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WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)

ANNUAL REPORT

2020-21

"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

We are delighted to bring you our Annual Report for 2020-2021.

This Annual Report provides an opportunity for us to look back on our performance and achievements over the last financial year and reflect on what we have achieved in collaboration with our partner organisations and stakeholders.

The COVID-19 pandemic response has been the single biggest public health challenge that has faced the NHS since its inception in 1948 and has required a comprehensive emergency response from all agencies across local, regional and national health and care systems in order to ensure that essential services were able to continue to operate. COVID-19 has had a significant impact on activity levels of specialised services and that impact is likely to last for some time to come.

We are immensely proud of the way in which our staff have responded throughout the past year – both those who remained part of the WHSSC team and those who were redeployed to Health Boards to help with the COVID 19 effort adapting to work differently

Despite the many challenges WHSSC has been able to largely deliver the planned activities and new prioritised services for 2020-21. Performance monitoring and service development activities changed to take the pressure off operational delivery but commissioning was able to continue with the Commissioning Teams ensuring that the majority of schemes in the Integrated Commissioning Plan (ICP) were delivered.

Working with the Policy and Clinical Effectiveness Team, WHSSC published new policies and varied others to expand the accessibility criteria or bring forward new treatments where there would be clear benefit in a COVID environment.

The Quality and Patient Care Team moved to a more agile Independent Patient Funding Request (IPFR) process to facilitate a swift response - in addition ensuring the process became paperless for the first time.

Working with regulators and providers quality concerns were understood and acted upon. Capacity in Mental Health and Children

and Adolescent Mental Health Services (CAMHS) was considerably challenged but working with the Quality Assurance Improvement Service (QAIS) and Welsh Government surge beds were procured and a bed management panel implemented to manage flow.

The Welsh Renal Clinical Network supported Health Boards and other partners to ensure that all dialysis services across Wales remained opened ensuring uninterrupted access to dialysis through the pandemic with a sustained focus on increasing access and maintenance of home therapy service. They also supported the proactive management of transplant programme including re-commencement of service following the UK wide pause of transplants during the first wave of the pandemic.

WHSSC led the work on procurement of the Independent Hospital Sector leading to access to significant additional capacity.

Joint Committee agreed to reset the WHSSC Commissioning intentions to prioritise the reduction of harms related to Covid-19, ensuring that strategically important fragile services remain viable during the pandemic and that full recovery of these services is possible. WHSSC has continued with its usual prioritisation process to inform the 2021-22 ICP. These prioritised schemes along with the key strategic priorities for WHSSC, aligning to the Ministerial priorities, all have a specific focus on service recovery and improved outcomes.

Finally, we would like to express our thanks to all Members of the Joint Committee (Independent Members, CEOs and Executive Directors) whose leadership supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines. WHSSC's previous Chair, Professor Viv Harpwood, stepped down in September 2020 and we would also like to thank her for her years of leadership and expertise.

We would also like to take this opportunity to express our deep thanks to our staff, our commissioning colleagues, and partner organisations for their hard work and commitment to delivering specialised commissioned services to the people of Wales.

Kate Eden, Chair of WHSSC



Sian Lewis, Managing Director



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1. WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)

WHSSC is a Joint Committee of the seven Local Health Boards (LHBs) in Wales. The seven LHBs are responsible for meeting the health needs of their resident population; they have delegated the responsibility for commissioning a range of specialised services to WHSSC.

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.

However, 2020-21 was a year like no other ever experienced in the lifetime of the NHS. The COVID-19 pandemic has had a significant impact on activity levels of specialised services.

Despite all the difficulties and challenges WHSSC has been able to largely deliver the planned activities and new prioritised services described within the 2020-21 Integrated Commissioning Plan (ICP); these are described under the Key Achievements.

The staff in WHSSC, working with providers and the wider NHS must take the credit for this delivery.

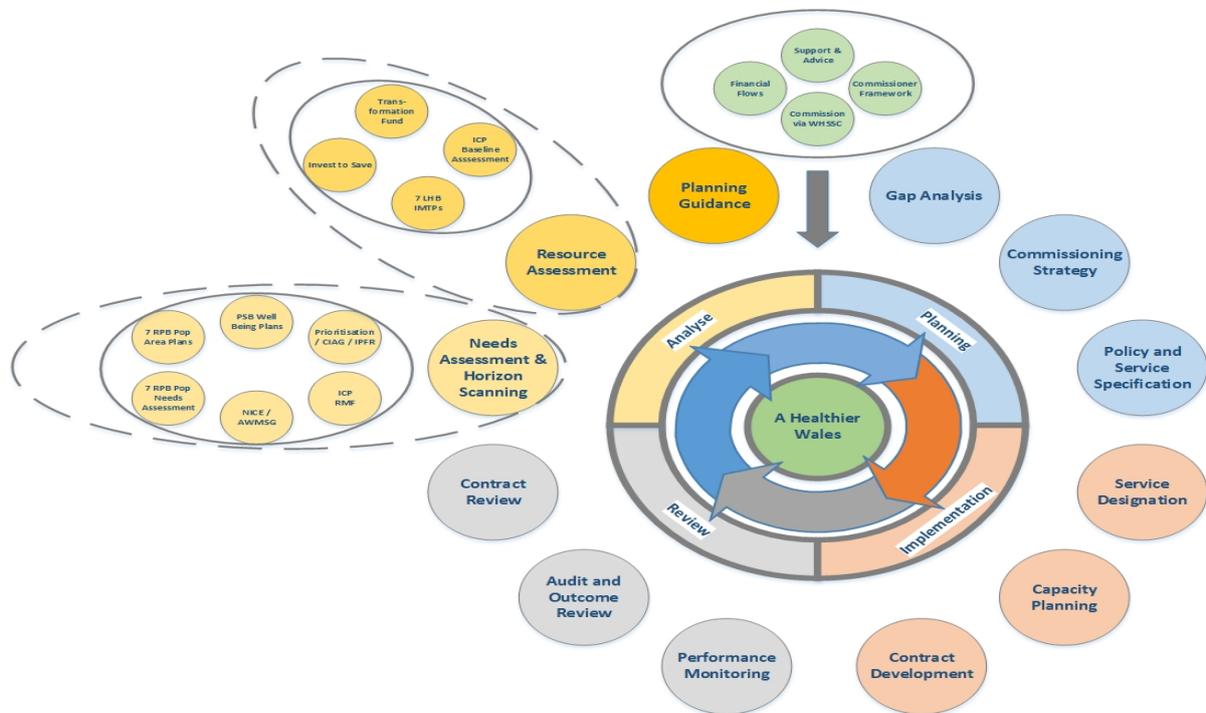
1.1 The Role of WHSSC

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.

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:

Diagram 1: WHSSC Commissioning Cycle



In order to achieve its strategic aim, WHSSC works closely with each of the LHBs (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.

1.2 Our Values

The core values of the organisation outlined in Figure 1 below, were developed by the staff within the organisation 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

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 will try to hold ourselves to account and invite those who work with us, or for whom we work, to measure us against these values.

We want to know when we are doing well and when we fall short. In order to do this, you can provide us with your comments, questions and feedback here: WHSSC.GeneralEnquiries@wales.nhs.uk

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 LHBs, *Diagram 2* below sets out the key statistics for the staffing levels, direct running cost budget, commissioning budget and contracts.

Diagram 2: WHSSC in Numbers



Around two-thirds of WHSSC staff are directly engaged in commissioning work.

As the host organisation for WHSSC, the following areas are included within the Cwm Taf Morgannwg University Health Board Annual Report:

- Staff remuneration
- Sickness and absence statistics
- Staff policies, for example health and safety and human resources
- 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; and
- Women and Children's Services.

WHSSC also hosts the Welsh Renal Clinical Network (WRCN) and Traumatic Stress Wales (TSW).

WHSSC aims to commission high quality specialised services that deliver good patient outcomes and experiences.

1.4 Our Executive Team

WHSSC's Executive Team is led by its Managing Director, **Dr Sian Lewis**.

Prior to taking up post as Managing Director, Sian was a consultant haematologist in Hywel Dda University Health Board. Sian also previously held the role of Acting Medical Director at WHSSC.

Before joining WHSSC Sian held medical management roles within Hywel Dda and a number of roles within the Wales Postgraduate Deanery. She has led on a number of major change management initiatives including remodelling A&E services within a district general hospital and establishing the first postgraduate medical education quality systems in Wales. She is a member of the GMC Quality Scrutiny Group and holds an MBA and a Postgraduate Certificate in Medical Education.

Carole Bell - Director of Nursing & Quality Assurance

Carole qualified as a midwife in 1987. She was the Clinical Director for Women & Children's Services in Hywel Dda University Health Board until September 2015.

She has a Masters in Health Care Management from University of Wales, Swansea. She was appointed as an RCMG assessor for the MBRRACE-UK Confidential Enquiries into Maternal Death in 2013.

She has won a number of RCM National Midwifery awards for Midwifery led Care and capturing the patient experience.

Stuart Davies - Director of Finance

Having held Director level positions for both the NHS and Welsh Government for over 15 years, Stuart has extensive experience of commissioning specialised health services in Wales. He has a career spanning over 30 years in Public Service with previous experience in Local Government, NHS England (former Regional Health Authority) and in NHS Acute, Community and Mental Health Services Trusts both in England and Wales.

Stuart is a Fellow of the Chartered Association of Certified Accountants and a member of the ACCA UK Health Panel.

Professor Iolo Doull - Deputy Medical Director (Acting Medical Director from 1 November 2020 and Medical Director from September 2021)

Iolo trained at Southampton University and Great Ormond Street in London, where he became a paediatric specialist. After training in respiratory paediatrics, he was appointed Consultant Respiratory

Paediatrician at the Children's Hospital for Wales. He holds a Degree of Doctor of Medicine in children's asthma.

He has over 20 years' experience of specialised services. He has served as an expert advisor to the National Institute for Health and Care Excellence and to the Commission on Human Medicines. He has previously represented his specialty as the Royal College of Paediatrics and Child Health Officer for Wales. He is a fluent Welsh speaker.

Karen Preece - Director of Planning

Karen has been employed in the NHS since 1992 having previously worked in industry. She has worked in many sectors in the NHS including primary care development, operational management and planning and commissioning.

Prior to joining WHSSC Karen was an Assistant Director in the Medical Directorate in Hywel Dda University Health Board, a post that gave her a wide ranging experience leading across directorates such as R&D, Medical Education and Clinical Effectiveness.

Kevin Smith - Committee Secretary (until 1 June 2021)

Kevin joined WHSSC as Committee Secretary & Head of Corporate Services in October 2016. He is a Chartered Secretary and Chartered Governance Professional with experience in both the NHS and the private sector.

He was Company Secretary at Heart of England NHS Foundation Trust from August 2013 and at Telent Limited from September 2006. Prior to that he worked at Marconi Corporation plc, Kalamazoo Computer Group plc, McKechnie plc, John Wood Group plc, Evered Bardon plc and Birmid Qualcast plc over a period of 20 years. His private sector career spanned the aggregates, engineering, IT and utilities sectors. He is also a non-executive director of the corporate trustee of the GEC 1972 Pension Plan, which has assets of around £4.5bn and 40,000 members.

Kevin took early retirement on 31 May 2021 and his successor Jacqueline Evans joined the Welsh Health Specialised Services Committee (WHSCC) as Committee Secretary and Head of Corporate Services in June 2021.

Jacqueline Evans – Committee Secretary (from 1 June 2021)

Jacqui joined the NHS in 2014, and has held senior governance and compliance roles in Cardiff and Vale UHB, Swansea Bay UHB, Cwm Taf Morgannwg UHB, and the NHS Wales Shared Services Partnership (NWSSP). She has gained a broad experience during her time in the NHS and has a track record of delivery across a number of areas including developing and strengthening governance, compliance and risk

management frameworks, managing pan Wales corporate services functions and leading the governance and communications elements for major projects.

Prior to joining the NHS, Jacqui was the Deputy Monitoring Officer (Committee Secretary equivalent) & Head of Corporate Communications & Democratic Services for a Fire & Rescue Authority for 7 years, supporting 25 elected members across six Local Authorities. During her career she has also undertaken UK wide roles with the Crown Prosecution Service, Her Majesty's Court Service and the Driver & Vehicle Licensing Agency (DVLA).

Dr Jenny Thomas - Medical Director (until 30 October 2020)

Jenny is a rehabilitation medicine consultant with interests in major trauma and brain injury, complex disability and transition.

She has held managerial roles as Clinical Director of Neurosciences for five years and Clinical Board Director for Children and Women's services for four years. She has also supported the development of the major trauma network across mid and South Wales linking in with health boards to help develop their rehabilitation model and has supported Welsh Government in the development of the mass casualty planning. She is a fluent Welsh Speaker.

2. THE JOINT COMMITTEE

2.1 The Role of the Joint Committee

The WHSSC Joint Committee makes formal decisions about the commissioning of services and is a Statutory Sub-Committee of each of the LHBs 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 LHB 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 LHBs in undertaking its functions, the responsibility of individual LHBs for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of specialised services.

2.2 Joint Committee Members

Independent Members

Professor Vivienne Harpwood stood down from her role as Interim Chair with effect from 31 September 2020 and Kate Eden took up the role of Chair of the Joint Committee with effect from 1 October 2020. Paul Griffiths

left his role as Independent Member with effect from 31 December 2020 and his replacement, Professor Ian Wells, commenced as an Independent Member on 1 May 2021. Ian Phillips agreed to stand for a further two years as an Independent Member from 1 April 2021. Emrys Elias left his role as an Independent Member with effect from 31 May 2021 and his replacement, Professor Ceri Phillips, commenced as an Independent Member on 1 June 2021.

Local Health Board Chief Executives

Simon Dean - **Betsi Cadwaladr University Health Board** (until 31 August 2020)

Mark Hackett - **Swansea Bay University Health Board** (from 1 January 2021)

Gill Harris - **Betsi Cadwaladr University Health Board** (from 1 September 2020 until 31 December 2020)

Sharon Hopkins - **Cwm Taf Morgannwg University Health Board** (until 31 August 2020)

Paul Mears – **Cwm Taf Morgannwg University Health Board** (from 14 September 2020)

Steve Moore – **Hywel Dda University Health Board**

Tracy Myhill– **Swansea Bay University Health Board** (until 31 December 2020)

Judith Paget – **Aneurin Bevan University Health Board**

Jo Whitehead – **Betsi Cadwaladr University Health Board** (from 1 January 2021)

Len Richards – **Cardiff and Vale University Health Board**

Carol Shillabeer - **Powys Teaching Health Board**

WHSSC Officer Members

Dr Sian Lewis – **Managing Director**
Carole Bell - **Director of Nursing & Quality Assurance**
Stuart Davies - **Director of Finance**
Dr Jenny Thomas - **Medical Director** (until 31 October 2020)
Prof Iolo Doull – **Interim Medical Director** (from 1 November 2020)

Associate Members

Tracey Cooper - **Chief Executive - Public Health Wales NHS Trust**
Steve Ham – **Chief Executive - Velindre University NHS Trust**
Jason Killens – **Chief Executive - Welsh Ambulance Service NHS Trust**

Affiliate Member

Kieron Donovan – **Chair - Welsh Renal Clinical Network** (until 26 March 2021).

2.3 Joint Sub-Committees

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
- Management Group
- Quality and Patient Safety Committee
- Welsh Renal Clinical Network

The **All Wales Individual Patient Funding Request (IPFR) Panel (WHSSC)** 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 **Integrated Governance Committee** scrutinises evidence and information brought before it in relation to activities and potential risks which impact on the services provided and provides assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across the organisation.

The **Management Group** is the specialised services commissioning operational body responsible for the implementation of the Specialised Services Strategy. The group underpins the commissioning of specialised services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

The **Quality and Patient Safety Committee** provides assurance to the Joint Committee in relation to the arrangements for safeguarding and improving the quality and safety of specialised healthcare services within the remit of the Joint Committee.

The **Welsh Renal Clinical Network** is a vehicle through which specialised renal services are planned and developed on an all Wales basis in an efficient, economical and integrated manner and provides a single decision-making framework with clear remit, responsibility and accountability.

2.4 Advisory Groups and Networks

The Joint Committee also established three advisory groups in the discharge of its functions.

- NHS Wales Gender Identity Partnership Group
- All Wales Mental Health and Learning Disability Collaborative Commissioning Group
- All Wales Posture & Mobility Partnership Board

In April 2016, the All Wales Gender Identity Partnership Group (AWGIPG), (formally known as the All Wales Gender Dysphoria Partnership Board) was established to advise the Joint Committee on the development of a NHS Wales Strategy for Gender Dysphoria Services. In 2019, key elements of the strategy were realised, with the commencement of an interim all Wales Welsh Gender Service hosted by Cardiff & Vale University Health Board (CVUHB), supplemented by local gender teams in each health board and a Direct Enhanced Service direction issued by Welsh Government to General Practice. As this graduated model of care is now in place, the focus needed to shift to the co-ordination and consistency in development of the pathway across primary, secondary and tertiary care to move to a longer term integrated model.

The Joint Committee supported the proposal to disband the AWGIPG and supported the recommendation to consider the development of a Managed Clinical Network hosted outside of WHSSC in its meeting on 10 November 2020.

The All Wales Mental Health and Learning Disability Collaborative Commissioning Group was established to advise the Joint Committee on issues regarding the development of secure mental health services for Wales. The Group ensured that there was a co-ordinated approach to secure services across Wales and that the benefits of working collaboratively were realised. The purpose of this Group was subject to review during 2019-20 because of changes to the structure of mental health advisory functions. It is anticipated that the learning disability aspects

previously incorporated in the function of the Group will be incorporated elsewhere during 2021-22 and the Group will be disbanded.

The All Wales Posture and Mobility Services Partnership Board was established in 2011 to monitor the service's delivery against the key performance and quality indicators, in order to provide assurance to the Joint Committee that the service was delivering in line with the All Wales Service Specification and to advise the Joint Committee on the commissioning strategy for Posture and Mobility services, including identification of, and supporting opportunities for embedding co-production as a core principle of the commissioning strategy. Having achieved its main objectives, namely to ensure that there is equitable access to safe and effective Posture and Mobility services across Wales, the decision was taken by Joint Committee on 9 March 2021 to disband the All Wales Posture and Mobility Services Partnership Board. The Joint Committee agreed that the Posture and Mobility Service providers across Wales and WHSSC would continue to engage with local user groups and third sector partners, when appropriate, to support service developments and that in order to ensure that this continues, WHSSC would organise twice yearly Stakeholder and Partnership Engagement events to supplement the Risk, Assurance and Recovery meetings.

3. THE INTEGRATED COMMISSIONING PLAN (ICP)

The Integrated Commissioning Plan (ICP) is the vehicle through which WHSSC establishes its strategic direction and commissioning aims for specialised services, within the ministerial priorities (as they apply to WHSSC) of equal access to all residents of Wales, the decarbonisation agenda and provision of care as close to home as possible.

WHSSC's commissioning intentions and associated performance monitoring were reset and described in the 2019-22 Integrated Commissioning Plan to include more explicit, measurable intentions to measure achievement against. However, it was recognised that in the Covid-19 environment the commissioning intentions needed to be revisited, along with a new commissioner assurance framework, with revised quality and performance measures which in particular address the Welsh Government published framework 'Leading Wales out of the Covid-19 pandemic: A framework for recovery'.¹

Within this context, Joint Committee at its meeting on 14 July 2020 agreed to reset the WHSSC commissioning intentions to the following:

¹ <https://gov.wales/leading-wales-out-coronavirus-pandemic>

1. Reduce the harms related to COVID-19. Our key focus will be restoring access to specialised services which reduced during the early phases of the pandemic.
2. Ensuring that strategically important fragile services remain viable during the pandemic and that full recovery of these services is possible.

Additionally, the Joint Committee further agreed that investment for 2021-22 would need to be focused in those areas most likely to have a positive impact on patient outcomes in an environment dominated by the effects of the COVID-19 pandemic, whilst ensuring that opportunities for service recovery and improved outcomes for the future are not missed.

Specifically:

- The implementation of innovative technologies which will in the longer term deliver significantly improved patient outcomes; and
- Undertaking strategic planning around services where there are service sustainability issues – “Fragile Services”.

The final ICP for specialised services for Wales 2021-22 was agreed by the Joint Committee at its meeting on 16 February 2021.

The ICPs are available via the Integrated Commissioning Plan section of our publications page on the WHSSC website:

<http://www.whssc.wales.nhs.uk/integrated-commissioning-plan-icp->

4. 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 LHBs 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.

4.1 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 following table shows the range of services delegated for commissioning by WHSSC for 2020-21:

Range of Services Commissioned by WHSSC

Assistant Director of Planning Lead
Intestinal Failure
Home Parental Nutrition
Hyperbaric Oxygen Therapy

Mental Health & Vulnerable Groups
High Secure Psychiatric Services
Medium Secure Psychiatric Services
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 & 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
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 Services

Cardiac Surgery
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
Pulmonary Hypertension
Cystic Fibrosis
Cardiac Networks (SWSWCHD Network, NWNWCHD Network, All Wales Cardiac Network)
Bariatric Surgery

Neurosciences & Long Term Conditions

Neurosurgery Emergency and elective neurosurgery (including stereotactic radiosurgery and Deep Brain Stimulation)
Neuroradiology (diagnostic and interventional undertaken by neuroradiologists)
Neurorehabilitation
Spinal rehabilitation
Artificial Limbs and Appliances Service including: <ul style="list-style-type: none"> ○ Wheelchair and special seating ○ Prosthetics ○ Orbital prosthetics
Electronic assistive technology

Alternative Augmentative Communication (AAC)
Immunology for Primary Immuno Deficiency
Cochlear and BAHA
Rare Diseases – RDIG

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

4.2 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 2020-21:

Cancer & Blood Commissioning Team

Positron Emission Tomography (PET) CT - new indications – investment to further expand the range of commissioned indications, including new indications for cervical cancer, oropharyngeal cancer, parathyroid tumours and oesophago-gastric carcinoma.

Neuroendocrine Tumours (NET) specialist service - phase 2 development (south west, mid and south east Wales) – investment to provide additional staff to ensure the sustainability of the NET service and to provide an increase in capacity to meet patient need.

Hereditary Anaemias specialist service in south west, mid and south east Wales – investment in establishing a fully commissioned service for people with hereditary anaemias, including sickle cell disease, thalassaemia and other rare anaemias, in south and mid Wales.

Cardiac Commissioning Team

Cystic Fibrosis - In August 2020 Welsh Government agreed funding to enable Welsh patients to have access to Kaftrio, a Cystic Fibrosis Modulator therapy which will be life changing for many patients. Recurrent funding was also released for a home IV service and additional staffing to support Outreach clinics to enable patients to be treated closed to home.

Paediatric Congenital Heart Disease - Funding was agreed to increase the number of paediatric cardiology outreach clinics, to ensure sustainability of the service and enable the paediatric outreach clinics to be delivered in line with Congenital Heart Disease standards of care.

Adult Congenital Heart Disease - Funding was agreed to implement Phase 2 of the development of ACHD services.

Mental Health and Vulnerable Groups

Gender Identity Service for Adults - The Welsh Gender Service (WGS) has been operational since September 2019, providing access to Gender Identity Services through a multi-disciplinary team made up of a consultant endocrinologist, gender specialists and psychologists based at St David's Hospital in Cardiff. In response to the coronavirus pandemic and through the use of virtual consultations, the team has exceeded core planned activity levels whilst also reducing travel for patients and staff. The

introduction of remote working has attracted experienced clinicians from across the United Kingdom without the need for staff to relocate to Wales. This past year, the Welsh Gender Service has reduced the waiting list by 6 months despite an increase in demand for the service, averaging 65 referrals per month. Furthermore, the introduction of an innovative peer support and psycho-social information programme provided by Umbrella Cymru, has supported over 1000 people waiting for their first appointment with the WGS since 2019. The service has also recruited additional workforce, which has enhanced service provision significantly by enabling the service to see complex patients and undertake 1st surgical assessments, which would have previously required a referral to the London based Gender Identity Clinic hosted by The Tavistock & Portman NHS Foundation Trust.

Perinatal Mental Health - In April 2021, WHSSC commissioned an interim Specialist Perinatal Mental Health Inpatient Unit (Mother & Baby Unit) based at Tonna Hospital in Neath. Further meetings have been held with NHS England to jointly develop new service in Mersey & Cheshire area with guaranteed access for patients from North Wales & North Powys. There is potential for the service to be operational in 2021 if fast tracked with national NHS England support.

Neurosciences and Long Term Conditions Commissioning Team

Thrombectomy services – this was formally commissioned in 2019-20 however, as this was an essential service provision during the pandemic, further progress was made to resolve some of the operational difficulties. This work has involved strengthening the service across south and north Wales, particularly around the transport and repatriation of patients, image transfers across the north and south Wales region and the initial development of a Mechanical Tertiary Thrombectomy service in south Wales.

Implementing the NICE recommended treatment Nusinersen - investment was to address the immediate staffing requirements of implementing the NICE approved treatment, Nusinersen (SPINRAZA) for patients with Spinal Muscular Atrophy under the care of the Children's Hospital for Wales, CVUHB.

Ketogenic Diet service – investment made to secure the Paediatric Ketogenic Diet service at CVUHB, as a result of a funding shortfall on one of the key posts for the service.

Prosthetic Service at Swansea Bay UHB – this was identified as an in year service risk. An investment was provided, in order to mitigate the immediate risks in the service.

Clinical Immunology – funding was secured to enable the service to achieve the three key actions required for QPIDs accreditation.

Intestinal Failure –this was identified as in year service risk and funding was secured to provide 7 additional consultant sessions to the Intestinal Failure service for south and mid Wales in order to mitigate the immediate risks in the service.

AAC Review – phase 1 of the second service review for the AAC service has been completed.

Women and Children’s Commissioning Team

Fetal Medicine (South Wales) – additional resources provided has successfully enhanced the existing workforce across all levels to ensure a sustainable service and a key outcome is patients are now being seen in line with National Standards.

Inherited Metabolic Diseases (North Wales) – Additional funding provided leading to a strengthening the provision in North Wales to reduce the need for patients to access services across the border.

Paediatric Gastroenterology – In year investment was approved to support additional nursing and dietetic support to the services in light of fragilities exacerbated by COVID.

Welsh Renal Clinical Network Key Achievements

The Welsh Renal Clinical Network supported Health Boards and other partners to ensure that all dialysis services across Wales remained opened ensuring uninterrupted to dialysis through the pandemic with a sustained focus on increasing access and maintenance of home therapy service across Wales. They also supported the proactive management of transplant programme including recommencement of service following the UK wide pause of transplants during the first wave of the pandemic.

- Significant refurbishment and expansion of unit dialysis estate to ensure patient access to highest quality services closer to home. Notably in North Wales in which a new dialysis unit was opened in Mold ahead of schedule to help ease pressures caused by the pandemic.
- All dialysis services across Wales remained opened ensuring uninterrupted to dialysis through the pandemic. This was supported by with clear collaboration between the WRCN, Health Boards and other

stakeholders with focussed and proactive attention to risk management for patients and staff

- Sustained focus on increasing access and maintenance of home therapy service across Wales. This has been further augmented by the agreement to recruit an all Wales Home Therapies Clinical Lead to drive forward innovation and delivery
- Proactive management of transplant programme including re-commencement of service following the UK wide pause of transplants during the first wave of the pandemic.
- Acting as Sponsor Organisation overseeing the approval of the only all Wales Welsh Government Transformation Fund programme to digitise kidney care in Wales. Progress on delivering a single instance of VitalData (the Welsh renal care data repository) roll-out of EPMA (Electronic Prescribing and Medicines Management) achieved in North Wales despite the challenges created by the pandemic.
- Patient reported PREMS rolled out digitally across Wales with Wales achieving the highest return rate of all four nations.
- Completion of comprehensive costing work as an integral element of a research project led by WRCN Clinical Lead. This will enable a clear reflection of the relative costs of different modalities of dialysis and support plan to link with PROMS to evaluate patient outcomes using value based healthcare methodology

Traumatic Stress Wales Traumatic Stress Wales

Traumatic Stress Wales Traumatic Stress Wales, (previously known as the All Wales Traumatic Stress Quality Improvement Initiative) is a national quality improvement initiative which aims to improve the health and wellbeing of people affected by traumatic events. The Project Director and Lead for Psychological Therapies have been recruited to the national hub team based at WHSSC and recruitment continues for the remainder of the team. The national hub team will provide second opinion, monitor key quality indicators and provide training and resources to help improve the quality of local traumatic stress services and increase access to evidence based therapies. The Traumatic Stress Wales Service Improvement Specification went out for consultation earlier this year. All seven health boards have been invited to submit a request for funding for additional psychology resource and training to help deliver their traumatic stress services to the standards outlined in the service improvement specification. The hub team have already started delivering 'Guided Self Help' training called 'Spring' to health boards, targeted at people with mild to moderate PTSD. A website for Traumatic Stress Wales, containing resources and information on PTSD and CPTSD is in development and will be live early in 2021. The Traumatic Stress Wales' national steering group, which includes representatives from the seven health boards,

together with key stakeholders, continue to meet on a quarterly basis to oversee the development and implementation of the initiative.

Independent Hospital Contracts

WHSSC led the work on procurement of the Independent Hospital Sector and directly supported Health Boards in the delivery of the COVID-19 response by commissioning independent hospital capacity throughout 2020-21.

Following a request from Welsh Government at the end of March 2020 WHSSC worked at pace to put in place commissioning arrangements for the Welsh independent hospitals sector. Within two weeks WHSSC, supported by Welsh Health Shared Services Partnership, signed formal heads of agreement to secure the full operating capacity of the 6 independent hospitals in Wales. The contracts commenced on 6th April 2020 and initially ran for a three month period to 5th July 2020.

WHSSC put in place robust contracting arrangements from the start of the process including formal legal heads of agreement, legally binding contracts followed by formal contract variations as required to adapt to conditions. The contracting arrangements were underpinned by a formal contract with KPMG to provide accounting and audit services to monitor and implement the contract to ensure that only qualifying costs were charged. Value for money for the arrangements was optimised by the contract mechanism which only paid for a range of approved qualifying costs which excluded profit margins and a range of non-qualifying corporate HQ costs. Throughout the contract WHSSC had in place robust monitoring arrangements via detailed weekly reporting underpinned by weekly performance meetings with health board leads. This process enabled health boards to learn from one another and improve utilisation.

The initiative delivered significant patient value to health boards in providing Covid safer environments to provide urgent surgery and essential surgery and diagnostic services which would otherwise not have been delivered.

4.3 Individual Patient Funding Requests (IPFR)

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 requests received by WHSSC are usually considered by the All Wales Panel. The Panel meet in person on a monthly basis. However, urgent decisions can be made by a Panel Chair action.

During the COVID-19 lockdown, WHSSC moved to a more agile IPFR process to facilitate swift responses and the process became paperless. All Individual Patient funding (IPFR) decisions were taken via Chair's Action until March 2021 when the virtual Panel meetings resumed.

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.

Key Achievements and Patient Outcomes

The number of IPFR requests reduced at the start of the pandemic but as time went on the volume of applications increased.

The Chair's Action Panel (comprising the all Wales Panel Chair, WHSSC Managing Director, Director of Nursing and Quality Assurance and Medical Director) met virtually on a weekly basis to consider between 2 and 5 requests. To strengthen the process a lay member was included to the panel membership.

The weekly Panels worked well with IPFR requests being processed far more quickly, as previously Panels were convened monthly. Positive feedback was received from clinicians about the speed of decision-making and there has been an improvement in the quality of the IPFR applications with clinicians contacting the Patient Care Team before submitting applications.

Where funding has been approved, clinical outcomes are routinely requested and the Panel is updated. These outcomes inform future decision as well as the revision and development of WHSSC commissioning policies.

WHSSC continues works closely with the LHBs and the All Wales Medicines Therapeutics and Toxicology Centre to share and promote consistency of best practice.

5. WORKFORCE AND ORGANISATION DEVELOPMENT

WHSSC supported the wider NHS during the pandemic and WHSSC staff were redeployed to support Health Boards and Welsh Government to add capacity to the system.

Staff development and well-being support remained a key priority during 2019-20. A restructure took place at the beginning of 2020 to meet changing organisational needs.

The WHSS Team have worked incredibly hard, diligently and with agility over the last year and the key achievements described in this plan are a testimony to everyone's efforts.

Last year's integrated commissioning plan included a high level workforce plan with the key aim of maximising workforce capacity. Table 1 below shows the progress in achievement of this plan during 2020-21.

5.1 Workforce High Level Overview

Objective	Action taken, by when	Progress
Strengthening of Executive team	All Executives posts are filled substantively.	All Executives posts are filled substantively
Improving recruitment and retention	<p>One Finance Manager post for north Wales is still open</p> <p>The role and function of the Quality Assurance Team has been reviewed during 2020-21 and further restructuring of the team will take place during 2021-22.</p>	<p>Progress has been made on strengthening the north Wales office with a dedicated senior manager in post from February 2021. This will provide the platform to further strengthen the finance support to the north Wales office.</p> <p>The one remaining vacancy has been filled and a person will be in post by the beginning of June 2021.</p>
Expanding the workforce to lead on specific projects	<p>Developing new posts to increase commissioning effectiveness. Recent appointments include a PET project manager.</p> <p>Future developments includes a Medicines Management Post and Blueteq project manager.</p> <p>Development of a Vulnerable Group work-stream supported by WG funding underway. This includes a planning role and a part time</p>	<p>PET project continues</p> <p>Blueteq implementation finalised in May 2021.</p> <p>Vulnerable Groups planner in post and the Traumatic Stress Wales a now recruited to.</p>

	Associate Medical Director (AMD)	Appointment of the AMD post has been deferred because of the pandemic
Developing and implementing organisational development and learning programmes across the organisation	<p>Regular OD sessions are taking place for the Executive team, in part facilitated by the host organisation.</p> <p>Roll out of an organisation wide OD programme is planned for 2020-21.</p> <p>A number of staff are receiving assistance to study toward Masters Degrees and/or relevant professional qualifications.</p> <p>Lunch and learn sessions are being provided by members of the WHSS Team.</p> <p>Participation in the Embrace on-line Health and Wellbeing public sector pilot.</p>	<p>These have continued during 2020-21.</p> <p>Postponed due to Covid-19 and staff working remotely. All staff meetings, PDRs and PDPs continue</p> <p>Additional staff have been supported to undertake further post graduate study during 2020-21</p> <p>Postponed due to Covid-19 and staff working remotely</p> <p>This continues and a number of mindfulness sessions have been facilitated and have taken place</p>
Ensure HR policies are appropriately applied to manage sickness and absence and that this is audited	We are continuing to work to improve compliance for seconded staff and ensure there is high performance on core skills training for all staff following in-year changes to the programme content and recruitment of new staff.	This has continued during 2020-21

5.2 Personal Development Reviews (PDR)

The achievement of PDR targets and the completion of core skills training by all staff are key priorities for WHSSC. We are working with all staff not just Line Managers, to ensure understanding of the importance of personal development reviews.

5.3 Staff Sickness and Absence

As WHSSC is a small organisation, sickness and other absences have a significant effect on the capacity of the organisation. Short and long-term sickness absence continues to be a focus, with all line managers attending sessions put on by Cwm Taf Morgannwg University Health Board to ensure that they are aware of the changes to the All Wales Sickness policy and have the skills to implement them.

5.4 Development of Clinical Leadership

Five Associate Medical Directors (AMD) appointed during 2017-18, aligned to the commissioning teams. These posts have significantly strengthened WHSSC's clinical engagement however the model has developed over time. Two of the AMDs now support more than one commissioning team. In addition a new commissioning team leading on services for Vulnerable Groups has been established, this supports Gender Services and the new Traumatic stress service. There continue to be part time Medical and Deputy Medical Directors posts. There is a full time Director of Nursing & Quality Assurance in the WHSS Executive team.

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. Further work defining their role and identifying their support and training needs has been delayed because of the pandemic.

5.5 Training Opportunities

The organisation continues to make a number of training opportunities available to staff. These include the Healthcare Financial Management Association (HFMA) modules for non-finance staff which are being undertaken by staff within the Clinical and Planning teams and the Academi Wales Senior Leadership course which is being undertaken by staff at Assistant Director level. We also have a number of staff undertaking

master's level qualifications. At Director level we are providing executive coaching and have provided professional development opportunities in Value Based Healthcare. One of our Directors is undertaking a coaching qualification to allow us to provide an "in-house" resource for future staff development.

5.6 External Training and Development

The WHSS Team is keen to offer out unique all Wales strategic planning and commissioning experience as a resource for the wider NHS in Wales.

This philosophy has 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.

Trainees from the NHS Wales Finance Academy Financial Management graduate scheme have also undergone placements with WHSSC.

5.7 WHSSC Business Continuity Plan and the response to COVID-19

Whilst the organisation had a major incident and business continuity plan in place that served it well, the scale and impact of the COVID-19 pandemic was unprecedented. The Business Continuity Plan (BCP) was activated and WHSSC was able to continue its core activities without significant delay or disruption to services despite the temporary closure of the WHSSC office.

Throughout the pandemic the majority of WHSSC staff have predominantly worked from home, in line with Welsh Government advice. WHSSC rolled out remote working for staff and with the support of the IT department at Cwm Taf Morgannwg University Health Board, virtual meetings became the norm during 2020-21. The corporate team ensured that the office remained open and accessible and implemented a number of COVID-19 safety measures so staff have been able to combine working from home with access to the office as and when required.

6. QUALITY

Unlike the provision of most healthcare in Wales, which is planned and arranged locally, specialised services are planned nationally by WHSSC on behalf of Wales' seven LHBs.

WHSSC works closely with the LHBs to ensure that any specialised service commissioned is of a high standard and that there are no concerns identified from a quality perspective.

LHBs work on behalf of WHSSC and help to ensure the provision of high quality specialised services in Wales. They do this by using a Quality Assurance Framework which is monitored by the LHB's Quality and Patient Safety (QPS) Committee. Monitoring outcomes are then reported back to the LHB.

Quality is everyone's concern and the processes and the development of methodologies by which we capture patient feedback to support service delivery is central to the work of WHSSC's Quality Assurance Team.

The 'Quality Team,' which was established in 2019, helps ensure that the patient is at the heart of all aspects of the commissioning cycle as this is fundamental to the delivery of a safe and effective service and is essential in supporting the delivery of prudent health care.

The Quality Team aims to capture patient experiences, using it in conjunction with quality indicators to inform quality improvements and establish key relationships with commissioners and providers and to share these with Clinical staff in order to inform and improve service delivery.

The Quality Team looks to establish clear forums on ways in which services can showcase examples of best practice which in turn will help inform and support commissioners, other clinical areas, and the Joint Committee.

During 2021-22 a new Commissioning Assurance Framework will be introduced. The aim of this framework 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 introduction of the Commissioning Assurance Framework (CAF) is supported by a suite of documents and designed to support this ambition. An implementation plan will also be developed to ensure that the CAF is delivered. Fundamental principles underpinning the Commissioning Assurance Framework Implementation. Central to our approach is 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. Where concern regarding the quality of services are identified and remedial action is required escalation processes are initiated and acted upon in a timely manner.

The Quality Team work closely with the Medical Directorate and Commissioning Teams and have a pivotal role in monitoring the quality of commissioned services.

As a subset of the CAF a new commissioning performance assurance framework for WHSSC, has also been developed. This includes a reset commissioner relationship with commissioner Health Boards in Wales and a provider relationship across all the WHSSC contracts, performance assurance measurements and a revised performance assurance process. As services move into recovery and to reflect the revised commissioning intentions a new performance assurance process has been developed to provide assurance on WHSSC commissioned service.

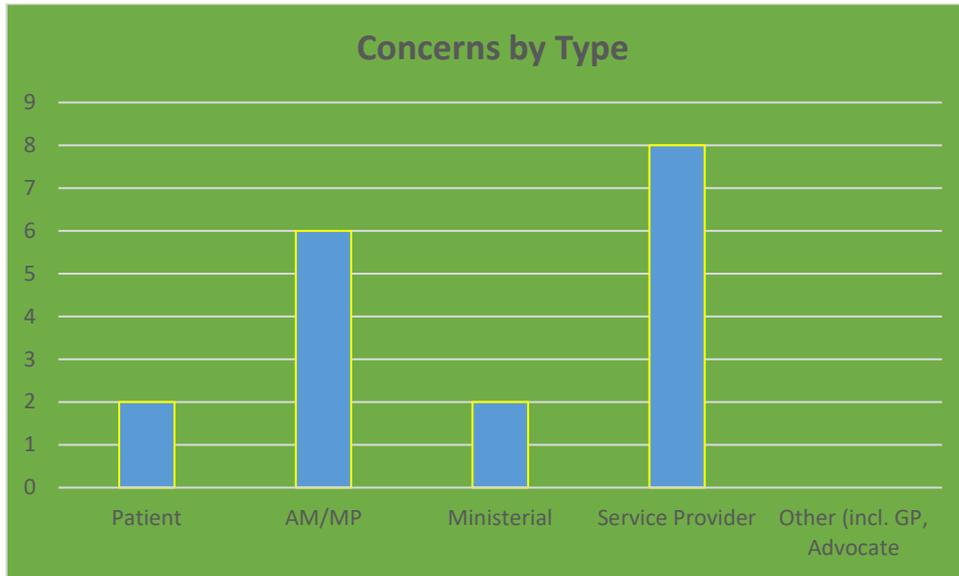
The QPS Committee goes from strength to strength, and Independent Members from each of the LHBs attend meetings alongside Community Health Council representatives who provide guidance and scrutiny.

7. CONCERNS

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 on-going 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.

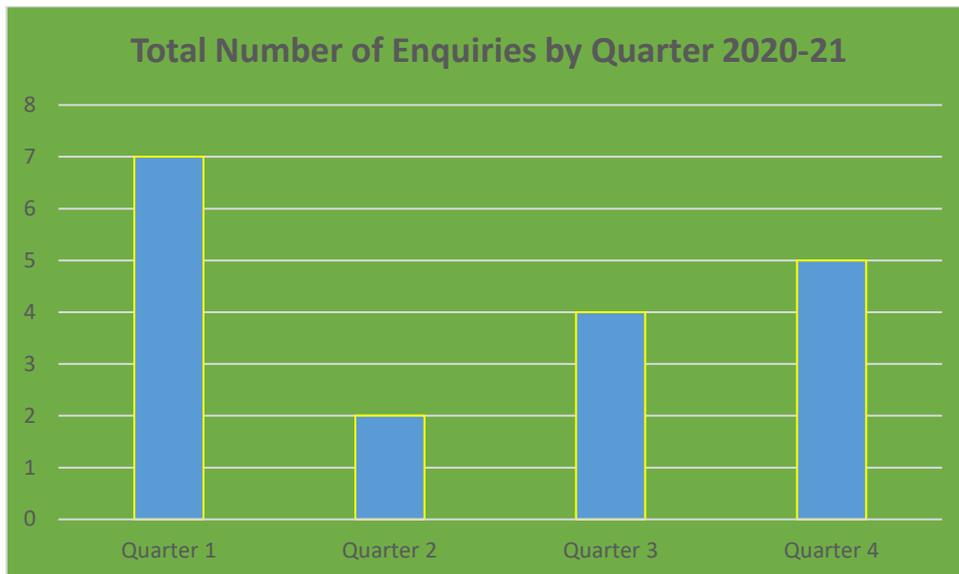
WHSSC works with the LHBs in the management of concerns to ensure that service users and patients, who notify either the LHB or WHSSC, are provided with a detailed response. Concerns are dealt with in line with the all-Wales Putting Things Right arrangements and in line with the WHSSC Concerns Protocol.

During the course of 2020-21, WHSSC received a total of 18 concerns/enquiries. Concerns were raised by a variety of sources and were broken down as follows:

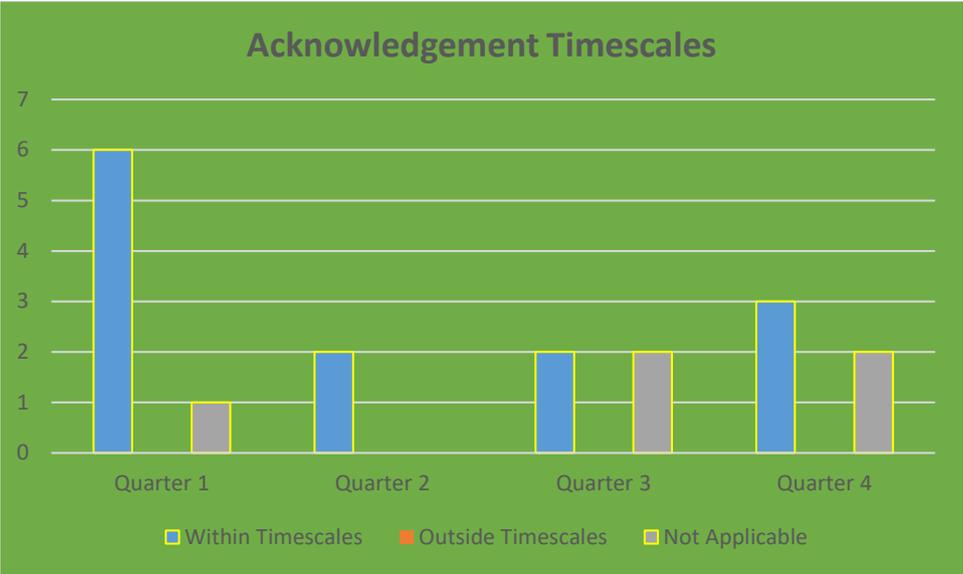
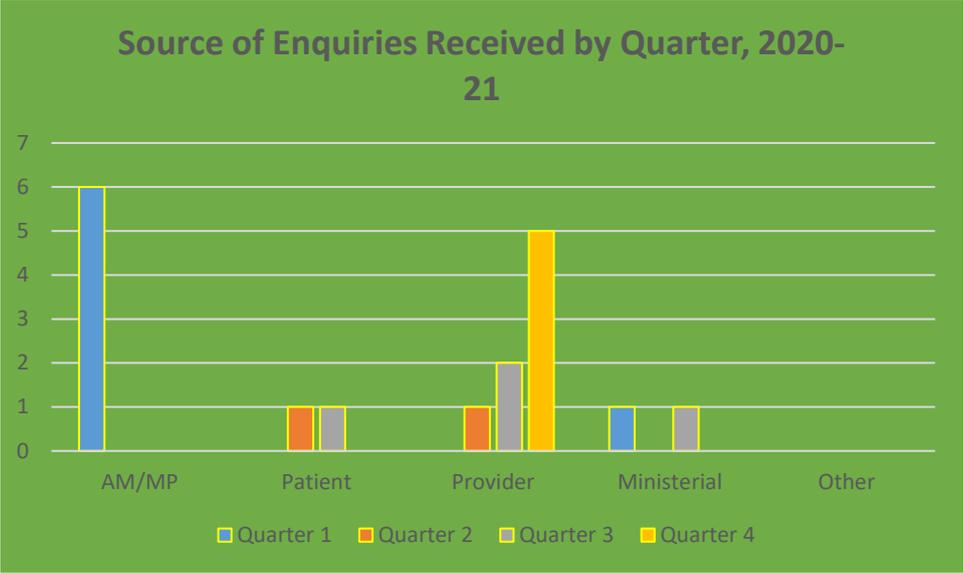


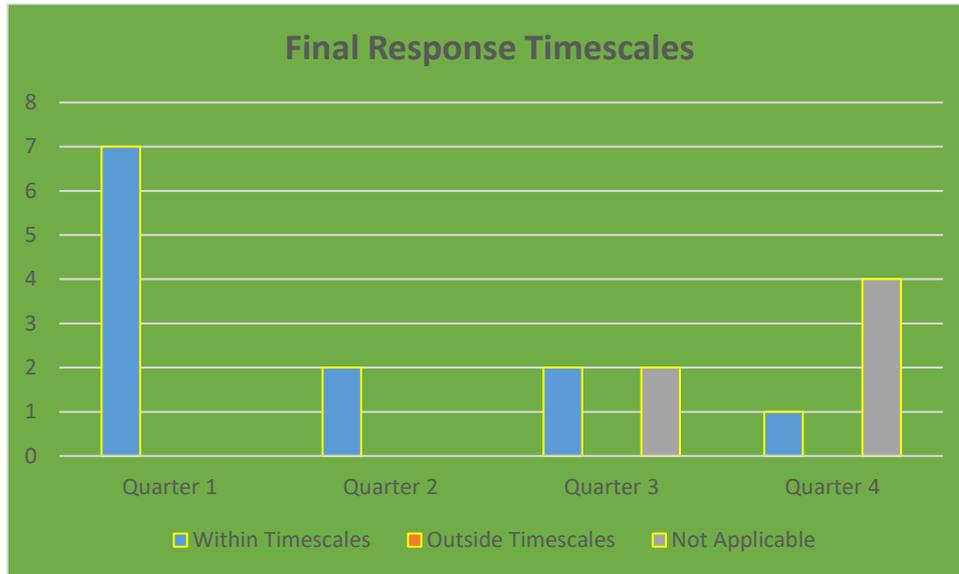
Of the 18 concerns/enquiries raised during the period 2020-21, none were acknowledged outside the predetermined timescale of 2 working days. 100%² of all concerns received in 2020-21 received a final response within the required timescale of 30 working days.

The charts below provide an illustration of this information:



² At the time of writing, 2 enquiries are open but remain within timescales.





8. CORPORATE RISK AND ASSURANCE FRAMEWORK

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.

8.1 The Risk and Assurance Framework

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.

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, Corporate Directors Group Board, Internal Risk Group, Joint Committee and joint sub-committees.

WHSSC's capacity to manage risk is set out in Section 4 of the Annual Governance Statement. The latest version of the Annual Governance Statement can be found via the link in section 9.1 below.

9 CORPORATE GOVERNANCE & FINANCIAL POSITION

In this section you will find the following:

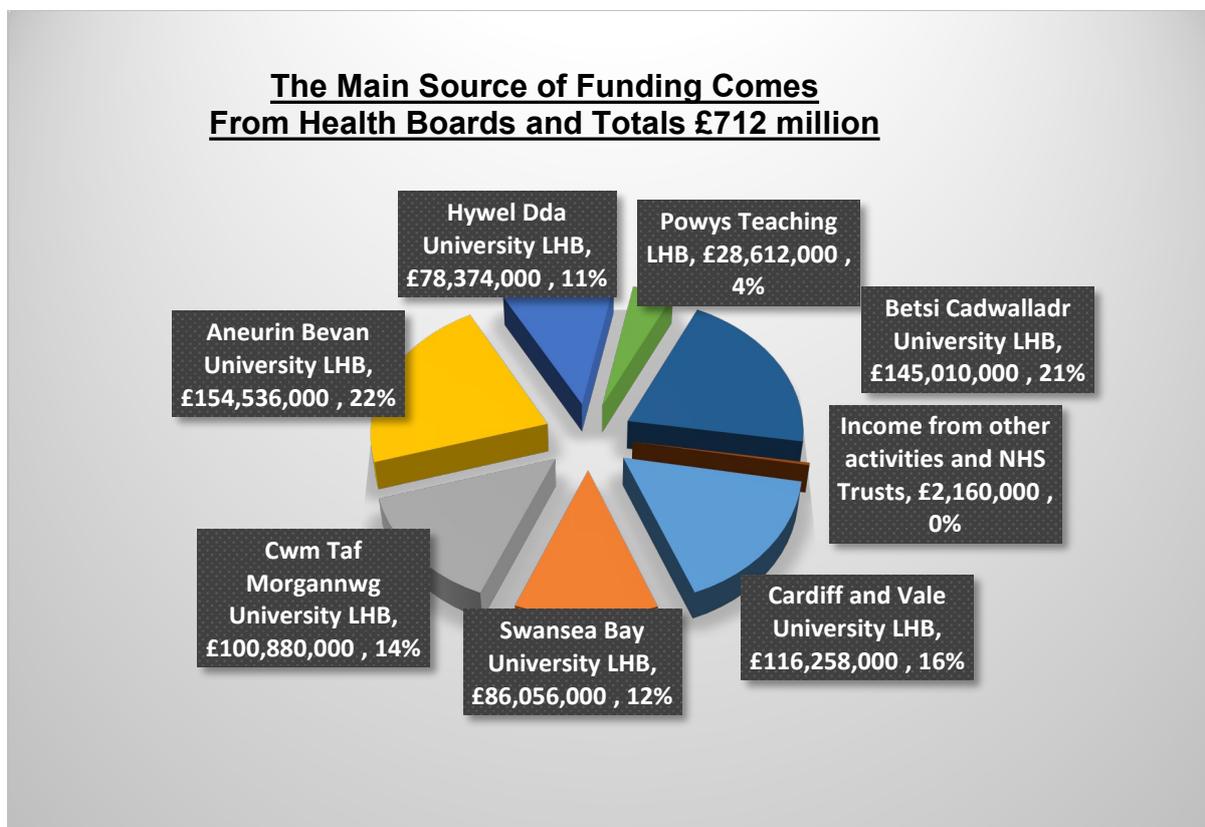
- A link to the Annual Governance Statement
- Summary of Financial Position for the year ended 31 March 2021.

9.1 Annual Governance Statement (AGS)

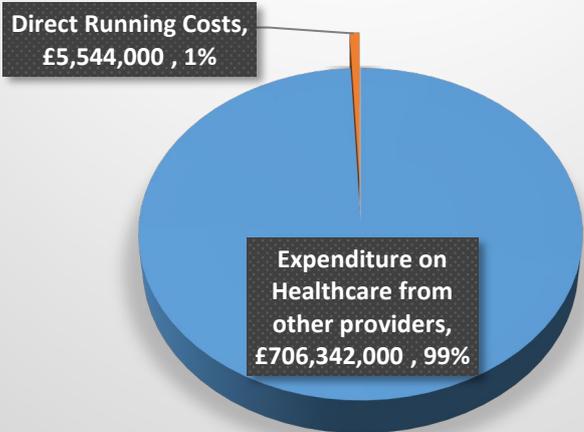
The AGS is a document explaining the processes and the procedures in place to enable WHSSC to carry out its functions effectively. The latest version of the AGS can be found in the publications section of the WHSSC website at: <https://whssc.nhs.wales/publications/governance/>

9.2 Summary of Financial Position

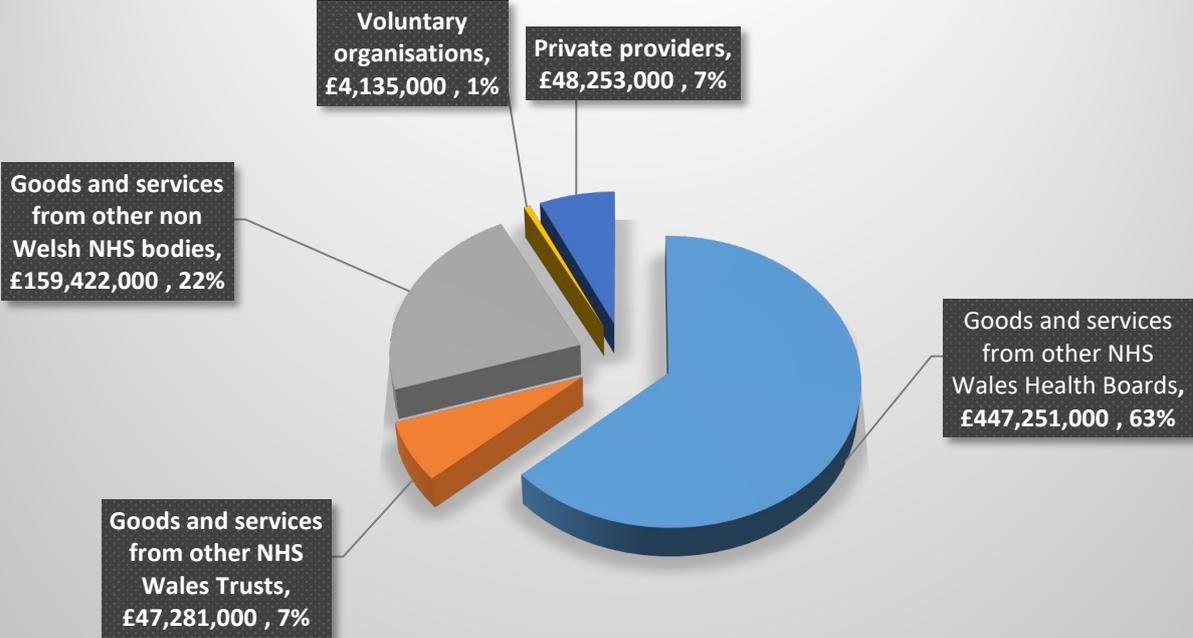
The WHSSC Summary Financial Position 2020-21 is set out in the charts below:



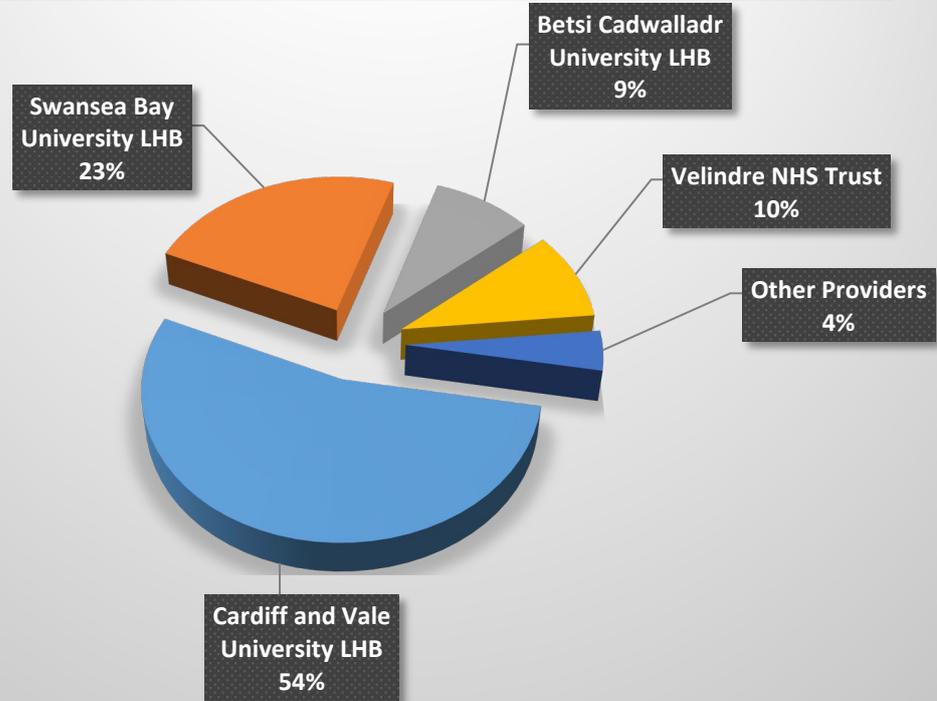
The Operating Costs of WHSSC were £712 million



Expenditure on Healthcare From Other Providers



WHSSC Spent £494.532m on Specialist Services Provided Within Wales



WHSSC Spent £25.281m supporting the COVID-19 pandemic effort

