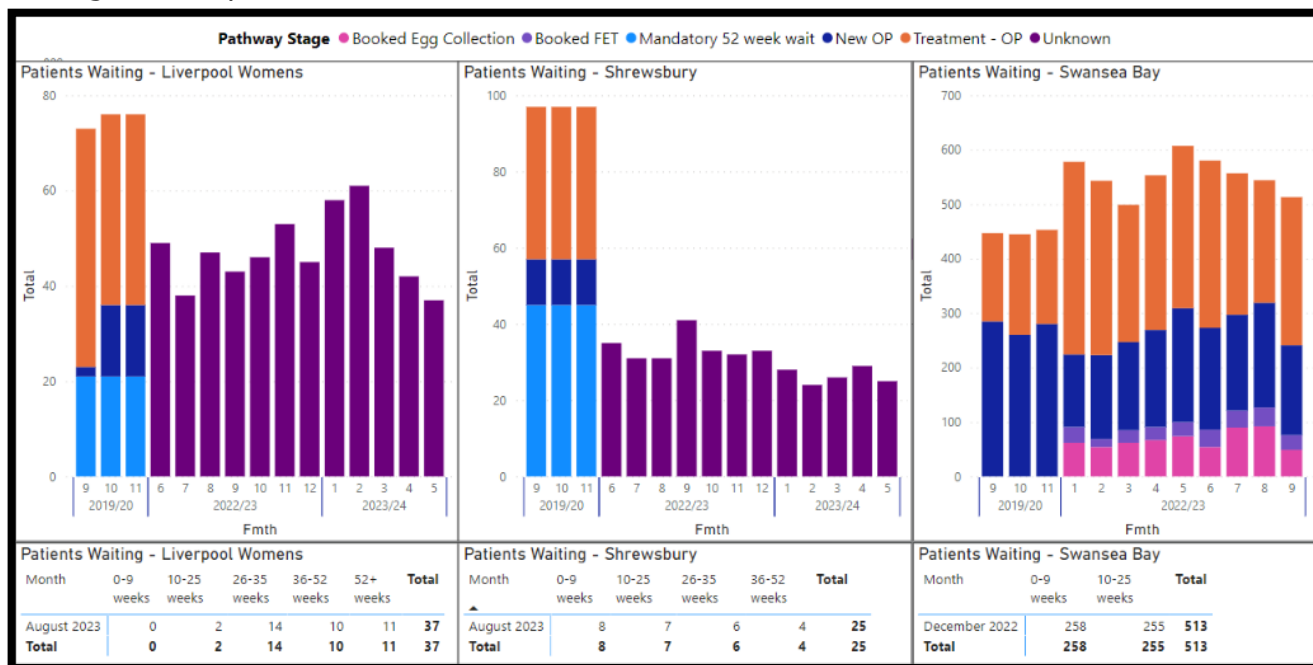
## 7.8 In Vitro Fertilisation (IVF)

### IVF - Performance data and forecasts

IVF current performance:



Waiting list analysis:



### Current Performance

A number of concerns regarding the safety and quality of service at the Welsh Fertility Institute (WFI) have been raised through different routes, including the HFEA re-inspection report of January 2023, WHSSC Quality and Assurance meetings, and WFI/IPFR requests.

### What actions are WHSSC taking?

WHSSC have placed WFI into escalation level 3.

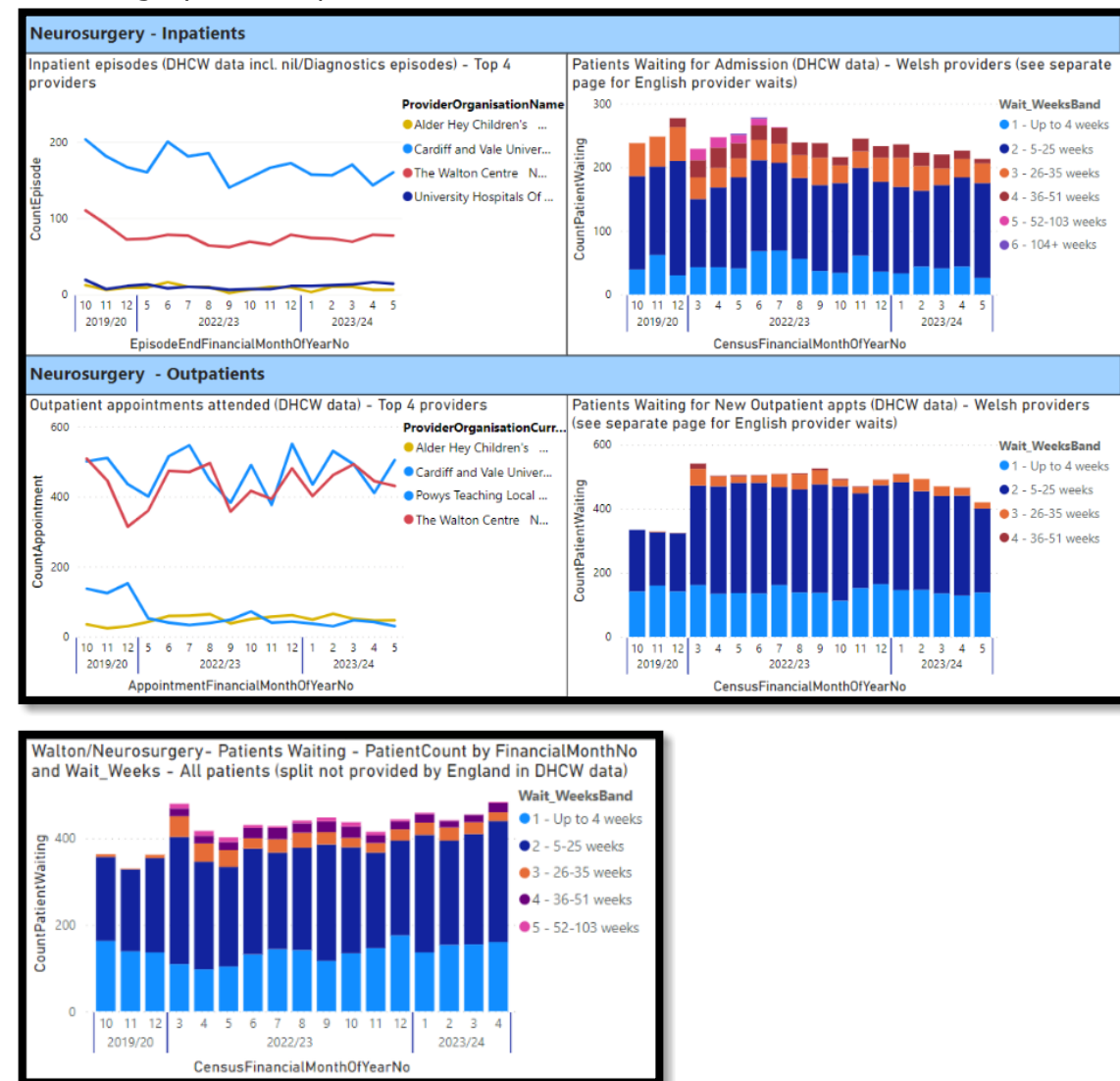
### What are the main areas of risk?

Quality and outcomes of the service in general, along with issues obtaining current activity and wait data.

## 7.9 Neurosurgery

### Neurosurgery - Performance data and forecasts

Neurosurgery current performance:



### Current Performance

The Neurosurgery services have been stretched over recent years, but total waiting lists are still comparable to pre-Covid levels at Cardiff, and no patient has been waiting over 52 weeks for treatment. Total patients waiting for New outpatients have increased at Cardiff, but no patient has been waiting longer than 36 weeks.

Total patients waiting at the Walton are also comparable to pre-Covid levels, although the data shows this has been reducing steadily over the past few months.

### What actions are WHSSC taking?

Cardiff have provided a 2023/24 forecast of their activity and waiting lists. Their projections show a reducing waiting list, based on over-performing against their contracted elective activity, including utilising evening theatre sessions.

The Walton Centre have been requested at a recent SLA meeting to provide a trajectory position.

### What are the main areas of risk?

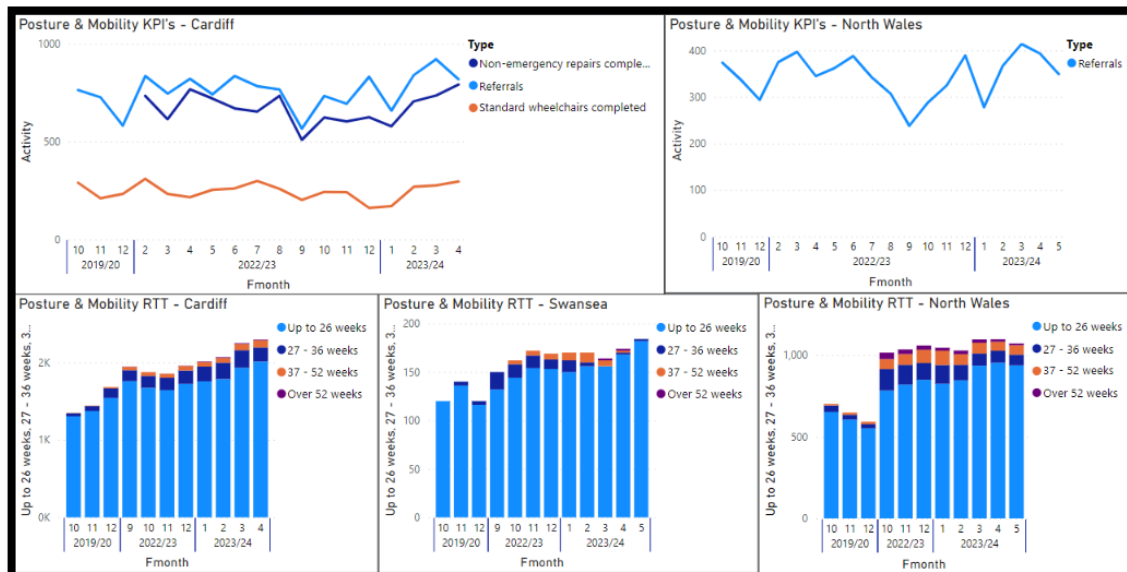
At this point, no patients have been waiting over 52 weeks at Cardiff, and only 2 at the Walton.

However, with increasing waiting lists for New outpatients, this demand will increasingly put pressure on the waiting lists for admission and treatment.

## 7.10 ALAS (Artificial Limbs Service)

### ALAS - Performance data and forecasts

Posture and Mobility referrals and waiting lists:



| Month<br>Area                                  | June 2023      |               |               |               | Total waiting | July 2023      |               |               |               | Total waiting |
|--|----------------|---------------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|---------------|
|  | Up to 26 weeks | 27 - 36 weeks | 37 - 52 weeks | Over 52 weeks |               | Up to 26 weeks | 27 - 36 weeks | 37 - 52 weeks | Over 52 weeks |               |
| EAT RRT  | 165            | 23            | 16            | 1             | 205           | 169            | 11            | 6             |               | 186           |
| North Wales - Posture & Mobility RTT           | 935            | 75            | 65            | 21            | 1,096         | 954            | 73            | 55            | 15            | 1,097         |
| North Wales - Prosthetics RTT                  | 158            | 9             | 2             | 0             | 169           | 151            | 1             | 0             | 0             | 152           |
| South Wales - Posture & Mobility RTT - Cardiff | 1,930          | 227           | 80            | 9             | 2,246         | 2,010          | 181           | 94            | 8             | 2,293         |
| South Wales - Posture & Mobility RTT - Swansea | 78             |               | 3             | 1             | 82            | 84             | 1             | 1             | 1             | 87            |
| South Wales - Prosthetics RTT - Cardiff        | 363            | 24            | 7             | 4             | 398           | 351            | 20            | 3             | 3             | 377           |
| South Wales - Prosthetics RTT - Swansea        | 223            | 8             | 2             |               | 233           |                |               |               |               |               |
| <b>Total</b>                                   | <b>3,852</b>   | <b>366</b>    | <b>175</b>    | <b>36</b>     | <b>4,429</b>  | <b>3,719</b>   | <b>287</b>    | <b>159</b>    | <b>27</b>     | <b>4,192</b>  |

### Current Performance

Posture and Mobility services have been struggling with rising waiting lists, with the Cardiff service having a setback in relation to the major flooding just before Covid-19 hit.

After an initial lull in referrals, these have now increased again. There are 15 patients waiting over 52 weeks for the North Wales Posture and Mobility services with a plan to clear the backlog by November 2023, and 12 in total for the Cardiff/Swansea services.

Key challenges have been delays in the supply chain, complexity of clients having increased due to the impact of Covid in accessing services, and lengthier appointments due to complexity needs and staff recruitment challenges.

### What actions are WHSSC taking?

Regular performance meetings with the services. These have led to patient level activity data now being received from all 3 centres, along with the data around patients waiting.

There is also a new PROMS system being developed, with data to be received this financial year.

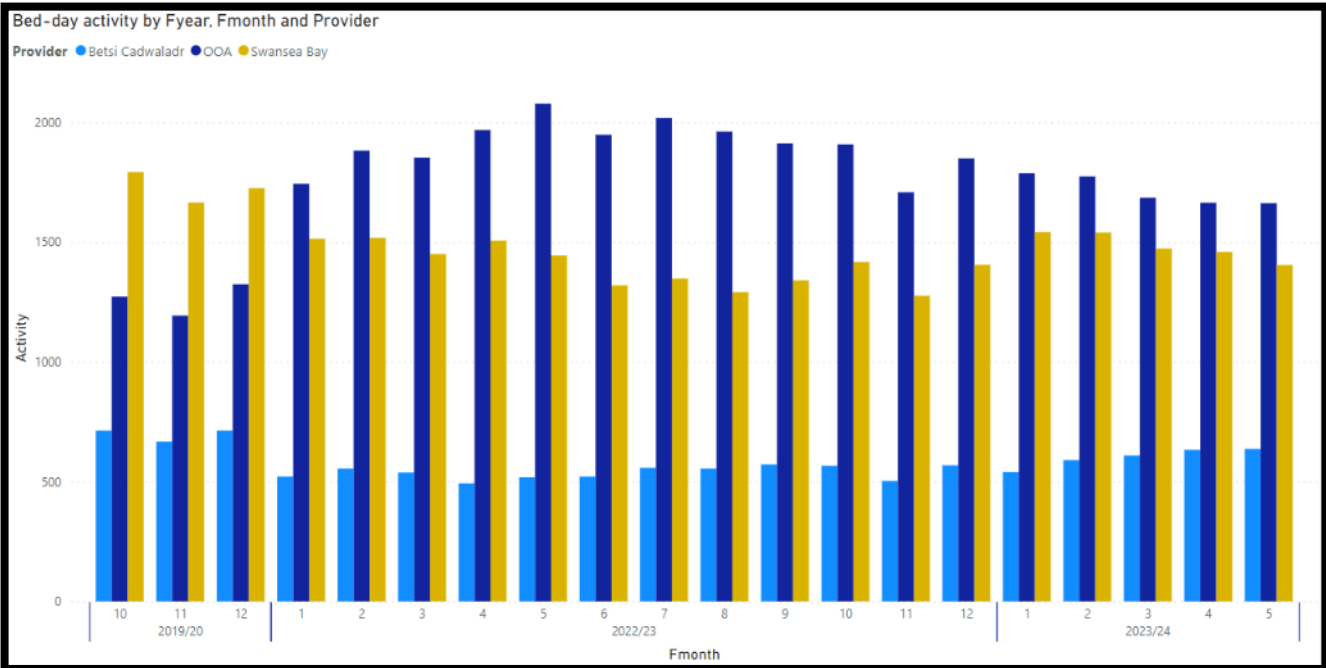
### What are the main areas of risk?

Patients waiting a long time can deteriorate in the meantime.

## 7.11 CAMHS – NHS and Out of Area Placements (OOA)

| CAMHS - Performance data   | Current Performance |         |         |         |         |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
|--|---------------------|---------|---------|---------|---------|---------|----|-----|-----|-----|-----|-----|----|-----|-----|-----|-----|-----|----|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|---|-----|-----|----|-----|-----|---|-----|-----|----|-----|-----|----|-----|-----|----|-----|-----|----|-----|-----|----|-----|-----|----|-----|-----|----|-----|-----|---|-----|-----|----|-----|-----|---|-----|-----|-----|-----|-----|---|-----|-----|----|-----|-----|---|-----|-----|----|-----|-----|---|-----|----|----|-----|-----|---|
| <p>CAMHS current performance:</p> <div><p>Bed-day activity by Fyear, Fmonth and Provider (Note. CTM bed-days excludes trial leave, the others may include some)</p><p>Provider <span>Betsi Cadwaladr</span> <span>Cwm Taf Morgannwg</span> <span>OOA</span></p><table><thead><tr><th>Fmonth</th><th>2019/20</th><th>2020/21</th><th>2021/22</th><th>2022/23</th><th>2023/24</th></tr></thead><tbody><tr><td>10</td><td>240</td><td>230</td><td>240</td><td>250</td><td>270</td></tr><tr><td>11</td><td>250</td><td>260</td><td>280</td><td>240</td><td>300</td></tr><tr><td>12</td><td>240</td><td>270</td><td>240</td><td>290</td><td>280</td></tr><tr><td>1</td><td>220</td><td>230</td><td>180</td><td>210</td><td>280</td></tr><tr><td>2</td><td>220</td><td>270</td><td>120</td><td>210</td><td>260</td></tr><tr><td>3</td><td>140</td><td>210</td><td>120</td><td>210</td><td>250</td></tr><tr><td>4</td><td>110</td><td>210</td><td>130</td><td>190</td><td>210</td></tr><tr><td>5</td><td>190</td><td>190</td><td>150</td><td>250</td><td>210</td></tr><tr><td>6</td><td>250</td><td>200</td><td>130</td><td>210</td><td>270</td></tr><tr><td>7</td><td>210</td><td>210</td><td>100</td><td>250</td><td>210</td></tr><tr><td>8</td><td>210</td><td>260</td><td>80</td><td>230</td><td>270</td></tr><tr><td>9</td><td>250</td><td>210</td><td>50</td><td>230</td><td>280</td></tr><tr><td>10</td><td>230</td><td>270</td><td>70</td><td>190</td><td>290</td></tr><tr><td>11</td><td>190</td><td>300</td><td>70</td><td>240</td><td>280</td></tr><tr><td>12</td><td>240</td><td>290</td><td>60</td><td>210</td><td>250</td></tr><tr><td>1</td><td>210</td><td>280</td><td>80</td><td>180</td><td>210</td></tr><tr><td>2</td><td>180</td><td>260</td><td>120</td><td>150</td><td>250</td></tr><tr><td>3</td><td>150</td><td>290</td><td>90</td><td>210</td><td>210</td></tr><tr><td>4</td><td>250</td><td>150</td><td>90</td><td>210</td><td>320</td></tr><tr><td>5</td><td>210</td><td>70</td><td>70</td><td>210</td><td>320</td></tr></tbody></table></div> | Fmonth              | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 10 | 240 | 230 | 240 | 250 | 270 | 11 | 250 | 260 | 280 | 240 | 300 | 12 | 240 | 270 | 240 | 290 | 280 | 1 | 220 | 230 | 180 | 210 | 280 | 2 | 220 | 270 | 120 | 210 | 260 | 3 | 140 | 210 | 120 | 210 | 250 | 4 | 110 | 210 | 130 | 190 | 210 | 5 | 190 | 190 | 150 | 250 | 210 | 6 | 250 | 200 | 130 | 210 | 270 | 7 | 210 | 210 | 100 | 250 | 210 | 8 | 210 | 260 | 80 | 230 | 270 | 9 | 250 | 210 | 50 | 230 | 280 | 10 | 230 | 270 | 70 | 190 | 290 | 11 | 190 | 300 | 70 | 240 | 280 | 12 | 240 | 290 | 60 | 210 | 250 | 1 | 210 | 280 | 80 | 180 | 210 | 2 | 180 | 260 | 120 | 150 | 250 | 3 | 150 | 290 | 90 | 210 | 210 | 4 | 250 | 150 | 90 | 210 | 320 | 5 | 210 | 70 | 70 | 210 | 320 | <p>Whilst the NHS inpatient CAMHS units are close to pre-Covid bed-days, the use of other providers has reduced.</p> <p>The Ty Lidiard service has been de-escalated completely in September 2023.</p> <div><p><b>What actions are WHSSC taking?</b></p><p>Monthly performance meetings have been set up to monitor progress of NWAS.</p><p>Ty Lliard had been discussing performance through the escalation process. Bed Panel occurs weekly and discusses bed state with a significant improvement for bed occupancy at Ty Lliard.</p><p><b>What are the main areas of risk?</b></p><p>Circumstances where units have closed to admissions have seen an increase in out of area placements for that time period. There is a risk that these patients will not be able to be repatriated unless it is safe and appropriate to do so.</p></div> |
| Fmonth   | 2019/20             | 2020/21 | 2021/22 | 2022/23 | 2023/24 |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 10   | 240                 | 230     | 240     | 250     | 270     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 11   | 250                 | 260     | 280     | 240     | 300     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 12   | 240                 | 270     | 240     | 290     | 280     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 1  | 220                 | 230     | 180     | 210     | 280     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 2  | 220                 | 270     | 120     | 210     | 260     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 3  | 140                 | 210     | 120     | 210     | 250     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 4  | 110                 | 210     | 130     | 190     | 210     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 5  | 190                 | 190     | 150     | 250     | 210     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 6  | 250                 | 200     | 130     | 210     | 270     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 7  | 210                 | 210     | 100     | 250     | 210     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 8  | 210                 | 260     | 80      | 230     | 270     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 9  | 250                 | 210     | 50      | 230     | 280     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 10   | 230                 | 270     | 70      | 190     | 290     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 11   | 190                 | 300     | 70      | 240     | 280     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 12   | 240                 | 290     | 60      | 210     | 250     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 1  | 210                 | 280     | 80      | 180     | 210     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 2  | 180                 | 260     | 120     | 150     | 250     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 3  | 150                 | 290     | 90      | 210     | 210     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 4  | 250                 | 150     | 90      | 210     | 320     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |
| 5  | 210                 | 70      | 70      | 210     | 320     |         |    |     |     |     |     |     |    |     |     |     |     |     |    |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |    |     |     |   |     |     |    |     |     |   |     |     |     |     |     |   |     |     |    |     |     |   |     |     |    |     |     |   |     |    |    |     |     |   |

## 7.12 Adult Medium Secure – NHS and Out of Area Placements (OOA)

| Adult Medium Secure - Performance data and forecasts  | Current Performance   |
|---|---|
| <p>Adult Medium Secure current performance:</p>  <p>Bed-day activity by Fyear, Fmonth and Provider</p> <p>Provider: Betsi Cadwaladr (blue), OOA (dark blue), Swansea Bay (yellow)</p> <p>Activity (Y-axis): 0 to 2000</p> <p>Fmonth (X-axis): 10, 11, 12 (2019/20); 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 (2022/23); 1, 2, 3, 4, 5 (2023/24)</p> | <p>Whilst both NHS inpatient Medium Secure units are performing with less bed-days than pre-Covid, the use of other providers has increased.</p> <p><b>What actions are WHSC taking?</b></p> <p>Regular performance meetings are taking place with both units on a monthly basis.</p> <p>Repatriation plans are in place for both units and are on profile.</p> <p><b>What are the main areas of risk?</b></p> <p>Lack of seclusion suites in both units limits the acuity of patients that can be repatriated or admitted. There is a risk that patients remain out of area due to this.</p> |



### 7.13 Welsh Kidney Network activity

#### Welsh Kidney Network - Performance data and forecasts

##### Welsh Kidney Network current performance: BCUHB region

| Area         |  | 2021-22      | 2022-23      | 2023-24      |
|--------------|--|--------------|--------------|--------------|
| Centre       | Unit haemodialysis activity (sessions)               | 11870        | 12715        | 4209         |
|              | Home dialysis (patients)                             | 198          | 245          | 117          |
|              | Nephrology outpatient activity (appointments)        | 2759         | 4198         | 1506         |
| East         | Unit haemodialysis activity (sessions)               | 18342        | 18761        | 6391         |
|              | Home dialysis (patients)                             | 357          | 349          | 111          |
|              | Nephrology outpatient activity (appointments)        | 5948         | 6491         | 2288         |
| West         | Unit haemodialysis activity (sessions)               | 12646        | 12167        | 3924         |
|              | Home dialysis (patients)                             | 437          | 457          | 141          |
|              | Nephrology outpatient activity (appointments)        | 3951         | 3030         | 852          |
| <b>Total</b> | <b>Unit haemodialysis activity (sessions)</b>        | <b>42858</b> | <b>43643</b> | <b>14524</b> |
|              | <b>Home dialysis (patients)</b>                      | <b>992</b>   | <b>1051</b>  | <b>369</b>   |
|              | <b>Nephrology outpatient activity (appointments)</b> | <b>12658</b> | <b>13719</b> | <b>4646</b>  |

##### Welsh Kidney Network current performance: C&VUHB region

|   | 2021-22 | 2022-23 | 2023-24 |
|---|---------|---------|---------|
| Renal surgery activity, inc. IPEL and IPNEL, DC, RDAs, OPN, OPFU, OPP (Renal Surgery) | 5,052   | 5,189   | 2,092   |
| Nephrology activity, inc. IPEL and IPNEL, DC, RDAs, OPN, OPFU, OPP (Nephrology)       | 9,585   | 9,262   | 3,679   |
| Home haemodialysis activity (Home Renal Dialysis)                                     | 7,516   | 7,681   | 3,217   |
| Peritoneal dialysis activity (Renal CAPD (Dialysis))                                  | 21,767  | 18,643  | 7,691   |
| Unit haemodialysis activity (Hospital Renal Dialysis)                                 | 83,905  | 90,755  | 39,708  |
| Transplant activity (Renal Transplants)   | 97      | 115     | 50      |

##### Welsh Kidney Network current performance: SBUHB region

|  | 2021-22 | 2022-23 | 2023-24 |
|--|---------|---------|---------|
| Haemodialysis activity at Morriston units (Hospital Unit Dialysis) | 36411   | 36886   | 15744   |
| Haemodialysis activity at satellite units (West Wales Dialysis)    | 26645   | 26995   | 10841   |
| Total unit haemodialysis activity                                  | 63056   | 63881   | 26585   |
| Home dialysis patients (Home Dialysis per Month)                   | 452     | 401     | 151     |
| CAPD patients (CAPD per Month)                                     | 307     | 310     | 137     |
| APD patients (APD per Month)                                       | 309     | 252     | 122     |
| AAPD patients (AAPD per Month)                                     | 63      | 32      | 12      |
| PD patients, Sum of: (CAPD, APD and AAPD per Month)                | 679     | 594     | 271     |
| Renal vascular access activity (Renal access GS)                   | 143     | 162     | 87      |
| New outpatient appointments (Out Patients New)                     | 811     | 1111    | 692     |
| Followup outpatient appointments (Out Patients FU)                 | 9204    | 9612    | 3822    |
| Outpatient procedures (OPP)  | 858     | 697     | 181     |

#### Current Performance

##### BCUHB region:

Based upon Month 2 data the trajectory for Unit Dialysis is mixed across the 3 areas, with Centre looking around a 3% increase is the expected level of growth seen in Unit Dialysis year on year. East and West both under-underperforming this demonstrates the need for agility across the Pan-BCUHB for both service provision and financial flow. The Home Dialysis provision in Centre if levels continue will see a significant rise in numbers as much as 37%.

##### C&VUHB region:

Based on Month 2 data the trajectory for unit dialysis approximately 3% growth, expected level of growth seen in Unit Dialysis year on year, and home dialysis predicting a slight increase from 2022/23.

##### SBUHB region:

Based on Month 2 data the trajectory for unit dialysis approximately 4% growth, higher than the other 2 regions, along with PD, however Home dialysis is projected to underperform and therefore will a level of focus.



| What actions are WHSSC taking?  | What are the main areas of risk?  |
|---|---|
| <p><b>BCUHB region:</b> Discussions are ongoing between WHSSC &amp; BCU. Formal letter issued to IHC Director for YGC regarding renal capacity 18.05.23. Formal letter issued to CEO &amp; Medical Director of BCU regarding Serious Concerns raised as part of the Peer Review Process for Unit Dialysis with BCU 15.06.23. Meeting to be arranged by end of Quarter 2 with CEO &amp; Medical Director (BCU) WHSSC Exec's and WKN Management.</p> <p><b>C&amp;VUHB region:</b> Work is ongoing with the region to expand existing capacity within 2 ISP sites to deal with the current increase in unit dialysis activity.</p> <p><b>SBUHB region:</b> Work is ongoing with the region to expand existing capacity within 2 ISP sites to deal with the current increase in unit dialysis activity.</p> <p><b>All regions:</b><br/>The Network is currently reviewing baseline figures for all regions as outdated, utilising 2022/23 out-turn activity and working with WHSSC Finance on appropriate funding model. In turn this will provide a demand and capacity model for workforce requirements.</p> <p>Available datasets are being considered, including waiting list activity as this is not currently actively monitored as this is currently a pass through activity. Alignment to the WHSSC performance Management framework structure is progressing, and providing a 'voice' for renal services within the WHSSC/Provider meetings.</p> <p>Recently awarded ViHC monies distributed within each region, aim of increasing the level of transplantation and home dialysis activity. BCU focus is on additional staff for transplantation and Home Dialysis. C&amp;V currently undertaking a scoping exercise on the most effective areas to target within the patient pathway. SB's will focus on locally on CKD and will lead on an All Wales project looking at Kidney Risk equation and emulating 'Transplant First' into Vital data. This will be monitored through the quarterly regional meetings and WKN Board.</p> <p>An All Wales project looking at Kidney Risk equation and emulating 'Transplant First' into Vital data is being progressed.</p> | <p><b>BCU region:</b> Increased pressure of staff working within a pan-BCU single service against a backdrop of a 3 sub-structured organisation.</p> <p>Insufficient funding mechanism within the existing BCU sub-structure does not provide the level of flexibility to manage the service provision pan BCU, compounded by the fact that BCU are within a block contract, current lack of visibility regarding funding flow.</p> <p><b>C&amp;VUHB region:</b> Increased pressure on workforce, which will be mitigated by rebasing activity and costings.</p> <p>Increase in cost within Independent Service Providers (ISPs) due to current market conditions and scarcity of labour.</p> <p><b>SBUHB region:</b> Increase in demand within the Swansea Morriston region, mitigated by recently awarded contract for 2 additional ISP units to be located within the NPT and Bridgend areas, predicted to come on-line by end of 2024.</p> <p>Increased pressure on workforce, which will be mitigated by rebasing activity and costings.</p> |

|  |   |                                     |                                     |                                    |   |
|--|---|-------------------------------------|-------------------------------------|------------------------------------|---|
| <b>Report Title</b>  | <b>Financial Performance Report – Month 6 2023-2024</b>   |                                     |                                     | <b>Agenda Item</b>                 | 4.2   |
| <b>Meeting Title</b>   | <b>Joint Committee</b>  |                                     |                                     | <b>Meeting Date</b>                | 21/11/2023                                    |
| <b>FOI Status</b>  | Open/Public   |                                     |                                     |                                    |   |
| <b>Author (Job title)</b>  | Interim Director of Finance   |                                     |                                     |                                    |   |
| <b>Executive Lead (Job title)</b>  | Interim Director of Finance   |                                     |                                     |                                    |   |
| <b>Purpose of the Report</b>   | <p>The purpose of this report is to set out the financial position for WHSSC for the 6th month of 2023-2024.</p> <p>The financial position is reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan by the Joint Committee in February 2023.</p> |                                     |                                     |                                    |   |
| <b>Specific Action Required</b>  | RATIFY<br><input type="checkbox"/>  | APPROVE<br><input type="checkbox"/> | SUPPORT<br><input type="checkbox"/> | ASSURE<br><input type="checkbox"/> | INFORM<br><input checked="" type="checkbox"/> |
| <p><b>Recommendation(s)</b></p> <p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>Note</b> the current financial position and forecast year-end position</li> </ul> |   |                                     |                                     |                                    |   |

# WHSSC FINANCIAL PERFORMANCE REPORT

## MONTH 6 2023-2024

### 1.0 SITUATION

The purpose of this report is to provide narrative to the current financial position and forecast yearend position of WHSSC for the 2023-2024 financial year.

This report will be shared with WHSSC Joint Committee on 21<sup>st</sup> November 2023.

### 2.0 BACKGROUND

The financial position is reported against the 2023/24 baselines following approval of the 2023-26 WHSSC Integrated Commissioning Plan by the Joint Committee of the 7 health boards in February 2023.

### 3.0 ASSESSMENT

The year to date financial position reported at Month 6 for WHSSC is an underspend against the ICP financial plan of (£5.171m), the forecast year-end position is an underspend of (£9.076m).

The current reported position includes significant non-recurrent reserve releases and performance savings. There remains a material recurrent underlying deficit, which will require funding through the 24/25 financial plan. The plan is currently in development but early analysis estimates the deficit is approx. £10m-£12m

### 4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the contents of this report including the year to date financial position and forecast year-end position.

| <b>Governance and Assurance</b>   |   |
|---|---|
| <b>Link to Strategic Objectives</b>   |   |
| <b>Strategic Objective(s)</b>   | Governance and Assurance<br>Development of the Plan   |
| <b>Link to Integrated Commissioning Plan</b>  | This document reports on the ongoing financial performance against the agreed IMTP  |
| <b>Health and Care Standards</b>  | Governance, Leadership and Accountability<br>Choose an item.<br>Choose an item.   |
| <b>Principles of Prudent Healthcare</b>   | Only do what is needed<br>Choose an item.<br>Choose an item.  |
| <b>NHS Delivery Framework Quadruple Aim</b>   | People in Wales have improved health and well-being with better prevention and self-management<br>Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome<br>Choose an item.<br>Choose an item. |
| <b>Organisational Implications</b>  |   |
| <b>Quality, Safety &amp; Patient Experience</b>   | -   |
| <b>Finance/Resource Implications</b>  | This document reports on the ongoing financial performance against the agreed IMTP.   |
| <b>Population Health</b>  | -   |
| <b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b> | -   |
| <b>Long Term Implications (incl WBFG Act 2015)</b>                                      | -   |
| <b>Report History (Meeting/Date/ Summary of Outcome)</b>                                | Management Group 26 <sup>th</sup> October 2023  |
| <b>Appendices</b>   |   |

# FINANCE PERFORMANCE REPORT – MONTH 6

## 1.0 PURPOSE OF REPORT

The purpose of this report is to set out the financial position for WHSSC for 2023-2024 together with any corrective action required.

**The narrative of this report excludes the financial position for EASC, which includes WAST & EMRTS provider contracts, EASC and the NCCU team running costs, which are covered in separate Finance Report that is tabled at the EAS Committee. For information purposes, the consolidated position is summarised in the table below:**

Table 1 - WHSSC / EASC split

|                                | Annual Budget | Budgeted to Date | Actual to Date | Variance to Date | Movement in Var to date | Current EOYF | Movement in EOYF position |
|--------------------------------|---------------|------------------|----------------|------------------|-------------------------|--------------|---------------------------|
|                                | £'000         | £'000            | £'000          | £'000            | £'000                   | £'000        | £'000                     |
| WHSSC                          | 797,050       | 398,525          | 393,340        | (5,185)          | (10,078)                | (9,204)      | (3,811)                   |
| EASC (WAST, EMRTS, NCCU)       | 252,672       | 126,336          | 126,325        | (11)             | (11)                    | (22)         | (22)                      |
| Total as per Risk-share tables | 1,049,722     | 524,861          | 519,665        | (5,196)          | (10,091)                | (9,226)      | (3,833)                   |

Please note that as LHB's cover any WHSSC variances, any over/under spends are adjusted back out to LHB's. Therefore, although this document reports on the effective position to date, this value is actually reported through the LHB monthly positions, and the WHSSC position as reported to Welsh Government is a nil variance.

## 2.0 BACKGROUND/INTRODUCTION

The financial position is reported against the 2023/24 baselines following approval of the 2023-26 ICP by the Joint Committee in February 2023. The remit of WHSSC is to deliver a plan for Health Boards within an overall financially balanced position. However, the composite individual positions are important and are dealt with in this financial report together with consideration of corrective actions as the need arises.

NHS England is reported on contract baselines agreed within the post pandemic NHSE framework of 'aligned payments and incentives'. These are reported

against the current ICP provision. WHSSC continues to commission in line with the contract intentions agreed as part of the ICP and historic standard PBR principles, and declines payment for activity that is not compliant with the business rules related to out of time activity.

### **3.0 GOVERNANCE & CONTRACTING**

The Finance Sub Group has developed a risk sharing framework which has been agreed by Joint Committee and was implemented from April 2019. This is based predominantly on a 2 year average utilisation calculated on the latest available complete year's data. Due to the nature of highly specialist, high cost and low volume services, a number of areas will continue to be risk shared on a population basis to avoid volatility in individual commissioner's position.

Due to COVID and block contracting arrangements the current utilisation shares are based on a 2 year average of 2018/19 and 2019/20 activity. It was agreed by the Finance Sub group that to update utilisation for 2020/21 and 2021/22 activity would be too volatile given the downturn in activity.

The latest commissioner utilisation shares will be reviewed by the finance sub group in development of the 2024/25 Integrated Commissioning Plan and commissioner contribution adjustments will be actioned through the plan as required.

#### **NHS Wales Contracting Framework**

The contracting framework for NHS Wales providers is reported as per the approved WHSSC ICP assumption of a return to pre COVID contracting terms, in that no provider tolerances are applied to contract underperformance and the extant marginal rates for performance are re-instated.

### **4.0 ACTUAL YEAR TO DATE AND FORECAST OVER / (UNDERSPEND) (SUMMARY)**

The reported position is based on the following:

- NHS Wales activity – provider contract monitoring returned to the extant contracting framework for 2023/24 as an agreed financial assumption included in the ICP approved by Joint Committee
- NHS England activity – provider contract monitoring against agreed baselines based on the NHSE 'aligned payment and incentives' framework, with actual variances for drugs and devices applied and recognition of elective recovery fund claims for sustained recovery performance.
- Mental Health & IPFR – live patient data as at the end of the month, plus current funding approvals and block bed capacity.
- Developments – variety of bases, including agreed phasing of funding.

**Table 2 - Expenditure variance analysis**

| Financial Summary (see Risk-sharing tables for further details) | Annual Budget  | Budgeted to Date | Actual to Date | Variance to Date | Previous month Var to date | Current EOYF Variance | Previous month EOYF Var |
|---|----------------|------------------|----------------|------------------|----------------------------|-----------------------|-------------------------|
|   | £'000          | £'000            | £'000          | £'000            | £'000                      | £'000                 | £'000                   |
| <b>NHS Wales</b>  |                |                  |                |                  |                            |                       |                         |
| Cardiff & Vale University Health Board                          | 291,781        | 145,890          | 147,987        | 2,097            | 3,274                      | 4,193                 | 7,857                   |
| Swansea Bay University Health Board                             | 121,226        | 60,613           | 62,555         | 1,942            | 1,439                      | 3,883                 | 3,453                   |
| Cwm Taf Morgannwg University Health Board                       | 11,246         | 5,623            | 5,623          | 0                | 0                          | 0                     | 0                       |
| Aneurin Bevan Health Board                                      | 11,914         | 5,957            | 5,957          | 0                | 0                          | 0                     | 0                       |
| Hywel Dda Health Board  | 2,110          | 1,055            | 1,055          | 0                | 0                          | 0                     | 0                       |
| Betsi Cadwaladr Univ Health Board Provider                      | 47,822         | 23,911           | 24,272         | 361              | 382                        | 722                   | 917                     |
| Velindre NHS Trust  | 56,290         | 28,145           | 28,627         | 483              | 248                        | 1,115                 | 805                     |
| <b>Sub-total NHS Wales</b>                                      | <b>542,388</b> | <b>271,194</b>   | <b>276,075</b> | <b>4,881</b>     | <b>5,342</b>               | <b>9,913</b>          | <b>13,032</b>           |
| Non Welsh SLAs  | 129,569        | 64,785           | 67,542         | 2,757            | 2,787                      | 3,208                 | 3,020                   |
| IPFR  | 42,981         | 21,490           | 21,250         | (240)            | 441                        | (628)                 | (248)                   |
| IVF   | 5,071          | 2,536            | 2,516          | (20)             | 28                         | 0                     | 202                     |
| Mental Health   | 42,519         | 21,259           | 21,186         | (73)             | (31)                       | 1,944                 | 905                     |
| Renal   | 4,959          | 2,480            | 1,982          | (497)            | (85)                       | (580)                 | 45                      |
| Savings   | (11,510)       | (5,755)          | (4,834)        | 921              | 717                        | 1,261                 | 676                     |
| Plan Developments   | 33,663         | 16,831           | 11,349         | (5,482)          | (4,449)                    | (9,024)               | (8,882)                 |
| Direct Running Costs  | 5,060          | 2,530            | 2,683          | 152              | 141                        | (31)                  | (32)                    |
| Reserves Releases 2022/23                                       | 0              | 0                | (7,560)        | (7,560)          | 0                          | (15,119)              | (13,962)                |
| <b>Total Expenditure</b>  | <b>794,700</b> | <b>397,350</b>   | <b>392,190</b> | <b>(5,160)</b>   | <b>4,891</b>               | <b>(9,054)</b>        | <b>(5,243)</b>          |

## 5.0 FINANCIAL POSITION DETAIL

The Welsh SLA provider position at month 6 is an overspend of £4.881m, with a forecast year end variance of £9.913m

The (£3.1m) forecast improvement from month 5 is mainly due to Cardiff & Vale assessment of forecast recruitment slippage that will be handed back to commissioners in year.

There continues to be significant pass through cost pressures on immunology and inherited bleeding disorder blood products of £2.786m to date, with a forecast variance of £5.6m.

The NHS England SLAs forecast overspend position of £3.208m is mainly driven by continued drug and device overspends, with elective activity absorbed within baselines and agreed block arrangements.

NHSE providers have been affected by industrial action in the year to date and are anticipating further disruption in October. A number of contracted providers have approached WHSSC to seek financial support for loss of income in line with NHS the latest NHSE guidance.

There continues to be a high number of adult eating disorders referrals and placements within the specialised mental health portfolio, the current forecast is a £4.2m variance at year end based on current known placements. The provision of 4 framework block eating disorder beds with Elysium in Ebbw Vale from November which will enable a degree of repatriation of the out of area placements to more cost effective, closer to home provider.

The provider overperformance variances are partially offset by plan provisions for performance and high cost drugs growth and prior year releases of (£15.119m) included in the forecast position.

### **WHSSC Running Costs**

The WHSSC running cost budget is forecasting an underspend of (£0.031m), after applying the 5% budget reduction agreed through the WHSSC ICP.

## **6.0 FINANCIAL POSITION DETAIL – BY COMMISSIONERS**

The financial arrangements for WHSSC do not allow WHSSC to over or underspend, therefore variances are distributed based on a defined risk sharing mechanism. The following table provides details of how the yearend variances are allocated by LHB and the movement from last month's forecast position.



**Table 3 – Year to Date position by LHB**

|             | Allocation of Variance |                              |             |                               |                           |                    |                |                             |
|-------------|------------------------|------------------------------|-------------|-------------------------------|---------------------------|--------------------|----------------|-----------------------------|
|             | Total<br>£'000         | Cardiff<br>and Vale<br>£'000 | SB<br>£'000 | Cwm Taf<br>Morgannwg<br>£'000 | Aneurin<br>Bevan<br>£'000 | Hywel Dda<br>£'000 | Powys<br>£'000 | Betsi<br>Cadwaladr<br>£'000 |
| Variance M6 | (5,160)                | (1,363)                      | (458)       | (1,054)                       | (942)                     | (745)              | 155            | (753)                       |
| Variance M5 | 4,891                  | 283                          | 677         | 368                           | 859                       | 494                | 519            | 1,692                       |
| Movement    | (10,051)               | (1,646)                      | (1,135)     | (1,422)                       | (1,801)                   | (1,239)            | (364)          | (2,445)                     |

**Table 4 – End of Year Forecast by LHB**

|                 | Allocation of Variance |                              |             |                               |                           |                    |                |                             |
|-----------------|------------------------|------------------------------|-------------|-------------------------------|---------------------------|--------------------|----------------|-----------------------------|
|                 | Total<br>£'000         | Cardiff<br>and Vale<br>£'000 | SB<br>£'000 | Cwm Taf<br>Morgannwg<br>£'000 | Aneurin<br>Bevan<br>£'000 | Hywel Dda<br>£'000 | Powys<br>£'000 | Betsi<br>Cadwaladr<br>£'000 |
| EOY forecast M6 | (9,054)                | (2,447)                      | (642)       | (1,690)                       | (1,491)                   | (1,089)            | (237)          | (1,458)                     |
| EOY forecast M5 | (5,243)                | (1,613)                      | (257)       | (1,006)                       | (889)                     | (412)              | (207)          | (859)                       |
| EOY movement    | (3,811)                | (834)                        | (385)       | (684)                         | (602)                     | (677)              | (30)           | (599)                       |

## 7.0 PLAN SAVINGS AND ADDITIONAL 1% PATHWAY SAVINGS

The 2023-26 WHSSC ICP included a 1.2% commissioning budget savings target of £9.160m in order to contain the uplift required by commissioning Health Boards to 3.11%.

This is in addition to prior year residual savings schemes rolled forward of £2.350m

At month 6 it is reported that there is a shortfall of £0.921m against the planned savings target with a forecast variance of £1.261m.

Table 5 – Plan Savings Monitoring

| Prior Year Plan Savings Targets                              | Annual Budget<br>£'000         | Expected to Date<br>£'000         | Actual To Date<br>£'000         | Variance<br>£'000         | Current EOYF<br>£'000         |
|--|--------------------------------|-----------------------------------|---------------------------------|---------------------------|-------------------------------|
| Existing Medicines Management Optimisation Schemes           | (1,600)                        | (800)                             | (900)                           | (100)                     | (100)                         |
| Referral Management Schemes                                  | (250)                          | (125)                             | 0                               | 125                       | 250                           |
| Neonatal Out of Area Capacity Reduction                      | (500)                          | (250)                             | (250)                           | -                         | -                             |
| <b>Sub-total Prior Year Savings</b>                          | <b>(2,350)</b>                 | <b>(1,175)</b>                    | <b>(1,150)</b>                  | <b>25</b>                 | <b>150</b>                    |
| <b>2023/24 ICP Re-commissioning Schemes</b>                  | <b>Annual Budget<br/>£'000</b> | <b>Expected to Date<br/>£'000</b> | <b>Actual To Date<br/>£'000</b> | <b>Variance<br/>£'000</b> | <b>Current EOYF<br/>£'000</b> |
| 23/24 Medicines Management Optimisation Schemes              | (1,000)                        | (500)                             | (500)                           | -                         | -                             |
| Reduction in Neonatal OOA transfers due to SW capacity       | (250)                          | (125)                             | (125)                           | -                         | -                             |
| Target Reduction in Forensic OOA Placements                  | (1,000)                        | (500)                             | (458)                           | 42                        | 84                            |
| Target Reduction in NW CAMHS OOA Placements                  | (250)                          | (125)                             | (125)                           | -                         | -                             |
| Target Reduction in SW CAMHS OOA Placements                  | (500)                          | (250)                             | (250)                           | -                         | -                             |
| Target Reduction in Eating Disorders OOA Placements          | (500)                          | (250)                             | 0                               | 250                       | 500                           |
| Paeds Contract Rebasng through Strategy Service Reviews      | (250)                          | (125)                             | (125)                           | -                         | -                             |
| Device Optimisation C&V                                      | (150)                          | (75)                              | (75)                            | -                         | -                             |
| Device Optimisation SB                                       | (150)                          | (75)                              | (95)                            | (20)                      | (20)                          |
| Genetics - Repatriate send out tests to in house             | (250)                          | (125)                             | (159)                           | (34)                      | (68)                          |
| WHSSC DRC Budget CRP 5%                                      | (175)                          | (88)                              | (109)                           | (22)                      | 64.60                         |
| <b>Sub Total 2022/23 Re-commissioning Schemes</b>            | <b>(4,475)</b>                 | <b>(2,238)</b>                    | <b>(2,021)</b>                  | <b>216</b>                | <b>431</b>                    |
| <b>2023/24 Disinvestments</b>                                | <b>Annual Budget<br/>£'000</b> | <b>Expected to Date<br/>£'000</b> | <b>Actual To Date<br/>£'000</b> | <b>Variance<br/>£'000</b> | <b>Current EOYF<br/>£'000</b> |
| Cardiac Surgery disinvestment C&V                            | (1,875)                        | (938)                             | (568)                           | 370                       | 370                           |
| Cardiac Surgery disinvestment SB                             | (1,395)                        | (698)                             | (690)                           | 8                         | 8                             |
| <b>Non Recurrent under performance (assume 50% recovery)</b> |                                |                                   |                                 |                           | -                             |
| Paeds Surgery C&V  | (150)                          | (75)                              | (75)                            | 0                         | -                             |
| Plastics SB  | (700)                          | (350)                             | (199)                           | 151                       | 151                           |
| Bariatrics SB  | (90)                           | (45)                              | (18)                            | 27                        | 27                            |
| Thoracic SB  | (125)                          | (63)                              | (38)                            | 25                        | 25                            |
| Thoracic C&V   | (200)                          | (100)                             | 0                               | 100                       | 100                           |
| Renal Activity   | (150)                          | (75)                              | (75)                            | 0                         | -                             |
| <b>Sub Total Disinvestments</b>                              | <b>(4,685)</b>                 | <b>(2,343)</b>                    | <b>(1,663)</b>                  | <b>680</b>                | <b>680</b>                    |
| <b>Total Savings</b>   | <b>(11,510)</b>                | <b>(5,755)</b>                    | <b>(4,834)</b>                  | <b>921</b>                | <b>1,261</b>                  |

During the plan development process, the Joint Committee asked WHSSC to work with the HBs in year to identify additional pathway savings equivalent to 1% of the required uplift.

These are currently at the scoping stage with some early themes emerging and progress in identifying and achieving the additional £7.6m pathway savings will also be monitored in this report in future months. To date £2.884m of savings have been identified and are materialising within the WHSSC position if they are allocated against WHSSC budgets.

Table 6 – Schemes 1% Savings Target

|  |  | 2023/24<br>Target 1 %<br>Savings | Aneurin<br>Bevan<br>UHB | Betsi<br>Cadwaladr<br>UHB | Cardiff &<br>Vale<br>UHB | Cwm Taf<br>Morgannwg<br>UHB | Hywel<br>Dda<br>UHB | Powys<br>THB | Swansea<br>Bay<br>UHB | 2023/24<br>Forecast<br>Saving<br>Achieved<br>£m |
|--|--|----------------------------------|-------------------------|---------------------------|--------------------------|-----------------------------|---------------------|--------------|-----------------------|---|
|  |  | £m                               | £m                      | £m                        | £m                       | £m                          | £m                  | £m           | £m                    |   |
| <b>WHSSC &amp; HBs Shared 1% Savings Target</b>                | Pathway budget where savings materialise | (7.569)                          | (1.444)                 | (1.583)                   | (1.312)                  | (1.105)                     | (0.860)             | (0.314)      | (0.951)               |   |
| <b>Cash Releasing Schemes reported through WHSSC position</b>  |  |                                  |                         |                           |                          |                             |                     |              |                       |   |
| Intestinal Failure - Beddays Reduction against baseline        | WHSSC                                    | (0.350)                          | (0.048)                 | 0.000                     | (0.094)                  | (0.077)                     | (0.028)             | (0.005)      | (0.006)               | (0.257)   |
| Intestinal Failure - NHS Community Nursing                     | WHSSC                                    | (0.500)                          | 0.000                   | 0.000                     | 0.000                    | 0.000                       | 0.000               | 0.000        | 0.000                 | 0.000   |
| Intestinal Failure - Saline reduction                          | WHSSC                                    | (0.100)                          | (0.023)                 | (0.013)                   | (0.029)                  | (0.020)                     | (0.007)             | (0.003)      | (0.005)               | (0.100)   |
| ALAS - Static Seating Contract                                 | WHSSC                                    | (0.044)                          | (0.008)                 | (0.010)                   | (0.007)                  | (0.006)                     | (0.005)             | (0.002)      | (0.005)               | (0.044)   |
| Cochlear Centralisation  | WHSSC                                    | (0.280)                          | (0.044)                 | (0.035)                   | (0.040)                  | (0.053)                     | (0.034)             | (0.012)      | (0.062)               | (0.280)   |
| Cystic Fibrosis - Home IV Service baseline                     | WHSSC                                    | (0.350)                          | (0.066)                 | (0.078)                   | (0.055)                  | (0.050)                     | (0.043)             | (0.015)      | (0.043)               | (0.350)   |
| <b>Total Reported Through WHSSC position</b>                   |  | (1.624)                          | (0.189)                 | (0.136)                   | (0.225)                  | (0.205)                     | (0.118)             | (0.036)      | (0.122)               | (1.031)   |
| <b>Pathway Cost Avoidance / Efficiency / Capacity</b>          |  |                                  |                         |                           |                          |                             |                     |              |                       |   |
| Intestinal Failure - Beddays reduction against 2022/23 Outturn | HB Acute Secondary Care                  | (0.360)                          | (0.067)                 | 0.000                     | (0.132)                  | (0.107)                     | (0.039)             | (0.006)      | (0.008)               | (0.360)   |
| Paeds Endocrine - Growth Hormone (Primary Care)                | HB GP Prescribing                        | (0.160)                          | (0.040)                 | 0.000                     | (0.034)                  | (0.026)                     | (0.004)             | (0.004)      | (0.026)               | (0.160)   |
| Cardiology - Reduction in attendances non specialised          | HB Acute Secondary Care                  | (0.140)                          | (0.026)                 | (0.031)                   | (0.022)                  | (0.020)                     | (0.017)             | (0.006)      | (0.017)               | (0.140)   |
| Cystic Fibrosis - Reduction in attendances non specialised     | HB Acute Secondary Care                  | (0.600)                          | (0.113)                 | (0.134)                   | (0.095)                  | (0.085)                     | (0.074)             | (0.025)      | (0.075)               | (0.600)   |
| <b>Total Cost avoidance</b>                                    |  | (1.260)                          | (0.179)                 | (0.165)                   | (0.151)                  | (0.135)                     | (0.117)             | (0.036)      | (0.118)               | (1.260)   |
| <b>Total Schemes Identified</b>                                |  | (2.884)                          | (0.368)                 | (0.301)                   | (0.376)                  | (0.341)                     | (0.234)             | (0.071)      | (0.240)               | (2.291)   |
| <b>% of Savings Target Identified</b>                          |  | 38%                              | 25%                     | 19%                       | 29%                      | 31%                         | 27%                 | 23%          | 25%                   | 30%   |

As set out above (£1.031m) of additional savings are reported through the WHSSC position and an additional (£1.260m) are identified as falling out through non specialised budgets.

Further financial improvement options of (£4.942m) were submitted as part of the system deficit reduction of which (£2.3m) related to freezing uncommitted is included in the reported forecast underspend.

## 8.0 INCOME/EXPENDITURE ASSUMPTIONS

### 8.1 Income from LHB's

There are no notified disputes regarding the income assumptions related to the WHSSC IMTP.

Invoices over 11 weeks in age detailed to aid LHB's in clearing them before arbitration dates:

- None

## 9.0 OVERVIEW OF KEY RISKS / OPPORTUNITIES

Failure to achieve the planned savings target could have an adverse effect on the forecast commissioner financial positions against the agreed plan.

## 10.0 PUBLIC SECTOR PAYMENT COMPLIANCE Q1

As at the end of Q2 WHSSC has achieved 99.6% compliance for NHS invoices paid within 30 days by value and 97.5% by number.

For non NHS invoices WHSSC has achieved 98.9% in value for invoices paid within 30 days and 98.7% by number.

This data is updated on a quarterly basis.

## 11.0 RESPONSES TO ACTION NOTES FROM WG MMR RESPONSES

**5.1 Release of reserves** As described in your narrative a key contributing factor for the improvement between the year-to-date deficit £4.895m and forecast year end surplus (£5.243m) is the planned release of reserves totalling c.£12.900m. Please provide details of when you plan to release these reserves into the year-to-date position.

**Response:** The reserves are now released into the year to date position in month 6, having an impact of (£7.56m) months 1-6.

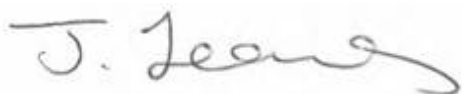
**5.2 Service Level Agreements** As all SLAs should have been signed off by the 30th June, I look forward to receiving confirmation in the month 6 commentary that the remaining outstanding Health Board signed SLA has now been received.

**Response:** All welsh provider SLAs have been agreed, signed and returned.

## 12.0 CONFIRMATION OF POSITION REPORT BY THE MD AND DOF



**Sian Lewis,  
Managing Director, WHSSC**



**James Leaves,  
Interim Director of Finance, WHSSC**



|   |   |  |                                     |   |   |
|---|---|--|-------------------------------------|---|---|
| Report Title  | Corporate Governance Report   | Agenda Item                                    | 4.3                                 |   |   |
| Meeting Title   | Joint Committee   | Meeting Date                                   | 21/11/2023                          |   |   |
| FOI Status  | Open  |  |                                     |   |   |
| Author (Job title)  | Head of Corporate Governance  |  |                                     |   |   |
| Executive Lead (Job title)  | Committee Secretary & Associate Director of Corporate Services  |  |                                     |   |   |
| Purpose of the Report   | The purpose of this report is to provide an update on corporate governance matters that have arisen since the previous meeting. |  |                                     |   |   |
| Specific Action Required  | RATIFY<br><input type="checkbox"/>  | APPROVE<br><input checked="" type="checkbox"/> | SUPPORT<br><input type="checkbox"/> | ASSURE<br><input checked="" type="checkbox"/> | INFORM<br><input checked="" type="checkbox"/> |
| <b>Recommendation(s)</b><br><br>Members are asked to: <ul style="list-style-type: none"><li>• <b>Note</b> the report, and</li><li>• <b>Approve</b> the WHSSC Annual Report 2022-2023.</li></ul> |   |  |                                     |   |   |

# CORPORATE GOVERNANCE REPORT

## 1.0 SITUATION

The purpose of this report is to provide an update on corporate governance matters that have arisen since the previous meeting.

## 2.0 BACKGROUND

There are a number of corporate governance matters that need to be reported as a regular item in-line with the governance and accountability framework for WHSSC. This report encompasses all such issues as one agenda item.

## 3.0 ASSESSMENT

### 3.1 Matters Considered In-Committee

In accordance with the WHSSC Standing Orders (SOs), the Joint Committee (JC) is required to report any decisions made in private "In-Committee" session, to the next available public meeting of the JC. An "In-Committee" meeting was held on 19 September 2023 and the following updates were received:

- Minutes of the In Committee Meeting held on 18 July 2023,
- South Wales Neonatal Transport delivery Assurance Group (DAG) Update Report,
- Financial Savings Update; and
- Any Other Business.

### 3.2 Welsh Health Circulars (WHCs)

Welsh Government (WG) issue Welsh Health Circulars (WHCs) around specific topics. The following WHCs have been received since the last meeting and are available via the WG website, where further details as to the risks and governance issues are available:

- Withdrawal of WHS/2019/042 regarding annual quality statements
- WHS/2023/029 Winter Respiratory Vaccination Programme 2023-2024
- WHS/2023/30 New 2023 National Safety Standards for Invasive Procedures (natSSIPS2)
- WHC/2023/31 Healthcare associated infections and antimicrobial resistance improvement goals 2023-2024
- WHS/2023/33 COVID-19 vaccine products
- WHC/2023/036 NHS Wales speaking up safely framework
- WHC/2023/008 Advice on tissue and cell donation
- WHC/2023/032 Amendments to Model Standing Orders and Model Standing Financial Instructions – NHS Wales
- WHC/2023/034 NHS Wales Sustainability Conference and Awards
- WHC/2023/037 Patient testing framework for autumn/winter 2023

### 3.3 Annual Report 2022-2023

At the WHSSC JC meeting on 19 September 2023 members were advised that due to the delay in receiving the WHSSC Annual Report 2022-2023 back from the graphic designers the document would be circulated to JC members via email for virtual approval, and would be brought back to the November 2023 JC for ratification. Under the scheme of delegation, outlined in the WHSSC SO's the schedule of matters reserved to the JC includes the approval of the annual report.

The WHSSC Annual Report 2022-2023 reflects on WHSSC's performance and its achievements over the last financial year and reflects on what was achieved in collaboration with partner organisations and stakeholders.

The document was circulated to JC members on 22 September 2023 and is presented at **Appendix 1** for approval.

### 3.4 Forward Work Plan

The Joint Committee Forward Work Plan is presented at **Appendix 2** for information.

### 3.5 Virtual Committee Arrangements

Further to the Committee effectiveness exercise for 2021-2022 undertaken in April 2022, the feedback from individual members indicated that the majority of members would prefer to continue with the virtual meeting arrangements adopted during the COVID-19 pandemic and the recovery phase. The WHSSC IMs attended the Joint Committee on 16 May 2023 in person which was followed by an informal lunch as part of the inductions process. In addition, feedback received during the 2022-2023 exercise suggested twice yearly face to face meetings for the Joint Committee would be welcomed. Therefore, the majority of Joint Committee meetings will still be virtual with the exception of twice yearly in person meetings in September 2023 and March 2024. The sub-committee meetings will continue to be held virtually for the foreseeable future, and face to face meetings will be considered for any key decision making requirements as deemed appropriate by the Chair.

## 4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report; and
- **Approve** the WHSSC Annual Report 2022-2023.

| <b>Governance and Assurance</b>  |  |
|--|--|
| <b>Link to Strategic Objectives</b>  |  |
| <b>Strategic Objective(s)</b>  | Governance and Assurance   |
| <b>Link to Integrated Commissioning Plan</b>   | Approval process   |
| <b>Health and Care Standards</b>   | Governance, Leadership and Accountability  |
| <b>Principles of Prudent Healthcare</b>  | Public & professionals are equal partners through co-production  |
| <b>Institute for HealthCare Improvement Quadruple Aim</b>                                | Improving Patient Experience (including quality and Satisfaction)<br>Choose an item.<br>Choose an item.  |
| <b>Organisational Implications</b>   |  |
| <b>Quality, Safety &amp; Patient Experience</b>  | Ensuring the Integrated Governance Committee makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff. |
| <b>Finance/Resource Implications</b>   | Not applicable   |
| <b>Population Health</b>   | Not applicable   |
| <b>Legal Implications (including equality &amp; diversity, socio economic duty etc.)</b> | There are no direct legal implications. There are no adverse equality and diversity implications.  |
| <b>Long Term Implications (incl. WBFG Act 2015)</b>                                      | WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.   |
| <b>Report History (Meeting/Date/Summary of Outcome)</b>                                  | 25 October 2023 – Integrated Governance Committee – endorsed for submission to the JC.   |
| <b>Appendices</b>  | Appendix 1- WHSSC Annual Report – 2022/2023<br>Appendix 2 -Joint Committee Forward Work Plan 2023-2024   |



# Welsh Health Specialised Services Committee (WHSSC)

## Annual Report 2022-2023



Our aim is:

*"On behalf of Health Boards, to ensure equitable access to safe, effective, and sustainable specialised services for the people of Wales."*

# Foreword from our Chair and Managing Director



Kate Eden  
Chair

We are delighted to bring you our Annual Report for 2022-2023. This Annual Report provides an opportunity for us to reflect on our performance and achievements over the last financial year, in collaboration with our partner organisations and stakeholders.

This Annual Report reflects a year in which the impacts of the COVID-19 pandemic remain with us and the challenges facing the health and care system as the NHS and society have continued. These challenges have included backlogs and delays to care for patients, staff fatigue, reduced system efficiency and unprecedented financial pressures.



Dr Sian Lewis,  
WHSSC Managing  
Director

Responding to these challenges, WHSSC increased its focus on improving performance and restoration of activity in 2022-2023. This work was supported by the Joint Committee of WHSSC, which held a workshop on "Recovery Trajectories across NHS Wales" in July 2022 and the monitoring of recovery data was maintained as a priority throughout 2022-2023. The Joint Committee also supported a return to using the WHSSC Escalation Framework for performance reasons.

The performance reporting has evolved throughout the year. Detailed activity performance reports are prepared on a monthly basis and provide qualitative information and quantitative data to the Joint Committee and Management Group meetings. This will be developed further in 2023- 2024.

Despite an extremely challenging financial climate, the Joint Committee was able to approve the WHSSC Integrated Commissioning Plan (ICP) in February 2023 for inclusion in Health Board IMTPs for 2023-2024. This included an agreement on an innovative saving and efficiency programme to deliver a shared pathway savings target of 1%. This work is supported by a dedicated Efficiency Programme Board.

A key achievement during 2022- 2023 was the development of the WHSSC 10 Year Specialised Services Commissioning Strategy. This was approved on 16 May 2023, and was a specific requirement of the Audit Wales "WHSSC Committee Governance Arrangements Report" published in 2021. The strategy was last published in 2012, and this version aims to address the significant changes in policy development and health care provision which have occurred since then, and to meet the challenges and opportunities of rapid innovation, growing demand, increasing cost and the digital revolution.

Amongst these major organisational developments were a number of service specific achievements during the year, including the approval of Paediatric and Mental Health specialised service strategies, delegation of Low Secure Mental Health Services to WHSSC for commissioning, and innovative work using the Secure Anonymised Information Linkage (SAIL) and Digital Health & Care Wales (DCHW) databases to inform commissioning decisions. There are of course, many other individual initiatives of which we are proud and which can be found in the body of the report.

In January 2023, the Minister for Health & Social Services announced that Welsh Government would undertake a Review of National Commissioning Functions across NHS Wales, this includes WHSSC, the Emergency Ambulance Commissioning Committee (EASC) and the National Collaborative Commissioning Unit (NCCU). The aim of this review is to identify opportunities to improve outcomes,

reduce inequalities, and add further value for the NHS in Wales through strengthening and streamlining the national commissioning functions in Wales. The outcome of this review will have important implications for WHSSC and we are optimistic that it will provide new opportunities for us to make a positive contribution to the health of our population in Wales.

To conclude, we would like to express our thanks to all Members of the Joint Committee (Independent Members, CEOs and Executive Directors) whose leadership has enabled this work to be undertaken. We would also like to express our deep thanks to commissioning colleagues and partner organisations for their hard work and commitment to delivering specialised services to the Welsh population. And finally to give an emphatic and heartfelt 'thank you' to all of the staff at WHSSC, past and present for their hard work and dedication and for coming together as one team to support NHS Wales.





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# 01 Welsh Health Specialised Services Committee (WHSSC)

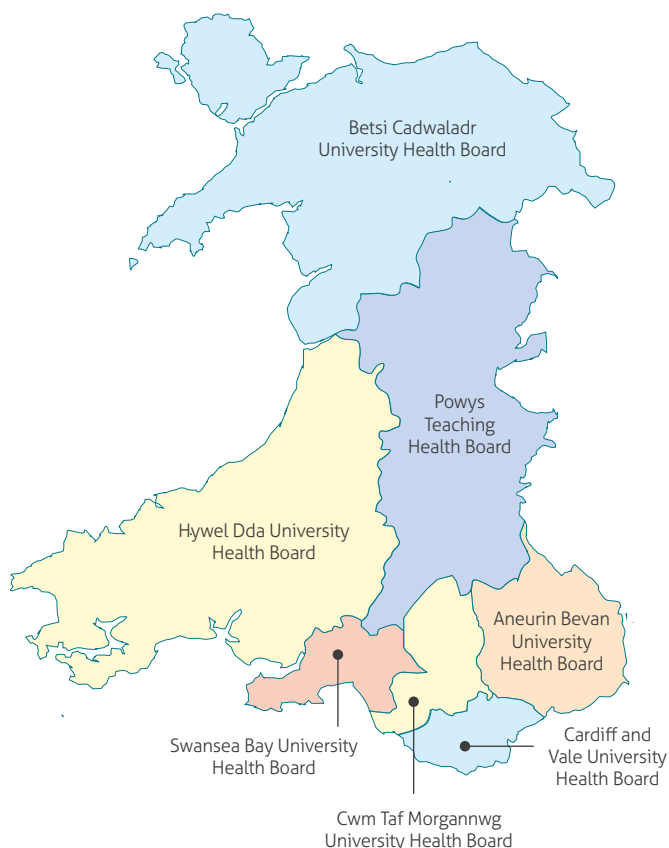
The Welsh Health Specialised Services Committee (WHSSC) was established in 2010 as a Joint Committee of each local Health Board in Wales, established under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35). The remit of the Joint Committee is to enable the seven Health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

The Joint Committee is hosted by Cwm Taf Morgannwg University Health Board and is responsible for the joint planning and commissioning of specialised services on behalf of local Health Boards in Wales. WHSSC is made up of, and funded by, the seven local health boards with an overall annual budget of £730 million with the financial contributions determined by population need. Some health boards in Wales provide specialised services. In particular, Cardiff and Vale and Swansea Bay University Health Boards receive significant funding for the services that they provide.

On a day-to-day basis, the Joint Committee delegates operational responsibility for commissioning to Welsh Health Specialised Services (WHSS) Officers, through a management team and supported by six multidisciplinary commissioning teams. These teams commission specialised services, including:

- Cancer and Blood Services
- Cardiac Services
- Mental Health and Vulnerable Groups
- Neurosciences and Long-Term conditions
- Women's and Children's Services
- Kidney Services

The seven HBs are responsible for meeting the health needs of their resident population and have delegated the responsibility for commissioning a range of specialised services to WHSSC. Each HB has appropriate arrangements to equip the Chief Executive Officer (CEO) to represent the views of the individual Board and discharge their delegated authority appropriately.



WHSSC’s strategic aim is:

*“to ensure that there is equitable access to safe, effective and sustainable specialist services for the people of Wales, as close to patients’ homes as possible, within available resources”*

Since 2020, the NHS has experienced unprecedented challenges like no other ever experienced in the lifetime of the NHS. The COVID -19 pandemic continues to have a significant impact on activity levels of specialised services, as well as, contributing to the extremely difficult financial context.

Despite all of the difficulties and challenges WHSSC delivered the majority of planned activities and new prioritised services described within the 2022-2023 Integrated Commissioning Plan (ICP); and a summary is outlined under the commissioning teams key achievements - see page 16 - 21.

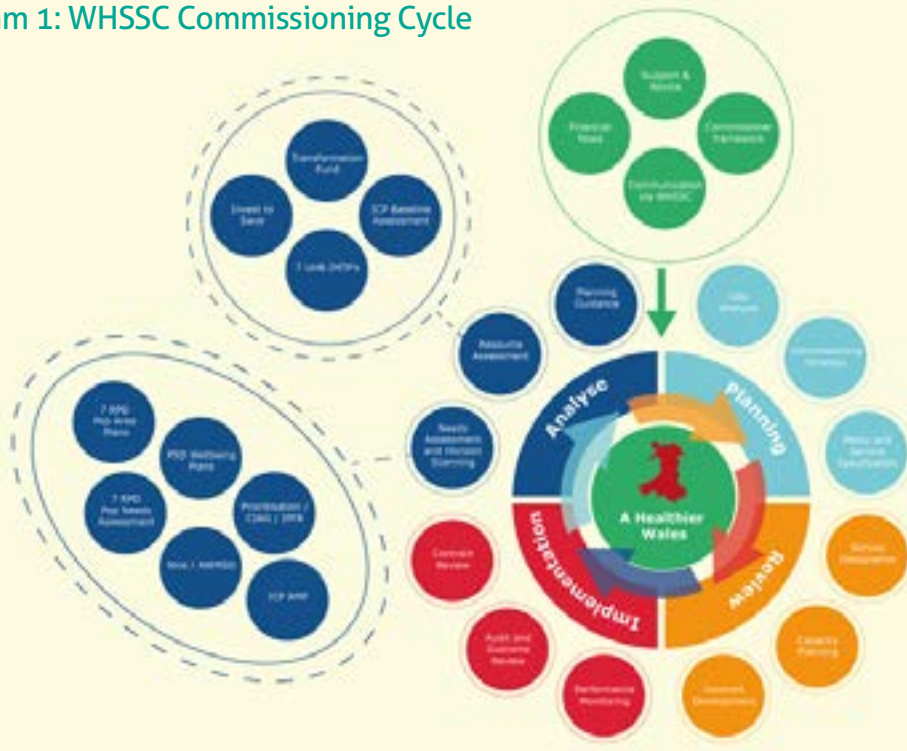
The staff in WHSSC, working with providers and the wider NHS must be recognised and thanked for their involvement in this delivery.

## 1.1 The Role of WHSSC

WHSSC’s role is to:

- Plan, procure and monitor the performance of specialised services,
- Establish clear processes for the designation of specialised services providers and the specification of specialised services,
- Ensure there is assurance regarding clinical quality and outcomes through the contract mechanisms and a rolling programme of service review,
- Develop, negotiate, agree, maintain and monitor contracts with providers of specialised services,
- Undertake associated reviews of specialised services and manage the introduction of drugs and new technologies,
- Coordinate a common approach to the commissioning of specialised services outside Wales,
- Manage the pooled budget for planning and securing specialised services and put financial risk sharing arrangements in place,
- Ensure a formal process of public and patient involvement underpins its work; and
- Ensure that patients are central to commissioned services and that their experience when accessing specialised services is of a high standard.

Diagram 1: WHSSC Commissioning Cycle



All of this work is undertaken on a cyclical basis with ongoing engagement with patients, service users and professionals. WHSSC’s commissioning cycle is shown in the following diagram:



## Working Together

In order to achieve its strategic aim, WHSSC works closely with each of the HBs (in both their commissioner and provider roles) as well as with Welsh NHS Trusts, providers in NHS England and the independent sector. The commissioning of specialised services is informed through the application of the Prudent Healthcare Principles and the Institute of Healthcare Improvement Quadruple Aim.

## Our relationship with NHS England

It is important to note that the portfolio of services delegated to WHSSC differs from the portfolio as defined in the NHS England Prescribed Services Manual. Some tertiary services remain the commissioning responsibility of health boards and WHSSC commissions some services, which are not delegated to specialised services in England. In addition, NHS England is currently undergoing a major change to the commissioning arrangements for specialised services.

In July 2022, the Health and Care Act 2022 legally established 42 Integrated Care Systems (ICSs). These are partnerships of organisations that come together to plan and deliver joined up health and

care services to improve the lives of the people in their area. Each ICS will have an Integrated Care Board (ICB), a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area.

Through this new legislation, ICBs have also been given the opportunity to take on delegated responsibility from April 2023, where appropriate, for specialised services but within a framework of continued national accountability, national standards, national service specifications and national clinical policies determining equal access to the latest treatments and technologies.

NHS England has recognised that not all specialised services will be suitable, or ready, for delegation to ICBs. Where this is the case there will be a further year of transition with additional support so they are ready to take on full delegated responsibility from April 2024.

To ensure the effective commissioning of services for Welsh patients in England, WHSSC is working the NHSE Specialised Commissioners and the relevant Regional Commissioners to establish links and communication channels in anticipation of this change.





## 1.2 Our Values

WHSSC core values were developed by our staff and are an indication of how we would like to be measured by each other, by those who work with us, and by those who depend on us to deliver services. They are also the values we would expect to be upheld by those who will join our team in the future and have been integrated in our workforce processes from recruitment through to Personal Development Reviews. The WHSSC values are outlined in Figure 1 below.

Figure 1: Values of WHSSC (Launched in July 2018)



We know that it is sometimes difficult to live up to values. To this end, we endeavour to hold ourselves to account and invite those who work with us, or for whom we work, to measure us against these values.

## 1.3 WHSSC as an Organisation

In order to explain the relative scale of WHSSC compared to the services that it commissions on behalf of the HBs, the infographic below in Diagram 2 sets out the key statistics for the staffing levels, direct running cost budget, commissioning budget and contracts.

Diagram 2: WHSSC Profile >

In addition to the budget for the WHSSC team directly involved in specialised commissioning, WHSSC also receives Welsh Government funding for delivering the Traumatic Stress Wales network,





the programme teams for PET-CT and Molecular Radiotherapy Programmes and funding for the Welsh Kidney Networks. There are approximately 20 staff involved in this work.

As the host organisation for WHSSC, the following areas are included within the Cwm Taf Morgannwg University Health Board (CTMUHB) Annual Report:

- Staff remuneration,
- Sickness and absence statistics,
- Staff policies, for example health and safety and human resources; and
- Exit packages.

Organisationally, WHSSC is split into five Directorates: Corporate, Finance, Medical, Nursing and Quality, and Planning and five cross directorate commissioning teams. The commissioning teams are:

- Cancer and Blood
- Cardiac Services
- Mental Health and Vulnerable Groups
- Neurosciences and Long Term Conditions
- Women and Children’s Services

WHSSC also hosts the Welsh Kidney Network (WKN) and Traumatic Stress Wales (TSW).

## 1.4 The Joint Committee

The WHSSC Joint Committee make formal decisions about the commissioning of services and is a Statutory Sub-Committee of each of the HBs in

Wales. An Independent Chair, appointed by the Minister for Health and Social Services leads the Joint Committee. The Chair is supported by three Independent Members, (one of whom is the Vice Chair) the seven HB Chief Executives, Associate Members and the WHSSC Officers (as set out in the WHSSC [Directions and Regulations](#)).

Whilst the Joint Committee acts on behalf of the seven HBs in undertaking its functions, the responsibility of individual HBs for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of specialised services.

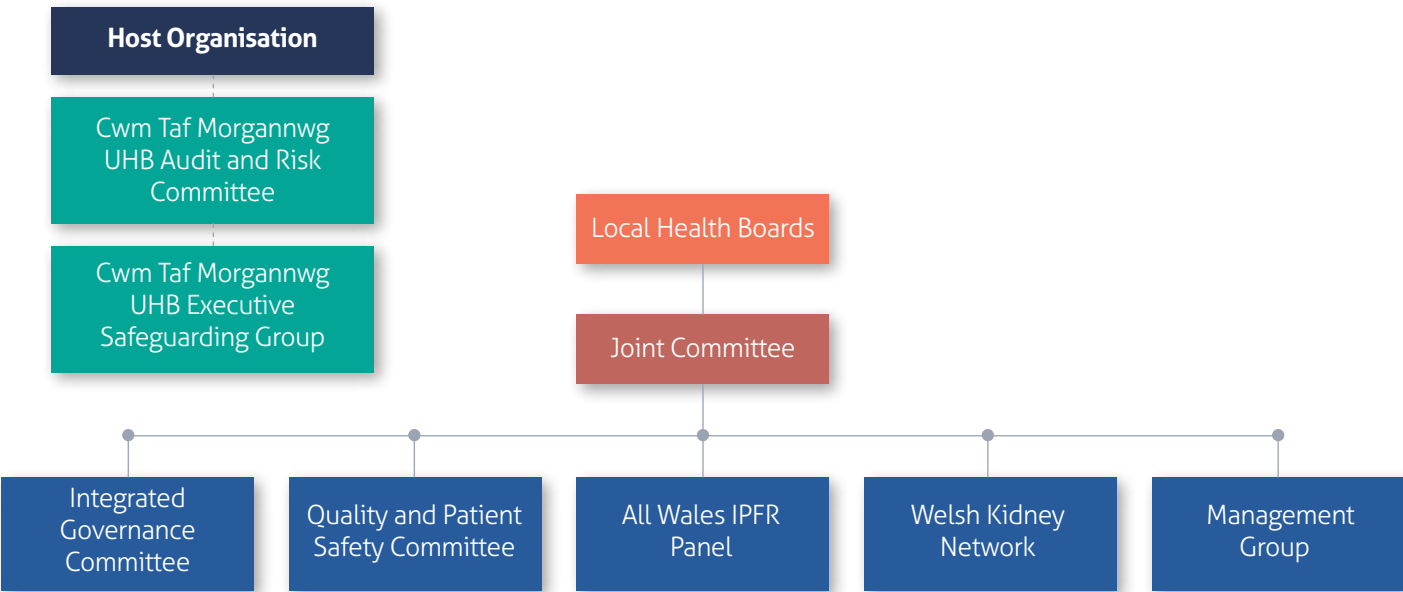
The Joint Committee has established five joint sub-committees in the discharge of its functions:

- All Wales Individual Patient Funding Request (IPFR) Panel (WHSSC),
- Integrated Governance Committee (IGC),
- Management Group (MG),
- Quality & Patient Safety Committee (QPSC); and
- Welsh Kidney Network (WKN)

The Joint Committee governance structure is outlined in Figure 2 below:

Additional information on the governance framework, membership and attendance can be viewed in the Annual Governance Statement (AGS) on the WHSSC website at: <https://whssc.nhs.wales/publications/governance/>

Figure 2 - WHSSC Joint Committee Governance Structure



# 02 Summary of our Key Achievements 2022-2023

## 'Addressing Health Inequalities through NHS Finance Action' Award

Welsh Health Specialised Services (WHSSC) was the first organisation in the UK to be awarded the HFMA 'Addressing Health Inequalities through NHS Finance Action' Award. WHSSC, who were up against Leeds, Alder Hey and Cardiff & Vale were thrilled to win the award. Kendal Smith, Finance Partner - Financial Planning, said 'As a small team, it was an amazing opportunity for us to be able to put the NHS in Wales on the UK map'. The project was commissioned by WHSSC to answer a question asked by Professor Kerryn Lutchman Singh (Associate Medical Director, WHSSC and Consultant Gynaecological Oncologist, Swansea Bay UHB) regarding how access rates affected patient pathways. Kerryn was also keen to utilise the unique characteristics of the Secure Anonymised Information Linkage (SAIL) database at Swansea University that has the advantage of linkage to primary care and other health and social data.

The project has produced a value based analysis of eight cardiac procedures and has now turned its attention to applying the same metric to access rates. Kerryn emphasised 'a key part of the work was to approach the data with an open mind and follow what it showed, rather than looking for the data that supported the expected outcome. This meant that although the process took a long time, the resulting analysis was robust and free of bias.' In carrying this work out with a team who are each experts in their field; the issue of inequity of access has been highlighted to be a significant factor affecting overall pathway costs. The team are excited to now be looking at the next part of the project that will look further into how access to services for other conditions varies across Welsh Health Boards and how this affects whole pathway costs.

Rowena Bailey (Senior Researcher from Swansea University) says 'the success of this work can be credited to a team science approach, bringing together a multi-disciplinary group to generate important evidence that will help to address issues

of inequity in healthcare. Using real world data and analytics together with clinical knowledge, financial planning expertise and specialist healthcare management is essential for understanding such complex issues.'

## All Wales Positron Emission Tomography (PET) Programme

WHSSC worked closely with all seven HBs and Velindre University NHS Trust to develop a Programme Business Case (PBC) and strategy for the future Positron Emission Tomography (PET) service in Wales. On receipt of letters of support from all HBs and following Welsh Government scrutiny, the £25M capital business case was endorsed.

Based on the success of the strategy development, WHSSC subsequently received a second mandate from Welsh Government, requesting to extend its work in this area and set up a refreshed Programme of work for the implementation of the strategy.

The Programme of work will realise 3 or 4 new fixed, digital scanners placed across Wales, with particular focus on the surrounding infrastructure requirements, such as workforce, radiopharmaceutical supply and research, development and innovation.

The Managing Director of WHSSC was appointed as Programme Senior Responsible Officer and WHSSC is in receipt of fixed-term funding for a small Programme Management Office (PMO) to facilitate and support the Programme.

## Board Development - Compassionate and Collective Leadership in Health and Social Care

On 29 November 2022, the Corporate Directors Group Board (CDGB) and Chair received a briefing from Professor Michael West CBE on Compassionate and Collective Leadership in Health and Social Care as part of his mandate to visit all NHS bodies to discuss the importance of compassionate and collective leadership, which is being led by Health

# Specialised Services Commissioning Strategy 2023–2033



*'Improving Patient Outcomes through Expert National Commissioning'*

*"We seek to ensure the delivery of high quality, sustainable healthcare services for the people of Wales which are responsive to change, accessible, and maximise value and outcomes within available resources"*

Education & Improvement Wales (HEIW). The session focused on the pressures in the system, seven key leadership actions for the WHSSC Board, Changing and Sustaining Cultures: vision, goals and performance, support and compassion, equity and inclusion, learning and innovation, team and cross boundary working and the workforce crisis. It was agreed that Professor West would facilitate a session with the Joint Committee in 2023 to support discussions on working in partnership, developing cross-boundary team-based working and system leadership.

## Cardiff Transplant Retrieval Service First 2 NRP (Normothermic Regional Perfusion) Retrievals

The Cardiff transplant retrieval service provided their first two NRP (normothermic regional perfusion) organ retrievals. NRP is a technique that restores circulation to the abdominal organs following circulatory arrest using technology including localised ECMO (extracorporeal membrane oxygenation). The goal is to provide re-perfused organs in a better condition with improved timeframes for transplantation.

Cardiff is one of only three units in the UK who are able to perform NRP retrieval under a UK initiative pilot led by NHS Blood & Transplant (NHSBT). Subject to successful evaluation of the outcomes of the

programme NRP may become an important way of increasing the number of organs available for donation.

## Genomics Delivery Plan for Wales

Following ministerial approval to develop a new three-year Genomics Delivery Plan for Wales, a steering group of key Genetics Partnership Wales (GPW) stakeholders was formed in January 2022 to develop the initial content of the plan. The draft now forms the basis for wider stakeholder engagement to ensure broad involvement in the development of this plan from across Wales. WHSSC has been a full member of GPW and has contributed with the All Wales Medical Genomics Service (AWMGS) to the development of the plan.

## Mental Health Specialised Services Strategy for Wales 2022-2028

Further to discussions at the Joint Committee meeting on the 10 May 2022, the draft Mental Health Specialised Services Strategy 2022-2028 engagement process commenced in May 2022 and the draft strategy was issued bilingually via email to 368 stakeholders, accompanied by an easy read summary and a questionnaire for completion by the 22 July 2022.

A large scale Demand and Capacity report was also commissioned to include service modelling and this will inform the final strategy. The demand and capacity report is expected to be finalised in 2023-2024.



## Molecular Radiotherapy (MRT): The Need for a Welsh Strategy

On 28 July 2022, correspondence was received from the Director General/Chief Executive NHS Wales advising that the Managing Director of WHSSC had been designated as the Senior Responsible Officer (SRO) for an All-Wales Molecular Radiotherapy (MRT) Programme to produce a national strategy for MRT. Welsh Government will provide WHSSC with up to £0.11m over the next 18 months to support the programme.

## Published Article – Applied Health Economics and Health Policy

WHSSC was successful in publishing the article ***"A Case Study on Reviewing Specialist Services Commissioning in Wales: TAVI for Severe Aortic Stenosis"*** in the Applied Health Economics and Health Policy Journal.

## Single Commissioner for Mental Health

WHSSC currently commissions medium and high secure mental health services for adults. Low secure services are currently commissioned by Health Boards (HBs). On 31 March 2023, Welsh Government issued a directive for WHSSC to undertake a project to also commission low secure mental health services for adults. Project development has commenced with an anticipated go live date of April 2025.

## Status Report on Annual Audit of Accounts 2021-2022

The WHSSC/EASC Annual Accounts were submitted to CTMUHB ahead of time to enable consolidation by the CTMUHB. The accounts were approved by the CTMUHB Audit and Risk Committee, and the Board on the 22 June 2022. All financial duties were fully met and the WHSSC team worked closely with all HBs to meet their individual needs. It was pleasing to note that despite the challenges of the COVID-19 pandemic working environment, the finance team achieved an exceptional prompt payment performance for NHS bodies of 100% by value and 98.5% by number, and for non-NHS bodies of 100% by value and 99.7% by number. In addition, there were no debtors outstanding over three months.

## WHSSC 10 Year Specialised Services Strategy

In May 2023, WHSSC published its Specialised Services Commissioning Strategy, which sets out the overall vision and priorities for the commissioning of Specialised Services for the Welsh population between 2023 and 2033, and sets the context for all other Specialised Services strategic developments.

Every person in Wales who uses health services or supports others to do so, whether in hospital, primary care, their community or in their own home has the right to receive excellent care as well as advice and support to maintain their health. All health services in Wales need to demonstrate that they are doing the right thing, in the right way, in the right place, at the right time and with the right staff.

The aim of the strategy is to ensure that the residents of Wales can now, and in the future, receive equitable access to high quality specialised services, which are clinically effective, and that offer the best outcomes and experience for patients, as well as providing the greatest value for our population.

Development of the strategy post COVID-19 provided WHSSC with the opportunity to shape the direction to focus on recovery, value, and to exploit new technologies and innovative ways of working through the development of our individual service specific clinical strategies.

Key to this is the recognition of the diverse relationships that exist between North, Mid and South Wales with Welsh Providers and NHS England where both patient pathways and direct access to specialised services differ. The objective of the strategy is therefore to define the overall approach for Wales to the future development of specialised services from a local, regional and national perspective, our priorities in relation to the wider NHS and our priorities within specialised services.

Work is underway building a set of meaningful success measures against which we can monitor and assess achievement of our strategic aims and objectives, with a timescale of September 2023 for completion. The measures within this strategy are therefore outlined, however the detail will remain under development.

Because of the pace of change in specialised services, we will review this strategy in 5 years to consider whether it remains fit for purpose for the following 5 year period.



# 03 Performance Overview

The purpose this performance overview section is to outline the challenges we have faced and how we have addressed them, as well as achievements and progress made.

The performance activity and the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales is presented to each Joint Committee and Management Group meeting for assurance. The performance reports illustrate the decrease during the peak COVID-19 periods, to inform the level of potential harms to specialised services patients. The reports also illustrate the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability, recovery rates, and access comparisons across Health Boards and waiting lists are also considered, along with the relevant Performance Measures set out by Welsh Government.

The impact of COVID-19 on the level of provision of healthcare has been felt across all levels of service, including specialised services which have traditionally been assumed to be essential services. WHSSC has used the national data sources from Digital Health & Care Wales (DHCW), together with monthly contract monitoring information to inform performance monitoring.

## 3.1 Performance Analysis Dashboard

The WHSSC Commissioner Assurance Framework (CAF) sets out a performance assurance process alongside more outcome focussed performance measures through the Performance Management Framework appendix to the CAF. WHSSC also has an agreed Escalation Framework. Assurance against the CAF is achieved through service specifications, Service Level Agreements (SLA) and performance monitoring through Quality and Patient Safety Committee (QPSC) and the Integrated Governance Committee (IGC).

Monitoring recovery from the pandemic required a different approach. Reviewing data on patient outcomes became an important part of these Performance Management arrangements. The suspension of the referral to treatment targets (RTTs) set by Welsh Government during the pandemic impacted the way that commissioned services were monitored and created a need to temporarily revise the reporting of services in escalation because of a failure to meet RTTs.

WHSSC responded to the request for a relaxed framework by:

- Relaxing the formal focus of SLA meetings (reporting and assurance on contracts, activity and cost) to a less formal approach (reporting on recovery, anticipated trajectories, and general ) updates; and
- Moving traditional service level performance management meetings to commissioner assurance meetings.

Given the pandemic and pressures on providers, services in escalation for isolated RTT failures were removed from the escalation process. Commissioning teams continued to work closely with providers and maintained oversight of their recovery plans and trajectories.

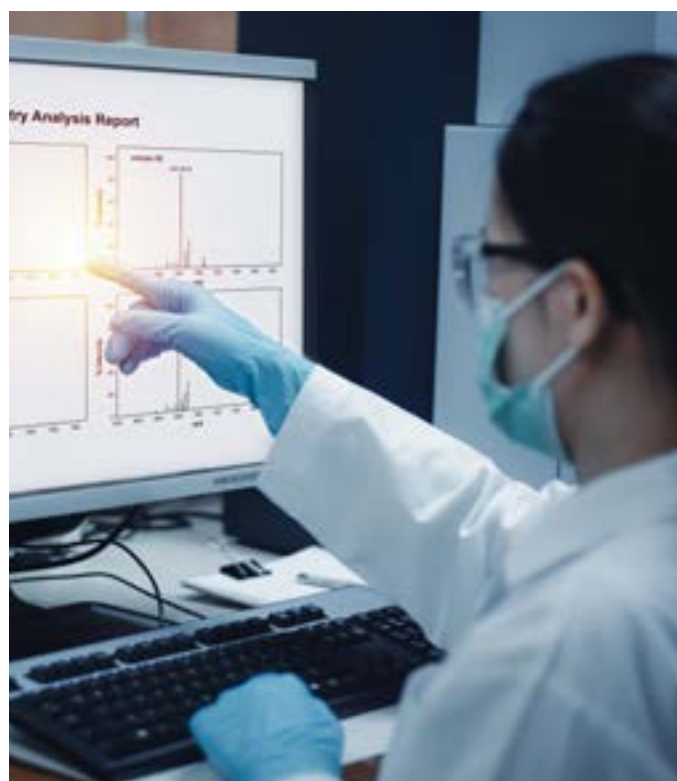
Since the COVID-19 outbreak, during 2022-23 WHSSC presented an activity report to each Joint Committee and Management Group highlighting the scale of the decrease in activity levels during the peak COVID-19 period, and report whether there are any signs of recovery in specialised services activity. The activity decreases were also shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements.

During 2022-23, there was an increased focus on improving performance and restoration of activity and this has been supported by the Joint Committee. The Joint Committee held a workshop on "Recovery Trajectories across NHS Wales" at its meeting on 12

July 2022. Members received presentations on the recovery trajectories across Wales and the monitoring of recovery data was a key issue for the Joint Committee throughout 2022-2023.

The Recovery Trajectories presentations from the NHS Wales Delivery Unit, BCUHB, SBUHB and CVUHB encouraged wide-ranging discussion and a further focus on Paediatric Recovery was presented at the November 2022 JC meeting. In this meeting, Joint Committee also supported a return to using the WHSSC Escalation Framework for performance reasons, and the Framework was used appropriately to escalate performance issues throughout the rest of the year.

The performance reporting has evolved throughout the year. Detailed activity performance reports are prepared on a monthly basis and provide qualitative information and quantitative data to the Joint Committee and Management Group meetings. The reports include delivery by provider and specialty against historic performance and waiting times. Prospective activity reports will also include performance compared to provider agreed recovery plans and waiting list profiles.



It should be noted that the Duty of Quality came into legal force in April 2023 in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The new reporting requirements will therefore be captured in the processes in place for 2023-24. In anticipation of the Duty of Quality being introduced, WHSSC is committed to ensuring that we think about the quality of health services when making commissioning decisions and recognise the requirements of the Health and Social Care (Quality & Engagement) (Wales) Act 2020 and will work towards implementing the requirements to:

*"continually, reliably and sustainably meet the needs of the population we serve."*

From April 2023, there will be a return to full monthly performance reporting using a balanced scorecard approach using the quadrants of activity, quality, finance and access to Management Group and Joint Committee.

From the autumn of 2022 onwards, the approach to SLA monitoring was refreshed with a return to a data-driven approach using a dashboard format for each of the Welsh Providers. This includes the contract, finance and waiting times position as well as quality indicators, services in escalation and risks.

The activity dashboard has already been adapted and aligns to the Welsh Government Priority Delivery Measure. Alongside the measures set out in the Ministerial Priorities, WHSSC continues to work closely with providers to assess performance against contracts, to develop plans to address any variance, and where appropriate to find alternate means of provision (e.g. outsourcing) where necessary to ensure that the population needs are met.

Alongside Welsh Government's (WG's) shift back to a robust performance management approach, WHSSC has also agreed its intention to do likewise, and to recalibrate its performance management arrangements, re-define the roles and responsibilities of differing parts of the performance management system; and bring standardisation across performance management levels with all providers. To set this out, an updated Performance Management Framework

was supported at the April 2023 Management Group meeting and a final version was presented to May 2023 JC for approval. This will now replace Appendix 1a in the CAF which was endorsed in September 2021.

The framework will be supported by a suite of templates/documents that aim to bring standardisation to the approach. There are three levels at which performance management discussions between WHSSC and provider HBs take place, and upon which the Performance Management arrangements have been built: Strategic, Planning and Performance.

The performance framework hierarchy is outlined below:

| Level of discussion | Meeting                                | Purpose   |
|---------------------|--|---|
| Strategic           | Board to Board<br>Exec to Exec         | <ul style="list-style-type: none"><li>• Strategic direction</li><li>• Strategic risks</li><li>• Strategic appetite for service developments</li><li>• Strategic discussion on population health, equity, access etc.</li><li>• Enabling delivery</li></ul>  |
| Planning            | Planning team to HB<br>corporate teams | <ul style="list-style-type: none"><li>• Monitor progress with development of Integrated Commissioning Plan (ICP) and Integrated Medium Term Plans (IMTPs) Identify barriers/risks to implementation of plan and developments contained therein</li><li>• Share intelligence in order to triangulate workforce, finance and performance improvement</li><li>• Ensure there are 'no surprises' on performance and delivery issues</li></ul> |
| Performance         | SLA Meetings                           | <ul style="list-style-type: none"><li>• Formally manage and escalate variation in performance on quality, activity, delivery of Ministerial measures and financial performance.</li><li>• Formally receive exception reports on services in Escalation</li><li>• Deal with issues escalated from the service level performance meetings</li><li>• Formally note and monitor investments and benefits</li></ul>                            |
|                     | Service level<br>performance meetings  | <ul style="list-style-type: none"><li>• To monitor performance in individual service areas – including quality, activity, Ministerial and service specification measures and financial performance</li><li>• To monitor investments and benefits</li><li>• To escalate issues as needed to the SLA meeting with Health Boards</li></ul>   |
|                     | Escalation                             | <ul style="list-style-type: none"><li>• To enable development of an action plan for those services in escalation</li><li>• To enable monitoring of necessary actions</li><li>• To enable de-escalation</li></ul>  |





From a financial and contracting point of view during 2022-2023, there has been a further period of tolerance as the system has moved from crisis into recovery, and financial frameworks gradually moved from block back to being based on activity and performance. The Directors of Finance Peer Group has indicated a preference to retain a level of tolerance in 2023/24 (although reduced) and this will be discussed further with the Joint Committee.

### 3.2 The Integrated Commissioning Plan (ICP)

Each year Welsh Government issues the NHS Planning Framework to support statutory organisations within NHS Wales to meet their legal duty to develop an IMTP, which aligns service, workforce and finance plans. The ICP responds to the Framework and presents a cohesive plan for the commissioning of Specialised Services for the people of Wales.

The ICP is developed by the Welsh Health Specialised Services Committee (WHSSC) on behalf of the seven Health Boards (HBs) in Wales, and is the basis upon which HBs will plan for specialised services provision within their Integrated Medium Term Plans (IMTPs). Once again, this year the ICP was developed in the context of the extreme financial pressures and service challenges facing NHS Wales.

The Joint Committee (JC) approved the ICP on 13 February 2023. The plan for 2023-24 includes the conclusion of the work on the Specialised Services Commissioning Strategy and the implementation actions from the two agreed service commissioning strategies (Mental Health and Specialised Paediatrics) with the Specialised Haematology Services Review.

In year, we will develop a further service commissioning strategy for specialised rehabilitation and commence the review of cardiac services in South Wales. Due to the difficult financial climate, there are smaller numbers than usual of prioritised service developments but all of the high priority horizon-scanning schemes have been included in the Plan.

The Integrated Governance Committee (IGC) plays a key role in monitoring implementation of each

ICP. From August 2022, the IGC received quarterly updates on progress on delivering the ICP 2022-23 which were developed to respond to the Welsh Government requirements as set out in the NHS Wales Planning Guidance 2021.

### 3.3 Commissioned Services

Specialised services generally have a high unit cost because of the nature of the treatments involved. They are a complex and costly element of patient care and are usually provided by the NHS. The particular features of specialised services, such as the relatively small number of centres 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. Specialised services have to treat a certain number of patients per year in order to remain sustainable, viable and safe. This also ensures that care is both clinically and cost effective.

The Joint Committee agree the range of services delegated by the seven HBs to be commissioned by WHSSC. An original list of services was agreed in 2012. Since then, there have been a number of transfers back to local planning and funding, as well as some additions to WHSSC's responsibilities. The services delegated to WHSSC can be categorised as:

- Highly Specialised Services provided in a small number of UK centres,
- Specialised Services provided in a relatively small number of centres and requiring planning at a population of >1million; and
- Services that have been delegated by LHBs to WHSSC for other planning reasons.

### 3.4 Commissioning Teams

The WHSSC planning functions have been delivered through a specialty based programme team model since 2010. In 2017, the clinical focus of the teams was strengthened through the appointment of Associate Medical Directors, and they were re-launched as commissioning teams.

The tables at **Appendix 1** shows the range of services delegated for commissioning by WHSSC for 2022-23.



## 3.5 Key Achievements by Commissioning Team

The aim of WHSSC is to ensure that specialised services are commissioned from providers that have the appropriate experience and expertise; are able to provide a robust, high quality and sustainable service; are safe for patients and are cost effective for NHS Wales.

Commissioning refers to the process of planning services to meet the identified health need requirements of the population, developing and managing contracts with providers to ensure they meet the healthcare standards, and monitoring and reviewing quality, safety and performance of the service.

The following provides an overview of the WHSSC commissioning teams' key achievements during 2022-2023:

### Mental Health & Vulnerable Groups



#### Specialist Mental Health Services Strategy –

Work to progress development of the draft Mental Health Specialised Services Strategy 2022-2028 has moved forward with a comprehensive stakeholder engagement process conducted through spring and summer 2022.

A large scale Demand and Capacity report has been commissioned to include service modelling and this will inform the final strategy. The demand and capacity report is expected to be received in summer 2023.

The funding requirements have been identified using the Clinical Impact Assessments Group (CIAG) process. These considerations have been incorporated in 2023/24 plan.

**Welsh Gender Service –** The WGS was established in 2019, and inherited a long waiting list from the previous provider, the Tavistock and Portman NHS Foundation Trust. In recognition of the long waiting times for this service and vulnerability of the patient group, a three phased investment was agreed through the 2021-2022 ICP. The Phase 2 funding was released in 2022-2023 to further develop capacity within the team and a satellite clinic in North Wales. In 2022-2023, around 130 of the remaining patients on the waiting list for Tavistock and Portman Gender Identity Clinic were repatriated to the WGS waiting list. The WGS are also exploring the repatriation of patients that are under the care of the Tavistock and Portman NHS Foundation Trust. A Phase 3a funding release is planned for 2023-24 to consolidate the service in preparation for the final funding release in 2024-25.

#### Independent review of the Gender Identity Development Service (GIDS) -

During the year, an independent review of the Gender Identity Development Service (for children and young people) by Dr Hilary Cass OBE has been commissioned by NHS England. In February 2022, Dr Cass published an [interim report](#) setting out initial findings and advice from her Review, emphasising the need to move away from the current model of a sole provider and to establish regional services that work to a new clinical model that can better meet the holistic needs of a vulnerable group of children and young people.

In response, NHS England has consulted on an interim service specification and commissioned two Phase 1 providers, led by specialist Children's Hospitals. Going forward, NHS England will commission a network of regional services. The process of developing, engaging and consulting on the final service specification will follow the conclusion of the Cass Review. The review, once concluded, will inform the development of a clinical model for Wales.

**Traumatic Stress Wales (TSW)** – TSW's success, since its inception in April 2020, has resulted in considerable momentum being developed with many key pieces of work being accomplished including the development of the Trauma Informed Framework for Wales. A funding proposal was approved by Welsh Government in 2022-23 to build on these key achievements by expanding the TSW Hub, allowing it to take on new areas of work in 2023-24. The expansion will focus on increasing trauma-related knowledge and skills of staff working in key areas, with a primary focus on substance misuse; addressing the unmet mental health needs of asylum seekers, refugees and migrants; enhancing capacity for quality improvement across children and young people's services; and facilitating the delivery of the Trauma-Informed Wales Framework. An overview of TSW's key achievements is provided in section 7.4.

**Forensic Adolescent Consultation and Treatment Service (FACTS)** – Work has continued in year to stabilise the FACT service, with particular focus on recruitment, retention, governance and clinical leadership. The service was de-escalated to level 2 in December 2022. A service specification setting out the FACT service to CAMHS has been consulted on. A service specification setting out FACT service for Youth Offending Teams is planned for later in the year.

**Medium secure beds** – NHS England have experienced pressures in capacity of medium secure beds during this year. As a result, the two NHS Wales medium secure units have developed repatriation plans to ensure as many Welsh patients are in Welsh placements as possible. Steps have been made to ensure maximum available capacity within the NHS Wales units to allow for this repatriation to take place and currently repatriation plans are meeting the planned trajectories.

**Eating Disorders** – The impact of the Provider Collaboratives in NHS England have resulted in notice being served on our contract for eating disorders in-patient placements and alternative provision was sought from Quarter 3 of 2022/23. Placements are currently made on a spot purchase basis based on patient need. Longer term provision is being considered as part of the Specialised Services Strategy for Mental Health.

**Mother and Baby Unit** – Work continued throughout 2022-2023 to ensure the service commissioned from SBUHB meets the service specification and anticipated activity levels. The establishment of the service has improved access for Welsh mothers and the impact has been evaluated. A report outlining the findings of the evaluation was considered by the Joint Committee in March 2023. Work also continues with regard to provision for patients in North Wales, with an agreement in place with NHS England to commission two beds from a new unit in Cheshire, scheduled to open in Summer 2024.

## Women & Children



**Development of Specialist Paediatrics Strategy** – Throughout the year, a collaborative programme structure has been developed to inform the development of a strategy. The document was circulated for comment and subsequently approved by the Joint Committee in September 2022.

**Paediatric Inherited Metabolic Disease (IMD)** – The IMD service commissioned from Cardiff & Vale University Health Board became unsustainable due to the retirement of the lead consultant. WHSSC worked with NHS England providers to identify an alternate model of delivery, and successfully secured the services of the Birmingham team to deliver a continued service to Welsh patients. Patient and their families were communicated with regarding the change and the service is embedding well.

**Neonatal Transport Service** – An interim 24 hour service commenced in South and Mid Wales (North Wales and North Powys already have access to a 24/7 service). A Delivery Assurance Group (DAG) has been established within the year, and work continues to develop an operational delivery network for the service.

**Paediatric Neurology** – In order to increase the paediatric neurology workforce and ensure service sustainability, funding has been released within the year. This will aid timely access to care, including 24/7 access video telemetry to improve access to whole pathway.

**Paediatric Cystic Fibrosis** – Within the year, funding has been approved for additional pharmacy capacity in order to support effective management of patients with Cystic Fibrosis, ensuring the safe and cost effective use of new medications.

**Paediatric Clinical Immunology** - Within the year, funding was approved to increase the clinical and nursing infrastructure to support the growth in demand of immunodeficient of patients.

**Paediatric Radiology** - A business case has been supported to implement 24/7 cover in the Children's Hospital for Wales that will then outreach to support all district general hospitals in hours.

**Specialist Fertility Services** - The policy review for CP37 and CP38 is currently being progressed through WHSSC policy review and development process. The policy review is at Stage 3, i.e. validation. During the consultation, issues were raised by the Community Health Councils (now Llais) that the policy development should be managed according to NHS service change guidance. Policy development is therefore paused whilst discussions are held with Llais to consider the outcome of the stakeholder consultation and to agree the next steps.

A workshop was held in September 2022 to review the commissioning arrangements for Intrauterine insemination (IUI). At the workshop, it was agreed the review of CP37 and CP38 would need to conclude before considering the commissioning arrangements for IUI. The work will therefore not progress until the revised policies, CP37 and CP38 are published and implemented.

## Cardiac



**Pulmonary Hypertension** – The Pulmonary Hypertension service speciation has been developed and, following review by clinicians, is currently being finalised. In view of the challenging financial climate, WHSSC has undertaken a review of the cost effectiveness and affordability of the proposed satellite service. Subject to the completion of the review and dependent on its outcomes, a designated provider process for the commissioning of a Pulmonary Hypertension satellite service will be undertaken during 2023.

**Inherited Cardiac Conditions** – Following the development of the aforementioned options, it became apparent that identifying a preferred option would prove challenging. As such, it was agreed that the allocation of funding identified in the 2022-2025 WHSSC ICP should be expedited, with the aim of the proposed Clinical Nurse Specialist and administrator posts working with ICC services to help develop the planned options appraisal. Owing to the current financial climate, it was agreed that the allocation of the resource required to support said posts should be paused, to be revisited during 2023-24.

**Obesity Surgery** – Following consultation with stakeholders, a revised obesity surgery policy and service specification – updated to reflect the latest NICE and British Obesity & Metabolic Surgery Society (BOMSS) guidance – were published in March 2023. WHSSC also published a new Revision Surgery for Severe and Complex Obesity (Adults) in May 2023. Discussions concerning a potential additional service provider were undertaken throughout 2023;



subsequently WHSSC received a business case from Aneurin Bevan University Health Board which will be assessed by means of the WHSSC Designated Provider Framework.

**Cystic Fibrosis and the impact of Kaftrio on current service provision** – WHSSC has continued to monitor the ongoing impact of Kaftrio on Cystic Fibrosis service provision. A significant reduction in inpatient demand has been observed and therefore, a planned increase in the number of beds commissioned by WHSSC has been paused. Moving forward, it is thought likely that Kaftrio will improve the life expectancy of Cystic Fibrosis patients, resulting in an increasing incidence of age-related morbidities placing new and different demands on the Cystic Fibrosis service.

## Cancer and Blood



**Positron Emission Tomography and Computed Tomography (PET CT)** - During the year, a new commissioning policy has been developed for new indications (including colorectal cancer, cholangiocarcinoma, dementia, gastrointestinal stromal tumours, lymphoma, and prostate cancer). The policy has been widely consulted upon and published.

**Tuberous Sclerosis Complex** - A scheme was approved through the WHSSC Integrated Commissioning Plan to ensure the sustainability of the TSC clinic for Wales. The business case was taken through the scrutiny process and approved.

The investment will provide bi-weekly clinics led by the clinical genetics service with input from other key clinical specialties required for the care of this complex patient group.

**Sarcoma MDT – radiology** – A scheme was approved through the WHSSC Integrated Commissioning Plan to ensure the sustainability of consultant radiologist model and input to the soft tissue sarcoma MDT for South Wales. The business case was taken through the scrutiny process and approved. This investment will ensure robust radiology provision for the weekly sarcoma MDT.

**Stereotactic Ablative Radiotherapy (SABR) for lung cancer** – A designation process was undertaken to commission Swansea Bay UHB as an additional provider of SABR for patients with lung cancer in south Wales. Following successful completion of this process, SBUHB was commissioned as a provider of SABR from April 2022. This means patients resident in southwest and mid Wales with lung cancer who require SABR treatment can be treated closer to home at Singleton Hospital, Swansea.

**Commissioning Policy Development** – The following policies have been developed, consulted upon and published in the 22/23 year:

- Stereotactic Ablative Body Radiotherapy (SABR) for oligometastatic cancer and hepatocellular carcinoma
- Brachytherapy for prostate cancer
- Allogeneic Haematopoietic Stem Cell Transplantation for adults with sickle cell disease

**Specialist Services Radiotherapy Commissioning** – A strategic document was developed which set out the scope of WHSSC's commissioning of specialised radiotherapy services and identified key actions to inform a strategic approach for specialised radiotherapy going forward. This document will inform commissioning intentions for the Integrated Commissioning Plan.

## Neurosciences



**Mechanical Thrombectomy Services** – The commissioning team continued to seek advice from CVUHB on developing the business case for a sustainable high quality deliverable Mechanical Thrombectomy service for South Wales, which is expected to be submitted in 2023/24. In-year improvements that were made in 2022/23 include that all thrombectomy transfers are now managed by the Trauma Desk with red-call priority, and that electronic image transfer is now in place between designated hospitals in Wales and NHS England accepting centres. In addition from May 2023, North Bristol Trust now provide a service from 8am up to midnight for South Wales' patients.

A business case was supported and funding released to increase the workforce in order to ensure sustainability, and address issues of service inequity. This has allowed the service to address the staffing requirements to increase efficiency to reduce waiting times and improve patient outcome measures.

**Cochlear Implant and BAHA Hearing Implant Device Service** - Urgent temporary service change arrangements have been in place for the Cochlear Implant service in South Wales since September 2019 and further planning work has since been undertaken on specialist auditory services including BAHA devices. A recommendation on the preferred option for the commissioning model was then made by the Joint Committee in September 2022 and a targeted engagement process was undertaken. Following this, in May 2023 Joint Committee approved the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model.

## Inherited White Matter Disorder (IWMD) Service

- WHSSC sought approval from Joint Committee in April 2022 to commission a new highly specialised adult and paediatric service Inherited White Matter Disorder. The development on the access criteria and provider was carried out in 2022. On a population basis, the expected incidence in Wales will be 15 patients per year and patients will access the service in NHS England due to the small number of patients requiring the service.

## The Neuroscience portfolio also released investment for the following developments:

**Wales Artificial Eye Service** - A business case was approved in May 2022 to appoint an additional member of staff in Cardiff and Vale UHB to increase capacity, address service sustainability risks, and future proof the service to support appropriate succession planning for the aging profile of the current workforce.

**Spinal Injuries Rehabilitation Service** – A planned business case was received from Cardiff and Vale UHB to address the significant risks of delivering a sustainable service and achieving the British Society of Rehabilitation Medicine (BRSM) standards for specialist rehabilitation and the funding was approved in December 2022 which will mitigate some of the workforce deficit risks against the national standards. The remaining workforce gap will need to be considered, as part of the Rehabilitation Strategy development in 2023/24. The benefits from the investment have enabled the service to develop a dedicated multi-disciplinary outreach team to enable regular visits to DGHs across South Wales. The investment enabled the service to appoint additional therapy, inpatient nursing and psychology staff with the aim of future proofing the service and providing improved quality of care for patients and their families.

**North Wales Prosthetic Service** – Investment was approved in June 2022 for the Prosthetic Service provided by Betsi Cadwaladr UHB (BCUHB) to mitigate the workforce risks and equity of access. The appointment of the additional prosthetist has strengthened the sustainability and quality of service provision, enabled future proofing of the service and supported appropriate succession planning.

**Betsi Cadwaladr and Swansea Bay UHB Prosthetic Psychology Service** - A business case was received from both Health Boards with the aim of addressing issues of service inequity and improving patient experience by supporting patients to adjust to life with a prosthetic limb both physically and psychologically before or immediately post-surgery. Both centres have received the investment and have recruited to the posts. A memorandum of understanding (MoU) will be developed which allows a collaborative approach to supporting psychology services within the three Artificial Limb and Appliance service (ALAS) centres.

## Other Specialist Services with commissioning team structures



**Intestinal Failure** - During the last year, a full review of Intestinal Services has taken place. The review included clinical teams from providers in NHS Wales and NHS England as well as colleagues from Shared Services Partnership. Outcomes from the review have led to the revision of the Specialist Intestinal Failure policy and service specification; a review of patient length of stay; considerations with regard the most efficient model of nursing provision and discussion with the Transforming Access to Medicines (TRAMS) project regarding potential future provision of services currently provided by the private sector. The review has proved a helpful vehicle in strengthening commissioner provider communication and understanding.

## North Wales Plan

**BCUHB IMTP Submissions** - For the first time 11 schemes were submitted from BCUHB through the WHSSC ICP planning process resulting in 4 schemes being put through CIAG process. This resulted in 2 schemes for BCUHB being funded through the 2022/23 IMTP.

**Collaborative Working Practices** - Joint Commissioning Interface Meetings have been established to provide a platform to enable the strategic aims, work plans and priorities of WHSSC to be discussed in alignment with financial, post COVID recovery and restoration of services and operational plans of BCUHB for delivering specialised services. Furthermore, they provide a platform for considering the whole patient pathway from primary care through to highly specialised services and encourage collaboration, sharing of information and areas of good practice to remove unwarranted variation in service delivery across BCUHB localities, across NHS Wales and promote an environment of continuous improvement.

**Contractual arrangement with NHS England North West Providers** - Significant work has been undertaken to review the contractual arrangements with North West NHS England providers. Noting a number of BCU and WHSSC contracts make pass through payments on behalf of the responsible commissioner. Where these arrangements exist, it has been noted there needs to be an agreed mechanism for reporting performance to the responsible commissioner and splitting contract values to enable the reporting of specialist and non-specialist performance. Work is continuing in this vital area.

**Access to Lung Cancer MDT** - Work has taken place to improve patient with lung cancer access rates for thoracic surgery. The use of Teams for MDT attendance has seen a significant improvement. Work to provide appropriate clinical space in East and Central localities and implementation of a robust booking system to ensure patients are booked into the next available clinic regardless of locality has improved patient access.

**Access to IMD Services** - Through the implementation of the WHSSC IMTP and subsequent funding release for IMD services there has been an increase in capacity in North Wales and a strengthening of the all Wales network arrangements for the adult Inherited Metabolic Diseases (IMD) service.

**Access to Twenty Four Hour -Seven (24h/7) Thrombectomy Service** - Patients from North Wales have access to 24/7 thrombectomy service from the Walton Centre.



## 04 All Wales PET Programme

Based on the success of the strategy development, WHSSC received a mandate from Welsh Government requesting to set up a refreshed Programme of work for the implementation of the All-Wales PET strategy. As such, funding was received from Welsh Government for a small Programme Management Office (PMO) on a temporary basis, to support all aspects of Programme delivery across Wales.

Four capital delivery projects and four supportive work streams have been set up with the focus on delivering new digital PET scanners and their wider infrastructure requirements, with the overarching Programme Board formally meeting for the first time in May 2022.

All projects are progressing well, with a new scanner anticipated to be installed at Cardiff in summer 2023. The new scanners in Swansea and North Wales expected in winter 2024 and winter 2025, respectively. An All-Wales Procurement exercise has been successfully undertaken. Work continues to build upon the strategic stages for an All-Wales assessment of PET workforce and training needs, in addition to a future look and infrastructure assessment for PET radiopharmaceuticals. Plans remain for set-up of the Centres of Excellence work stream, which will have a focus on research and innovation involving PET.



## 05 All Wales Molecular Radiotherapy (MRT) Strategic Programme

Following a review by the All Wales Molecular Radiotherapy Group (AWMOL), a sub-group of the Clinical Oncology Sub Committee (COSC) of the Welsh Scientific Advisory Committee (WSAC), the Director General Health and Social Services appointed WHSSC to develop a national strategy for MRT. The programme, supported by the AWMOL Group, will

commence May 2023 and include a national review of clinical modelling and service design, workforce, infrastructure and commissioning with the aim of developing the provision of future MRT services for Welsh patients as close to home as possible. The programme will report through the Joint Committee to Welsh Government by mid-2024.

# 06 Policy Development

WHSSC policies are high quality organisational documents that enable WHSSC to achieve its strategic objectives and the delivery of consistently high standards of care. Policies produced by WHSSC fall into three categories: (i) commissioning policies, (ii) policy position statements and (iii) service specifications. Policy development is led by the Policy Team in the WHSSC Medical Directorate.

Governance and administration of all policy development processes is provided by the WHSSC Policy Group which ensures all policies are developed according to the published WHSSC methodology and within agreed timelines. The Group also ensures that policies are based on the best available evidence of clinical and cost effectiveness.

During 2022-23, WHSSC published a total of 23 new or updated policies. A summary is provided in Table 1 below. As of the 31 March 2023, there a total of 129 extant policies published on the [WHSSC website](#).

| Policy Type               | New | Update | Total |
|---------------------------|-----|--------|-------|
| Commissioning Policy      | 3   | 3      | 6     |
| Service Specification     | 5   | 3      | 8     |
| Policy Position Statement | 9   | 0      | 9     |
| ALL                       | 17  | 6      | 23    |

All WHSSC policies undergo a rigorous process of development that is underpinned by a high quality, clear and consistent methodology. In 2022, the existing methodology used by WHSSC (Corp-05 and Corp-06) were deemed outdated and no longer fit for purpose. WHSSC Policy Group agreed to update and merge Corp-05 and Corp-06 to create a single stand-alone document - Policy for the development, review and update of WHSSC policies: 'Policy for policies' Corp-025 [2022]. WHSSC also developed and published a new Equality Impact Assessment Policy (EQIA), Specialised Services: Corp-026 [2022]. Both documents were published in July 2022.



# 07 Medicines Management

Given the current and predicted increase in specialised medicines spend, building and maintaining medicine optimisation expertise within the commissioning processes for specialised services is essential. In response to this challenge, WHSSC set up a new Medicines Optimisation Team in 2022-23 within the Medical Directorate which included the appointment of a Medicines Management Pharmacist to lead the Programme.

In 2022-23 the Medicines Optimisation Team generated at least £0.706m of new additional net savings above existing predictions, demonstrating an excellent return on investment. If recurrent

investment in the Medicines Optimisation Team is implemented from January 2023, then a conservative estimated profile of forecast net savings anticipated from schemes that would be undertaken is an additional net saving of £1.089m in 2023-24. Based on these predictions, WHSSC were able to secure additional 'invest to save funding' to expand the capacity of the Medicines Optimisation Team in 2023-24. Significant progress is also being made on medicines policy development, evidence based prescribing, access to commercial discounts and rebates, Homecare contracts and using the most cost effective medicines (biosimilars and generics).



# 08 Blueteq

Blueteq is a web-based software system used to manage, authorise and procure High Cost Drugs (HCDs) across a wide range of healthcare conditions. The system improves governance, provides faster medicines access for patients. Blueteq was introduced across NHS Wales for WHSSC commissioned medicines in April 2021. As of 31 March 2023,

a total of 33 Blueteq forms were live on the system with a further 31 in development.

Progress across the multiple commissioning groups has been made as anticipated within the financial year, many developments initiated will progress to implementation as outlined within the 2022-2023 ICP.



# 09 Welsh Kidney Network Key (WKN) Achievements

*Our Kidney Network is built on quality, best practice, technology and innovation, placing patients at the heart of everything we do.*



## 9.1 Welsh Kidney Network – Re-Branding

In July 2022, the Joint Committee ratified the decision of the Welsh Renal Clinical Network (WRCN) Board to change the name of the WRCN to the “Welsh Kidney Network”.

The WRCN has a proud history of effecting positive change in services delivered for people with kidney disease in Wales. The WRCN logo and name is well known across the network of health care professionals, however is not so well known amongst patients receiving care and people seeking information about chronic kidney disease and the treatment options available to them.

As we move into a more digital arena coupled with the strategic aim of the network to promote the uptake of home dialysis, it is important that the terminology used to describe the care and service is more aligned with language used by patients and carers. Most patients identify with the term ‘kidney’ rather than ‘renal’, and the word ‘clinical’ indicates that it is only hospital based care that is available.

Most kidney care organisations both within the NHS and externally such as Professional Bodies and Charity partners have adopted the term ‘kidney’ to be the key descriptor of their purpose. The most recent example of this being the merger of the British Renal Association with the Renal Registry to form the UK Kidney Association.

All members of the Network Management Team and Board were asked to consider this to determine if the network should change its name to be more reflective of this move to plain language.



## 9.2 Governance Review

An independent review of the governance arrangements within the WKN was undertaken in early 2022 and a report published in September 2022 which set out a number of recommendations for improvement. An action plan is in place to ensure that the recommendations are delivered.

## 9.3 Renal Transformation Programmes

The WKN was the sponsor organization for two Transformation Projects enabled by the Welsh Government Transformation Fund. Renal Services of SBU Health Board have delivered both projects on an All Wales basis.

### Outcomes achieved include:

- **Electronic Prescribing and Medicines Administration (EPMA)** - Renal units across Wales now provide outpatient and dialysis services digitally using the electronic prescribing and medicines administration (EPMA) system. This improves the quality, safety, efficiency and resilience of service delivery.



- **Renal Care Summaries** were rolled out across Welsh Renal units in November 2022. A care summary is created within 1 hour of a record being updated in the renal system and delivered to the Welsh Clinical Portal.
- **Chronic Kidney Disease (CKD) - Assist** functionality was enabled for the final two localities in BCUHB allowing secondary care clinicians to send alerts to primary care in patients with declining kidney function with the intention of reducing the rate of late referrals, improving patient outcomes.
- **DMS-Lite** functionality development was completed with a plan to start staff training in March 2023. This will allow clinical documents to be created directly in the renal patient record, and sent to the Welsh Clinical Portal, to primary care and to the patient portal, Patient Knows Best.
- **The Patient Portal - Patient Knows Best (PKB)** was launched for patients under the care of Welsh renal units in March 2023. Patients are able to view their data previously viewed in the legacy Patient View portal, such as blood results. Patients can now contribute to their record by recording symptoms and observations, such as blood pressure.
- **A dynamic and innovative "Missed Doses Dashboard"** designed in house was implemented in dialysis units across Wales. This dashboard highlights at a glance any patients due medication during that dialysis shift but not receiving it, allowing a final check prior to the patient leaving

their dialysis session and reducing the risk of missed medication doses.

- **Enabling Supported Self-Management:** The two TF programmes have commonality in creating digital content for health and digital literacy and are being incorporated into the WKN website.

## 9.4 Sustainability of Services:

- Provision of a six day dialysis transport service in BCUHB is enabling a more efficient use of the unit dialysis resource, which was expanded to include a new unit in Mold.
- Significant investment has been provided to increase the number of Home Dialysis Specialist Nurses in BCUHB which is anticipated to enable the home dialysis service to grow.
- Completion of the procurement exercise to refresh existing satellite units and replace dialysis machines within Morriston Hospital. In addition, two additional units are planned that will alleviate demand on the Morriston Hospital site and due to their locations will enable patients to dialyse closer to home.
- Work is underway in the Merthyr unit to expand the unit to accommodate three additional stations. Delivery of this proposal will enable the unit to manage growth to 2026 and bring the service in line with the re-tender programme for South East Wales in 2026.



## 9.5 Welsh Kidney Network Key (WKN) Achievements

- **Patient Education and Shared Decision Making**  
- As part of the WKN strategy to increase uptake of Home Dialysis, an All-Wales Education Group has been created to support the development of a comprehensive suite of education resources for patients and staff. The WKN is working closely with charity partners to support patients to choose and thrive on Home Dialysis. The WKN is collaborating with kidney charities delivering 'peer to peer' support for kidney patients in Wales, a simple and effective intervention providing practical and emotional support to help alleviate anxieties and fears around at home dialysis.
- **Vascular Access** - The national vascular access peer review which was undertaken during 2022 has demonstrated that most centres are managing to achieve pre-pandemic standards for incident patient.
- **Renal Transplantation** - Overall activity in transplantation in Wales over the last year has returned to approximate pre-pandemic baseline levels despite ongoing challenges from COVID and live donor transplant numbers continue to increase.
- **The Normothermic Regional Perfusion (NRP) Programme** for deceased donors is well established in Cardiff. The hepatitis C positive donor programme in Cardiff is also by far the largest in the UK, and has produced several successful transplants this year.
- **WKN Website** - The WKN website was launched at the Audit Event in September 2022. This has been recognised by clinical colleagues and patients as an excellent and trusted resource to support patients to access information and education to support co-production in decision making and care.
- **Kidney Support and Welfare Wales** - £568K over two years awarded by Wales and West Utilities - This represents the first national approach to collaborating with Third Sector and Welfare and Benefits organisations to utilise funds provided by a Welsh Utility company as part of their Vulnerability and Carbon Monoxide Allowance Project. This will deliver a new service model of support for Kidney Patients in Wales to enable access to the right support at the right time in relation to welfare and benefits entitlement.
- **Value-Based Health and Care** - £895K over two years awarded by Welsh Government under the Value Based Health and Care monies. The WKN Pan Wales project which focuses on a pre-habilitation approach to address the barriers that currently exist to patients feeling positive about choosing Transplantation or Home Dialysis as a first choice for Renal Replacement Therapy.



# 10 Traumatic Stress Wales (TSW)



Traumatic Stress Wales (TSW) is a national quality improvement initiative which aims to improve the health and wellbeing of people of all ages affected by traumatic events. It aims to raise trauma-informed awareness and practice across Wales and has a particular focus on those at risk of developing or with post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (CPTSD).

During the 2022-2023 reporting period, Traumatic Stress Wales has delivered:

- Regularly meeting Public Advisory and National Steering Groups to ensure its work is co-produced, co-owned and co-delivered by all relevant stakeholders, including people with lived experience of PTSD and CPTSD
- A regularly updated website that provides access to information and educational materials, and an active Twitter account
- Increased capacity to deliver and increased delivery of evidence-based treatments to people of all ages with PTSD and CPTSD across Wales

- Regularly meeting interdisciplinary work stream groups in Welsh Government priority areas
- In collaboration with the Microsoft 365 Centre of Excellence, the development of a national digital solution to create a robust data collection, analysis and reporting system that is due to go live during 2023
- Co-produced outcome measures for 7–17-year-olds to be piloted in 2023
- Collaborative work with the Universities of Vienna and Porto to develop new clinical measures for children, young people and their caregivers
- In collaboration with the Adverse Childhood Experiences Support Hub, leadership on the development and implementation of the Trauma-Informed Wales practice framework. The framework was launched by the Deputy Ministers for Mental Health and Wellbeing and Social Services in July 2022
- A task and finish group, co-chaired with the Welsh Strategic Migration Partnership, to develop a strategy addressing unmet mental health needs for refugees, asylum seekers and migrants
- Ongoing work to develop new guided internet-based interventions for the treatment of PTSD in children and young people, CPTSD and prolonged grief disorder
- Resources, including leaflets to support people who have been affected by traumatic events and an accompanying toolkit that are available in 17 different languages
- Traumatic Stress Wales webinars and an annual conference; and
- Advice, resources and webinars to support people affected by the war in Ukraine.



**Straen  
Trawmatig  
Cymru**

**Traumatic  
Stress  
Wales**

[Home - All Wales Traumatic Stress Quality Improvement Ini \(nhs.wales\)](https://www.nhs.uk/traumatic-stress-wales/)





# 11 Individual Patient Funding Requests (IPFR)

Individual Patient Funding Requests (IPFRs) are defined as requests to a Health Board or Welsh Health Specialised Services Committee (WHSSC) to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a Health Board has arranged to routinely provide or commission.

IPFR decisions are determined on the information provided by the referring clinician to demonstrate the significant clinical benefit expected from the treatment for that particular patient and whether the cost of the treatment is in balance with the expected clinical benefit.

The Panel meets bimonthly and, where there have been instances in achieving quoracy, Chair's Action decisions have been made in line with the All Wales policy.

## Key Achievements and Patient Outcomes

During 2022-2023, the IPFR Panel considered 181 new requests, 70 of these requests were discussed as Chair's Actions. Of the 181 requests:

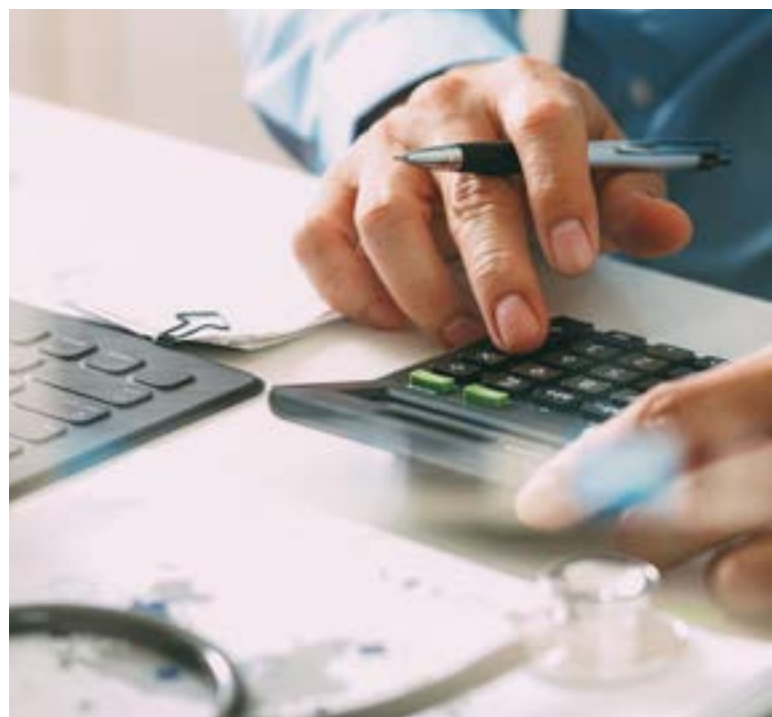
- 46 PET scans,
- 19 Drug treatments,
- 26 Fertility treatments,
- 12 Cytoreductive Surgery with HIPEC treatments,
- 15 Plastic Surgery treatments; and
- 63 other.

138 (76%) IPFR requests were approved and 43 (24%) requests were declined. Thus, the majority of requests were approved. In comparison with 2021-2022, the approval rate for 2022-2023 was very similar as 72% of requests were approved and 28% of requests were declined.

Where funding has been approved, clinical outcomes are routinely requested and the Panel is updated. One of the objectives this year is to ensure that these requests are followed up as patient outcomes help inform future decision as well as the revision and development of WHSSC commissioning policies.

WHSSC continues to work closely with the Local Health Boards, Welsh Government and the All Wales Medicines Therapeutics and Toxicology Centre (AWTTC) to share and promote consistency of best practice. In July 2022, WHSSC received a letter from Andrew Evans, Chief Pharmaceutical Officer, Welsh Government setting out the agreed process for WHSSC to undertake a specific and limited review of the All Wales IPFR Policy. It was also agreed that as the WHSSC IPFR Panel is a sub-committee of the WHSSC Joint Committee (JC) it was within WHSSC's authority to update and approve the Terms of Reference (ToR) for the Panel.

A process of engagement with key stakeholders including All Wales Therapeutics and Toxicology Centre IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors, the Board Secretaries of each of the HBs and the IPFR Policy Implementation Group commenced in December 2022. Following this engagement process an updated version of the WHSSC IPFR Panel Terms of reference (ToR) was agreed by Joint Committee (JC) in March 2023 and the final draft of the revised Policy is to be considered by JC at the July meeting.



# 12 Quality

## 12.1 Commissioning Quality Services

The quality of care and experience that patients and their families receive, is central to the commissioning of specialised services. Quality 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 to quality assuring services and providing a structure for both the commissioning and provider element of specialised and tertiary services for the population of Wales. The framework has been revised and renamed the Commissioner Assurance Framework (CAF) to encompass all of the components necessary to provide assurance.

## 12.2 Quality Management System

The aim of the 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 CAF 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 CAF is supported by a suite of documents which were endorsed by the Quality and Patient Safety Committee (QPSC) on the 10 August 2021 and the Joint Committee on 7 September 2021. Its intention is 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 and where there is concern regarding the quality of services and remedial action is required escalation processes are initiated and acted upon in a timely manner.

In order to implement the Quality Framework (2015), a quality team was appointed in 2019 to strengthen the focus on quality monitoring and improvement. The Quality Team have a pivotal role in the co-ordination of quality monitoring and interventions within commissioned services. In addition there is a focus on building relationships with providers to develop robust reporting mechanisms. Internally, they work closely with the Medical Directorate, within the Commissioning Teams in order to monitor the quality elements of commissioned services.

A key element of commissioning services is ensuring that patients are pivotal to the success of the framework. Patient experience is an important element of the quality cycle capturing both patient experience and concerns raised whilst accessing specialised services.

## 12.3 Duty of Quality

In anticipation of the duty of quality being introduced 1 April 2023, WHSSC are committed to ensuring that we factor in the quality of health services when making commissioning decisions and recognise the requirements of the Health and Social Care (Quality & Engagement) (Wales) Act 2020 and will work towards implementing the requirements to:

*"continually, reliably and sustainably meet the needs of the population we serve"*

In response to the Act, we will aim to align the Commissioning Assurance Framework to ensure that all of the six domains are considered and reported accordingly. This will require a system wide approach to quality where we will work closely with our Health Board colleagues demonstrating that the duty of quality is central to all our actions. We will aim to work towards the Safe, Timely, Effective, Efficient, Equitable and patient-centred care (STEEEP) framework for quality dimensions improving the quality of the specialised services that we commission.

### 12.3.1 Duty of Candour

The Duty of Candour comes into legal force in April 2023 in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. It requires NHS bodies to be open and transparent with service users when they experience harm whilst receiving health care.

On 3 October 2022, the Corporate Directors Group Board (CDGB) received a briefing from Welsh Government (WG) on the Health & Social Care (Quality & Engagement) (Wales) Act 2022 with a specific focus on the consultation process for the duty of candour and the soon to be launched consultation process on the duty of quality. The session gave an insight into the need to focus on quality-driven decision-making to improve outcomes and the need to demonstrate with evidence how we have complied with the duty. In addition, to the need to comply with the duty of candour in relation to health care provision. It was recognised that we already have good systems and processes in place on which we can build for both the duties.

## 12.4 Quality Reporting

WHSSC reports any issues relating to Quality Patient Safety (QPS) through its QPS Committee, which is a statutory subcommittee of the Joint Committee. Through the commissioning teams and in conjunction

with the Information department within WHSSC, the available data and data sources are analysed. These are used to compile a performance and commissioning team report to highlight service development and good practice, alongside key risks and monitor progress of services that are in escalation.

In partnership with the provider, the Quality standards/ indicators alongside the Key Performance Indicators and performance Outcomes are reviewed as part of the Service Level Agreements which are monitored via the bi-monthly QPS and reported to the JC through a chairs report. This is supported by a work plan and an annual report is produced outlining the quality findings and summarising the work undertaken over the previous year.

One of the key features in the development of the Commissioning Assurance framework, is the strengthening of the interface with LHBs and the role of their Quality and Patient Safety Committees. This is core in ensuring they are fully sighted on the key risks and are assured appropriate action is being taken. An additional requirement for WHSSC in line with the Duty of Quality Act will be to publish an Annual Report detailing the steps it has taken to comply with the duty.

This year has seen the introduction of the Quality Newsletter which also strengthens the communication and sharing of good practice with the Health Boards. This is produced bilingually on a quarterly basis.

Another important aspect of next year's work aiming at improving quality will be to embed Llais, the new independent body set up from the 1 April 2023 by Welsh Government, replacing the Community Health Councils (CHC), into our work. WHSSC will ensure that Llais replaces the CHCs at the WHSSC QPS and continues to make the voices of people living in Wales central to the ongoing development and commissioning of specialised services.

# 13 Concerns

## Commissioning Quality Services

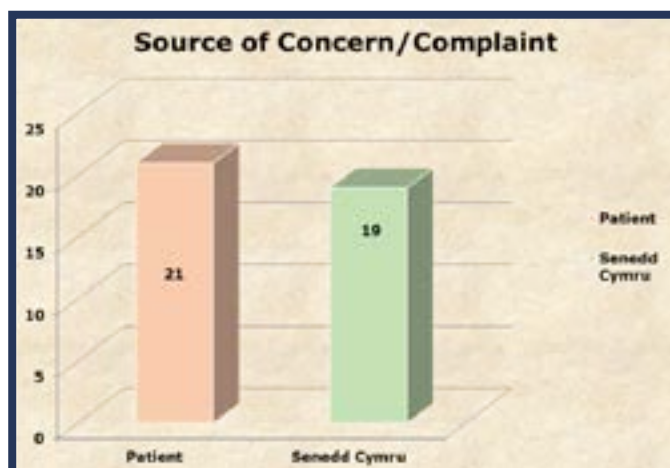
Concerns are comprised of the reports of incidents, complaints and claims received by WHSSC. WHSSC collates a range of complaints information that directly or indirectly relates to WHSSC commissioned services. For example, we routinely store case information shared with us by the Public Services Ombudsman for Wales (PSOW) about complaints made regarding providers and/or WHSSC itself. We also collate complaints about providers made, in the first instance, to providers or other commissioners. Work is ongoing in this area and WHSSC will continue to work with providers in order to ensure embedding of such an indicator in the Quality Assurance Framework.

WHSSC works with the LHBs in the management of concerns to ensure that service users and patients, who notify either the LHB or WHSSC, are provided with a detailed response. Concerns are dealt with in line with the All-Wales Putting Things Right (PTR) arrangements and in line with the WHSSC Concerns Protocol.

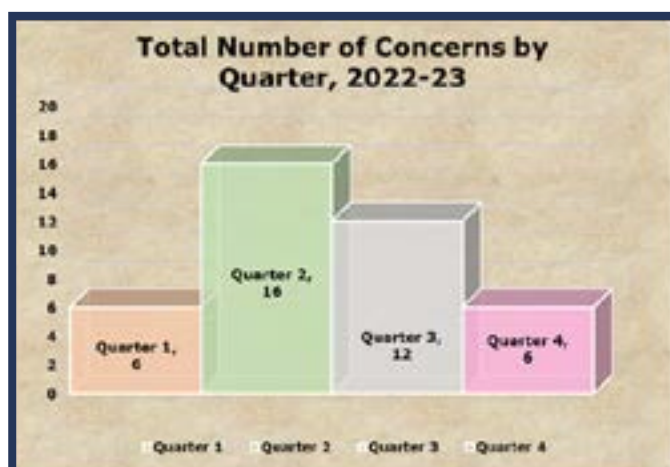
During the course of 2022-2023, WHSSC received a total of 40 concerns/enquiries. Concerns were raised by a variety of sources, including enquiries from Welsh Government (WG) officials and Senedd Cymru, seeking clarification on funding decisions and queries on commissioned services on behalf of their constituents.

All of the 40 concerns/enquiries received during the period 2022-23, were acknowledged within the 2 working day deadline. 100% of all of the concerns received in 2022-23 received a final response within the required timescale of 30 working days. Graphs 1-3 below provide a summary of the concerns/enquiries received.

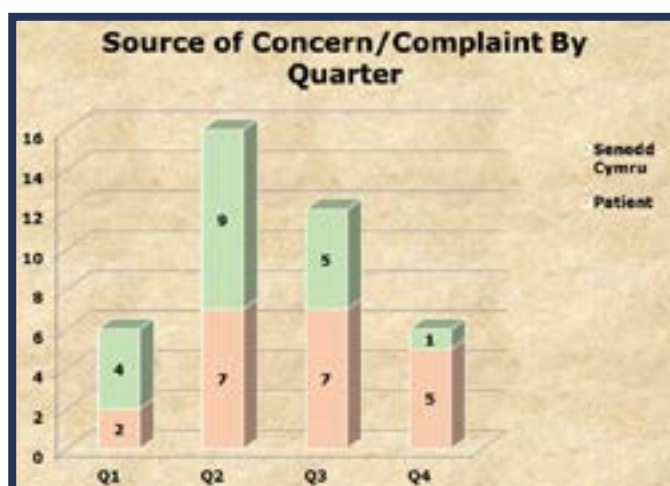
Graph 1 – Sources of Concerns/enquiries received during 2022-2023



Graph 2 - Total Number of Concerns/enquiries received during 2022-2023



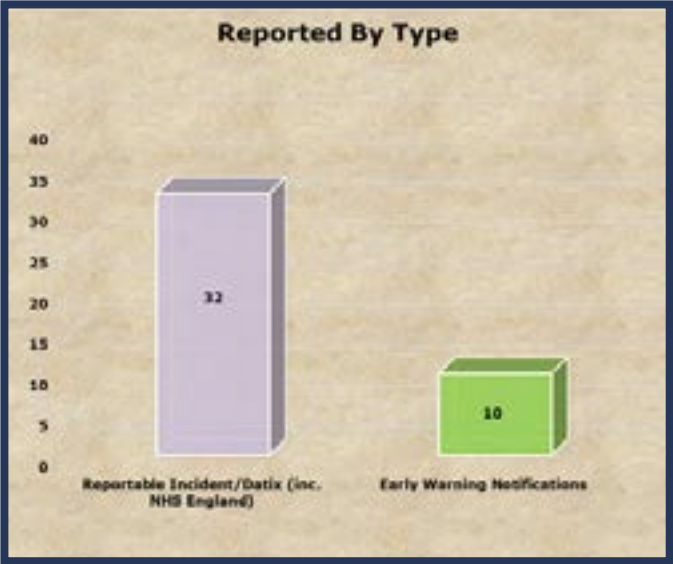
Graph 3 – Sources of Concern/Complaint Per Quarter





During the course of 2022-2023, WHSSC received a total of 42 reports broken down in to DATIX/ reportable incidents/concerns and early warning notifications. A summary of the data received in outlined in Graphs 4-6 below.

Graph 4 – Type of Incident Received 2022-2023



Graph 5 - Type of Incident Reported Per Quarter 2022-2023

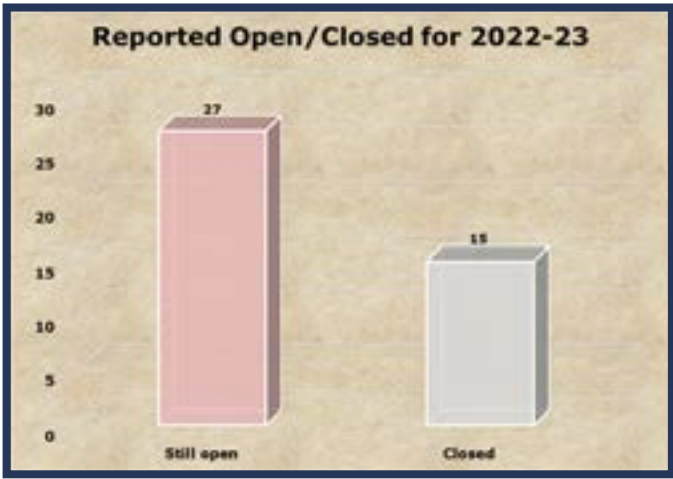


Graph 6 – Total Number of Concerns Received Per Commissioning Team



As at 31 March 2023, for 2022-2023 there were 27 incidents still open with a total of 15 closed, a summary is outlined in Graphs 7 & 8 below.

Graph 7 – Number of Incidents Open/Closed 2022-2023



Graph 8 - Number of Incidents Open/Closed Per Quarter 2022-2023



# 14 Risk Management

Understanding the risks faced by WHSSC is crucial if informed commissioning decisions are to be made, and safe, sustainable specialised services are to be secured for the people of Wales.

Risk management (for risks other than health and safety) is embedded in the activities of WHSSC through the WHSSC Risk Management Framework and associated operating procedures.

WHSSC is committed to developing and implementing a Risk Management Strategy that will identify, analyse, evaluate and control the risks that threaten the delivery of its strategic objectives and delivering against its Integrated Commissioning Plan (ICP). It is applied alongside other key management tools, such as performance, quality and financial reports, to provide the Joint Committee with a comprehensive picture of the organisational risk profile.

Since the approval of the Risk Management Strategy in May 2021 the revised approach to managing risk, the risk management process has continued to evolve

and the risk management strategy is being updated and will be presented to the Joint Committee for approval in 2023-2024.

The Corporate Risk and Assurance Framework (CRAF) forms part of the WHSSC's approach to the identification and management of strategic risks. The framework is subject to continuous review by the Executive Director lead, the Corporate Directors Group Board, supported by the Risk Scrutiny Group which was introduced in December 2021 to strengthen risk management.

Progress against the CRAF is presented to each CTMUHB Audit & Risk Committee (ARC), Quality & Patient Safety Committee and the IGC for assurance. The CRAF is presented to the Joint Committee every 6 months for assurance.

WHSSC's capacity to manage risk is set out in Section 4 of the Annual Governance Statement.

<https://whssc.nhs.wales/publications/governance/>



# 15 Corporate Governance

## 15.1 Equality, Diversity & Human Rights

Equality is central to the work of WHSSC and our vision for improving and developing specialised services for NHS Wales. WHSSC welcomes Welsh Government's distinct approach to promoting and safeguarding equality, social justice and human rights in Wales. WHSSC is committed to complying with the provisions of the Equality Act 2020, and the public sector general duty and the specific duties to promote and safeguard equality, social justice and human rights in Wales. We are committed to ensuring and considering how we can positively contribute to a fairer society through advancing equality and good relations in our day-to-day activities.

WHSSC follows the policies and procedures of CTMUHB, as the host LHB, which set out the organisational commitment to promoting equality, diversity and human rights in relation to employment. It also ensures staff recruitment is conducted in an equal manner. All staff have access to the Intranet where these are available. The Hosting Agreement includes provision for specific support around Equality and Diversity.

Following the publication of the WG Anti-Racist Wales Action Plan in June 2022, our host CTMUHB have issued an invitation for all staff (including WHSSC) to respond to an audit and focus group being undertaken by "Diverse Cymru" on behalf of WG, of NHS workforce policies through an anti-racist lens. This work was identified as a priority action in the [Anti-racist Wales Action Plan](#).

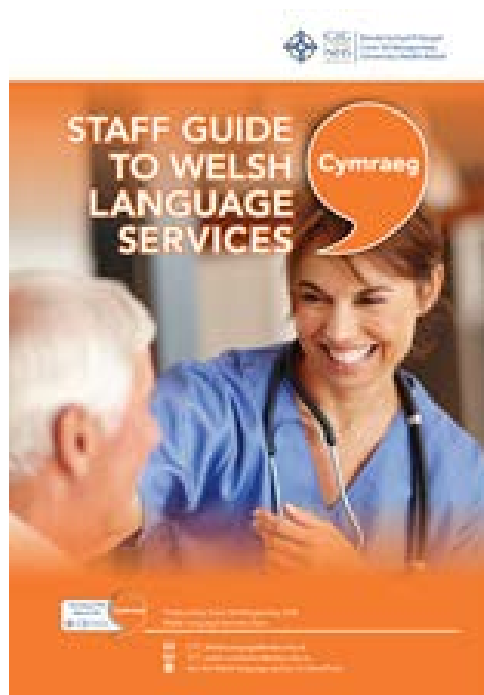
## 15.2 Welsh Language

WHSSC is committed to treating the English and Welsh languages based on equality and endeavour to ensure the services we commission meet the requirements of the legislative framework for Welsh Language as required by the Welsh Language

Act (1993), the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards (No. 7) Regulations.

During 2022-2023, the Corporate Services Manager and Committee Secretary were invited to attend the newly established CTMUHB Welsh Language Steering Group meetings to lead and drive the implementation and delivery of legislative Welsh Language compliance across WHSSC and supports implementation of the "More than just words" framework and contributes towards the progress being made outlined in the CTMUHB Welsh Language Annual Report. WHSSC adhere to our host CTMUHB's Welsh language policy framework and guidance and are included in their Welsh language report for 2022-2023.

In terms of commissioning the provider organisations in Wales are subject to the same legal framework, however the provisions of the Welsh language standards do not apply to services provided in private facilities or in hospitals outside of Wales. In recognition of its importance to the patient experience, WHSSC ensures that wherever possible patients have access to their preferred language.





In order to facilitate this, WHSSC is committed to working closely with providers so that in the absence of a Welsh speaker in the service, patients and their families will have access to either a translator or 'Language-line'. We will also encourage, in those services where links to local teams are maintained during the period of care, that this will provide, when possible, access to the Welsh Language.

## 15.3 Well-being of Future Generations (Wales) Act (WBFGA) 2015

WHSSC is committed to contributing towards the achievement of the objectives of the Well-being of Future Generations (Wales) Act aims to improve the social, economic, environmental and cultural well-being of Wales. The WBFGA gives us the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations, and to think more about the long-term, work better with people, communities and organisations, seek to prevent problems and take a more joined-up approach. This Act puts in place seven well-being goals, and we need to maximise our contribution to all seven.

The ICP integrates and demonstrates the five ways of working and contribution to well-being goals throughout the plan. Prevention is embedded throughout our work.

The assessment element of the Committee report template includes a section for the author to consider Organisational Implications and to outline any legal implications, including any that may impact on our duty to comply with the WBFGA.

## 15.4 Health & Social Care (Quality & Engagement) (Wales) Act

On 3 October 2022, the Corporate Directors Group Board (CDGB) received a briefing from Welsh Government (WG) on the Health & Social Care (Quality & Engagement) (Wales) Act 2022 with a specific focus on the consultation process for the duty of candour and the soon to be launched consultation

process on the duty of quality. The session gave an insight into the need to focus on quality-driven decision-making to improve outcomes and the need to demonstrate with evidence how we have complied with the duty. In addition, to the need to comply with the duty of candour in relation to health care provision. It was recognised that we already have good systems and processes in place on which we can build for both the duties.

## 15.5 Socio Economic Duty

WHSSC recognises the Socio-economic Duty introduced by Welsh Government under the Equality Act 2010. It requires relevant public bodies in Wales, which include LHBs, to have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage when they take strategic decisions. The duty came into force on 31 March 2021 and as a Joint Committee of the HBs, this duty has been taken into account when planning and commissioning specialised services. WHSSC will consider how their decisions might help reduce the inequalities associated with socio-economic disadvantage, including evidencing a clear audit trail for all decisions made that are caught by the duty. This will be discharged by using existing processes, such as engagement processes and impact assessments.

## 15.6 Decarbonisation and the Foundational Economy



### 15.6.1 Decarbonisation

Welsh Government declared a Climate Emergency in 2019 and expects the public sector to be net zero by 2030. The [NHS Wales Decarbonisation Strategic Delivery Plan](#) was published on 24 March 2021.

WHSSC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities, where possible providing services closer to home (via digital and virtual access where possible) and ensuring a delivery chain for service provision and associated capital that reflects our commitment. We will also seek to support staff considerations and behaviours for those actions that have a positive effect on decarbonisation for example reduced travel, efficient travel and use of electric vehicles where possible. With effect the commencement of the 2022-2023 year, all policies will have a decarbonisation statement contained within and a focus on innovative ways of working.

WHSSC is committed to reducing the carbon footprint through mindful commissioning of services that take account of the decarbonisation agenda, enabling enhanced digital and virtual access for patients and through ethical consideration of staff actions and behaviours e.g. reduced travel, increased use of virtual engagement and, where feasible, use of electric vehicles. From 2022, all WHSSC policies will have a focus on innovative ways of working including digital and remote clinics to support reducing the carbon footprint.

Throughout the pandemic the majority of WHSSC staff predominantly worked from home, in line with Welsh Government advice. The New Ways of Working – “Making it Matter” document and guiding principles were developed in response to the need for a hybrid working model to ensure business continuity and to try and achieve a work life balance for staff. WHSSC was able to continue its core activities without significant delay or disruption to services despite the temporary closure of the WHSSC office. Never before have so many staff been able to successfully work from home and this was a big step towards reducing our carbon footprint. .

A number of staff purchased electric vehicles via the NHS Fleet Solutions Scheme. As a consequence, WHSSC installed EV charging stations at its premises.

All of WHSSC’s Electricity is Zero Carbon procured on an all-Wales basis under the Renewable Energy Guarantees of Origin (REGO) scheme. Going forward for 2022-2023, we will monitor our office utilities and we will seek to ensure we meet the Welsh

Government 3% reduction target on the office water and energy use.

We will develop a Carbon reduction and sustainability plan in 2022-2023.

### 15.6.2 Foundational Economy

The Foundational Economy is an approach taken by the Welsh Government to ensure that funding improves the way the local economy works in Wales by developing the growth to vital services and goods. Through working in partnership and Welsh Government, over the last decade WHSSC has supported significant investment into moving care closer to home and creating services based in Wales. It is estimated that the £45m revenue investment has created over 750 high quality and stable employment jobs within NHS Wales, whilst also moving services out of the main specialist centres into more local settings in West and North Wales. WHSSC’s ambition is to continue developing services closer to home by creating new services within Wales and repatriating activity from the private sector providers and NHS England where it is appropriate to do so.

To deliver this work, we will review our contracts with a view to delivering within Wales where it is safe and effective to do so. Through appropriate engagement and consultation we will develop implementation plans to deliver services as close to home as possible, through digital and alternative delivery models. And, working in partnership with providers external to Wales, we will look to repatriate parts of pathways that could be delivered locally where it is not appropriate or possible to deliver wholly in Wales.

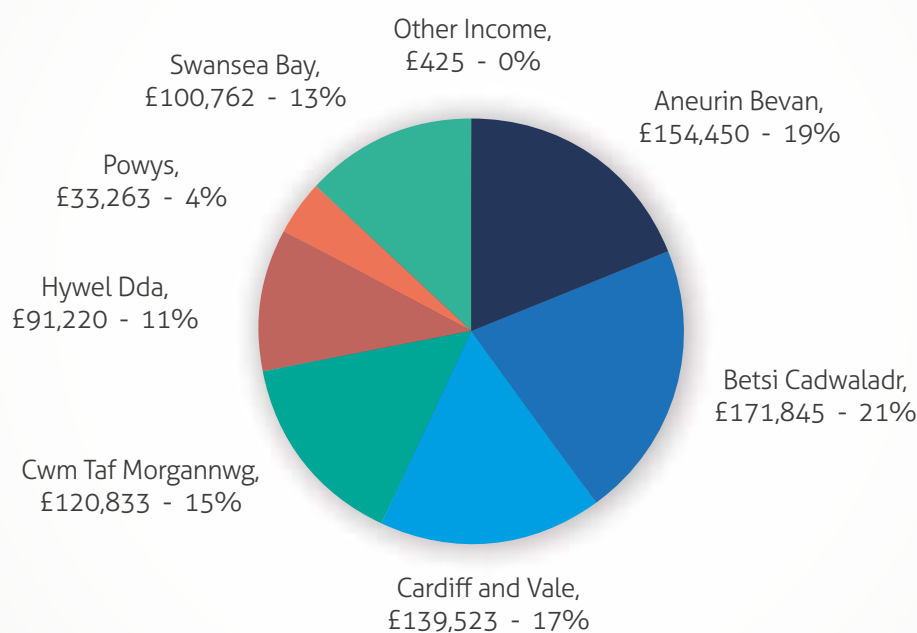
## 15.7 Further information - Annual Governance Statement (AGS)

WHSSC does not have a statutory duty to produce an Annual Governance Statement (AGS) however, this is done, as a part of good governance, to provide assurance to the HBs and, in particular, to CTMUHB, as host organisation, in relation to its governance and accountability arrangements. The AGS can be viewed on the WHSSC website at: <https://whssc.nhs.wales/publications/governance/>

# 16 Financial Position

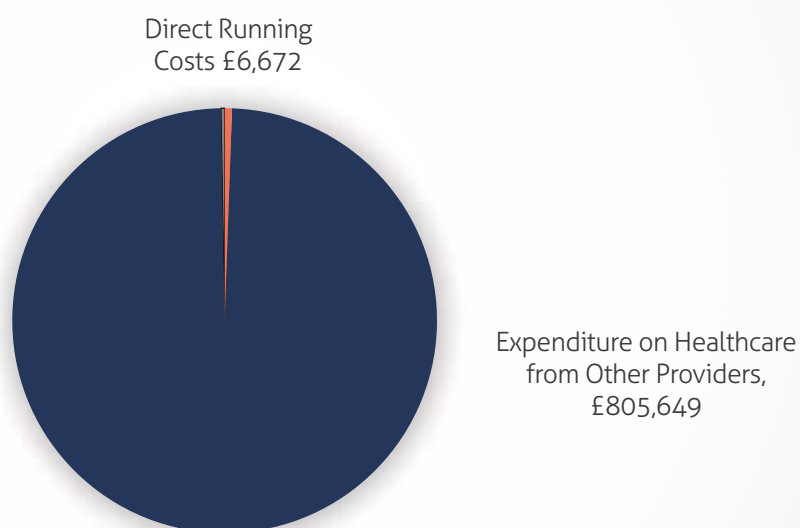
The WHSSC Summary Financial Position 2022-23 is set out in the charts below.  
Figures in charts below represent millions.

## The Main Source of Funding Comes From Health Boards and Totals £812 million



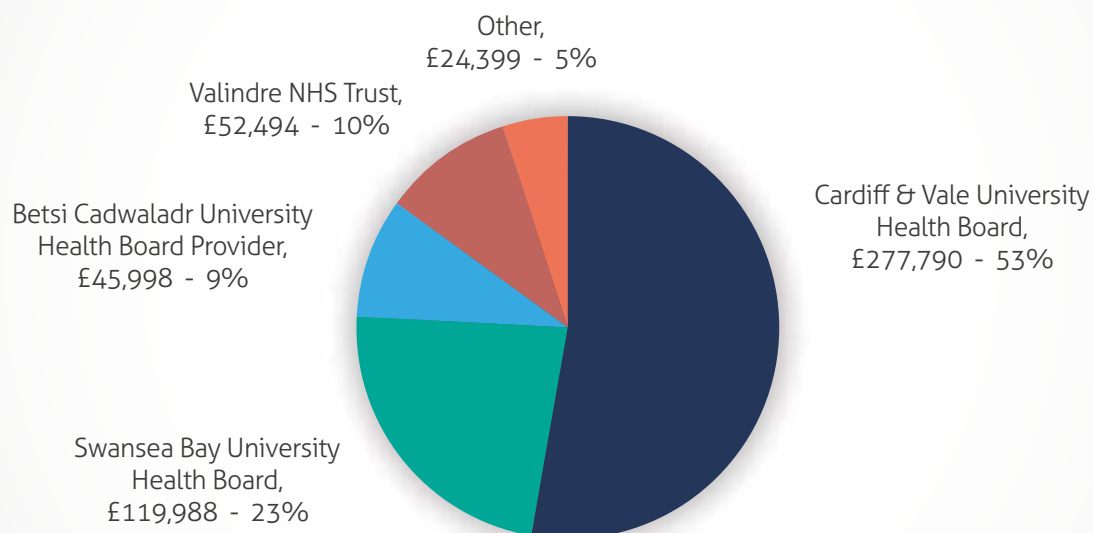
The above chart shows that almost all of WHSSC's income comes from the Health Boards. Betsi Cadwaladr is the biggest contributor providing WHSSC with 21% of its income: Aneurin Bevan second; providing 19% of WHSSC's income and Cardiff & Vale third at 17%.

## The Operating Cost of WHSSC were £812 million



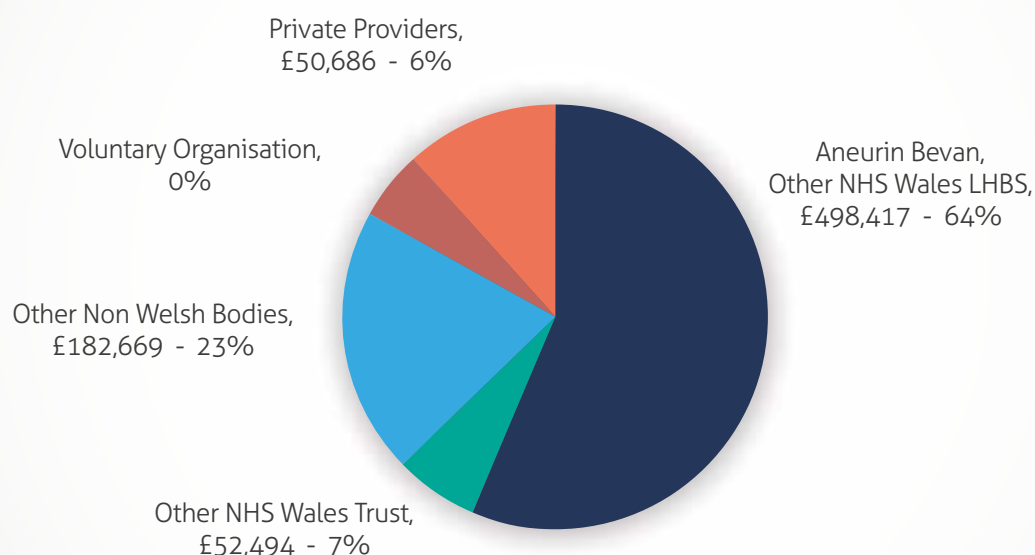
The majority of WHSSC's costs relate to the commissioning of services through 45 different contracts. The running cost of WHSSC are less than 1% of the budget.

## WHSSC Spent £521m on Specialist Services Provided Within Wales



Cardiff & Vale is the largest Welsh provider supplying more than half of the services commissioned in Wales. Swansea provide another 23% of services commissioned from Wales and Velindre 10%. Besti Cadwaladr provides 9% of services. There are small amounts of services commissioned in Cwm Taf, Hywel Dda and Aneurin Bevan shown under the other section (5%).

## Expenditure on Healthcare from Other Providers



64% of WHSSC's services are provided by Welsh Health Boards and another 7% by Velindre. English Trusts provide another 23% of services and the private sector 6%.

# 17 Workforce and Organisational Development Overview

## 17.1 WHSSC Profile

WHSSC employ approximately 70.8 WTE staff (60 directly costed staff) and a summary of our workforce data is presented at Appendix 2 for information. Staff development and well-being support remained a key priority during 2022-2023.

WHSSC is committed to supporting achievement of the objectives outlined in ["A Healthier Wales"](#) to ensure that people stay healthy for as long as possible and the related ["National Workforce Implementation Plan: Addressing NHS Workforce Challenges"](#) published by Welsh Government in January 2023.

The WHSSC workforce remains relatively stable with 6.94% turnover rate. There has been ongoing recruitment into new posts supporting the PET Capital Programme Team, the newly established MRT programme, Corporate Services to support the IPFR Panel. The Executive Team was strengthened with the appointment of a part time interim Director of Mental Health and the Welsh Kidney Network (WKN) with the appointment of a part time Executive Programme Director.

## 17.2 Organisational Development and Compliance

WHSSC is relatively small organisation with a stable, highly skilled and experienced workforce. There has been some expansion in the past few years related to internal re-organisation and some investment associated with new service developments commissioned by WHSSC. We have also improved our commissioning capability in areas such as evidence appraisal, policy development, quality management and clinical leadership. The trend of expansion of our commissioning portfolio continues in respond to demands from NHS Wales and Welsh Government.

We are also moving to becoming a strategic commissioning organisation, with the development of the 10 year new Specialised Services

Commissioning Strategy and we will review our organisational requirements as part of the implementation, particularly in the areas of health needs assessment and outcomes management. As we move forward with the ICP 2023/26 we will maintain our agility and continuously review our capacity and capability to deliver our ICP as well as to manage the growth in our Business as Usual activities. Part of the Strategy development also explores our role in developing commissioning expertise and sharing our experience across the system and we will do more work on this in year 1 of the Plan, as well as preparing for the future in the advent of the Minister for Health & Social Services National Review of Commissioning Functions.

Workforce capacity and resilience are monitored through regular Executive OD sessions that oversee workforce risks and apply agile workforce planning to address periods of peak demand and surge alongside robust workforce planning for ongoing sustainable delivery of services across the whole system.

## 17.3 Workforce Compliance – PDR and CSTF

The achievement of the 85% NHS Wales Ministerial Priority PDR target and the completion of the NHS Wales Core Skills Training Framework (CSTF) via the Electronic Staff Record (ESR) by all staff were key priorities for WHSSC during 2022-2023.

## 17.4 Staff Sickness and Absence

As WHSSC is a small organisation, sickness absence and other absences have a significant effect on the capacity of the organisation. Short and long-term sickness absence continued to be closely monitored and managed and staff attended training sessions facilitated by CTMUHB.



## 17.5 Development of Clinical Leadership

An important development during 2019-20 was a review of the Clinical Gatekeeper role. WHSSC has over 50 Clinical Gatekeepers covering over 100 services and interventions who are key in ensuring patients receive the most appropriate and timely treatment. Arrangements are being made for the Clinical Gatekeepers to have honorary WHSSC contracts addressing potential governance issues related to their roles.

## 17.6 Training Opportunities - Staff

The organisation continued to make a number of training opportunities available to staff. Including the:

- Healthcare Financial Management Association (HFMA) modules for non-finance staff which were undertaken by staff within the Clinical and Planning teams
- Academi Wales Senior Leadership courses undertaken by staff at Assistant Director level
- Academi Wales One Welsh Public Service Leaders Winter School 2023
- Academi Wales Summer School
- Master's degree level qualifications
- At Director level, executive coaching was provided and professional development opportunities in Value Based Healthcare; and
- Dragons Heart Institute, CLIMB Leadership Programme, CVUHB

To date, three cohorts of Planning staff members have successfully completed a Planning Diploma and two Planning Managers are progressing to the Masters' Degree level. A further cohort will undertake this training in September 2023 for a duration of 18 months.

In our Finance department, the hosting of Finance Management training continues as part of our organisational development which is linked to succession planning.

## 17.7 Joint Committee Development Opportunities

WHSSC is proactive in ensuring that the Joint Committee receive informative and engaging presentations at meetings as part of the Joint Committee development programme. In 2022-2023 development activities included workshops on the following topics:

- Genomics and ATMP's/Genomics Delivery Plan for Wales
- Recovery Trajectories across NHS Wales
- Major Trauma Network (MTN)
- WHSSC Specialised Services Strategy Development
- ICP workshops to develop the 2023-2026 ICP
- Governance System and Process for Efficiencies and Re-Commissioning – WHSSC & HB Shared Pathway Saving Target

## 17.8 External Training and Development

The WHSSC Team offers out unique all Wales strategic planning and commissioning experience as a resource for the wider NHS in Wales.

This philosophy helped drive the restructuring of the Medical Directorate and the development of training opportunities throughout the organisation.

The Associate Medical Director roles provide a stepping stone for those pursuing a career in medical leadership and were specifically advertised as three year posts with this in mind. The Managing Director is active in the regional Faculty of Medical Leadership and Management.

# Appendix 1

## Services Commissioned by WHSSC 2022-2023

The following table shows the range of services delegated for commissioning by WHSSC for 2022-2023:

### Range of Services Commissioned by WHSSC:

#### Cross Cutting Commissioning Portfolio

|                           |
|---------------------------|
| Pathway Savings           |
| Intestinal Failure        |
| Home Parental Nutrition   |
| Hyperbaric Oxygen Therapy |

#### Mental Health and Vulnerable Groups

|  |
|--|
| High Secure Psychiatric Services   |
| Medium Secure Psychiatric Services   |
| Low secure psychiatric services (from April 2025)                                  |
| All Wales Traumatic Stress Quality Improvement Initiative (Traumatic Stress Wales) |
| Gender Identity Services for Adults  |
| Gender Identity Development Service for Children and Young People                  |
| Specialised Eating Disorder Services (Tier 4)                                      |
| Mental Health Services for Deaf People (Tier 4)                                    |
| Specialised Perinatal Services   |
| CAMHS (Child and Adolescent Mental Health Services) Tier 4                         |
| Forensic Adolescent Consultation and Treatment Service (FACTS)                     |
| Neuropsychiatry  |

#### Cancer and Blood

|  |
|--|
| PET Scanning   |
| All Wales Lymphoma Panel                                     |
| Specialist services for Sarcoma                              |
| Haematopoietic Stem Cell Transplantation (BMT)               |
| Extra corporeal photopheresis for graft versus host disease  |
| CAR-T therapy for lymphoma and acute lymphoblastic leukaemia |
| Thoracic surgery   |
| Hepatobiliary cancer surgery                                 |
| Microwave ablation for liver cancer                          |
| Brachytherapy (prostate and gynaecological cancers)          |
| Proton Beam Therapy  |
| Radiofrequency Ablation for Barrett's Oesophagus             |



## Cancer and Blood

Stereotactic Ablative Body Radiotherapy  
 Specialist service for Neuroendocrine Tumours  
 Peptide Receptor Radionuclide Therapy (PRRT) for Neuroendocrine Tumours  
 Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Pseudomyxoma Peritonei  
 All Wales Medical Genomics Service  
 Burns and Plastics  
 Specialist service for Paroxysmal Nocturnal Haemoglobinuria  
 Inherited Bleeding Disorders  
 Welsh Blood Service  
 Hereditary Anaemias specialist service  
 ECMO  
 Long Term Ventilation  
 Immunology

## Cardiac

Heart Transplantation including VAD's  
 Electrophysiology, ablation and complex ablation  
 Complex Cardiac devices  
 Interventional Cardiology, (PPCI, PCI, PFO closures, TAVI, PMVLR)  
 Inherited Cardiac Conditions  
 Adult Congenital Heart Disease  
 Cardiac Surgery  
 Heart Transplantation including VAD's  
 Electrophysiology, ablation and complex ablation  
 Pulmonary Hypertension  
 Cystic Fibrosis  
 Cardiac Networks (SWSWCHD Network, NWNWCHD Network, All Wales Cardiac Network)  
 Bariatric Surgery  
 Heart Transplantation including VAD's  
 MTN ODN  
 Spinal ODN  
 Major Trauma  
 Spinal

## Neurosciences and LTC

Neurosurgery, (Neuro-oncology, Neurovascular Surgery, Skull Base Surgery, Neuromodulation and Functional Neurosurgery including Epilepsy Surgery and Pain Management)

Neuroradiology (diagnostic and interventional undertaken by neuro-radiologists, Thrombectomy Services)

Stereotactic Radiosurgery

Specialist Neurorehabilitation

Specialist Spinal rehabilitation

Artificial Limbs and Appliances Service including

- Wheelchair and special seating
- Prosthetics
- Orbital prosthetics
- Electronic assistive technology
- Alternative Augmentative Communication (AAC)

Cochlear and BAHA

Rare Diseases – RDIG

Deep Brain Stimulation

## Women and Children

Fetal Cardiology

Fetal Medicine

Neonatal

Neonatal Transport

Paediatric Cardiology

Paediatric Cystic Fibrosis

Paediatric Endocrinology

Paediatric ENT

Paediatric Gastroenterology

Paediatric Intensive Care

Paediatric Immunology

Paediatric Inherited Metabolic Disease

Paediatric Nephrology

Paediatric Neurology

Paediatric Neuro-rehab

Paediatric Oncology

Paediatric Radiology

Paediatric Radiotherapy

Paediatric Rheumatology

Paediatric Surgery

## North Wales

IVF

# Appendix 2

## Workforce Data 2022-2023

The following table shows the range of services delegated for commissioning by WHSSC for 2022-2023:

| Departments       | WTE         |
|-------------------|-------------|
| Executive Team    | 5.8         |
| Medical Team      | 4           |
| Corporate Team    | 9           |
| Patient Care Team | 4.6         |
| Planning Team     | 16          |
| Mental Health     | 4           |
| TSW               | 5.9         |
| WKN Team          | 5           |
| Finance           | 7           |
| Information Team  | 3.5         |
| Quality           | 4           |
| Secondment        | 2           |
| <b>Total</b>      | <b>70.8</b> |

If you require additional copies of this document, it can be downloaded in both English and Welsh from our [website](#).

If you require the document in an alternative format, we can provide a summary of this document in different languages, larger print or Braille.

For further information email: [WHSSC.GeneralEnquiries@wales.nhs.uk](mailto:WHSSC.GeneralEnquiries@wales.nhs.uk)





## WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2025

| MEETING                 | STANDING ITEMS   | FOR APPROVAL / ACTION   | ROUTINE REPORTS  | INFORMATION  |
|-------------------------|--|---|--|--|
| <b>21 November 2023</b> | Chair's Report<br><br>Managing Director's Report<br><br>Declarations of Interest<br><br>Minutes<br><br>Action Log<br><br>Forward Work Plan | Individual Patient Funding Request Policy (IPFR) and WHSSC Terms of Reference (TOR)<br><br>Delivery and Assurance Commissioning Arrangements for Operational Delivery Networks<br><br>Gender Identity Services for Children and Young People Update | WHSSC Integrated Performance Report<br><br>Financial Performance Report<br><br>Financial Assurance Report<br><br>Corporate Governance Matters Report<br><br>Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- CTMUHB Audit &amp; Risk Committee</li> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient Funding Request Panel WKN</li> </ul> | Audit Wales – WHSSC Committee Governance Arrangements Update<br><br>Paediatric Surgery Update<br><br>Integrated Commissioning Plan (ICP) 2024-2025 |

| MEETING                | STANDING ITEMS   | FOR APPROVAL / ACTION  | ROUTINE REPORTS   | INFORMATION       |
|------------------------|--|--|---|-------------------|
| <b>16 January 2024</b> | Chair's Report<br>Managing Director's Report<br>Declarations of Interest<br>Minutes<br>Action Log<br>Forward Work Plan | Corporate Risk Assurance Framework<br>Mental Health Strategy | WHSSC Integrated Performance Report<br>Financial Performance Report<br>Financial Assurance Report<br>Corporate Governance Matters Report<br>Report from the Chair of the CTMUHB Audit & Risk Committee<br>Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient Funding Request Panel</li> </ul> | ATMP Presentation |

| MEETING              | STANDING ITEMS   | FOR APPROVAL / ACTION | ROUTINE REPORTS   | INFORMATION |
|----------------------|--|-----------------------|---|-------------|
|                      |  |                       | - WKN   |             |
| <b>19 March 2024</b> | Chair's Report<br><br>Managing Director's Report<br><br>Declarations of Interest<br><br>Minutes<br><br>Action Log<br><br>Forward Work Plan |                       | WHSSC Integrated Performance Report<br><br>Financial Performance Report<br><br>Financial Assurance Report<br><br>Corporate Governance Matters Report<br><br>Report from the Chair of the CTMUHB Audit & Risk Committee<br><br>Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient Funding Request</li> </ul> |             |



| MEETING            | STANDING ITEMS   | FOR APPROVAL / ACTION | ROUTINE REPORTS   | INFORMATION |
|--------------------|--|-----------------------|---|-------------|
|                    |  |                       | Panel<br>- WKN  |             |
| <b>21 May 2024</b> | Chair's Report<br><br>Managing Director's Report<br><br>Declarations of Interest<br><br>Minutes<br><br>Action Log<br><br>Forward Work Plan |                       | WHSSC Integrated Performance Report<br><br>Financial Performance Report<br><br>Financial Assurance Report<br><br>Corporate Governance Matters Report<br><br>Report from the Chair of the CTMUHB Audit & Risk Committee<br><br>Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient</li> </ul> |             |

| MEETING             | STANDING ITEMS   | FOR APPROVAL / ACTION | ROUTINE REPORTS   | INFORMATION |
|---------------------|--|-----------------------|---|-------------|
|                     |  |                       | Funding Request Panel<br>- WKN  |             |
| <b>16 July 2024</b> | Chair's Report<br><br>Managing Director's Report<br><br>Declarations of Interest<br><br>Minutes<br><br>Action Log<br><br>Forward Work Plan |                       | WHSSC Integrated Performance Report<br><br>Financial Performance Report<br><br>Financial Assurance Report<br><br>Corporate Governance Matters Report<br><br>Report from the Chair of the CTMUHB Audit & Risk Committee<br><br>Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> </ul> |             |

| MEETING                  | STANDING ITEMS   | FOR APPROVAL / ACTION | ROUTINE REPORTS   | INFORMATION |
|--------------------------|--|-----------------------|---|-------------|
|                          |  |                       | <ul style="list-style-type: none"> <li>- Individual Patient Funding Request Panel</li> <li>- WKN</li> </ul>   |             |
| <b>17 September 2024</b> | Chair's Report<br><br>Managing Director's Report<br><br>Declarations of Interest<br><br>Minutes<br><br>Action Log<br><br>Forward Work Plan |                       | WHSSC Integrated Performance Report<br><br>Financial Performance Report<br><br>Financial Assurance Report<br><br>Corporate Governance Matters Report<br><br>Report from the Chair of the CTMUHB Audit & Risk Committee<br><br>Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance</li> </ul> |             |

| MEETING                 | STANDING ITEMS   | FOR APPROVAL / ACTION | ROUTINE REPORTS  | INFORMATION |
|-------------------------|--|-----------------------|--|-------------|
|                         |  |                       | Committee<br>- Individual Patient Funding Request Panel<br>- WKN   |             |
| <b>19 November 2024</b> | Chair's Report<br><br>Managing Director's Report<br><br>Declarations of Interest<br><br>Minutes<br><br>Action Log<br><br>Forward Work Plan |                       | WHSSC Integrated Performance Report<br><br>Financial Performance Report<br><br>Financial Assurance Report<br><br>Corporate Governance Matters Report<br><br>Report from the Chair of the CTMUHB Audit & Risk Committee<br><br>Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated</li> </ul> |             |

| MEETING                | STANDING ITEMS   | FOR APPROVAL / ACTION | ROUTINE REPORTS  | INFORMATION |
|------------------------|--|-----------------------|--|-------------|
|                        |  |                       | Governance Committee<br>- Individual Patient Funding Request Panel<br>- WKN  |             |
| <b>21 January 2025</b> | Chair's Report<br><br>Managing Director's Report<br><br>Declarations of Interest<br><br>Minutes<br><br>Action Log<br><br>Forward Work Plan |                       | WHSSC Integrated Performance Report<br><br>Financial Performance Report<br><br>Financial Assurance Report<br><br>Corporate Governance Matters Report<br><br>Report from the Chair of the CTMUHB Audit & Risk Committee<br><br>Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> </ul> |             |

| MEETING              | STANDING ITEMS   | FOR APPROVAL / ACTION | ROUTINE REPORTS   | INFORMATION |
|----------------------|--|-----------------------|---|-------------|
|                      |  |                       | <ul style="list-style-type: none"> <li>- Integrated Governance Committee</li> <li>- Individual Patient Funding Request Panel</li> <li>- WKN</li> </ul>  |             |
| <b>18 March 2025</b> | Chair's Report<br><br>Managing Director's Report<br><br>Declarations of Interest<br><br>Minutes<br><br>Action Log<br><br>Forward Work Plan |                       | WHSSC Integrated Performance Report<br><br>Financial Performance Report<br><br>Financial Assurance Report<br><br>Corporate Governance Matters Report<br><br>Report from the Chair of the CTMUHB Audit & Risk Committee<br><br>Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient</li> </ul> |             |

| MEETING | STANDING ITEMS | FOR APPROVAL / ACTION | ROUTINE REPORTS  | INFORMATION |
|---------|----------------|-----------------------|--|-------------|
|         |                |                       | Safety Committee<br>- Integrated Governance Committee<br>- Individual Patient Funding Request Panel<br>- WKN |             |



**CTMUHB Audit and Risk Committee – Part 2**  
**Assurance Report**

|  |  |
|--|--|
| <b>Reporting Committee</b>   | <b>CTMUHB Audit and Risk Committee – Part 2</b>  |
| <b>Chaired by</b>  | <b>Patsy Roseblade, Chair of the Audit &amp; Risk Committee</b>  |
| <b>In attendance for WHSSC</b>   | <b>Steve Spill, WHSSC Independent Member – Audit &amp; Finance</b><br><b>James Leaves, Interim Director of Finance</b><br><b>Jacqui Maunder-Evans, Committee Secretary</b><br><b>Helen Tyler, Head of Corporate Governance</b> |
| <b>Date of Meeting</b>   | <b>24 October 2023</b>   |
| <b>Report Author</b>   | <b>Committee Secretary</b>   |
| <b>Summary of key matters considered by the Committee and any related decisions made</b>   |  |
| <p>The CTMUHB Audit &amp; Risk Committee (ARC) provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations. The Memorandum of Agreement states that the Audit Lead will provide reports to the Joint Committee following the Host Audit &amp; Risk Committee meetings. This assurance report sets out the key areas of discussion and decision.</p> <p><b>1. WHSSC Corporate Risk Assurance Framework (CRAF)</b><br/>Helen Tyler (HT) presented the Corporate Risk and Assurance Framework (CRAF). Members noted that:</p> <ul style="list-style-type: none"> <li>As at 30 September 2023, there were 22 risks on the CRAF with a risk score of 15 and above,</li> <li>There were 18 commissioning risks, which included three new commissioning risks; and</li> <li>There were 4 organisational risks.</li> </ul> <p>The Committee <b>noted</b> the report.</p> <p><b>2.WHSSC Internal and External Audit Recommendations Tracker</b><br/>James Leaves (JL) gave a progress report on the implementation of internal and external audit recommendations.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>the summary of internal audits undertaken during 2022-2023 and the assessment ratings,</li> </ul> |  |

- that two recommendations were outstanding in relation to the report on Risk Management, the due dates had been revised to March 2024 due to competing work pressures; and
- the progress made against the seven external audit recommendations outlined in the Audit Wales report “WHSSC Committee Governance Arrangements”.

Members noted that a full progress report on the Audit Wales recommendations will be presented to the Joint Committee in November 2023 and a further progress report will be shared with the NHS Wales Board Secretaries thereafter.

The Committee **noted** the report.

### **3.WHSSC Model Standing Orders**

Jacqui Maunder-Evans presented the revised WHSSC Model Standing Orders (SOs) and provided assurance that the model SOs and Standing Financial Instructions (SFIs) were presented to and approved by the WHSSC Joint Committee at its meeting on 19 September 2023. Members note that the documents had been sent to Health Boards (HBs) for inclusion as schedule 4.1 within the respective HB SO's.

The Committee **noted** the report.

### **4.WHSSC Welsh Kidney Network Internal Audit Report**

Emma Samways presented the final internal audit report following an internal audit assessment of the Welsh Kidney Network (WKN). Member noted that the report gave a substantial assurance assessment rating and that there were only minor recommendations to update terms of reference.

The Committee **noted** the report.

### **5.EASC Update (including an update on Non-Emergency Patient Transport Services and the Integrated Commissioning Action Plan)**

Gwenan Roberts (GR), Deputy Director Corporate and Committee Secretary, EASC gave an update on the EASC business including:

1. EASC Risk Register
2. EASC Performance Dashboard
3. Non-Emergency Patient Transport Services (NEPTS)
4. Integrated Commissioning Action Plans (ICAPs)
5. EASC Integrated Medium Term Plan (IMTP)
6. Investigation Welsh Language Commissioner
7. Emergency Medical Retrieval and Transfer Service (EMRTS) Review
8. National Commissioning Review

The Committee **noted** the report.

### **6. National Imaging Academy Risk Register**

Tracy Norris, National Imaging Academy (NIA) presented the NIA risk register.

The Committee **noted** the report.

**Matters referred to other Committees**

None

|                                       |                  |
|---------------------------------------|------------------|
| <b>Date of next scheduled meeting</b> | 19 December 2023 |
|---------------------------------------|------------------|



## CORE BRIEF TO MANAGEMENT GROUP MEMBERS

### MEETING HELD ON 28 September 2023

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

#### 1. Welcome and Introductions

The Chair welcomed members to the meeting noting that, following on from the COVID-19 pandemic, meetings continued to be held via MS Teams.

#### 2. Action Log

Members received an update on progress against the action log and **noted** the updates.

#### 3. Managing Director's Report

Members received the Managing Director's Report and noted the update and funding request on: **Deep Brain Stimulation (DBS) Services Bristol** – The Deep Brain Stimulation (DBS) service in Bristol has been identified as an emerging risk. A proposal for a WHSSC commissioned Specialised Movement Disorders Service for the South Wales population (which included DBS), was not included in the final scoring process during the WHSSC 2024-27 Clinical Impact Assessment Group (CIAG) and was delayed as the proposal had not been agreed through the WHSSC governance processes.

The CIAG supported the need to take urgent action to mitigate the immediate risks by means of the establishment of a fortnightly clinic with responsibility for regional education at the Neurosciences centre in Cardiff. The interim proposal will expand the south Wales gatekeeper role and commission a clinic to review patients, along with provision of regional education. Funding of £35,842 (FYE) was agreed to fund the Consultant time and a part-time service co-ordinator.

Members (1) **Noted** the report and (2) **Supported** the funding request for Deep Brain Stimulation Services Bristol.

#### 4. Type A Aortic Dissection – Single South Wales Provider

Members received a report providing an update on efforts to consolidate all emergency Type A aortic dissection cases into one South Wales centre, and to propose that this one centre should be identified via the WHSSC Designated Provider Framework, and that its clinicians should

develop the expertise required to provide the Frozen Elephant Trunk technique.

Members **(1) Noted** the report, **(2) Supported** Option C, which proposes that Type A Aortic Dissection surgical repairs are undertaken on one site only, to be identified via the WHSSC Designated Provider Framework, and that this site also develops the expertise required to provide the Frozen Elephant Trunk technique, facilitated by its clinicians receiving appropriate training from English providers.

## **5. Metastatic Spinal Cord Compression (MSCC) Coordinators Funding Release**

Members received a report requesting approval for the release of funding to recruit 2 x 1WTE Band 7 Metastatic Spinal Cord Compression (MSCC) Pathway Coordinators, and 1x 0.5WTE Administrative Officer to the South Wales Spinal Services Network, which is hosted by Swansea Bay University Health Board (SBUHB).

Members **(1) Noted** the report, **(2) Approved** the release of funding required to recruit 2x 1WTE Band 7 Metastatic Spinal Cord Compression (MSCC) Pathway Coordinators and 1x 0.5WTE Administrative Officer to the South Wales Spinal Services Network.

## **6. Non-prioritisation of BCUHB Schemes within the WHSSC Integrated Commissioning Plan (ICP) 2022/25**

Members received a report noting the delay in implementation of Betsi Cadwaladr UHB (BCUHB) schemes that had been agreed in the WHSSC ICP 2022-23 and to outline the issues and associated risks of not prioritising these schemes.

Members **(1) Noted** the report, **(2) Supported** the non-progression of the Integrated Commissioning Plan (ICP) schemes for the population of BCUHB for Stereotactic ablative radiotherapy (pending an application by BCUHB to be a designated provider), **(3) Supported** the non-progression of the Inherited Cardiac Conditions (ICC) scheme in 2023/24.

## **7. Sustainability of the South Wales Cleft Lip and Palate Service and Future Opportunities**

Members received a report noting the potential fragility of the South Wales Cleft Lip & Palate (CLP) service and noting the proposal to discuss with the commissioning team in the South West of England, opportunities for re-modelling the South Wales and South West CLP services for the benefit of both the populations of South Wales and the South West.

Members **(1) Noted** the report, **(2) Noted** the potential fragility of the South Wales Cleft Lip and Palate (CLP) service, **(3) Noted** the agreed next steps, to approach the South West of England Commissioners to discuss opportunities for re-modelling the South Wales and South West CLP.

## **8. Funding Release to Support Two New Kidney Dialysis Units in Bridgend and Port Talbot**

Members received a report requesting approval for the release of funding for staff to support the new dialysis units in Bridgend and Port Talbot due to open in summer 2024. The funding release will enable Swansea Bay University Health Board to start the recruitment process, training and induction in time for the units to open.

Members (1) **Approved** the funding release of £270,704 noting that the funding will not be released until staff are appointed and that the assessed requirement for 2023/24 will be a maximum of £14,000, (2) **Noted** that there is a provision of £285,000 FYE included in the WHSSC ICP for 2023/24, (3) **Noted** the information presented within the report and the appended business case.

## **9. Performance Activity Report for July 2023**

Members received a report providing a summary of the performance of WHSSC's commissioned services up to the end of July 2023. Further detail including splits by resident Health Board (HB) was provided in an accompanying Power BI Dashboard report.

Members **noted** the report.

## **10. Financial Performance Report - Month 5 2023-2024**

Members received the Financial Performance Report for Month 5, which sets out the financial position for WHSSC for the 5<sup>th</sup> month of 2023-2024.

The financial position was reported against the 2023-2024 baselines following approval of the 2023-26 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2023.

The year to date financial position reported at Month 5 for WHSSC was an overspend against the ICP financial plan of £4,891m and a forecast year-end overspend of £5.243m.

Members **noted** the current financial position and forecast year-end position.

## **11. Policy Group Report**

Members received a report providing an update on activity and output from the WHSSC Policy Group during the last quarter (1 April – 31 July 2023), and which gave an overview of all WHSSC policies and service specifications published during the current financial year, and the rationale for their development.

Members **noted** the report.

## **12. Forward Work Plan**

Members **noted** the forward work plan.

### 13. Any Other Business

- **Review of CIAG Schemes** – members highlighted the limited timescales for HBs to return risk assessments of the CIAG prioritisation schemes over the previous years to aid the development of the 2024/25 Integrated Commissioning Plan (ICP). It was noted that there would be opportunities to provide further feedback as these will be incorporated into the draft ICP which is due to be considered at the October 2023 MG and November 2023 JC meetings; and
- **Assistant Director of Evidence and Evaluation, WHSSC** – members noted that it was Andrew Champion's last meeting as he was taking up a new position as Director of the All Wales Therapeutics and Toxicology Centre (AWTTC). Members thanked Andy for his contribution to the Policy work and Prioritisation Process in WHSSC. Members wished him well in his new role.





## **CORE BRIEF TO MANAGEMENT GROUP MEMBERS**

### **MEETING HELD ON 26 OCTOBER 2023**

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

#### **1. Welcome and Introductions**

The Chair welcomed members to the meeting noting that, following on from the COVID-19 pandemic, meetings continued to be held via MS Teams.

#### **2. Action Log**

Members received an update on progress against the action log and **noted** the updates.

#### **3. Managing Director's Report**

Members received the Managing Director's Report and noted updates on:

- **Cochlear Implant and Bone Conduction Hearing Implant – Update** – The Designated Provider process has been initiated to implement the model agreed by the Joint Committee. A letter inviting Expressions of Interest to become the specialist auditory implant device hub with an outreach service was sent to all the Health Boards (HBs) in the South East Wales, South West Wales and South Powys region in July 2023. SBUHB confirmed that they wish to work in partnership with CVUHB to develop the outreach support model; however, they do not wish to deliver the Cochlear and Bone Conduction Hearing Implant service in totality. CVUHB submitted an Expression of Interest in becoming the specialist auditory implant device hub with an outreach service. The remaining elements of the Designated Provider process are in progress to ensure that there is assurance that the HB is able to meet the service criteria. Management Group will receive the results of the full process for scrutiny before a recommendation is made to the Joint Committee.
- **Mersey and West Lancashire Teaching Hospitals NHS Trust (MWLT), Plastics Outreach into BCUHB localities** – Further to the Management Group Plastic Surgery workshop in September 2022, a number of concerns were raised by clinical colleagues from Mersey and West Lancashire Teaching Trust (MWLTT), formerly known as St Helens and Knowsley, with regards to the model of outreach into Betsi Cadwaladr University Health Board (BCUHB). The concerns raised fell into the following categories; clinical, operational, contractual and strategic. The concerns are being addressed through the convening of a tripartite Plastic Surgery Task

and Finish group and via Welsh Government's BCUHB Special Measures escalation objectives.

- **Welsh Healthcare Financial Management Association (HFMA) Innovation, Digital & Data Award** - Congratulations were extended James Leaves, Interim Director of Finance, WHSSC and Sandy Tallon, Head of Information, WHSSC on winning the 'Innovation, Data and Digital' HFMA Wales Branch award in October 2023. James, Sandy and their teams have been working on the financial costs and effects of the new Cystic Fibrosis drug called 'Kaftrio'. WHSSC were instrumental in arranging for the drug to be prescribed to Welsh patients from the autumn of 2020. Digital Health and Care Wales (DHCW) data was used to analyse inpatient, outpatient and emergency attendances of the Kaftrio patient cohort, comparing information before and after their first prescription of the new drug.

Members **noted** the report.

## **5. First Draft of the Integrated Commissioning Plan (ICP) 2024-2025**

Members received a report presenting the draft Integrated Commissioning Plan (ICP) 2024-2025, for consideration prior to its journey through the Management Group, Joint Committee and ultimately to Welsh Government in early 2024.

Members **(1) Noted** the report; and **(2) Considered** the first draft Integrated Commissioning Plan (ICP) 2024-2025 (recognising the drafting notes throughout the document, and need for editing/cosmetics); and provide feedback on any additional considerations the Management Group may wish to make/include.

## **6. Risk Assessment to inform 2024-25 Integrated Commissioning Plan (ICP)**

Members received a report presenting the outcome of the triangulated risk assessment process requested by the Management Group on 24 August 2023 in order to support decision-making linked to the development of the Integrated Commissioning Plan (ICP) 2024-2025.

Members discussed the triangulated risk assessment process and it was agreed to hold a workshop to coincide with the MG meeting on 23 November 2023 to discuss further to support the ICP approval process.

Members **(1) Noted** the report; **(2) Noted** the triangulated risk assessment process and outcomes, **(3) Noted** the limited correlation across the 3 perspectives, **(4) Noted** and commented on the reflections of validity and rigor; and **(5) Agreed** to hold a Management Group workshop in order to increase analysis.

## **7. Thrombectomy Business Case**

This item was deferred.

## **8. Delivery and Assurance Commissioning Arrangements for Operational Delivery Networks**

Members received a report proposing revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODN's) commissioned by WHSSC and the respective services where they sit within WHSSC's remit.

Members **(1) Noted** the report, **(2) Approved** the revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODN's) commissioned by WHSSC and the respective services where they sit within WHSSC's remit; and **(3) Noted** new Terms of Reference will be prepared for the South Wales Trauma Network (SWTN) and the South Wales Spinal Network (SWSN) Delivery Assurance Groups (DAGs) for the Joint Committee to approve following discussion with Management Group.

## **9. Integrated Performance Report – August 2023**

Members received a report providing a summary of the performance of WHSSC commissioned services. Further detail by resident Health Board was provided in an accompanying Power Business Intelligence (BI) Dashboard report.

Members **noted** the report.

## **10. Financial Performance Report Month 6 2023-2024**

Members received a report setting out the financial position for WHSSC for the 6<sup>th</sup> month of 2023-2024. The financial position was reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan by the Joint Committee in February 2023.

Members noted the year to date financial position reported at Month 6 for WHSSC was an underspend against the ICP financial plan of (£5.171m), the forecast year-end position is an underspend of (£9.076m).

Members **noted** the report.

## **11. Policy Group Report**

Members received a report providing an update on activity and output from the WHSSC Policy Group during the period 01 April 2023 – 30 September 2023. It also includes an updated overview of all WHSSC policies and service specifications including those published during the current financial year together with the rationale for their development.

Members **noted** the report.

## **12. Forward Work Plan**

Members **noted** the forward work plan.

### 13. Any Other Business

- **Quality Concerns Deep Brain Stimulation Service, Neurosciences**
  - Members noted that quality concerns had been identified concerning the Deep Brain Stimulation Service being provided in Bristol. WHSSC has responsibility for commissioning the service for NHS Wales, although there is no formal contract in place and placements are considered and agreed through a pre-approval process. Approximately 15-20 patients are funded to attend per annum. WHSSC have written to the service provider to outline the concerns and to advise that we are seeking expression of interest for a new provider through the designated provider process.



|                                |  |
|--------------------------------|--|
| <b>Reporting Committee</b>     | <b>All Wales Individual Patient Funding Request (IPFR) Panel</b> |
| <b>Chaired by</b>              | <b>James Hehir- September /Richard Hain – October 2023</b>       |
| <b>Lead Executive Director</b> | <b>Director of Nursing and Quality Assurance</b>                 |
| <b>Date of last meeting</b>    | <b>WHSSC IPFR Panel meeting 19 October 2023</b>                  |

**Summary of key matters considered by the Committee and any related decisions made.**

The meeting on 07/09/2023 was quorate. However the meeting on 21/09/2023 was not quorate so could not proceed. Urgent cases were dealt with as Chair Actions and non-urgent carried over to the meeting on 05/10/2023.

The meeting on 05/10/2023 also did not go ahead as one member withdrew just as the meeting was due to start making it not quorate. Again the urgent requests were treated as Chair Actions and the non-urgent cases discussed on 19/10/2023.

The following table demonstrates the number of requests considered at the Chair's Action Panel meetings and All Wales IPFR Panel meetings during this reporting period.

|                  | <b>Number of Requests discussed as Chair's Actions</b> | <b>Number of Requests discussed by WHSSC IPFR Panel</b> |
|------------------|--|---|
| <b>September</b> | 9  | 5(07/09/2023)   |
| <b>October</b>   | 7  | 6 (19/10/2023)  |

**Key risks and issues/matters of concern and any mitigating actions**

**All Wales IPFR Policy Review**

Discussions were held with the Board Secretaries in October and a final version of the WHSSC IPFR Panel terms of reference (ToR) have now been agreed.

The final draft of the All-Wales Individual Patient Funding Panel (IPFR) Policy which includes the revised ToR of the All-Wales Panel will be presented to the WHSSC Joint Committee in November 2023 for approval.

It is anticipated that adoption of the new ToR will significantly reduce the occasions on which the Panel is not quorate.

### **Interim Chair of All Wales IPFR Panel**

Jim Hehir formally stepped down as the interim Chair on 30 September when his tenure as independent member of Cwm Taf Morgawwg University Health Board (UHB) ended. He has been thanked for his support and commitment during his time chairing the Panel meetings.

Dr Richard Hain, Chair of the Cardiff and Vale UHB (CAVUHB) IPFR Panel and CAVUHB representative on the WHSSC IPFR Panel, acted as interim Chair role for 2 meetings in October 2023 and Dr Ruth Alcolardo Deputy Chair also assisted with the consideration of urgent virtual email Chair Action decisions.

### **Recruitment update for All Wales IPFR Chair**

A successful candidate has been appointed to take on the role of the All-Wales Panel Chair.

Mrs Elizabeth Kathleen Abderrahim, will take up her role from 1 November 2023 for a period of up to 3 years. Elizabeth (Lizzie) is a qualified social worker, a non-practicing barrister and has a doctorate in linguistics. She is also a non-executive Director at Great Western Hospitals NHS Foundation Trust.

### **Quoracy / Change of meeting day**

The new Chair is unable to attend meetings on a Thursday due to other commitments. Therefore, Panel members are currently being canvased for an suitable alternative day to hold the bi-monthly meetings.

### **IPFR Application form**

Some issues have been raised regarding the completion of IPFR applications. These include difficulties with the e-form and the form not being considered fit for purpose for non-drug funding requests.

These issues have been highlighted to the Chair of the All Wales Therapeutics and Toxicology Centre (lead organisation for all Wales IPFR) and the IPFR network.

- None

### **Matters referred to other Committees**

- None

Confirmed Minutes for each of the meetings are available on request.

### **Date of next meeting**

### **To be confirmed**

|                                |  |
|--------------------------------|--|
| <b>Reporting Committee</b>     | <b>Integrated Governance Committee (IGC)</b> |
| <b>Chaired by</b>              | <b>WHSSC Chair</b>                           |
| <b>Lead Executive Director</b> | <b>Committee Secretary</b>                   |
| <b>Date of last meeting</b>    | <b>25 October 2023</b>                       |

**Summary of key matters considered by the Committee and any related decisions made.**

The Integrated Governance Committee (IGC) scrutinises evidence and information brought before it in relation to activities and potential risks, which impact on the services commissioned by the Welsh Health Specialised Services Committee (WHSSC) and provides assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across the organisation.

Meetings continue to be held via MS Teams.

**25 OCTOBER 2023**

**1.0 DELIVERY OF THE INTEGRATED COMMISSIONING PLAN (ICP) ICP 2023-2024 – QUARTER 2 UPDATE**

Members received an informative report providing an update on the Delivery of the ICP for Quarter 2. Members noted the following updates:

- The Quarter 2 report would be submitted to Welsh Government to meet their reporting requirements.
- A feedback letter confirming Welsh Government acceptance of the WHSSC ICP for 2023-2024 was received which recognised the continued development and maturing of integrated planning within WHSSC.
- Updates against the accountability conditions will be included in future ICP update reports.
- WHSSC have put forward a range of Financial Improvement Options and work was underway to comprehensively risk assess all of the uncommitted expenditure within the plans for 2022-23 and 2023-24. The process will triangulate WHSSC and Health Board assessments from a commissioner, provider and population perspective.
- The Quarter 2 report highlights which schemes have been paused pending the Joint Committee discussion in November 2023.
- The detailed work plan will be revised and the changes will be reported in future updates following the November 2023 JC discussion.

Members noted that in collaboration with BCUHB a paper had been taken to the September 2023 Management Group to review the North Wales schemes in the light of the Health Board's escalation status and management capacity, and as a result the Radiotherapy – designation process had been closed.

Discussions took place around the current economic climate and clarification was



provided around the different savings proposals which included WHSSC ICP savings plan developed as part of the approved ICP for 2023-2024, the additional 1% pathway savings and Welsh Government financial improvement requirements.

## **2.0 WELSH KIDNEY NETWORK UPDATE**

Members received an update on the WKN Governance Action Plan. Members noted that the action plan recommendations had been developed and agreed and have been monitored through the WKN Board. The Action Plan was last presented at the WKN Board on 3<sup>rd</sup> October 2023 and all actions have now been completed.

Members noted the substantial assurance rating following the recent Internal Audit Review of the governance arrangements of the WKN. Internal audit commented that the Network had robust governance arrangements in place which complement the wider WHSSC governance framework.

Members received a verbal update on the WKN work programme for the next 12 months which detailed the three priority development areas for the Network based on considered discussions at the WKN Board meetings. These include (1) an increased focus on strategy and planning to support the prevention of kidney disease, (2) Secondary Care for Chronic Kidney Disease (CKD) with the aim to avoid patients developing chronic kidney disease and requiring dialysis, and (3) to be a source of advice and guidance, in particular for CKD prevention and management of acute kidney injury.

## **3.0 CORPORATE RISK ASSURANCE FRAMEWORK (CRAF)**

Members received a report outlining WHSSC's current risks scoring 15 or above on the commissioning teams and directorate risk registers. Members noted the updates in red.

As at September 2023 there were currently 22 open risks on the CRAF - 18 commissioning risks and 4 organisational risks.

An update against Risk 38 – Wales Fertility Institute and Risk 54 CAHMS Environment and Workforce was provided.

2 new Women & Children Commissioning risks have recently been added to the CRAF:

- 55 Neonatal workforce,
- 56 Neonatal Infection Control.

These risks were also summarized in detail in the summary of services in Escalation report.

Members were made aware of the concerns raised at the WHSSC QPSC meeting. An update on the escalation process was provided and it was agreed that Paediatric Intensive Care, Paediatric Surgery and Neonatal Intensive Care would

be brought into a single Escalation process. The Chair expressed her disappointment that WHSSC have not managed to progress work in this latter area and the issues remain unresolved but it was important that these issues continued to be highlighted by QPSC. Members noted that a workshop on paediatrics is planned to be held for JC members in November.

#### **4.0 SUMMARY OF SERVICES IN ESCALATION**

The updated report template presenting a summary of the services in escalation (as reported within the Programme Reports) was received. The report is helpful in demonstrating the level of escalation and progress made during the period of time the escalation status is open. It provides a greater level of detail for IMs, with updates shown in red for completeness.

The services currently in escalation include:

- Burns SBUHB, Cancer and Blood,
- Paediatric Surgery CVUHB, Women and Children,
- Paediatric Intensive Care, Women and Children,
- Neonatal Intensive Care Unit WVUHB, Women and Children; and
- Wales Fertility unit, Women and Children

Members noted that two Paediatric services were escalated to level three during the last reporting period.

Members noted that the report and the services were discussed in detail in QPSC on 23 October 2023.

#### **5.0 CORPORATE GOVERNANCE REPORT**

Members noted updates on the following:

##### **Individual Patient Funding Request (IPFR) Panel Governance and Process for Recruitment**

It was confirmed an IPFR chair had been appointed, Elizabeth Abderrahim, with the start date of 1 November 2023 and the term is for three years but subject to annual review.

##### **WHSSC Internal and External Audit Tracker**

WHSSC actions were complete. There were currently 2 outstanding recommendations for Welsh Government, which have been deferred to Quarter 4 as clarification from Welsh Government on the narrative is awaited.

##### **WHSSC Governance and Accountability Framework**

The updated SOs were presented to the JC on 19 September 2023 for approval. The main changes related to reflecting the provisions of the Health and Social Care (Quality and Engagement) Act 2020 including:

- a) Introduction of the duty of quality and duty of candour; and
- b) Changes linked to the establishment of Llais and the dissolution of the

Community Health Councils (CHC's) and the Board of Community Health Councils.

The updated SOs were sent to Health Boards following JC approval and an update was also provided to CTMUHB ARC for assurance during the meeting on 24 October 2023.

### **Annual Report 2022-2023**

It was noted the Annual Report would be presented to JC in November 2023 for ratification.

### **Forward Work Plan**

The IGC Forward Work plan was noted.

## **6.0 ANY OTHER BUSINESS**

There was no other business to discuss.

### **Key risks and issues/matters of concern and any mitigating actions**

As identified above in relation to Paediatric and Neo-natal services and the number of services in escalation and increasing number of risks on the CRAF within the Women & Children portfolio; likewise the fertility service.

### **Matters requiring Joint Committee level consideration and/or approval**

The WHSSC Annual Report 2022-2023

### **Matters referred to other Committees**

None

The confirmed Minutes for IGC meetings are available on request

### **Date of next meeting**

14 February 2024

|  |  |
|--|--|
| <b>Reporting Committee</b>   | <b>Quality Patient Safety Committee (QPSC)</b> |
| <b>Chaired by</b>  | <b>Carolyn Donoghue</b>                        |
| <b>Lead Executive Director</b>   | <b>Director of Nursing &amp; Quality</b>       |
| <b>Date of Meeting</b>   | <b>23<sup>rd</sup> October 2023</b>            |
| <b>Summary of key matters considered by the Committee and any related decisions made</b>   |  |
| <p>As the morning had been taken up with the Quality Patient Safety Development Day there was no presentation or Patient Story at this meeting. The Chair welcomed two new members to the committee representing Cardiff &amp; Vale University Health Board and the Deputy Regional Director for Llais.</p> <p><b>1.0 COMMISSIONING TEAM AND NETWORK UPDATES</b></p> <p>Members received a report outlining the current Quality and Patient Safety issues within the services that are commissioned by the Welsh Kidney Network (WKN) across Wales.</p> <p>Reports from each of the Commissioning Teams were received and taken by exception. Members noted the information presented in the reports and a summary of the services in escalation is attached to this report. The key points for each service are summarised below and updates regarding services in escalation are attached in the tables at the end of the report.</p> <ul style="list-style-type: none"> <li>• <b>Cancer &amp; Blood</b></li> </ul> <p>It was noted that no new risks for the portfolio had been added to the Risk Register since the last report.</p> <ul style="list-style-type: none"> <li>• Members noted the improved traction on the performance issues within the All Wales Lymphoma Panel (AWLP) service and following the submission of a final report by the service, it is likely a recommendation will be made to reduce the level of escalation level by the next meeting.</li> <li>• The Harm Review being undertaken on the North Wales (NW) plastics service remains outstanding. No timescales for completion were presented to the committee and members asked for further clarity.</li> <li>• Whilst the Burns South Wales (SW) remains in Escalation Level 3 the capital case has been approved by Welsh Government and it is anticipated that the interim staffing arrangements can be sustained until the new build is complete.</li> <li>• A Neuro Endocrine Tumour Stakeholder meeting was organised by Cardiff &amp; Vale University health Board on the 17<sup>th</sup> October 2023.</li> </ul> |  |

- **Neurosciences**

Members noted that one new risk scoring above 15, relating to staffing levels within Neuro-rehabilitation at CVUHB, had been added since the last report was received. The committee was informed that due to quality issues with current provider commencement of Designated Provider process for the South Wales Deep Brain Simulation (DBS) service has been initiated. A letter has been sent to Llais informing them of the position.

- **Cardiac**

No new risks for the Cardiac portfolio had been added to the Risk Register since the last report. Members noted the updates against the two services, which currently remained in escalation at level 2.

- **Women & Children**

Members were concerned that there were five service areas with risks scoring 15 and above and that two new risks scoring above 15, both relating to Neonatal at CVUHB, had been added since the last report was received.

There are five service areas with high risks and in Escalation Level 3 are noted as follows and further detail and actions can be found in the summary of services in escalation, which is attached to the report.

- Paediatric Intensive Care (CVUHB)
- Paediatric Surgery (CVUHB)
- Neonatal Intensive Care (CVUHB)
- Paediatric Cardiac Surgery (UHB NHSFT)
- Wales Fertility Institute (WFI) (SBUHB)

The committee were informed that an extraordinary Exec to Exec meeting with CVUHB was due to take place later that day to consider the areas of concern and agree a way forward. It has been proposed that all three will be brought into a single Escalation process with joint Exec Leads to provide additional support. It was also noted that Paediatric Surgery is not meeting contract volumes but ministerial measures are being met. A recommendation will be considered at the November Joint Committee for the escalation objectives to remain that Paediatric Surgery achieves contract volumes.

It was noted that the SBUHB assurance report was not submitted to HFEA on time. A further WHSSC escalation meeting is scheduled for the 27<sup>th</sup> October 2023, and the worst case scenario will be to source a new provider.

- **Mental Health & Vulnerable Groups**

One new risk has been added to the risk register regarding the magna security locks in the North Wales CAMHS unit. Assurance was received that this was being closely monitored and a meeting with the provider had identified the need for a capital bid to fund the necessary remedial works. A number of incidents had

been reported to WHSSC following that meeting and it was agreed that these would be further escalated to the BCUHB DoN for urgent consideration.

Members received an update regarding progress on the development of a Children and Young People's Gender Identity Service led through the NHS England transformation programme.

Members noted that there are a number of safeguarding concerns at an NHSE Eating Disorder provider and these have been escalated to NHSE for discussion and investigation. The relevant safeguarding teams are aware and the care coordinators from the Health Boards have been asked to review the individual patients. A more detailed report was to be received at the next meeting.

The new Eating Disorder unit in Tŷ Glyn Ebwy Hospital, Hillside, Ebbw Vale is due to be opened by the Deputy Minister for Health on the 9<sup>th</sup> November 2023. This will allow for repatriation of out of area placements and reduce the risk identified with one of the current independent providers.

- **Intestinal Failure (IF) – Home Parenteral Nutrition**

Members received an update of the quality issues for services relating to the Intestinal Failure Commissioning Team Portfolio and noted that no new risks for the portfolio had been added to the Risk Register since the last report.

## **2.0 OTHER REPORTS RECEIVED**

Members received reports on the following:

- **Services in Escalation Summary**

A copy of each of the services in escalation is attached to the report at **Appendix 1**

- **CRAF Risk Assurance Framework**
- **Care Quality Commission (CQC)/ Health Inspectorate Wales (HIW) Summary Update**
- **Incident and Concerns Report**
- **Report from the WHSSC Policy Group.**

## **3.0 ITEMS FOR INFORMATION:**

Members received a number of documents for information only:

- Chair's Report and Escalation Summary to Joint Committee September 2023
- Welsh Health Circular: Speaking up Safely Framework
- QPSC Distribution List; and
- QPSC Forward Work Plan.

## **4.0 ANY OTHER BUSINESS**

It was noted that there had been a Development Day for QPS members and Quality Leads from the Health Boards that morning. The theme of the session

|  |                        |
|--|------------------------|
| <p>was to consider the impact of the Duty of Quality Act in terms of future reporting and monitoring of commissioned services. It had been well attended and a report will be presented at the next meeting.</p>   |                        |
| <p><b>Key risks and issues/matters of concern and any mitigating actions</b></p> <p>Key risks are highlighted in the narrative above. Members expressed concerns regarding the number of services that were in escalation in the Women &amp; Childrens portfolio and asked that these were escalated for the attention of the Joint Committee.</p> |                        |
| <p><b>Summary of services in Escalation</b></p> <ul style="list-style-type: none"> <li>Attached (<b><i>Appendix 1</i></b>)</li> </ul>  |                        |
| <p><b>Matters requiring Committee level consideration and/or approval</b></p> <ul style="list-style-type: none"> <li>None</li> </ul>   |                        |
| <p><b>Matters referred to other Committees</b></p> <p>As above.</p>  |                        |
| <p>Confirmed minutes for the meeting are available upon request</p>  |                        |
| <p><b>Date of Next Scheduled Meeting</b></p>   | <p>5 December 2023</p> |



**Executive Director Lead: Nicola Johnson**  
**Commissioning Lead: Luke Archard**  
**Commissioning Team: Cancer and Blood**

**Date of Escalation Meetings: 27/09/22, 01/12/2022, 03/03/2023, 03/05/2023**  
**Date Last Reviewed by Quality & Patient Safety Committee: 16/08/23**

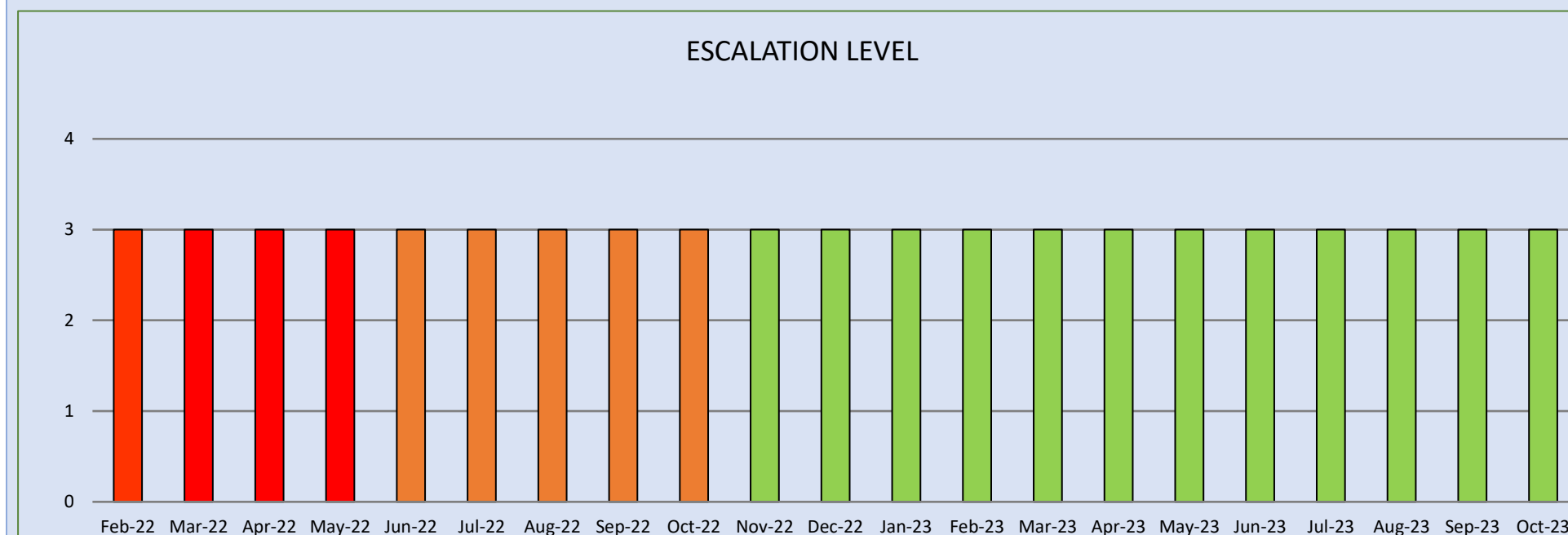
## Service in Escalation: Burns

**Current  
Escalation Level  
3**

### Escalation Trend Level

| Trend | Rationale                   | Current Trend Level |
|-------|-----------------------------|---------------------|
| ↓     | Escalation level lowered    | ↔<br>October 2023   |
| ↔     | Escalation remains the same |                     |
| ↑     | Escalation level escalated  |                     |

### Escalation Trajectory:



### Escalation History:

| Date  | Escalation Level |
|---|------------------|
| November 2021 – South West Burns Network escalation | 4                |
| February 2022 – WHSSC escalation                    | 3                |
| August 2022 – WHSSC escalation                      | 3                |
| September 2022 – WHSSC escalation                   | 3                |
| December 2022 – WHSSC escalation                    | 3                |

### Rationale for Escalation Status :

Remains at level 3.

The current timeline for completion of the capital works to enable relocation of burns ITU to general ITU at Morriston Hospital is the end of 2023.

The capital case may be delayed to the initial intended timeline as the case goes through the scrutiny process.

### Background Information:

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.

### Actions:

| Action   | Lead                | Action Due Date | Completion Date |
|--|---------------------|-----------------|-----------------|
| To escalate and liaise with SBUHB at CEO and MD level with regard to the immediate actions needed to provide continued access to burns care for patients in Wales and the Network.     | MD/ CEO             |                 | Completed       |
| To work with NHS England south west commissioners and the SWW Burns Network to support clear pathways and ensure continued access to burns care for patients in Wales and the Network. | MD/Exec Lead WHSSC  |                 | Completed       |
| To monitor the SBUHB action plan through formal escalation meetings.   | MD/ Exec Lead WHSSC |                 | Ongoing         |
| The peer review report was received by WHSSC and discussed at the Burns Network meeting on the 16 <sup>th</sup> December 21. The interim mitigations are still in place at present.    | Senior Planner      |                 | Completed       |

## Appendix 1

|   |   |  |         |           |
|---|---|--|---------|-----------|
|   | SBUHB are to provide a plan based on the recent peer review by the end of January 22.   | Senior Planner   |         | Completed |
|   | A series of monitoring meetings are being put in place and LA to ask SBUHB if they are confident as to whether 2 beds meets their requirements. The unit has reopened with reduced capacity, i.e. 2 ITU beds instead of 3. Full capacity will return in the longer term. WHSSC has responsibility for monitoring implementation rather than the burns network. It was agreed that the risk score could be reduced to 9 (3 x 3) and considered for further reduction when assurance as to whether the service considered the reduced capacity to be sufficient for their needs.  | Senior Planner<br>WHSSC/<br>Service Manager<br>SBUHB                   |         | Completed |
|   | Interim arrangements to sustain burns service are in place while the business case is developed to collocate burns intensive care with the general intensive care unit. Interim arrangements appear to have taken effect. Risk may be reduced once escalation meetings can be confirmed.  | Senior<br>Manager/<br>Senior<br>Planner<br>WHSSC                       | Ongoing | Completed |
|   | WHSSC to look at the business continuity plan in the event of potential loss of staff.  | Senior<br>Planner<br>WHSSC   | Ongoing | Completed |
|   | Since the last escalation meeting, there has been a degree of delay relating to the process of Welsh Government scrutiny of the case which went to their Investment in Infrastructure Board on 22 <sup>nd</sup> June; it had been hoped that the works would commence in May. There may, therefore, be a 2 month or so departure from original timelines. At the SLA with Swansea on 5 <sup>th</sup> June, it was confirmed that this message had been conveyed to the staff supporting the interim rota arrangements (one of the concerns has been to ensure the resilience of this rota which in turn is felt to depend in part on there being demonstrable progress with the business case so they can see the finish line). | Senior Team<br>SBUHB/WHSSC<br>Med Director/<br>Senior Planner<br>WHSSC | Ongoing | Completed |
|   | The capital case has now been approved by Welsh Government. The level of escalation will therefore be reviewed further to the next escalation meeting which is scheduled for November. It is anticipated that the interim staffing arrangements can be sustained until the new build is complete.   | Senior Team<br>SBUHB/WHSSC<br>Med Director/<br>Senior Planner<br>WHSSC | Ongoing |           |
| <b>Issues/Risks:</b> <ul style="list-style-type: none"> <li>July 2023 The Welsh Government Infrastructure Investment Board considered the burns case on June 22<sup>nd</sup> the outcome is not confirmed as yet.</li> <li>October 2023: the capital case has been approved by Welsh Government. Timeline tbc.</li> </ul> |   |  |         |           |

# Service in Escalation: Paediatric Surgery

**Executive Director Lead: Nicola Johnson**  
**Commissioning Lead: Kimberley Meringolo**  
**Commissioning Team: Women and Children**

**Date of Escalation Meetings: 26/04/23, 23/05/23, 20/06/2023, 26/07/23, 12/09/23 & 10/10/23**

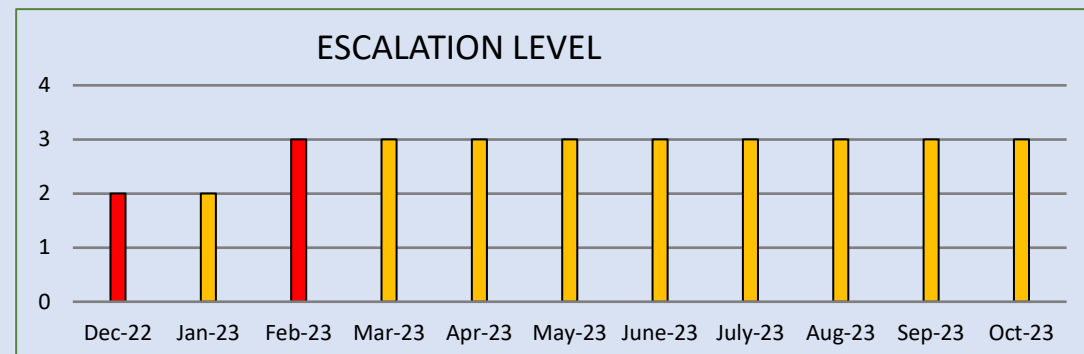
**Date Last Reviewed by Quality & Patient Safety Committee: 16/08/23**

**Current Escalation Level**  
**3**

## Escalation Trend Level

| Trend | Rationale                   | Current Trend Level |
|-------|-----------------------------|---------------------|
| ↓     | Escalation level lowered    | ↔<br>October 2023   |
| ↔     | Escalation remains the same |                     |
| ↑     | Escalation level escalated  |                     |

### Escalation Trajectory:



### Escalation History:

| Date                          | Escalation Level |
|-------------------------------|------------------|
| March 2023 – WHSSC escalation | 3                |

### Rationale for Escalation Status :

As a result of the service failing to engage fully with WHSSC regarding the weekly submission of contract delivery and waiting time profiles, it was agreed that the C&VUHB Paediatric Surgery service should be further escalated from Level 1 to Level 3 of the WHSSC Escalation Framework.

### Background Information:

There is a risk that Paediatric patients waiting for surgery in the Children's Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.

- Original recovery plan trajectories have reflected a nominal improvement on the waiting list position, and clarity is required on zero waits > 104 weeks,
- The original plan did not deliver contracted volume,
- Timely assurance on delivery against the baseline for future recovery, via weekly reports, as opposed to monthly reporting suggested by the UHB.

### WHSSC assurance and confidence level in developments:

**Medium** – Action plan developed and positive progress made in designing a number of new pilot schemes and securing additional capacity, some delays in implementation. **The current financial pressures and savings plans requested by WG have resulted in the Health Board re-profiling the trajectories and unlikely to meet contract volumes for the remainder of the financial year.**

### Actions:

| Action  | WHSSC Lead                         | Action Due Date | Completion Date    |
|---|------------------------------------|-----------------|--------------------|
| Monthly escalation meetings with CVUHB to review progress against the improvement plan.   | Senior Planning Manager            | Monthly         |                    |
| Action plan to be monitored through the monthly escalation meetings and when data shows improvement consideration will be given to de-escalation. | Senior Planning Manager            | Monthly         |                    |
| Requested revised trajectories to be issued to WHSSC by the end of June 2023.   | Senior Planning Manager            | 30 June 2023    | Completed 20/06/23 |
| Further reprofiling of waiting times being undertaken by the HB in line with meeting contract volumes by December 2023.                           | Senior Planning Manager            | August 2023     | Completed 06/10/23 |
| Special Executive to Executive meeting scheduled with provider.   | Director of Planning & Performance | 23 October 2023 |                    |

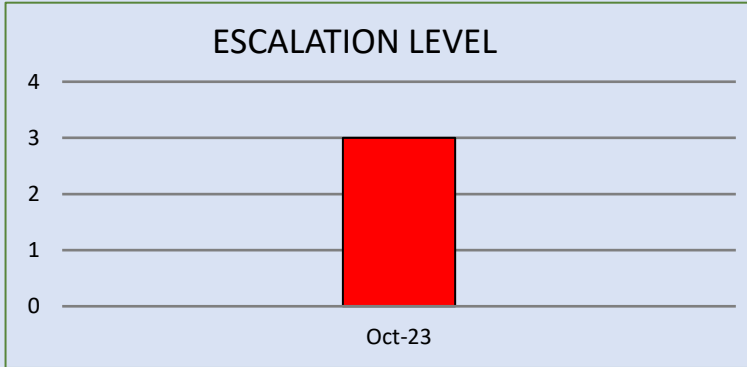
### Issues/Risks:

April 2023 – Action plan presented by HB and actions agreed to progress in time for next meeting.

May 2023 – a number of actions within the action plan are in progress, action at meeting to update trajectories in time for the July meeting in order to allow measurement of improvement.

## Appendix 1

| <div>Executive Director Lead: Nicola Johnson</div> <div>Commissioning Lead: Kimberley Meringolo</div> <div>Commissioning Team: Women and Children</div> <div>Date of Escalation Meetings:</div> <div>Date Last Reviewed by Quality &amp; Patient Safety Committee:</div> <div>New Service in Escalation</div>  |                             | <div>Service in Escalation: Paediatric Intensive Care</div> <div>Current Escalation Level 3</div>   |                 | <div>Escalation Trend Level</div> <table><tr><th>Trend</th><th>Rationale</th><th>Current Trend Level</th></tr><tr><td>↓</td><td>Escalation level lowered</td><td rowspan="3">↑<br/>October 2023</td></tr><tr><td>↔</td><td>Escalation remains the same</td></tr><tr><td>↑</td><td>Escalation level escalated</td></tr></table> <div>Escalation History:</div> <table><tr><th>Date</th><th>Escalation Level</th></tr><tr><td></td><td></td></tr></table> <div>Rationale for Escalation Status :<br/>Following concerns regarding bed availability due to workforce shortages, refusal rates and pressure sore incidents the service was escalated to level 2. There was limited progress over a 3 month period against the objectives therefore the decision was taken to further escalate to level 3.</div> |                  | Trend      | Rationale       | Current Trend Level | ↓  | Escalation level lowered | ↑<br>October 2023 | ↔      | Escalation remains the same  | ↑                       | Escalation level escalated | Date   | Escalation Level   |                         |                 |  |  |                      |                 |  |
|--|-----------------------------|---|-----------------|---|------------------|------------|-----------------|---------------------|--|--------------------------|-------------------|--------|--|-------------------------|----------------------------|--------|--|-------------------------|-----------------|--|--|----------------------|-----------------|--|
| Trend  | Rationale                   | Current Trend Level   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| ↓  | Escalation level lowered    | ↑<br>October 2023   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| ↔  | Escalation remains the same |   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| ↑  | Escalation level escalated  |   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| Date   | Escalation Level            |   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
|  |                             |   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| <div>Escalation Trajectory:</div> <div><div>ESCALATION LEVEL</div><table><thead><tr><th>Month</th><th>Escalation Level</th></tr></thead><tbody><tr><td>Apr-23</td><td>2</td></tr><tr><td>May-23</td><td>2</td></tr><tr><td>Jun-23</td><td>2</td></tr><tr><td>Jul-23</td><td>2</td></tr><tr><td>Aug-23</td><td>3</td></tr><tr><td>Sep-23</td><td>3</td></tr><tr><td>Oct-23</td><td>3</td></tr></tbody></table></div>  |                             |   |                 | Month   | Escalation Level | Apr-23     | 2               | May-23              | 2  | Jun-23                   | 2                 | Jul-23 | 2  | Aug-23                  | 3                          | Sep-23 | 3  | Oct-23                  | 3               |  |  |                      |                 |  |
| Month  | Escalation Level            |   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| Apr-23   | 2                           |   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| May-23   | 2                           |   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| Jun-23   | 2                           |   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| Jul-23   | 2                           |   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| Aug-23   | 3                           |   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| Sep-23   | 3                           |   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| Oct-23   | 3                           |   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| <div>Background Information:</div> <div>There is a risk that a Paediatric intensive care bed, in the Children’s Hospital for Wales, will not be available when 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 is not available or the patient being transferred out of Wales. The availability of a bed and staffing constraints have been brought to the attention of WHSSC through various routes including HiW and the daily SITREP.</div> <div>WHSSC assurance and confidence level in developments:</div> <div>Low – HB have submitted draft action plan, a final version has been requested. The escalation is predominantly linked to workforce and the lead in time for mitigations is medium term, in particular the recruitment of International Nurses. New streamliners have begun in the HB and although supernumerary at present and will not directly fill PIC vacancies it will support the wider workforce challenges across the Children’s Hospital.</div> |                             | <div>Actions:</div> <table><tr><th>Action</th><th>WHSSC Lead</th><th>Action Due Date</th><th>Completion Date</th></tr><tr><td>Requested demand and capacity plan from HB to develop sustainable contracting framework for PIC and HD</td><td>Senior Planning Manager</td><td>31 October 2023</td><td></td></tr><tr><td>Requested action plan to be developed against the escalation objectives.</td><td>Senior Planning Manager</td><td>31 October 2023</td><td></td></tr><tr><td>Requested sight of the Pressure Sore report presented to the HB Quality and Patients Safety Committee.</td><td>Senior Planning Manager</td><td>31 October 2023</td><td></td></tr><tr><td>Special Executive to Executive meeting scheduled with provider</td><td>Director of Planning</td><td>23 October 2023</td><td></td></tr></table> |                 |   | Action           | WHSSC Lead | Action Due Date | Completion Date     | Requested demand and capacity plan from HB to develop sustainable contracting framework for PIC and HD | Senior Planning Manager  | 31 October 2023   |        | Requested action plan to be developed against the escalation objectives. | Senior Planning Manager | 31 October 2023            |        | Requested sight of the Pressure Sore report presented to the HB Quality and Patients Safety Committee. | Senior Planning Manager | 31 October 2023 |  | Special Executive to Executive meeting scheduled with provider | Director of Planning | 23 October 2023 |  |
| Action   | WHSSC Lead                  | Action Due Date   | Completion Date |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| Requested demand and capacity plan from HB to develop sustainable contracting framework for PIC and HD   | Senior Planning Manager     | 31 October 2023   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| Requested action plan to be developed against the escalation objectives.   | Senior Planning Manager     | 31 October 2023   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| Requested sight of the Pressure Sore report presented to the HB Quality and Patients Safety Committee.   | Senior Planning Manager     | 31 October 2023   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| Special Executive to Executive meeting scheduled with provider   | Director of Planning        | 23 October 2023   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |
| <div>Issues/Risks:</div>   |                             |   |                 |   |                  |            |                 |                     |  |                          |                   |        |  |                         |                            |        |  |                         |                 |  |  |                      |                 |  |

| Executive Director Lead: Nicola Johnson<br>Commissioning Lead: Kimberley Meringolo<br>Commissioning Team: Women and Children  |                             | Service in Escalation:<br>Neonatal Intensive Care Unit   |                  | Escalation Trend Level   |                  |                 |                     |  |                          |                   |   |                             |
|---|-----------------------------|--|------------------|--|------------------|-----------------|---------------------|--|--------------------------|-------------------|---|-----------------------------|
| Date of Escalation Meetings:<br>Date Last Reviewed by Quality & Patient Safety Committee:<br>New Service in Escalation  |                             |  |                  | <table><tr><th>Trend</th><th>Rationale</th><th>Current Trend Level</th></tr><tr><td>↓</td><td>Escalation level lowered</td><td rowspan="3">↑<br/>October 2023</td></tr><tr><td>↔</td><td>Escalation remains the same</td></tr><tr><td>↑</td><td>Escalation level escalated</td></tr></table> | Trend            | Rationale       | Current Trend Level | ↓  | Escalation level lowered | ↑<br>October 2023 | ↔ | Escalation remains the same |
| Trend   | Rationale                   | Current Trend Level  |                  |  |                  |                 |                     |  |                          |                   |   |                             |
| ↓   | Escalation level lowered    | ↑<br>October 2023  |                  |  |                  |                 |                     |  |                          |                   |   |                             |
| ↔   | Escalation remains the same |  |                  |  |                  |                 |                     |  |                          |                   |   |                             |
| ↑   | Escalation level escalated  |  |                  |  |                  |                 |                     |  |                          |                   |   |                             |
| Escalation Trajectory:  |                             | Escalation History:  |                  |  |                  |                 |                     |  |                          |                   |   |                             |
| <div>ESCALATION LEVEL</div>   |                             | <table><tr><th>Date</th><th>Escalation Level</th></tr><tr><td>September 2023</td><td>3</td></tr></table> |                  | Date   | Escalation Level | September 2023  | 3                   | Rationale for Escalation Status :<br><br>High levels of cot closures reported across all three levels of care, blood stream infection rates and progress implementing the new cot configuration. |                          |                   |   |                             |
|   |                             | Date   | Escalation Level |  |                  |                 |                     |  |                          |                   |   |                             |
| September 2023  | 3                           |  |                  |  |                  |                 |                     |  |                          |                   |   |                             |
|   |                             |  |                  |  |                  |                 |                     |  |                          |                   |   |                             |
| Background Information:   |                             | Actions:   |                  |  |                  |                 |                     |  |                          |                   |   |                             |
| There are currently two risks on the CRAF relating to Neonatal services at Cardiff and Vale UHB, lack of cot availability due to workforce and the service being a negative outlier status for blood stream infections, on the National Neonatal Audit Programme (NNAP). Limited progress has also been made against implementing the workforce required to support the cot configuration.<br><br>WHSSC assurance and confidence level in developments:<br><br>The service were only notified of escalation in late September therefore at the time of writing the report the objectives have not yet been set. |                             | Action   |                  | WHSSC Lead   | Action Due Date  | Completion Date |                     |  |                          |                   |   |                             |
|   |                             | Develop agreed objectives for escalation   |                  | Planning Manager   | 31 October 2023  |                 |                     |  |                          |                   |   |                             |
|   |                             | Health Board to develop detailed action plan against the agreed objectives                               |                  | Planning Manager   | 14 November 2023 |                 |                     |  |                          |                   |   |                             |
|   |                             | Special Executive to Executive meeting scheduled with provider   |                  | Director of Planning   | 23 October 2023  |                 |                     |  |                          |                   |   |                             |
|   |                             |  |                  |  |                  |                 |                     |  |                          |                   |   |                             |
| Issues/Risks:   |                             |  |                  |  |                  |                 |                     |  |                          |                   |   |                             |

Executive Director Lead: Iolo Doull  
Commissioning Lead: Dominique Gray-Williams  
Commissioning Team: Women and Children

## Service in Escalation: Wales Fertility Institute

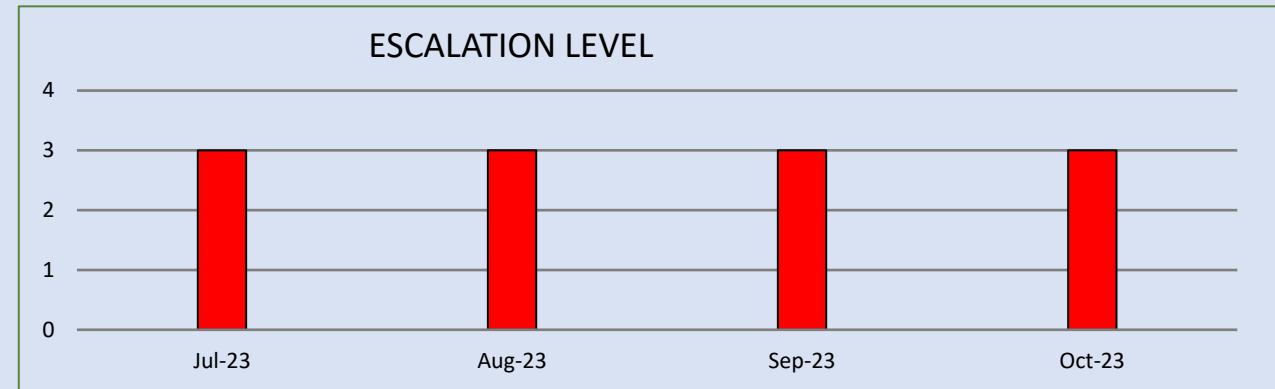
Date of Escalation Meetings: 07/08/23  
Date Last Reviewed by Quality & Patient Safety Committee:  
16/08/23

**Current  
Escalation Level  
3**

### Escalation Trend Level

| Trend | Rationale                   | Current Trend Level |
|-------|-----------------------------|---------------------|
| ↓     | Escalation level lowered    | ↔<br>October 2023   |
| ↔     | Escalation remains the same |                     |
| ↑     | Escalation level escalated  |                     |

### Escalation Trajectory:



### Escalation History:

| Date                         | Escalation Level |
|------------------------------|------------------|
| July 2023 – WHSSC escalation | 3                |

### Rationale for Escalation Status :

Concerns from a number of routes with regards to the service including the WHSSC contract monitoring data submission; adherence to WHSSC policies and HFEA performance outcomes below National average.

### Background Information:

A number of concerns regarding the safety and quality of service had been raised through different routes, including HFEA re-inspection report January 2023, WHSSC quality and assurance meetings and WFI IPFR requests regarding Wales Fertility Institute leading to the escalation of the service.

There is a risk the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital is not providing a safe and effective service due to 7 major concerns identified during a relicensing inspection by HFEA in January 2023. 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.

### WHSSC assurance and confidence level in developments:

Medium – The Health Board have instigated regular Gold Command and operational service improvement meeting with positive progress made in addressing HFEA concerns. The Action plan has been agreed and progress has been made with regards to WHSSC data submissions, however, the service need to ensure time is given both internally and to WHSSC to allow for review and consideration of documentation. The service are due to submit a progress report to the HFEA by the 18<sup>th</sup> October. HFEA re-inspection is due to take place in January 2024.

### Actions:

| Action  | Lead   | Action Due Date                 | Completion Date                 |
|---|--|---------------------------------|---------------------------------|
| Initial escalation planning meeting Exec to Exec  | Assistant Specialised Planner                  | 7 <sup>th</sup> August 2023     | 7 <sup>th</sup> August 2023     |
| Monthly escalation meeting to review progress against Action Plan<br>Escalation meeting 19 <sup>th</sup> September 2023 | Assistant Specialised Planner                  | Monthly                         | Ongoing                         |
| Quality visit   | Assistant Specialised Planner                  | 14 <sup>th</sup> November 2023  |                                 |
| SMART Action plan from WFI, action plan has been requested in order that it can be agreed with WHSSC colleagues         | Assistant Specialised Planner/ Service Manager | 7 <sup>th</sup> August 2023     | 7 <sup>th</sup> August 2023     |
| SMART Action plan reviewed and agreed   | Service Manager                                | 19 <sup>th</sup> September 2023 | 19 <sup>th</sup> September 2023 |

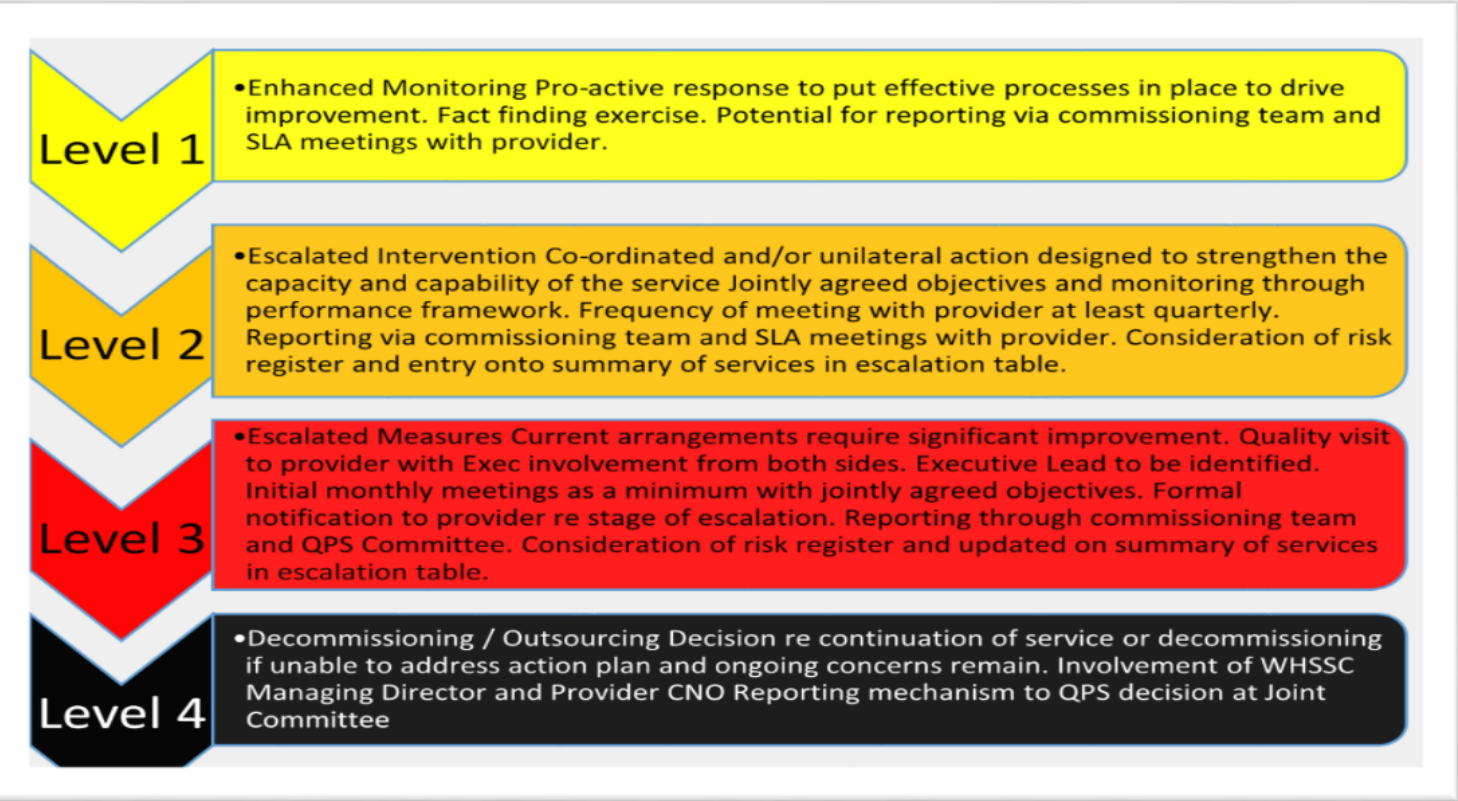
**Issues/Risks:** There is a risk the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital is not providing a safe and effective service due to 7 major concerns identified during a relicensing inspection by HFEA in January 2023. There is a consequence that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.



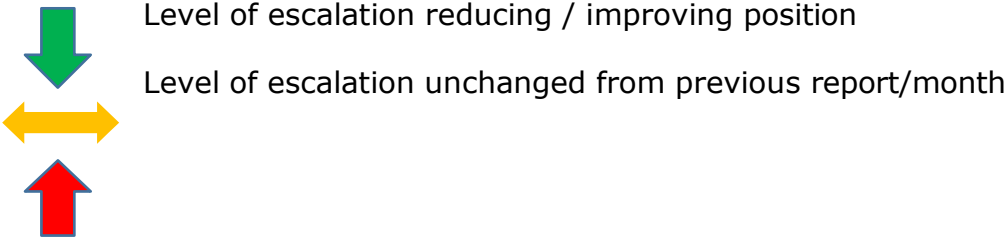
## Appendix 1

|  |  |
|--|--|
| <b>Level 1 ENHANCED MONITORING</b>         | <p>Any quality or performance concern will be reviewed by the Commissioning Team. Enhanced monitoring is a pro-active response to put effective processes in place to drive improvement. It is an initial fact finding exercise which should ideally be led by the provider and closely monitored and reviewed by the commissioning team. The enquiry will lead to one of the following possible outcomes:</p> <ul style="list-style-type: none"> <li>No further action is required routine monitoring will continue. The concern which raised the indication for inquiry will be logged and referred to during the routine monitoring process to ensure this has not developed any further.</li> <li>Continued intervention is required at level 1 and a review date agreed.</li> <li>Escalation to Level 2 if further intervention is required</li> </ul> <p>There is the potential for reporting via commissioning team report to Quality Patient Safety Committee and through SLA meetings with provider</p>   |
| <b>Level 2 ESCALATED INTERVENTION</b>      | <p>Escalated intervention will be initiated if Level I Enhanced Monitoring identifies the need for further investigation/intervention. There should be a Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the service. At this stage there should be jointly agreed objectives between the provider and commissioner and monitored through the relevant commissioning team. Frequency of meeting with provider should be at least quarterly and possible interventions will include</p> <ul style="list-style-type: none"> <li>Provider performance meetings</li> <li>Triangulation of data with other quality indicators</li> <li>Advice from external advisors</li> <li>Monitoring of any action plans</li> </ul> <p>A risk assessment should be undertaken, and logged on the Commissioning Team Risk Register. Where appropriate the risk will be included on the WHSSC Risk Management Framework. Reporting is via commissioning team report to Quality Patient Safety Committee report and SLA meetings with provider. The investigation will lead to on to the following possible outcomes:</p> <ul style="list-style-type: none"> <li>Action plan and monitoring are completed within the allocated timeframe, evidence of progress and assurance the concern has been addressed. De-escalation to Level 1 for ongoing monitoring.</li> <li>If the action plan is not adhered to and further concerns are raised by the Commissioning team or by the provider team or further concerns are identified it may be necessary to move to Level 3 Escalated Measures</li> </ul>  |
| <b>Level 3 ESCALATED MEASURES</b>          | <p>Where there is evidence that the Action Plan developed following Level 2 has failed to meet the required outcomes or a serious concern is identified a service will be placed in escalated Level 3. At this stage the quality of the service requires significant action/improvement and will require Executive input. In addition to routine reporting through QPS a formal paper will be considered by the WHSSC Corporate Directors Group (CDG) and an Executive Lead nominated. Formal notification will be sent to the provider re the Level of escalation and a request made for an Executive lead from the provider to be identified. An initial meeting will be set up as soon as possible dependant on the severity of the concern. Meetings should take place at least monthly thereafter or more frequently if determined necessary with jointly agreed objectives.</p> <p>Provider representation will depend on the nature of the issue but the meetings should ideally comprise of the following personnel as a minimum:</p> <ul style="list-style-type: none"> <li>Chair (WHSSC Executive Lead)</li> <li>Associate Medical Director - Commissioning Team</li> <li>Senior Planning Lead – Commissioning Team</li> <li>WHSSC Head of Quality</li> <li>Executive Lead from provider Health Board/Trust</li> <li>Clinical representative from provider Health Board/Trust</li> <li>Management representative from provider Health Board/Trust</li> </ul> <p>An agreed agenda should be shared prior to the meeting with a request for evidence as necessary.</p> <p>At the conclusion of the meeting a clear timeline for agreed actions will be identified for future monitoring and confirmed in writing if appropriate. Reporting will be through commissioning team to QPS Committee. Consideration of entry on the risk register and summary of services in escalation table for Chairs report to Joint Committee. Consideration to involve and have a discussion with Welsh Government may be considered appropriate at this stage. If there is ongoing concern relating patient care and safety with no clear progress then further escalation will be required to Level 4. On the other hand if progress is made through the escalation Level 3 evidence of this should be presented to CDG/QPS and a formal decision made with the provider to de-escalate to Level 2.</p>  |
| <b>Level 4 DECOMMISSIONING/OUTSOURCING</b> | <p>Where services have been unable to meet specific targets or demonstrate evidence of improvement a number of actions need to be considered at this stage. This stage will require notification and involvement of the WHSSC Managing Director and CEO from the provider organisation. Both Quality Patient Safety Committee and Joint Committee should be cited on the level of escalation.</p> <p>The following areas will need to be considered and the most appropriate sanction applied to help resolve the issue:</p> <ol style="list-style-type: none"> <li>De-commissioning of the service</li> <li>Outsourcing from an alternative provider. This may be permanent or temporary</li> <li>Contractual realignment to take into account the potential need to maintain and agree an alternative provider.</li> </ol> <p>Involvement with Welsh Government and the Community Health Council is critical at this stage as often there are political drivers and levers that need to be considered and articulated as part of the decision making. Moving in and out of escalation and between Levels In addition to the Levels described above the process has introduced a traffic light guide within each level. The purpose of this is to help demonstrate the direction of travel within the level. It sets out an approach to help identify progress within the level and lays out the steps required for movement either upwards (escalation) or downwards (de-escalation) through the level.</p> <p>At every stage a red, amber or green colour will be applied to the level to illustrate whether more or less intervention is in place. Red being a higher level of intervention moving down to green. It will also help determine the easing of the escalated measures described and inform movement within the stages of escalation. As the evidence and understanding of the risks from a provider and commissioner become evident decisions can be made to reduce the level of intervention or there may be a need to reintroduce intervention should conditions worsen and trigger the re-introduction of measures if progress is unacceptable. In this way organisations will be able to understand what is being asked of them, progress will be easily identified and it will help avoid any confusion. It will also help in the reporting to provide assurance that action is being taken to meet the agreed timescales.</p> |





SERVICES IN ESCALATION



|   |  |
|---|--|
| <b>Reporting Committee</b>  | <b>Welsh Kidney Network (WKN)</b>        |
| <b>Chaired by</b>   | <b>Chair, Welsh Kidney Network (WKN)</b> |
| <b>Lead Executive Director</b>  | <b>Director of Programmes</b>            |
| <b>Date of last meeting</b>   | <b>3<sup>rd</sup> October 2023</b>       |
| <b>Summary of key matters considered by the Committee and any related decisions made.</b>   |  |
| <p>This report provides assurance to the Joint Committee in accordance with the WKN Terms of Reference (ToR) which state that the Chair of the Welsh Kidney Network (the 'WKN') will provide reports to the Joint Committee following WKN meetings outlining the activities of the Network and bringing attention to any significant matters under consideration by the Network. Minutes are available on request from the WKN Coordinator, <a href="mailto:Jonathan.Matthews@wales.nhs.uk">Jonathan.Matthews@wales.nhs.uk</a>.</p> <p><b>1. WKN Priorities for the ICP 2024/25 – Goals, methods, outcomes GMO's</b><br/>Members discussed the GMO's that have been developed which are based on addressing WHSSC's integrated commissioning plan. Board members endorsed the plan as it was set out.</p> <p><b>2. Finance</b><br/>An updated WKN finance position was relayed to Board members along with confirmation of the sums of monies transferred to the Health boards to date for specific ongoing projects such as the SBUHB tender.</p> <p>Baselines across the South East and South West have now been reset although a meeting has been scheduled with CVUHB to further discuss Transplantation and Home Therapies. BCUHB remains on block contract at the present time.</p> <p><b>3. Quality and Patient Safety</b><br/>No new risks had been reported to the Board. Three of the risks on the Network register hold a residual risk score exceeding 15 relating to manpower and dialysis capacity.</p> <p>Specifically the risks are:</p> <ul style="list-style-type: none"> <li>• Manpower within the WKN team – In the absence of the Network Manager, there is a risk that the WKN will be unable to keep up with the increasing work demand due to additional work related services. This impacts on the team's ability to absorb additional work and could impact on the health and wellbeing of the team.</li> <li>• Limited outpatient dialysis capacity in Swansea - There is a risk that the number of patients receiving outpatient haemodialysis in Morriston will exceed capacity. As a consequence there is need for expansion of outpatient</li> </ul> |  |

service provision to include demand from the Neath Port Talbot area and Bridgend localities.

- Renal Dialysis capacity at BCU - There is a risk that due to the current physical environment of the unit at YGC that additional dialysis sessions will not be able to be accommodated. Mold satellite unit was commissioned to act as the contingency for growth for Wrexham for the next 10 years as well as being able to accept patients from the east of the YGC catchment. BCU has already has to utilise additional capacity at Mold (May/June 23). The financial model at BCUHB creates issues with utilising resources across BCUHB. As a consequence patients may not be able to dialyse in the unit closest to home.

#### **4. Internal Audit Report**

Board members were informed that the highest level of assurance had been achieved by the WKN during a recent internal governance audit.

#### **5. Governance Action Plan**

The WKN have now completed all actions within the Governance Action Plan that resulted from the 2022 governance review.

#### **6. Value in Health progress**

Each of the regions provided a high level summary of their progress against the Value in Health project.

In summary, CVUHB have completed a scoping exercise and are moving to implementation for their pre-habilitation clinics.

BCUHB have implemented their Home Heamo initiative in 2022 and the baseline percentage of patients dialysing at home has increased from 16% to 26% which is a significant success.

SBUHB aim to improve the conversion rate of patients with known progression of CKD to pre-emptive transplant listing & home dialysis options. A clinical lead has been appointed and a nursing team is soon to be recruited.

#### **7. Supporting Kidney Information systems**

Events earlier in the year highlighted the dependencies on a good and stable electronic record. Board members received a paper conveying the means by which support arrangements could be improved. It was **agreed** that a national meeting would be scheduled to discuss how this could be achieved within the WKN/Health Boards existing resource.

#### **8. Data Sources**

Board members received a paper detailing all of the data sources that the WKN have access to, what it collects and reports on at this time and the methods used to collect the information. Board members were given an opportunity to comment on what elements were thought to be beneficial or unhelpful.

The general consensus was that the regions were happy with the data the WKN is reporting on with no requests for additional information to be collected.

## 9. Highlight Reports

The following highlight reports were received:

- Kidney Care UK Highlight Report
- Kidney Wales Highlight Report
- Popham Kidney Support Report
- Clinical Information Lead Highlight Report
- Home Dialysis Lead Report
- Lead Nurse Work Programme update
- SBUHB Highlight Report
- BCUHB Highlight Report
- CVUHB Highlight Report
- Health and Wellbeing Professionals Highlight Report
- Transplant and Vascular Access Clinical Lead Highlight Report

### **Matters requiring Committee level consideration and/or approval**

#### **WKN Priorities for the ICP 2024/25 – Goals, methods, outcomes (GMO)**

The Joint Committee are asked to **note** the WKN's GMO for 2024/25 which are outlined in the attached Appendix 1a and 1b.

### **Matters referred to other Committees**

- None

**Date of next meeting**

**6<sup>th</sup> December 2023**

| Welsh Kidney Network (WKN) Briefing Paper  |  |
|--|--|
| WKN Goals, Methods and Outcomes for 2024/25 that are proposed for the inclusion within the WHSSC Integrated Commissioning Plan 2024/25   |  |
| Executive Lead: Karen Preece, Programmes Director  |  |
| Author: Annmarie Pritchard, Deputy Network Manager   |  |
| Contact Details for further information:<br><a href="mailto:annmarie.pritchard@wales.nhs.uk">annmarie.pritchard@wales.nhs.uk</a>   |  |
| Purpose of the WKN Briefing Paper  |  |
| To advise Board members of; <ul style="list-style-type: none"><li>The WKN Goals, Methods and Outcomes that are proposed for inclusion within the WHSSC Integrated Commissioning Plan (ICP) for 2024/25</li></ul> |  |
| Governance   |  |
| Link to Quality Statement for Kidney Disease   | <p>The WKN is a non-statutory body which obtains its authority and responsibility as delegated by the Welsh Health Specialised Services (WHSSC) Joint Committee.</p> <p>This delegation provides the autonomy within an agreed framework for the officers of the WKN to carry out the duties required of them to manage and lead the planning, commissioning and performance management of specialised renal services across Wales.</p> <p>The Quality Statement for Kidney disease sets out the Welsh Government’s expectations of the NHS in Wales to commission and deliver high quality patient centred care for anyone affected by CKD. The vision is to develop a kidney Integrated Care Pathway (KICP) providing an overarching framework for the delivery of kidney care from prevention to supporting patients to decide on the form of Kidney replacement therapy that is right for them, based on the following Quality Attributes</p> <ol style="list-style-type: none"><li>1. Equitable</li><li>2. Safe</li><li>3. Effective</li><li>4. Efficient</li><li>5. Person Centred</li><li>6. Timely</li></ol> <p>This paper focuses mainly on theme 1,2,3,4 &amp; 5</p> |

| Supporting evidence  |
|--|
| <ul style="list-style-type: none"> <li>Appendix 1 WKN's Goals, Methods and Outcomes</li> </ul> |

| Engagement – Who has been involved in this work?  |
|---|
| <ul style="list-style-type: none"> <li>Executive Lead for WKN</li> <li>Clinical Lead for WKN</li> <li>WKN's Clinical Leads for the specified areas</li> </ul> |

| WKN Board Resolution (insert ✓) To;          |  |   |   |         |  |      |   |
|--|--|---|---|---------|--|------|---|
| APPROVE                                      |  | ENDORSE   | ✓ | DISCUSS |  | NOTE | ✓ |
| Recommendation                               |  | Members of the WKN Board are asked to; <ul style="list-style-type: none"><li>Note ICP Goals, Methods and Outcomes that are proposed for inclusion within the Integrated Commissioning Plan (ICP) for 2024/25</li><li>Endorse the Goals, Methods and Outcomes that are proposed for inclusion within the Integrated Commissioning Plan (ICP) for 2024/25</li></ul> |   |         |  |      |   |
| Summarise the Impact of the WKN Board Report |  |   |   |         |  |      |   |
| Equality and diversity                       |  | None  |   |         |  |      |   |
| Legal implications                           |  | None  |   |         |  |      |   |
| Quality, Safety & Patient Experience         |  | None  |   |         |  |      |   |
| Resources                                    |  | None  |   |         |  |      |   |
| Risks and Assurance                          |  | None  |   |         |  |      |   |
| Workforce                                    |  | None  |   |         |  |      |   |

## 1. **SITUATION / PURPOSE OF REPORT**

To advise Board members of;

- ICP Goals, Methods and Outcomes that are proposed for inclusion within the Integrated Commissioning Plan (ICP) for 2024/25

## 2. **BACKGROUND / INTRODUCTION**

Each year, WHSSC is required to develop an Integrated Commissioning Plan (ICP) developed in response the NHS Wales Planning Guidance in order to inform Health Boards Integrated Medium Term Plans. Integral to the process is the development of the ICPs Goals, Methods and Outcomes (GMOs)

The process follows the high level timeline as suggested in Table 1;

**Table 1 Timeline**

| Event                           | Date            | Presented to WKN Board |
|---------------------------------|-----------------|------------------------|
| Commissioning Intentions        | May 22          | Verbal 31.05.23        |
| CIAG submissions prioritisation | July 22         |                        |
| Horizon Scanning                | July/August 22  |                        |
| CIAG                            | Early August 22 |                        |
| Write plan                      | September 22    |                        |
| WKN Network Board               |                 | October 2023           |
| Management Group                | October 22      |                        |
| Joint Committee                 | November 22     |                        |
| Welsh Government submission     | December 22     |                        |

Following the Independent Governance review 2022, a recommendation was the WKN priorities are now a component of the wider WHSSC prioritisation process.

### 3. **ASSESSMENT / GOVERNANCE AND RISK ISSUES**

The Commissioned areas of the WKN's portfolio has not changed since the inception of the Welsh Kidney Network in 2009/2010 Unit Dialysis, Home Dialysis, Vascular Access Surgery and Renal transplantation. However in the development of the 2024/25 GMOs it is suggested that the 'Golden threads' that underpin the commissioned activity of the WKN are identified as GMOs in their own right providing a level of focus and where applicable potential targeted funding from sources other than WHSSC i.e. HEIW, ViHC rather than being diluted within the commissioned activity.

The WKN has a number of Clinical leads providing clinical leadership and strategic direction for Home Dialysis, Vascular Access & Transplantation, Quality & Patient Safety, IM&T. All have contributed to the GMO development.

It is recognised that there are a large number of GMOs presented, with the risk of some areas may not be achievable within 2024/25 due to funding constraints and/or capacity within the WKN to deliver. It is the intention that these are high-level areas identified. Following agreement through the relevant Governance structure, a co-produced WKN work plan will support and reflect the priority tasks along with resource requirements to enable successful delivery. Recognising that the majority of the Goals are long term and multi-year and 2024/25 would provide time for scoping and providing a foundation to build upon.

### 4. **RECOMMENDATION**

Members of the WKN Board are asked to;

- Note ICP Goals, Methods and Outcomes that are proposed for inclusion within the Integrated Commissioning Plan (ICP) for 2024/25
- Endorse the Goals, Methods and Outcomes that are proposed for inclusion within the Integrated Commissioning Plan (ICP) for 2024/25





**VISION: To build upon quality, best practice, technology and innovation. Placing patients at the heart of everything we do.**

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 Cadwalder 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.

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 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

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 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.

| Goal   | Methods  | Outcomes  | Strategic Objective  |   |  |  |  |
|--|--|---|--|---|--|--|--|
|  |  |   | To ensure the provision of safe, high quality services for the people of Wales | To plan for the long term to ensure sustainable accessible service provision for the residents of Wales which is responsive to change | To provide an expert approach to national healthcare commissioning | To be an effective partner, supporting service and system transformation | To maximise value and outcomes within available resource |
| <b>Meet the demand for Unit Dialysis growth across Wales</b> |  |   | ✓  | ✓   | ✓  | ✓  | ✓  |
|  | Increasing capacity to meet the demand                               | <ul style="list-style-type: none"> <li>Patients who choose unit dialysis are closer to home</li> <li>There is equitable service provision across Wales</li> </ul> | ✓  | ✓   | ✓  | ✓  | ✓  |
|  | Refresh Unit Dialysis Commissioning Policy and Service specification | <ul style="list-style-type: none"> <li>Reduction in variation across Independent Service Providers across Wales</li> </ul>  |  |   |  |  |  |
|  | Under the new entity for National Commissioning                      | <ul style="list-style-type: none"> <li>There is equitable service for provision across Wales</li> </ul>   | ✓  | ✓   | ✓  | ✓  | ✓  |

## 4.4.6.1b Appendix 1b

|                                 |  |   |   |   |   |   |   |
|---------------------------------|--|---|---|---|---|---|---|
|                                 | (24/25) will enable closer working with commissioning team responsible for Non-Emergency Patient Transport (NEPTS)<br><br>Active representation and participation of the WKN on Ambulance Care Programme Board | <ul style="list-style-type: none"> <li>• A transportation service is aligned to Unit Dialysis Service provision</li> <li>• A transportation services meets the 30:30:30 service specification</li> <li>• Up to date Commissioning Policy and service specification</li> </ul>   |   |   |   |   |   |
| <b>Increase Home Dialysis</b>   | Develop Commissioning Strategy and service specification   | <ul style="list-style-type: none"> <li>• There is equitable access and service provision of Home Dialysis across Wales</li> <li>• Up to date Commissioning Policy and service specification</li> <li>• Referral pathways to Home Dialysis are lean and prudent</li> </ul>   | ✓ | ✓ | ✓ | ✓ | ✓ |
|                                 | Development of a Home Dialysis Framework   | <ul style="list-style-type: none"> <li>• A Framework that is aligned to patient need rather than equipment centric</li> <li>• A framework that embeds Value and Outcomes approach</li> <li>• Achieve VfM through economies of scale</li> <li>• A framework that is sustainable and equitable, fit for purpose acting as an enabler to support the Home Dialysis strategy</li> </ul> | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Strategy Vascular Access</b> | Refresh Vascular Access Commissioning Policy and Service specification   | <ul style="list-style-type: none"> <li>• Reduction of variation of vascular access across Wales</li> <li>• There is equitable access and service provision for patients</li> </ul>  | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Strategy Transplantation</b> | Refresh Transplantation Commissioning Policy and Service specification   | <ul style="list-style-type: none"> <li>• Up to date Commissioning Policy and service specification</li> </ul>   |   |   | ✓ | ✓ | ✓ |
|                                 | Collaborative working to deliver the Organ Donation and  | <ul style="list-style-type: none"> <li>• To embed best practice and equity of service for patients across Wales</li> </ul>  | ✓ | ✓ | ✓ | ✓ | ✓ |

## 4.4.6.1b Appendix 1b

|   |   |  |   |   |   |   |   |
|---|---|--|---|---|---|---|---|
|   | Transplantation plan for Wales 2022-2026, supplemented by Organ Utilisation Group Recommendations (NHS England) | <ul style="list-style-type: none"> <li>Delivering GIRFT recommendations</li> <li>A strengthened collaborative working ethos with the 4 home nations</li> </ul>   |   |   |   |   |   |
|   | Redesigning Renal Psychology Services offered to patients in Wales  | <ul style="list-style-type: none"> <li>An increased psychological support for patients and donors</li> <li>An increase of patients receiving transplants in Wales</li> <li>Patients are well informed to make the appropriate choice on what Kidney Replacement Therapy is best for their them</li> </ul>  | ✓ | ✓ |   |   | ✓ |
| <b>Strengthen national Digital approach</b>     | Development of Renal Digital Strategy   | <ul style="list-style-type: none"> <li>Increasing and enabling standardisation where appropriate</li> <li>Utilising existing systems to achieve maximum benefit</li> <li>Reduction of inconsistent reporting on funded and unfunded capacity throughout Wales, through the development of digital intelligence solutions</li> <li>An increased offering of a digitised provision of Kidney Services in Wales</li> <li>An established workforce model for Renal Digital Service across Wales</li> <li>Develop population health resources which will provide greater intelligence for Kidney Services in Wales</li> </ul> | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Deliver on Value In Healthcare programme</b> | Continuation of regional ViHC projects  | <ul style="list-style-type: none"> <li>Increase in the number of patients choosing home dialysis and achieving &gt;30% of patients at home</li> <li>Improving the patient pathway for home dialysis by early support identifying barriers and finding solutions</li> </ul>   | ✓ | ✓ | ✓ | ✓ | ✓ |

## 4.4.6.1b Appendix 1b

|   |  |   |   |   |   |   |   |   |
|---|--|---|---|---|---|---|---|---|
|   |  | <ul style="list-style-type: none"> <li>Increasing the number of patients choosing pre-emptive transplant</li> </ul>   |   |   |   |   |   |   |
| <b>Build upon current Patient and 3rd Sector participation</b>                          | Increase participation within Commissioning Strategy, Service development  | <ul style="list-style-type: none"> <li>The practice of co-production is developed and applied to the design and delivery of WKN commissioned services</li> <li>Patients feel empowered to become actively involved in the development and delivery of care within the WKN Commissioned services</li> </ul> <p>A sustainable 3rd Sector provision to support Kidney patients in Wales</p>  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Provide educational resource to Health care professionals, patients &amp; carers</b> | <p>Increased development and maintenance of WKN Website</p> <p>Collaborative working with wider colleagues and 3<sup>rd</sup> Sector on material</p> | <ul style="list-style-type: none"> <li>Increasing the number of patients choosing the appropriate Kidney Replacement Therapy through informed decision making process</li> <li>Capturing patients earlier within the pathway, focusing on a preventative approach</li> <li>A standardised approach to educational resource for patients and health care professionals across Wales, reducing variation and delivery methods.</li> </ul> | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Develop a sustainable Renal workforce</b>  | <p>Review workforce within each Commissioned area</p> <p>Understand Demand and Capacity (D&amp;C) within the commissioned areas</p>                  | <ul style="list-style-type: none"> <li>Increasing recruitment and retention numbers of nursing staff within the speciality of Renal, providing a development pathway supporting succession planning</li> <li>Ensuring the appropriate funding is made available along with the sources of funding</li> <li>Delivery of the GIRFT recommendations for a MDT renal workforce</li> </ul>   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |