

# Welsh Health Specialised Services Committee Annual Report **2021-2022**



Let's Begin



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Iechyd Arbenigol Cymru  
Welsh Health Specialised  
Services Committee

# Contents

**01**

Welsh Health  
Specialised  
Services Committee  
(WHSSC)

Page 5

**02**

Summary Of Our Key  
Achievements  
2021-2022

Page 10

**03**

COVID-19  
Response

Page 17

**04**

Governance  
Framework and  
Our Structure

Page 21

**05**

The Integrated  
Commissioning  
Plan (ICP)

Page 23

**06**

Commissioned  
Services

Page 26

**07**

Quality

Page 40

**08**

Concerns

Page 43

**09**

Risk  
Management

Page 49

**10**

Corporate  
Governance

Page 51

**11**

Financial Position

Page 56

**12**

Workforce and  
Organisational  
Development

Page 61

---

**13** Appendix  
Page 67

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# Foreword from our Chair and Managing Director

We are delighted to bring you our Annual Report for 2021-2022. 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 achieved in collaboration with our partner organisations and stakeholders.

This Annual Report reflects a year that was very much defined by our response to the pandemic and the recovery phase. Once again, it was a year like no other, in which we rewrote plans and processes, fast-tracked change, and stood shoulder-to-shoulder with one another and our partners across NHS Wales – proving that, together, we can drive innovation and improvement at pace for the benefit of the NHS and its patients.

These achievements and innovative new approaches were driven by our empowered and committed staff. The fact that, like all organisations, our staff have had to balance their work with the impact of the pandemic on families, loved ones, schools and home life, makes what we have achieved even more remarkable.

So, we want to begin with an emphatic and heartfelt ‘thank you’ to everyone at WHSSC for their hard work, commitment and dedication and for coming together as one team to support NHS Wales, successfully and at speed.

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. Despite the many challenges WHSSC has been able to largely deliver the planned activities and new prioritised services for 2021-2022. 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.



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 the transplant programme including re-commencement of service following the UK-wide pause of transplants during the first wave of the pandemic.

The 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 remained viable during the pandemic and that full recovery of these services was possible. WHSSC continued with its usual prioritisation process to inform the 2021-22 Integrated Commissioning Plan. These prioritised schemes along with the key strategic priorities for WHSSC, aligning to the new Ministerial priorities, all had a specific focus on service recovery and improved outcomes.

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.

And finally, we would also like to take this opportunity to express our deep thanks to 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** | **Dr Sian Lewis, Managing Director**

**Our aim is:**

***“On behalf of Health Boards, to ensure equitable access to safe, effective, and sustainable specialised services for the people of Wales.”***

# Welsh Health Specialised Services Committee (WHSSC) 01



# Welsh Health Specialised Services Committee (WHSSC) 01

## 1.0 Background

The Welsh Health Specialised Services Committee (WHSSC) is a Joint Committee of the seven Health Boards in Wales established under the Welsh Health Specialised Services Committee (Wales) Directions 2009 for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national all-Wales basis, on behalf of each of the seven Health Boards in Wales.

The seven Health Boards 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 Health Board 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 is hosted by Cwm Taf Morgannwg University Health Board on behalf of each of the seven Health Boards.

**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 has had a significant impact on activity levels of specialised services.

Despite all of the difficulties and challenges WHSSC has been able to largely deliver the planned activities and new prioritised services described within the 2021-2022 Integrated Commissioning Plan; a summary is outlined under the commissioning teams key achievements in section 6.

The staff in WHSSC, working with providers and the wider NHS, must be recognised and thanked for their involvement in this delivery.



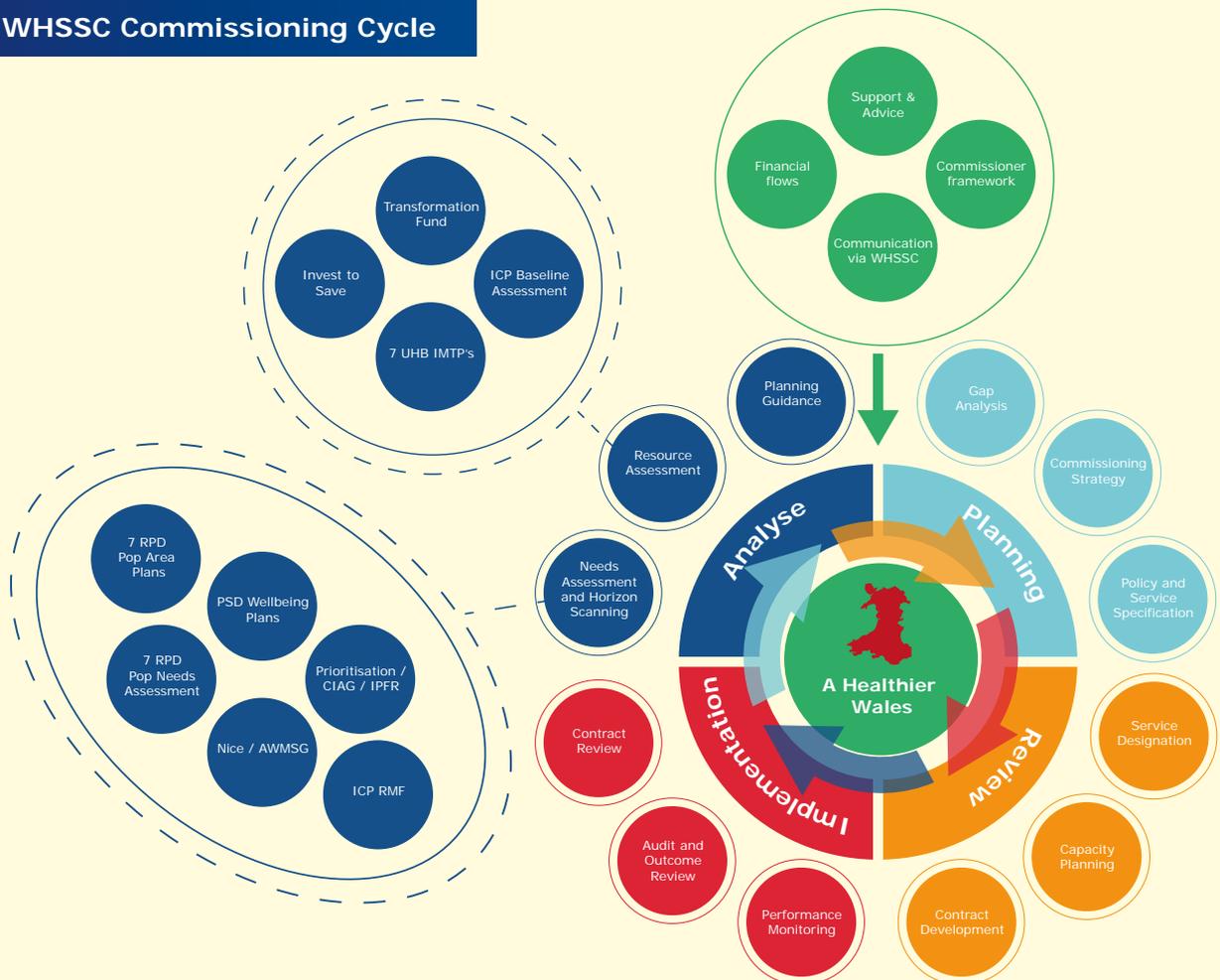
## 1.1 The Role of WHSSC

- ✓ 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 Diagram 1:

Diagram 1: WHSSC Commissioning Cycle



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

WHSSC’s 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 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.

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 Health Boards, the infographic in Diagram 2 sets out the key statistics for the staffing levels, direct running cost budget, commissioning budget and contracts.

**Diagram 2: WHSSC Profile**



**5** Directors



**5** Commissioning Teams Plus



**£747m** Commissioning Budget



**62** WTE Staff



**45** Contracts



**£5m** Running Costs

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; and
- Exit packages.

Organisationally WHSSC is split into five Directorates; Corporate, Finance, Nursing and Quality, Medical and Planning with 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 and Traumatic Stress Wales.

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

# Summary Of Our Key Achievements 2021-2022 02



# Summary Of Our Key Achievements 2021-2022 02



## Interim Mother & Baby Unit Opening

In April 2021, an interim Mother and Baby Unit, Uned Gobaith, opened at Tonna Hospital. The six bedded unit was provided by Swansea Bay University Health Board and could be accessed by any woman residing in Wales. Women in North Wales and Mid and North Powys also had the option of accessing units in England. In November 2021 the NHS England/ NHS Wales Mother & Baby Unit Steering Group confirmed that following an options appraisal a preferred provider had been identified.

Cheshire & Wirral Partnership Trust are in the process of developing a business case for an eight bedded unit which would serve the population of Cheshire & Merseyside & North/Mid Wales. It was estimated that the refurbishment project, located in Chester, would take approximately 18 months to complete.



## Status Report on Annual Audit of Accounts 2020-2021

The WHSSC/Emergency Ambulance Services Committee (EASC) Annual Accounts were submitted to Cwm Taf Morgannwg University Health Board ahead of time to enable consolidation and the accounts were approved by the Cwm Taf Morgannwg University Health Board Audit and Risk Committee and the Board on 9 June 2021. All financial duties were fully met and the WHSSC team worked closely with all Health Boards 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.



### All Wales Positron Emission Tomography (PET) Programme

WHSSC worked closely with all seven Health Boards and Velindre NHS Trust to develop a Programme Business Case and strategy for the future PET service in Wales. On receipt of letters of support from all Health Boards 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 three or four 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 to facilitate and lead the Programme.



### WHSSC Cancer & Blood Programme Internal Audit Report

The NHS Wales Shared Services Partnership (NWSSP) Internal Audit Team has undertaken a review of the Cancer and Blood Commissioning Team within WHSSC and given an assessment rating of "substantial assurance".

This is the second Commissioning Team to be assessed as providing "substantial assurance". This built on the success of the Finance Team which had received "substantial assurance" in each of the audits undertaken on financial systems or financial governance.



### Inherited White Matters Disorder (IWMD)

On 7 September 2021 the Joint Committee approved that WHSSC could commission a new highly specialised service from NHS England offering a diagnostic and management service for Inherited White Matter Disorders for both children and adults.

It is anticipated that there will be 15 new patients per year in Wales of whom only 1-2 patients per year will require ongoing out-patient care from this small highly specialised service, which will enable easier access for the Welsh patient population.



### Syndrome Without a Name (SWAN)

On 7 September 2021 the Joint Committee approved that WHSSC could commission a 2 year pilot to progress establishing a Syndrome Without a Name service and approve Cardiff and Vale University Health Board as the provider, following Welsh Government's agreement to a Rare Diseases Implementation Group (RDIG) proposal to establish a Syndrome Without a Name service.

Funding was provided for a 2 year pilot commissioned by WHSSC, the outcomes of which will inform a longer term commissioning proposal to be considered via a WHSSC Integrated Commissioning Planning process.

The main aim of the Syndrome Without A Name service is to reduce the burden of the "diagnostic odyssey" experienced by patients, which is a key action identified by the Rare Diseases Implementation Group.



### Commissioning Future New Services for Mid, South and West Wales

The Chair and Managing Director of WHSSC received correspondence from the NHS Wales Collaborative for WHSSC to commission:

- Hepato-Pancreato-Biliary Services,
- The Hepato-Cellular Carcinoma (HCC) Multidisciplinary Team (MDT); and
- To develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service.

In September 2021 the Joint Committee supported the proposal and a formal report was submitted to the commissioning Health Board Board meetings for final approval in September/October 2021 and all Health Boards approved that WHSSC formally commission the new services.



### Extension of FastTrack Process for Military Personnel

In 2021 the FastTrack eligibility arrangement in place for regular service personnel, which is managed through the Patient Care Team at WHSSC, was extended to small numbers of Reservist service personnel.

Lt. Colonel James Papworth, Staff Medical Officer South NIWW wrote to WHSSC, expressing gratitude for the enhanced patient care offered by the whole process and for the friendly, flexible and efficient way it is administered by the WHSSC Patient Care Team.

The letter stated:

“

*Patients enjoy fantastic care from the providers in Wales. The option for selected individuals to be seen quickly in order to make them fit for duty and progress in their career is transformational. Service personnel want to be active, engaged and deployed. Being stalled on a waiting list can be corrosive to their morale and wellbeing. Finding that they can be seen quickly transforms their spirits. It also means key people are returned to operational effect in support of national objectives. This support to the military in Wales is envied by my colleagues in other parts of the UK and is a real credit to the nation of Wales. This thanks needs to be shared broadly as there are many people behind the scenes in WHSSC and in HBs supporting this scheme.*

**Lt. Colonel James Papworth,  
SMO South  
NIWW**

”

### Mental Health Surge Beds

WHSSC was requested by the National Collaborative Commissioning Unit (NCCU) to provide support to enable them to commission mental health surge beds in response to the omicron wave of the COVID-19 pandemic.

The National Collaborative Commissioning Unit had been asked by Health Boards to secure up to 80 beds of surge capacity for a limited period estimated to be up to the end of March 2022 based on their local demand assessments. The type of beds sourced included Psychiatric Intensive Care (PIC), step down and low secure which were normally outside of WHSSC’s direct commissioning remit. The National Collaborative Commissioning Unit confirmed the funding for the initiative would be provided directly by Welsh Government.

The enabling support provided by WHSSC included managing the financial allocation, financial reporting and payments associated with the scheme. WHSSC had undertaken similar financial support actions in 2020-2021 for the previous initiative and in 2021-2022 for the payment of the COVID-19 bonus. The Joint Committee were asked to support that WHSSC undertake this new activity on their behalf on 18 January 2022.



### Cardiff Transplant Retrieval Service - First Two Normothermic Regional Perfusion (NRP) Retrievals

In early 2022, the Cardiff transplant retrieval service provided their first two normothermic regional perfusion organ retrievals.

Normothermic regional perfusion is a technique that restores circulation to the abdominal organs following circulatory arrest using technology including localised extracorporeal membrane oxygenation (ECMO).

The goal was 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 normothermic regional perfusion retrieval under a UK initiative pilot led by NHS Blood & Transplant (NHSBT). Subject to successful evaluation of the outcomes of the programme normothermic regional perfusion may become an important way of increasing the number of organs available for donation.



### Published Article – Applied Health Economics and Health Policy

WHSSC were 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. The article described the process used by WHSSC to use evidence evaluation as a basis for commissioning decisions.



### WHSSC Independent Member Remuneration

The complexity and time commitment of the WHSSC Independent Member role was recognised when on 18 January 2022, following discussion with Welsh Government and the NHS Wales Chairs Group, the Joint Committee approved the proposal to transition to a fair and open selection process for appointing WHSSC Independent Members through advertising the vacancies via the Health Board Chairs and the Board Secretaries, with eligibility confined to existing Health Board Independent Members. The Joint Committee approved the suggested proposals to remunerate WHSSC Independent Members including the requirement for a review following the recruitment process.



### **Molecular Radiotherapy (MRT) Review to Guide the Development of an All Wales MRT service**

Following a review by the All Wales Molecular Radiotherapy Group (AWMOL), a sub-group of the Clinical Oncology Subcommittee (COSC) of the Welsh Scientific Advisory Committee (WSAC) was set up in December 2021 to specifically advise Welsh Government and the WHSSC on the provision of Molecular Radiotherapy services for the people of Wales.

Molecular Radiotherapy services became commissioned services under WHSSC's direction, supported by the informed and expert opinion of All Wales Molecular Radiotherapy Group, with the aim of encouraging "a national approach to clearly identifying the infrastructure and workforce requirements, in addition to a focus on developing services for patients". WHSSC will then lead and manage a dedicated programme and guide the development of future service provision.



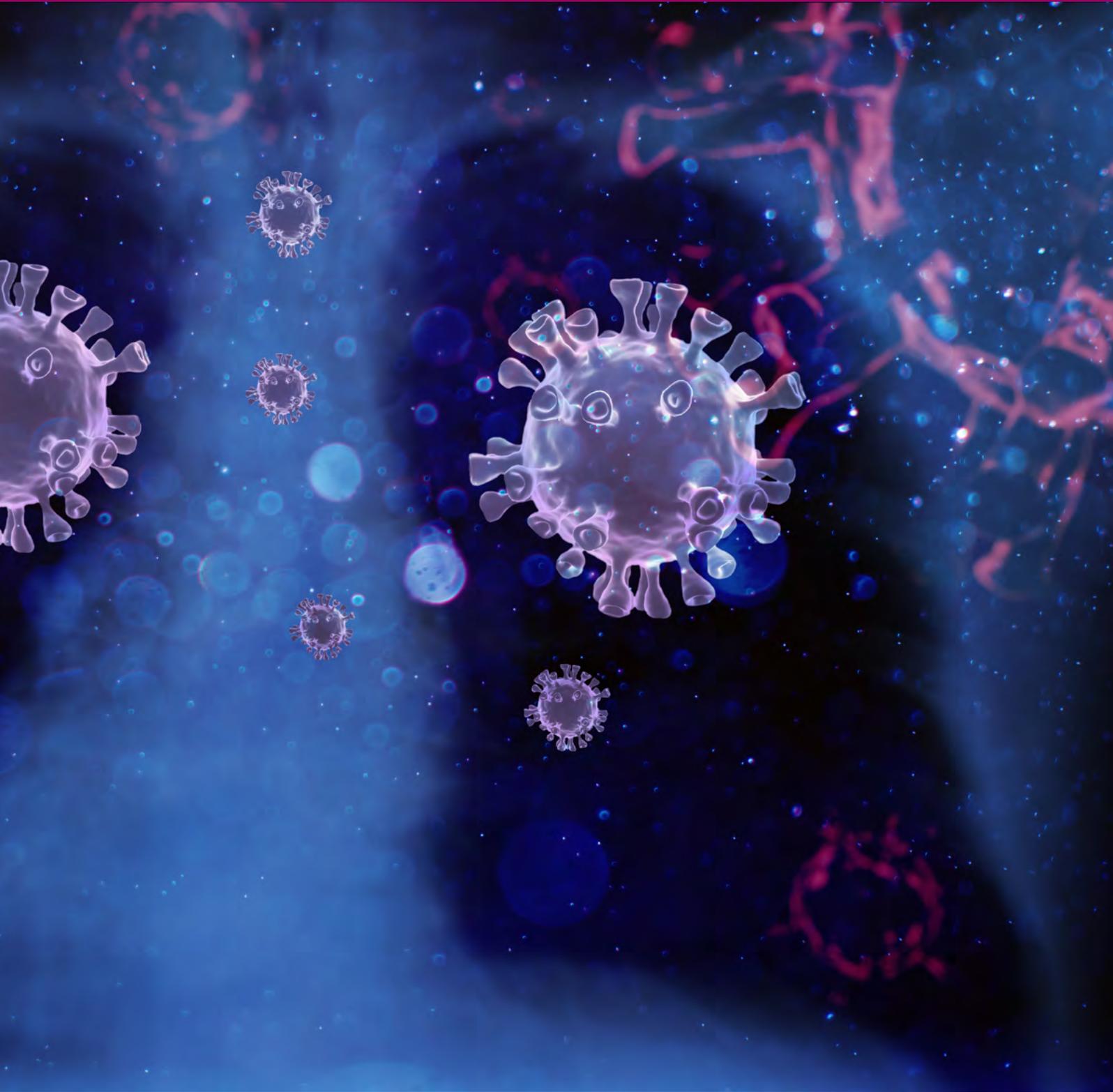
### **Sponsorship of the Health Care Support Worker Award at the Royal College of Nursing (RCN) in Wales Nurse of the Year 2021**

The Royal College of Nursing Wales – Nurse of the Year Awards 2021 ceremony took place on 10 November 2021. WHSSC sponsored the Health Care Support Worker Award category and our Chair, Kate Eden, was delighted to present the award to the winner Diane Rees, a Macmillan Cancer Navigator from Velindre University NHS Trust, on behalf of WHSSC.

Health care support workers play a vital role in providing excellent care to patients across all NHS care settings and the award recognised the truly remarkable achievements of health care support workers during the pandemic, who responded heroically to the unprecedented demands placed upon them. The awards panel felt that Diane had excelled at putting patients at the heart of her care.

[Return of RCN Wales Nurse of the Year Awards 2021 | News | Royal College of Nursing](#)

# COVID-19 Response **03**



# COVID-19 Response

# 03

## 3.1 Working During the COVID-19 Pandemic

The scale and impact of the COVID-19 pandemic continued to be unprecedented. The need to plan and respond to COVID-19 had a significant impact on the WHSSC, the wider NHS and society as a whole. WHSSC is committed to supporting achievement of the ambitious objectives outlined in Welsh Government's ["Health and Social Care in Wales COVID-19: Looking Forward"](#) guidance and adopt a realistic approach to supporting building back our health and care system in Wales in a way that places fairness and equity at its heart.

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 and presented us with opportunities to review the way we work as individuals and as an organisation. Throughout the pandemic the majority of WHSSC staff 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 continued to be the norm during 2021-2022. The corporate team ensured that the office remained open and implemented a number of COVID-19 safety measures to enable staff to combine working from home with access to the office as and when required.

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 to achieve a work life balance for staff. The principles were discussed at staff meetings and a survey was issued in July 2021 asking for feedback on the concept of hybrid working and whether there was a need to continue with a hybrid working model going forward. As a result of the survey we are committed to a flexible hybrid working model.

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 had so many staff been able to successfully work from home. This was a great success and something that we had to roll out almost overnight.





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### 3.2 Performance Management During the COVID-19 Pandemic

Prior to the COVID-19 pandemic WHSSC had two performance dashboards - an Organisation Performance Report and an Integrated Performance Report. Compilation and monitoring of these were stood down during the pandemic.

As a result of responding to the COVID-19 outbreak, provider organisations were permitted to stand down routine care to focus on delivery of services for patients with COVID-19 and essential services. During the height of the pandemic it proved difficult to engage with providers who were, understandably, heavily focused on the pandemic. To overcome this WHSSC adopted a direct monitoring system and reviewed available performance data.

The Joint Committee received a detailed presentation on "Recovery" at its meeting on 7 September 2021 that focussed on quality, performance and finance which highlighted key areas of risk and concern. The presentation was also given to the Management Group sub-committee meeting on 23 September 2021 for assurance.

The Recovery presentations encouraged wide-ranging discussion and structured highlighted reports were presented to Joint Committee from November 2021 onwards. WHSSC reviewed and analysed the business intelligence gathered from real-time monitoring and reporting of waiting times, demand monitoring compared to historical levels for high volume specialties and contract monitoring and developed a full information reporting system which provides monthly updates on delivery against historic activity levels, delivery against recovery plans, referral levels against plan and waiting list positions.

Since the COVID-19 outbreak, WHSSC has presented an activity report to each Joint Committee and Management Group meeting highlighting the scale of the decrease in activity levels during the peak COVID-19 period and reports on any signs of recovery in specialised services activity. In 2021-2022 the reports evolved to include more explicit, quantifiable intentions on which to measure achievements against and additional detailed analysis of the recovery position, as well as key points to promote effective focus and discussion. For 2021-2022 the recovery position was stable with an improving underspend position.

The WHSSC Commissioning Assurance Framework (CAF) was considered by the Joint Committee in May 2021 and approved in September 2021. The Commissioning Assurance Framework sets out a new performance assurance process alongside more outcome focussed performance measures. Monitoring services as they recover from the pandemic has required a different approach and reviewing data on patient outcomes and harm has become an important part of these developing arrangements.

Assurance against the Commissioning Assurance Framework is achieved through service specifications, Service Level Agreements (SLA) and performance monitoring through the Quality and Patient Safety Committee and the Integrated Governance Committee.

WHSSC discussed recovery plans with Welsh providers through Service Level Agreements meetings and received recovery positions from each of the Welsh providers of tertiary services. WHSSC held regular Reset and Recovery meetings with services to monitor performance against plans.

Joint Executive-to-Executive meetings were agreed between WHSSC, Cardiff & Vale University Health Board, Swansea Bay University Health Board and Betsi Cadwaladr University Health Board, in order to discuss the Welsh position across the plans and where necessary identify alternate pathways for Welsh patients. Any significant variance from plans was managed through the WHSSC escalation process, discussed with the relevant provider and reported to the Quality and Patient Safety Committee and the Joint Committee.

The escalation process was reviewed alongside the Commissioning Assurance Framework.

The suspension of the referral to treatment targets (RTTs) set by Welsh Government 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 referral to treatment targets.

Given pressures on providers due to the pandemic services in escalation for isolated referral to treatment target failures were removed from the escalation process. Commissioning teams continued to work with providers and maintained oversight of their recovery plans and trajectories.

The organisation continued to work closely with a wide range of partners, including the Welsh Government, as it continued its response and planning into the recovery phase. This was underpinned by robust risk management arrangements and the ability to identify, assess and mitigate risks that could have impacted on the ability of the organisation to achieve its strategic objectives.

Many specialised services were not being delivered in the same way that they were prior to the pandemic. Additionally, there was a broader system risk regarding equity of access to services and the breakdown of pathways through primary and secondary care, meaning that patients were not flowing into tertiary care in the same way that they were prior to the pandemic.

Although this was not a risk that WHSSC could directly manage there was a clear concern regarding how patients were accessing specialised services. The 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 remained viable during the pandemic and that full recovery of these services was possible.



# Governance Framework and Our Structure **04**



# Governance Framework and Our Structure 04

## 4.1 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 Health Boards 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 Health Board Chief Executives, Associate Members and the WHSSC Officers (as set out in the WHSSC Directions and Regulations).

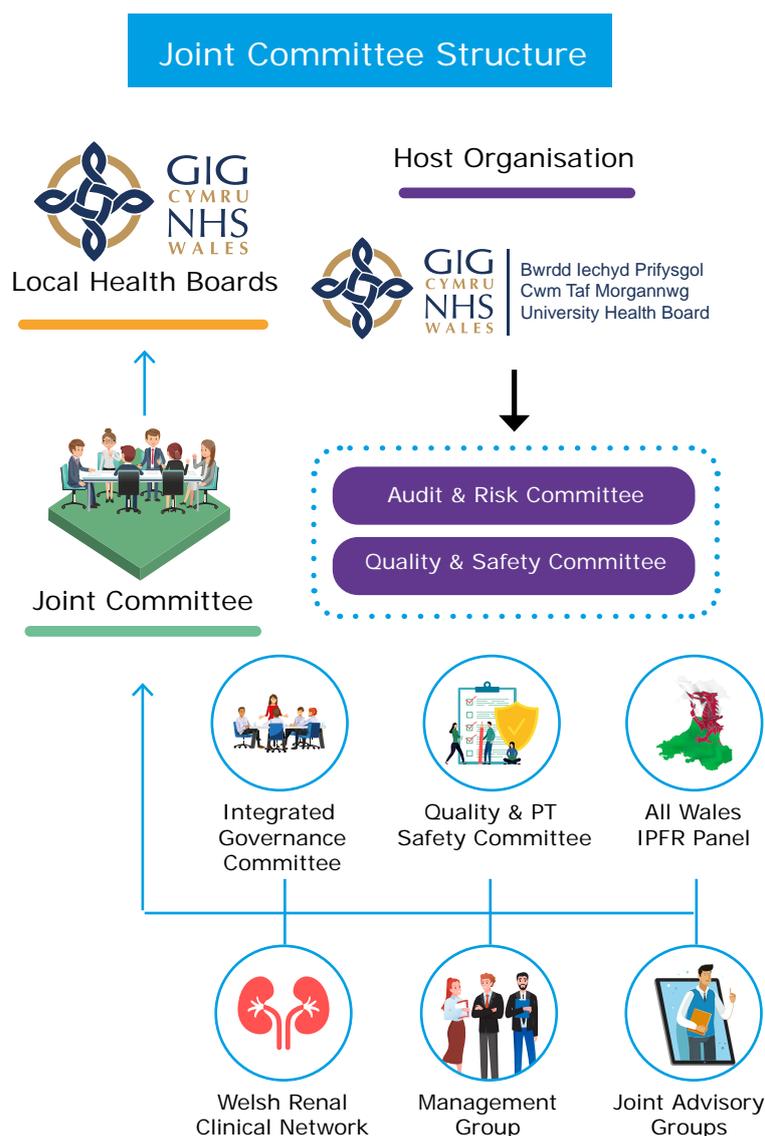
Whilst the Joint Committee acts on behalf of the seven Health Boards in undertaking its functions, the responsibility of individual Health Boards for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of specialised services.

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 Renal Clinical Network (WRCN)

The Joint Committee governance structure is outlined below:



Additional information, the governance framework, membership and attendance can be viewed in the Annual Governance Statement (AGS) on the [WHSSC website](#).

# The Integrated Commissioning Plan (ICP) 05



# The Integrated Commissioning Plan (ICP) 05

Each year Welsh Government issues planning guidance that places a requirement on organisations within NHS Wales for the development of integrated plans that seek to align; service, workforce and finance. To respond to that guidance WHSSC produces an Integrated Commissioning Plan, which presents a cohesive plan for the commissioning of specialised services for the people of Wales. The Integrated Commissioning Plan is developed by WHSSC on behalf of the seven Health Boards in Wales, and is the basis upon which Health Boards will plan for specialist services provision within their Integrated Medium Term Plans (IMTPs). Once again, in 2021-2022 the plan was developed within the ever-changing context of the COVID-19 pandemic, a situation that saw the delivery of specialist services impacted in both Welsh and English providers.

The Integrated Commissioning Plan 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'.

The commissioning intentions agreed by the Joint Committee on 14 July 2020 remained for 2021-2022, which were:

1. Reducing the harms related to COVID-19, with the key focus on restoring access to specialised services which reduced during the early phases of the pandemic; and
2. Ensuring 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 new Ministerial priority measures issued by the Welsh Minister for Health and Services in January 2022, were incorporated into the Integrated Commissioning Plan and the Joint Committee agreed the [ICP for 2022-2025](#) as the basis of information to be included in Health Board Integrated Medium Term Plans at its meeting on 8 February 2022 prior to being submitted to Welsh Government.

The [Integrated Commissioning Plans](#) can be accessed on the publications page on the WHSSC website.



# Commissioned Services 06



# Commissioned Services 06

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 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 Local Health Boards to WHSSC for other planning reasons.

The tables in [Appendix 1](#) show the range of services delegated for commissioning by WHSSC for 2021-22.





### 6.1 Commissioning Teams

The WHSSC planning functions are delivered through a specialty based programme team model.

### 6.2 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 2021-2022:



## Mental Health & Vulnerable Groups

**Specialist Mental Health Services Strategy** - Good progress has been made within the past year to develop an inclusive programme structure to develop the Specialist Mental Health Services Strategy. The Strategy will be sent for broad engagement, updated and published within the 2022-2023 period.

**Welsh Gender Service (WGS)** - The Welsh Gender Service was established in 2019, inheriting a long waiting list from the previous provider, 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 Integrated Commissioning Plan.

- **Phase 1** – Increase capacity for new appointments, which was implemented within the 2021-2022 year,
- **Phase 2** - Further develop capacity within the team and develop a satellite clinic in North Wales during 2022-2023.
- **Phase 3** – Repatriate the remaining 130 patients on the Tavistock and Portman Gender Identity Clinic waiting list in 2022-2023.

Work has been ongoing within the year to evaluate the Peer Information and Support Programme. This will be reported in 2022-2023.

**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. The review, once concluded, will inform the development of a clinical model for Wales.

**Traumatic Stress Wales (TSW)** - All posts have now been appointed to in the Traumatic Stress Wales Service. A range of resources have been developed together with a website, training sessions and an annual conference to support, join up and improve the provision of post-traumatic stress disorder (PTSD) and Complex PTSD services across all seven Health Boards in Wales.

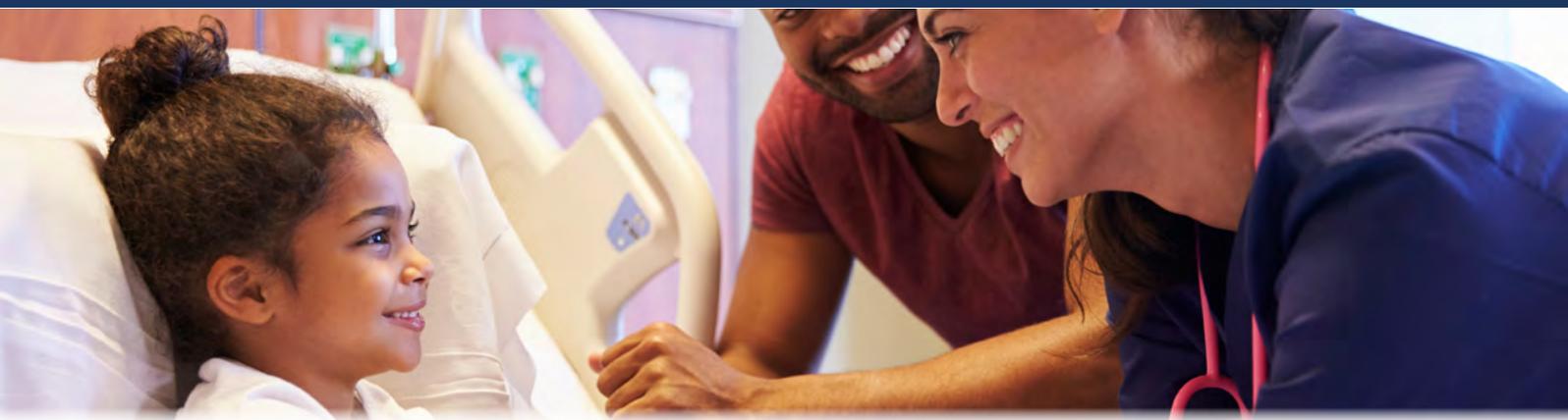
**Forensic Adolescent Consultation and Treatment Service (FACTS)** - A considerable amount of work has been undertaken in the last year to stabilise the Forensic Adolescent Consultation and Treatment Service, with particular focus on recruitment, retention, governance and service management. A service specification setting out the Forensic Adolescent Consultation and Treatment Service to Children and Adolescent Mental Health Service (CAMHS) has been developed and will be published within the year with one for the Forensic Adolescent Consultation and Treatment Service for Youth Offending Teams planned for later in the year.

**Medium secure beds** - Improved access for patients to tier 4 beds in NHS England with procurement of additional surge beds.

**Eating Disorders** - An Eating Disorders working group has been established, resulting in a plan being developed for patients requiring tier 4 in-patient services.

**Mother and Baby Unit** - The establishment of the service has improved access for Welsh mothers and the impact will be evaluated in 2022-2023. Work also continues with regard to provision for patients in North Wales working collaboratively with NHS England.





## 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 will be circulated for comment and published within 2022-2023.

**Paediatric Inherited Metabolic Disease (IMD)** - The Inherited Metabolic Disease 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, which is embedding well.

**Neonatal Transport service** - An interim 24 hour service commenced in South and Mid Wales in January 2021 (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.

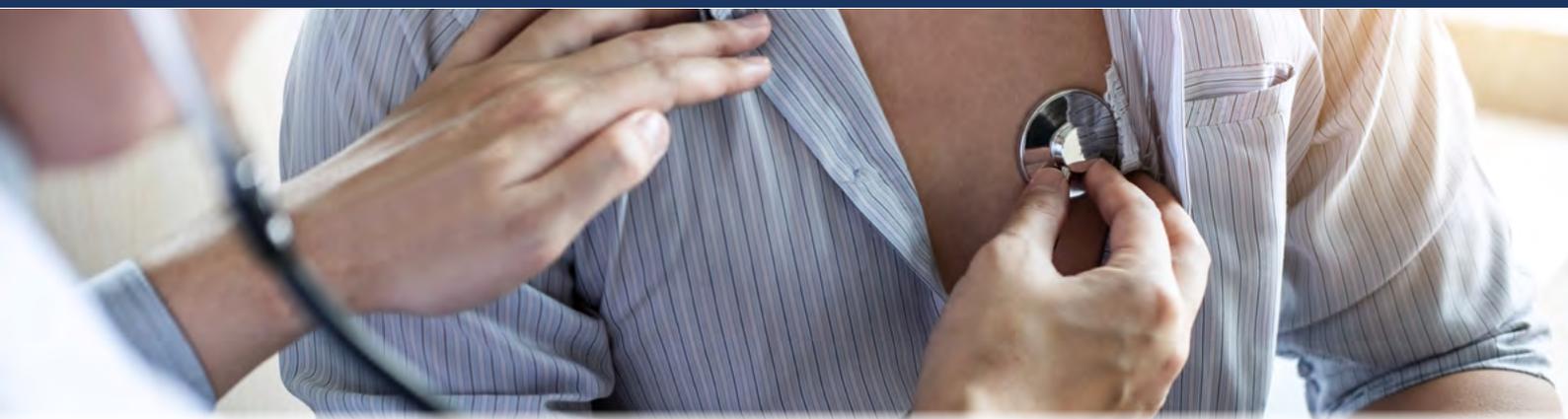
**Paediatric Clinical Immunology** - Within the year funding was approved to increase the clinical and nursing infrastructure to support the growth in demand of immunodeficient of patients.

**Paediatric Neurology** - In order to increase the paediatric neurology workforce and ensure service sustainability funding has been released within the year, which will aid timely access to care, including 24/7 access video telemetry to improve access to the 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 Radiology** - A business case has been supported to implement 24/7 cover in the Children's Hospital for Wales, which will then outreach to support all district general hospitals in hours.

**Specialist Fertility Services** - The All Wales Specialist Fertility Advisory group has been convened to review the specialist fertility policy, CP38 and Pre-Genetic Diagnosis, CP37. The comprehensive review of the policy has resulted in the development of a consensus approach to develop the policy to ensure it meets the WHSSC aims.



## Cardiac

**Pulmonary Hypertension** - A plan to take forward the recommendations outlined in 'A pulmonary hypertension service for Wales' has been developed which will enhance the service available to patients and ensure that it can be delivered closer to home.

**Inherited Cardiac Conditions** - A proposal for the future configuration of an Inherited Cardiac Conditions service has been developed within the year with varying options being established. This proposal will form the basis of an options appraisal to be developed and considered during 2022.

**Obesity Surgery** - A review of the policy and service specification has been undertaken within the year and consultation with key stakeholders has taken place. Discussions to explore the potential to commission an additional service provider will be undertaken during 2022 with a view to optimally support the delivery of the All Wales Weight Management Pathway.

## **Cystic Fibrosis and the impact of Kaftrio on current service provision**

- Within the last year a new in-patient Cystic Fibrosis Unit has been opened at the University Hospital Llandough (UHL). This provides state of the art facilities to meet the Cystic Fibrosis Trust Standards of Care for patients and enhanced multi-disciplinary staffing to support the cohort of patients.

This year has also seen the impact of previously agreed funding for Kaftrio (the triple therapy elexacaftor/tezacaftor/ivacaftor, Cystic Fibrosis Transmembrane Conductance Regulator Therapy), resulting in children, young people and adults with cystic fibrosis experiencing significant decreases in respiratory exacerbations and hospitalisations.

The cystic fibrosis transmembrane conductance regulator modulators are arguably the most important advance in cystic fibrosis treatment ever and have changed the landscape of cystic fibrosis in the UK.



## Cancer and Blood

### Positron Emission Tomography 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, 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 Tuberous Sclerosis Complex clinic for Wales. This additional 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 Multidisciplinary Team (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 multidisciplinary team for South Wales. This investment will ensure robust radiology provision for the weekly sarcoma multidisciplinary team.

### Stereotactic Ablative Radiotherapy (SABR) for lung cancer

- Following successful completion of a designation process, Swansea Bay University Health Board was commissioned as a provider of stereotactic ablative radiotherapy from April 2022. This means that patients resident in South West and Mid Wales with lung cancer who require stereotactic ablative radiotherapy treatment can be treated closer to home at Singleton Hospital in Swansea.

### Commissioning Policy development

- The following policies have been developed, consulted upon and published in the 2021/22 year:

- Stereotactic Ablative Body Radiotherapy (SABR) for oligometastatic cancer and hepatocellular carcinoma;
- Brachytherapy for prostate cancer; and
- 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

**Tertiary Thrombectomy Services** - Throughout the year work continued to develop a business case for a sustainable high quality deliverable Mechanical Thrombectomy service for the people of Wales within South Wales. The business case is expected in the early part of the 2022/23 year.

**Relocation of Rehabilitation services** - Investment has been provided for twelve rehabilitation coaches for both Neurorehabilitation and the Spinal Injuries service for the specialised rehabilitation service based at University Hospital Llandough.

**Prolonged Disorders of Consciousness** - Investment has been provided to improve the care pathway for a Specialised Prolonged Disorders of Consciousness service.

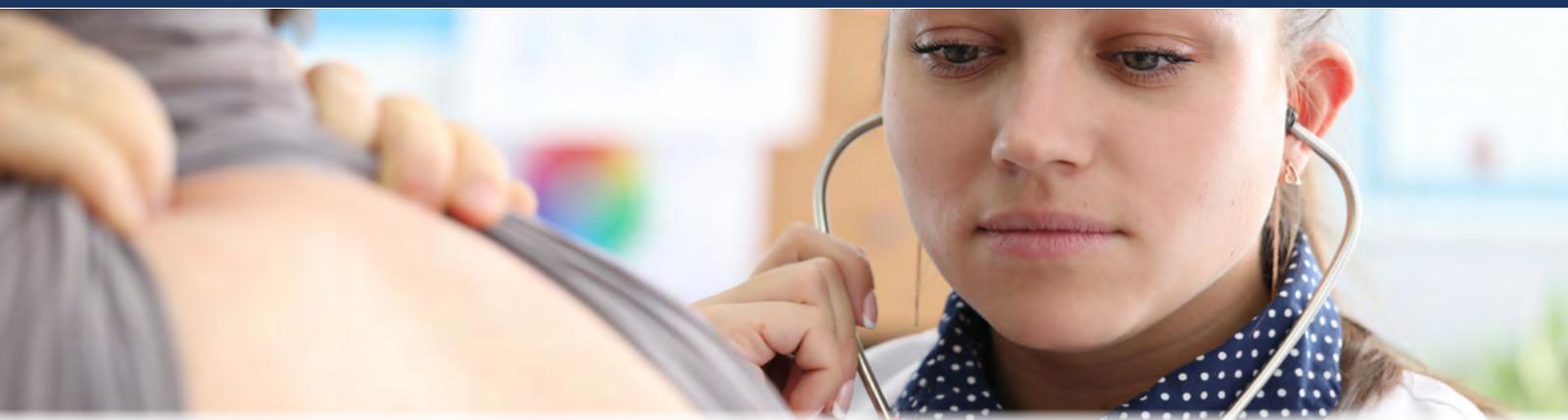
**Inherited White Matter Disorder Service (IWMD)** - In September 2021 WHSSC agreed to commission this new highly specialised service for adults and children. It is expected that 15 patients in Wales will benefit from this new service which, due to its highly specialised nature, will be provided in a specialist centre in NHS England.

**Neurosurgery Service Gateway Review** - A comprehensive gateway review of neurosurgery services against national standards was undertaken within the year. This will lead to additional investment during 2022-23.

**Prosthetics Service Swansea Bay University Health Board** - An additional investment has been provided to increase staffing in the service to increase efficiency and reduce waiting times.

**Neuro Oncology** - Investment was approved in November 2021 to address inequity to recruit additional staffing to enable the Neuro-oncology surgery service to deliver to national standards, particularly increasing the surgical subspecialisation expertise and post-operative surveillance requirements.

**Cochlear Implant and Bone Anchored Hearing Aid (BAHA) Hearing Implant Device service** - The tertiary auditory services in South Wales have been reviewed and a preferred commissioning model will be subject to an engagement process during 2022-23.



## Other Specialist Services out with commissioning team structures

**Intestinal Failure** - Within the year a review of Intestinal Failure services was initiated, which has included all providers, commissioners and NHS Wales Shared Services Partnership (NWSSP) who fulfil contractual responsibilities. The review has been all encompassing and included considerations and developments across the full pathway for all Welsh residents. Recommendations from the review are anticipated during Summer 2022.

### North Wales plan

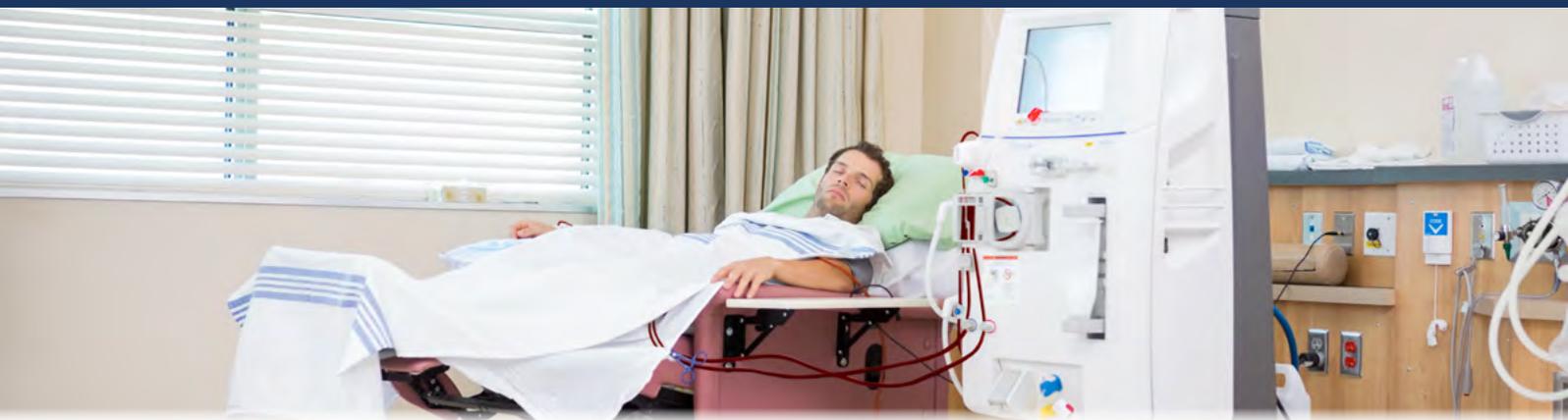
**Collaborative working practices** - Establishment of Joint Commissioning Interface Meetings with colleagues at Betsi Cadwaladr University Health Board have provided an opportunity to align WHSSC's plans and consider the whole patient pathway from primary care through to highly specialised services. These meetings have increased collaboration, enabled information sharing including areas of good practice, remove unwarranted variation in service delivery across Betsi Cadwaladr University Health Board localities and across NHS Wales, as well as promoting 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.

**Access to Lung Cancer Multidisciplinary Team (MDT)** - Work has taken place to improve access rates to thoracic surgery for patients with lung cancer. The use of Microsoft Teams for multidisciplinary team attendance has shown a significant improvement on the previous process. 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 Inherited Metabolic Diseases (IMD) Services** - Increased investment for Inherited Metabolic Diseases services has increased capacity in North Wales and a strengthening of the all Wales network arrangements for the adult inherited metabolic diseases service.

**Access to 24/7 Thrombectomy Service** - Patients from North Wales have access to 24/7 thrombectomy service from the Walton centre.



### 6.3 Welsh Renal Clinical Network Key (WRCN) Achievements

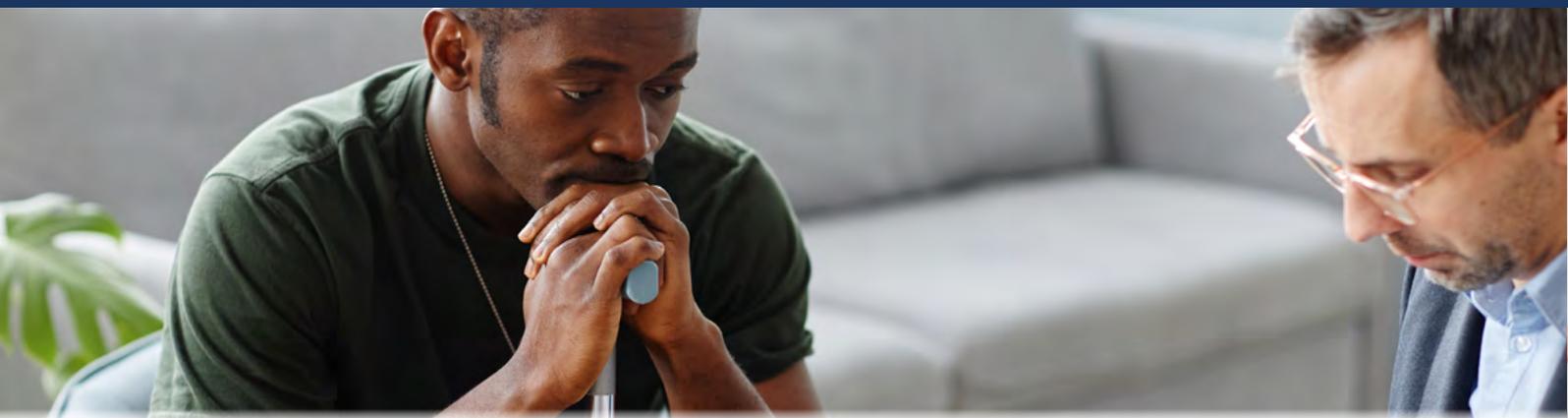
The Welsh Renal Clinical Network has continued to support Health Boards and other partners to ensure that all dialysis services across Wales remained opened allowing uninterrupted access to dialysis throughout the pandemic with a sustained focus on increasing access and maintenance of home therapy service across Wales.

The Welsh Renal Clinical Network also supported the proactive management of the transplant programme including recommencement of service following the UK-wide pause of transplants during the first wave of the pandemic. Transplant activity has now returned to pre-pandemic levels.

- Transplant patients remain more vulnerable to the effects of COVID than any other of our patient groups and ensuring all have been offered all vaccines (three primary doses and a booster) has been a priority area. Communication with patients has been a high priority and the Welsh Renal Clinical Network has worked with our third sector partners to deliver multiple webinars, Q&A sessions and newsletters to help to achieve this,
- The Normothermic Regional Perfusion (NRP) programme for deceased donors has been established in Cardiff. The model for training and establishing competencies in Cardiff have been adopted by other transplant centres in the UK wanting to start their own programmes,
- 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,
- The All Wales contract for immunosuppressant medication was retendered for commencement in February 2022 and will run for two years. The contract maintains the high level of savings that have benefited renal services since 2013,
- Welsh Renal Clinical Network has been acting as Sponsor Organisation of the only all Wales Welsh Government Transformation Fund programme to digitise kidney care in Wales. A single instance of VitalData (the Welsh renal care data repository) has been delivered and roll-out of Electronic Prescribing and Medicines Management (EPMA) has been achieved in all Welsh dialysis units despite the on-going challenges created by the pandemic,

- A Home Dialysis Workforce audit tool has been developed to support the Home Dialysis nursing teams across Wales to be able to provide a comprehensive service for patients,
- The Home Dialysis Peer Review visits took place in July 2021 and the action plans from each Health Board in response to the Peer Review recommendations have been received by the Welsh Renal Clinical Network. The action plans will be monitored in accordance with the agreed Peer Review process and timetable,
- A Merthyr unit agreement has been reached with the current provider for the extension of the current contract and small expansion of 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; and
- There was continuation 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. The anticipated date for completion of the procurement process is August 2022. On award of the contract the overall capacity will future proof the service in West Wales for at least 5-10 years.





## 6.4 Traumatic Stress Wales (TSW)



Straen  
Trawmatig  
Cymru

Traumatic  
Stress  
Wales

Traumatic Stress Wales is a national quality improvement initiative which aims to improve the health and wellbeing of people of all ages affected by traumatic events. During the 2021-2022 reporting period, the Traumatic Stress Wales website went live and is home to an increasing number of resources for members of the public and other stakeholders. These include information leaflets in several languages, talking-head educational videos and webinar recordings. An educational programme has been established, with a successful webinar and inaugural in-person conference held.

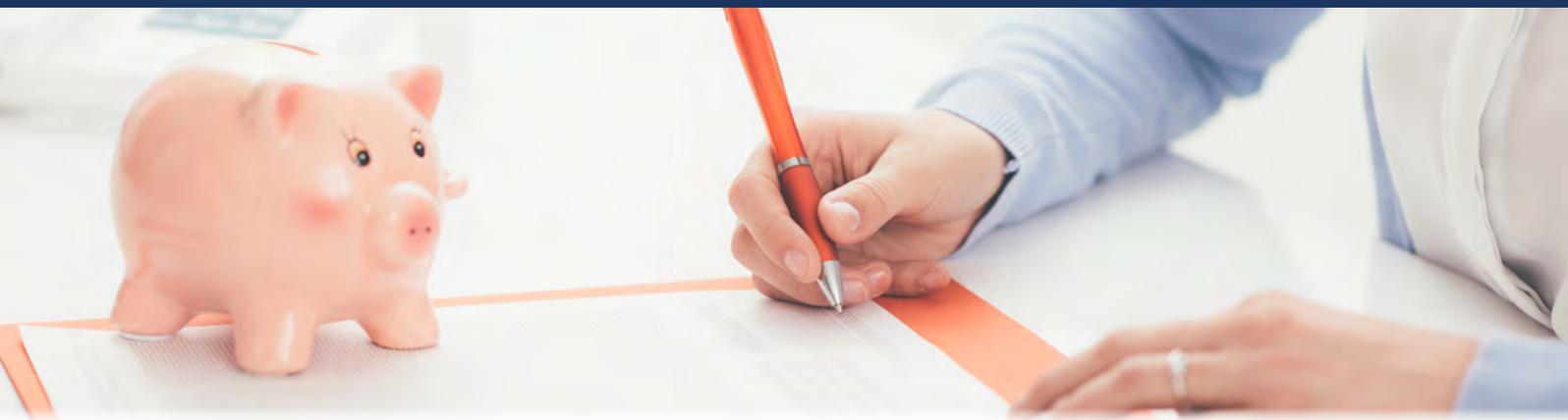
Traumatic Stress Wales leads are now in place across all Health Boards in Wales to support local implementation of the initiative. A digital system is being built to capture a core dataset and provide real-time reports to facilitate improvement. In addition to an Assessment and Outcomes workstream, five other workstreams have been established to focus on the Welsh Government priority areas of Children and Young People, Perinatal, Criminal Justice and Prisons, Refugees and Asylum Seekers and Sexual Assault. The workstreams are multidisciplinary and cross-sector to ensure that services across sectors are linking up.

A training and supervision framework has been developed to support sustainable growth of Wales' capacity and capability to deliver relevant evidence-based interventions. To that end, a training programme has been established to train staff in the effective delivery of emotional stabilisation and safety skills training, cognitive behavioural therapy with a trauma focus (both face to face and internet-based), eye movement desensitisation and reprocessing, and evidence prescribing of pharmacological treatments.

Traumatic Stress Wales led on the development of the Matrics Cymru and Matrics Plant recommendations, for the prevention and treatment of post-traumatic stress disorder (PTSD) that were published in September 2021. Close work with Wales' Adverse Childhood Experiences Hub has resulted in the production of a practice framework for a Trauma-Informed Wales, which will be launched in 2022. Ongoing research collaboration with the National Centre for Mental Health has resulted in the development of guided internet-based interventions, for complex PTSD and prolonged grief disorder, that build on the success of Spring, a guided internet-based intervention for PTSD that is now being disseminated across Wales.

[Home - All Wales Traumatic Stress Quality Improvement Ini \(nhs.wales\)](https://www.nhs.uk/traumatic-stress-wales/)





## 6.5 Individual Patient Funding Requests (IPFR)

Individual Patient Funding Requests (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 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.

During the COVID-19 lockdown in 2020-2021, WHSSC moved to a more agile IPFR process where decisions were made by a weekly virtual Chair Action Panel, comprising the All Wales Panel Chair, WHSSC Managing Director, Director of Nursing and Quality Assurance and Medical Director. To strengthen the process a lay member was included on the Action Panel membership. Bi-monthly virtual full Panel meetings were resumed from April 2021. However, due to issues with achieving quoracy, Chair's Action decisions had to be made from January to March 2022.



### 6.5.1 Key Achievements and Patient Outcomes

An average of 17 IPFRs were considered per month by the full Panel or through a Chair's Action Panel during 2021-2022. Despite the challenges of COVID and issues around achieving Panel quoracy decisions have continued to be timely.

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 to work closely with the Local Health Boards, Welsh Government and the All Wales Medicines Therapeutics and Toxicology Centre to share and promote consistency of best practice.

# Quality 07



# Quality 07

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 Commissioning Assurance Framework to encompass all of the components necessary to provide assurance.

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 Commissioning Assurance Framework is supported by a suite of documents which were endorsed by the Quality and Patient Safety Committee (QPSC) on 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. Also, where there is concern regarding the quality of services and remedial action required an escalation process is 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 put at the centre and is seen 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.

WHSSC are committed to ensuring that we think about the quality of health services when making commissioning decisions and recognise the requirement of the Health and Social Care (Quality & Engagement) (Wales) Act 2020 and will work towards implementing the requirements in 2022-2023.



# Concerns 08

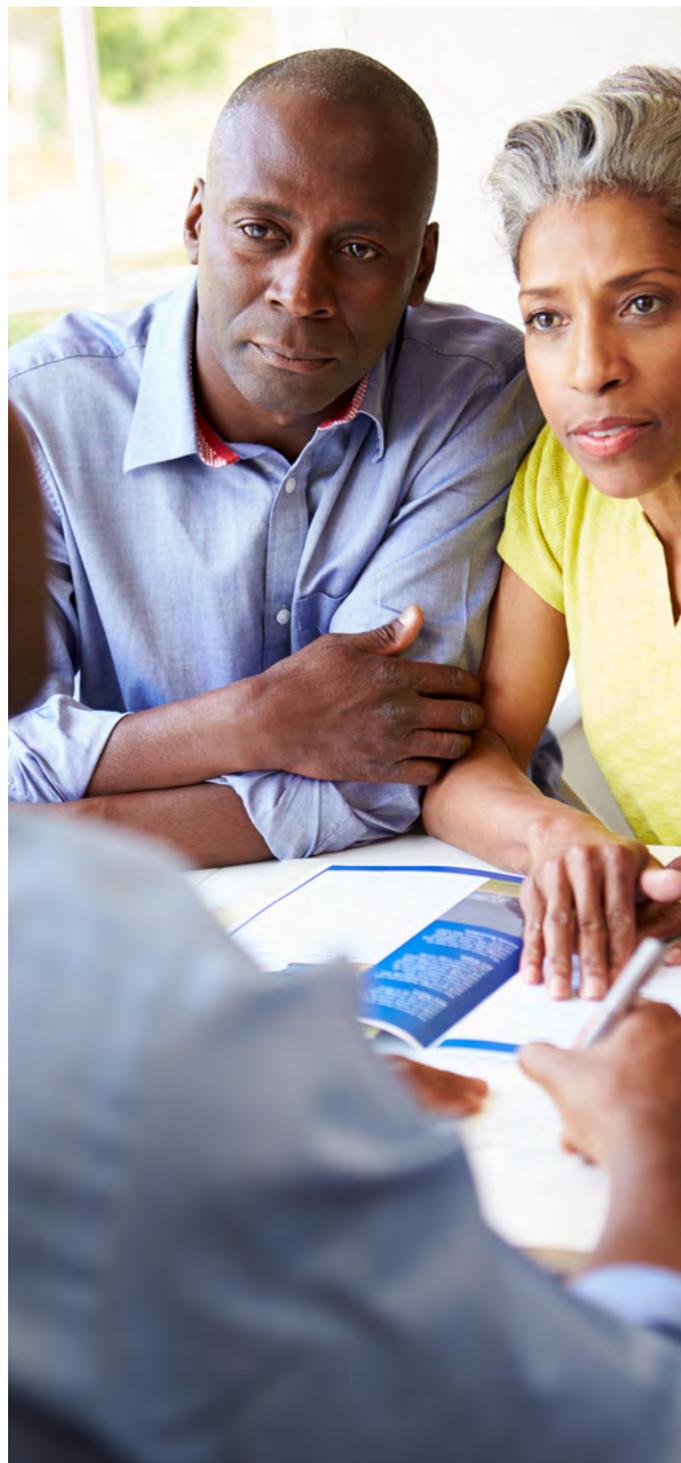


# Concerns 08

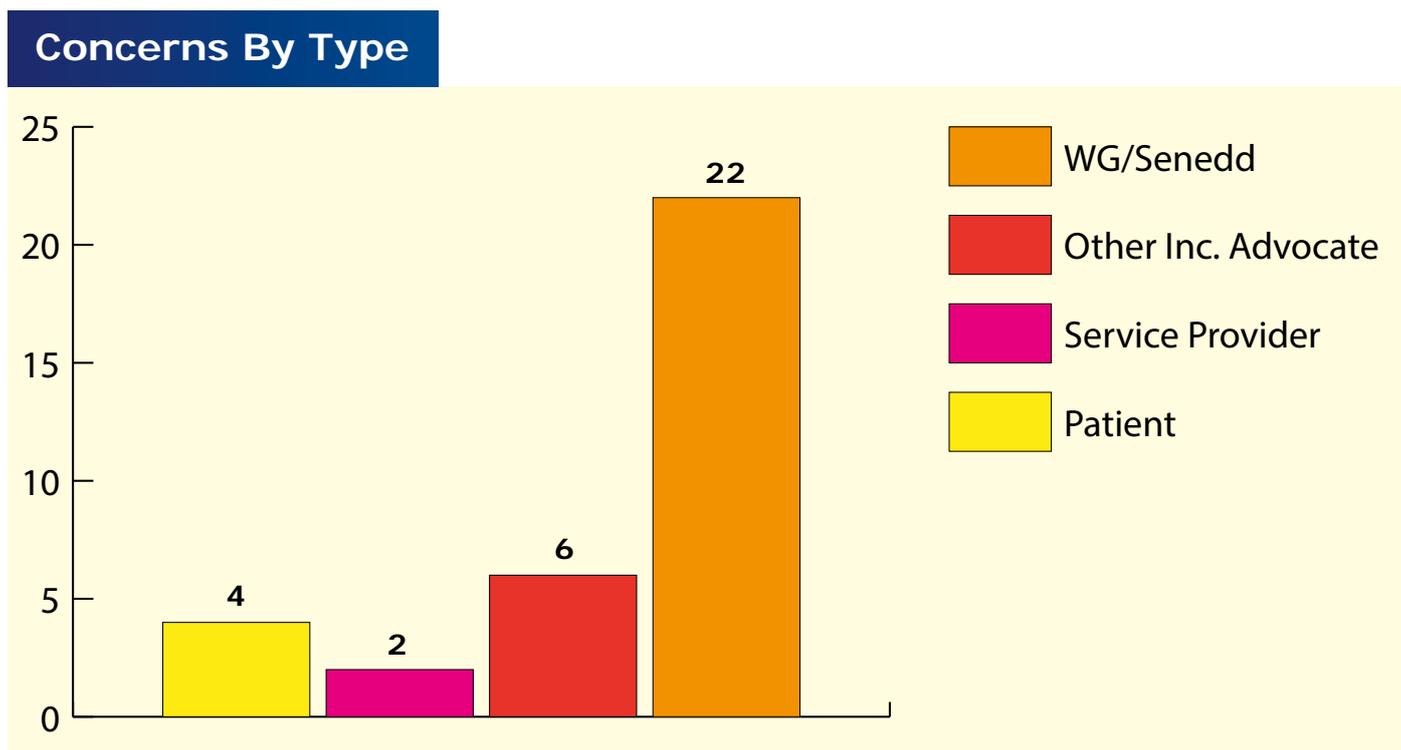
Concerns are comprised of the reports of incidents, complaints and claims received by WHSSC. WHSSC collates a range of complaints information that directly or indirectly relate to WHSSC commissioned services. For example, we routinely store case information shared with us by the Public Services Ombudsman 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 Local Health Boards in the management of concerns to ensure that service users and patients, who notify either the Local Health Board 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 2021-2022, WHSSC received a total of 34 concerns/enquiries. Concerns were raised by a variety of sources, including enquiries from Welsh Government (WG) officials and Senedd Cymru (previously National Assembly for Wales (NAW)), seeking clarification on funding decisions and queries on commissioned services on behalf of their constituents.

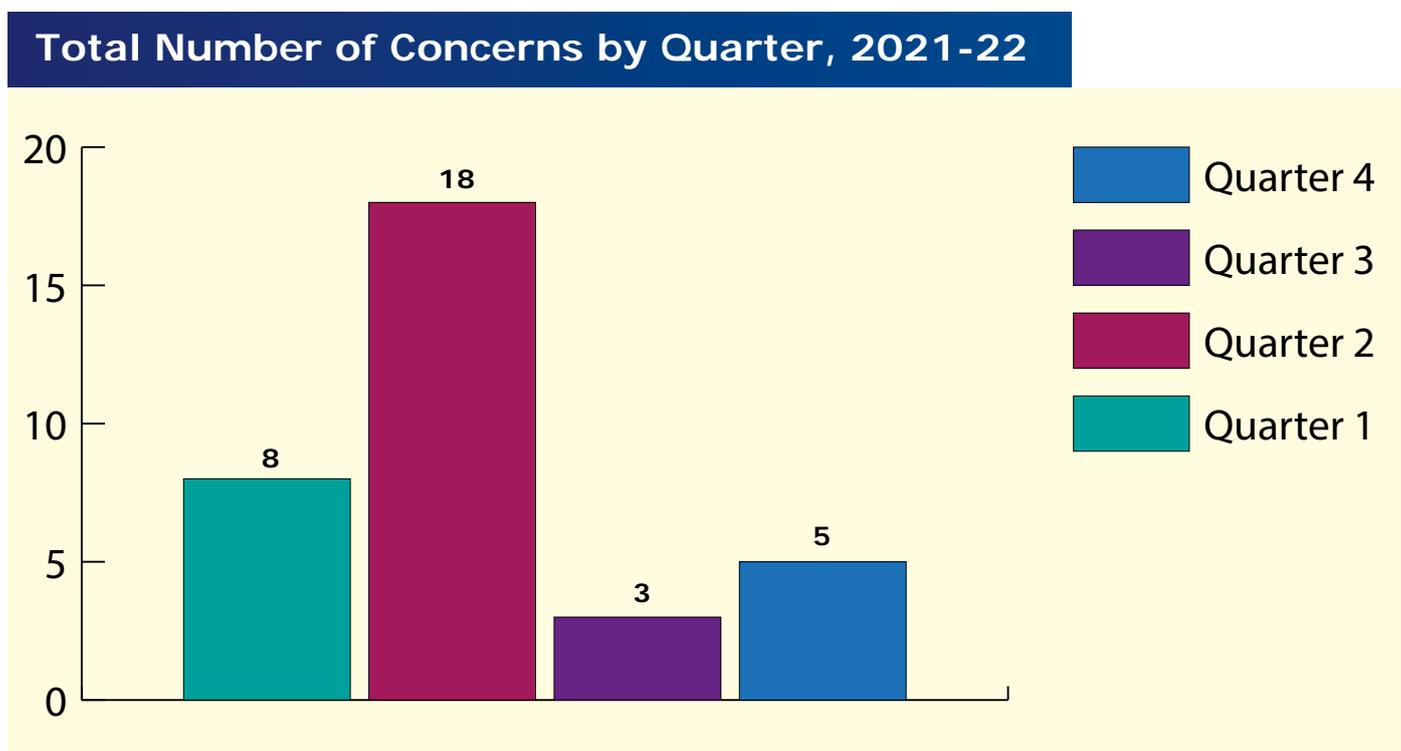


The concerns are broken down as follows:



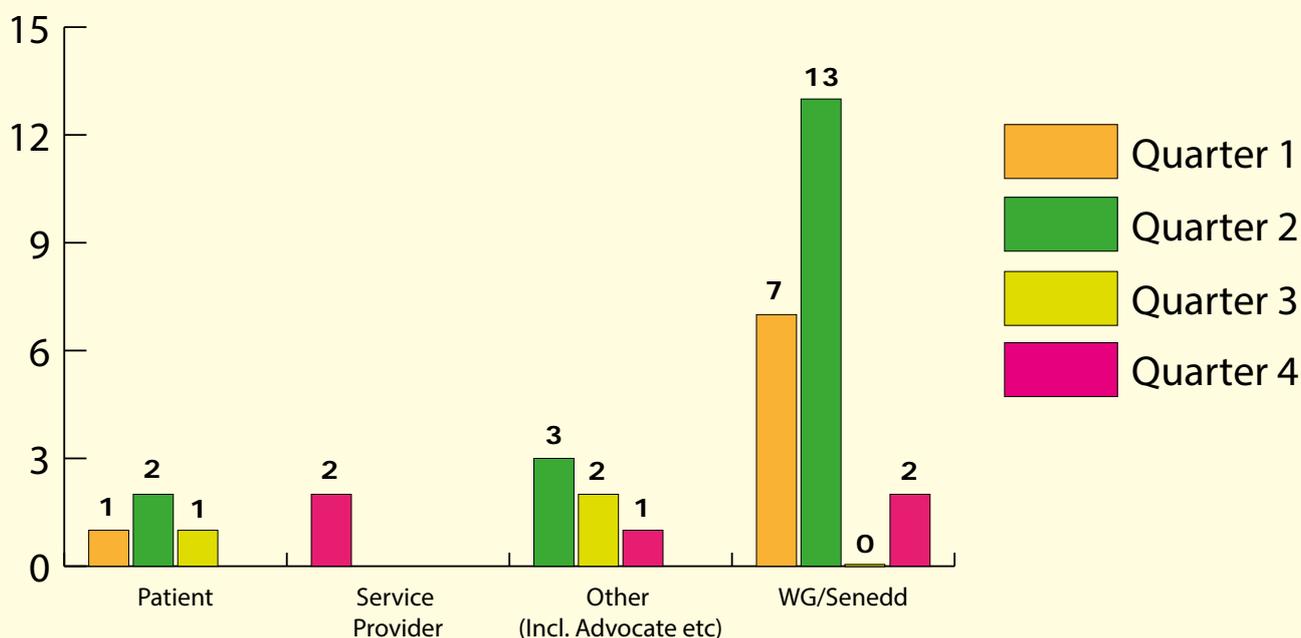
All of the 34 concerns/enquiries received during the period 2021-22 were acknowledged within the two working day deadline and received a final response within the required timescale of 30 working days.

Quarterly data:



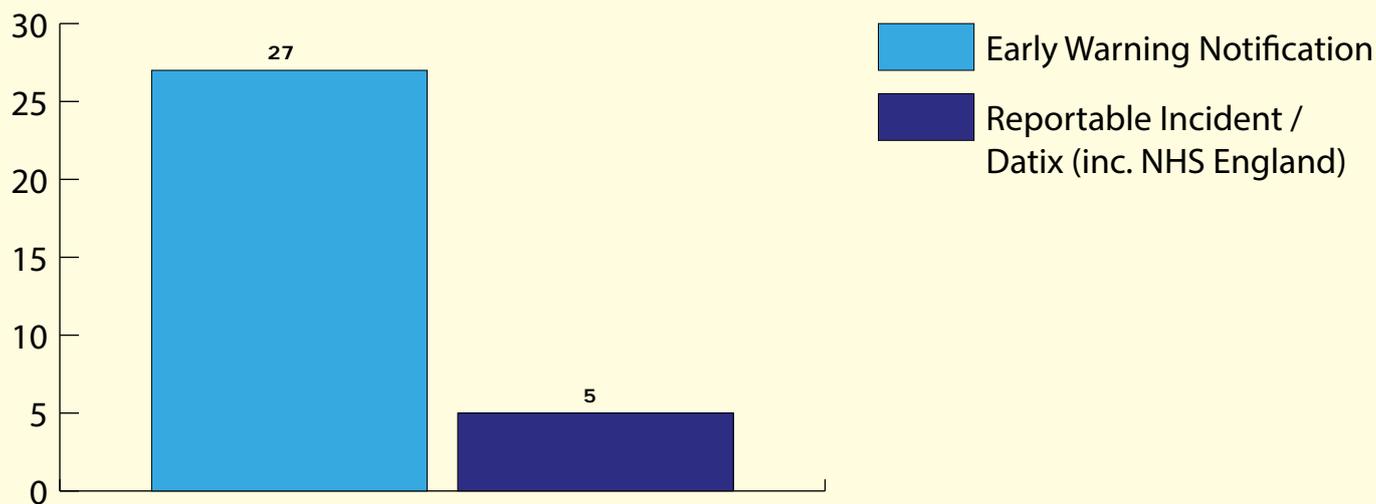
Quarterly data:

Source of Enquiries Received by Quarter, 2021-22

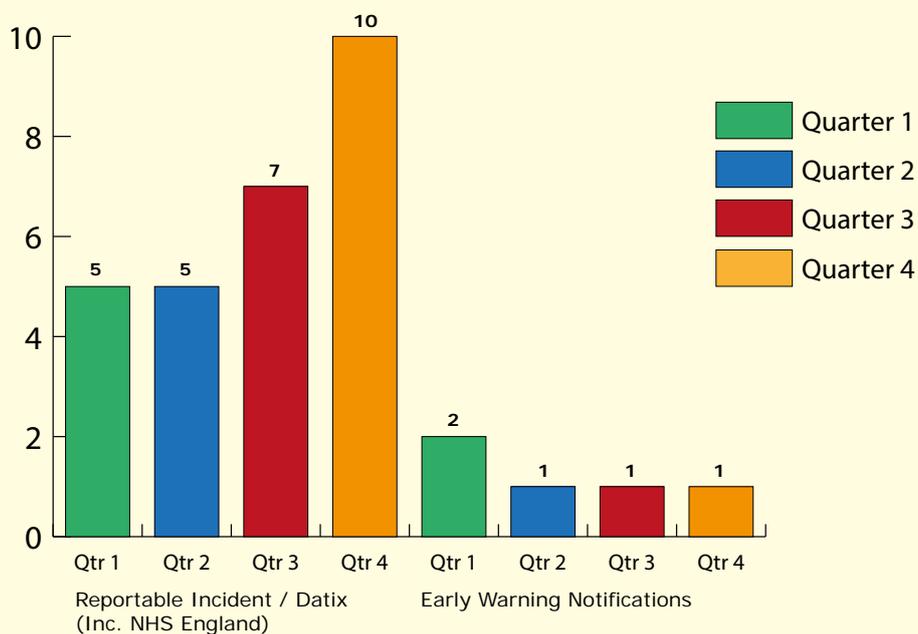


During the course of 2021-2022, WHSSC received a total of 32 reports broken down in to DATIX/reportable incidents/concerns and early warning notifications as follows:

Reported By Type

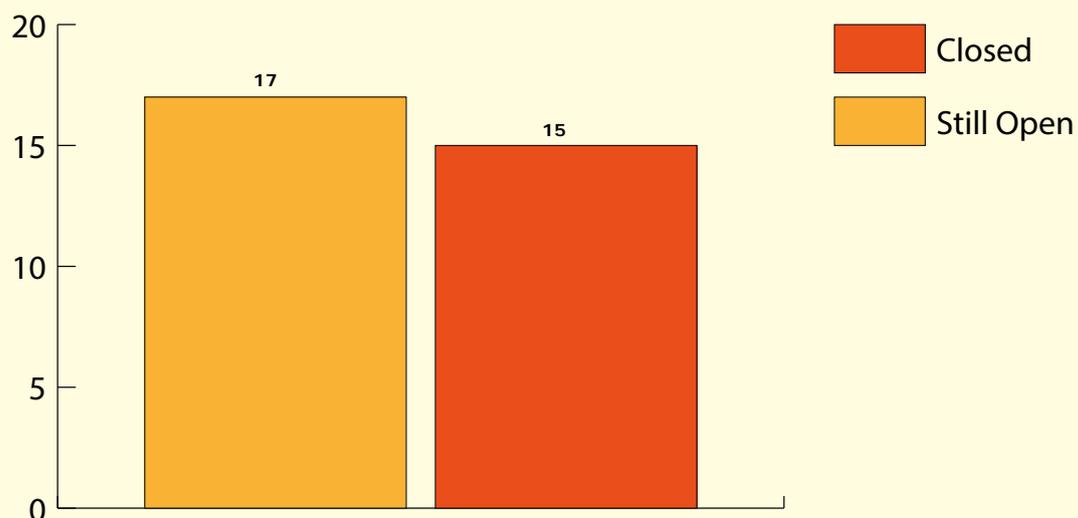


### Type Reported by Quarter, 2021-22

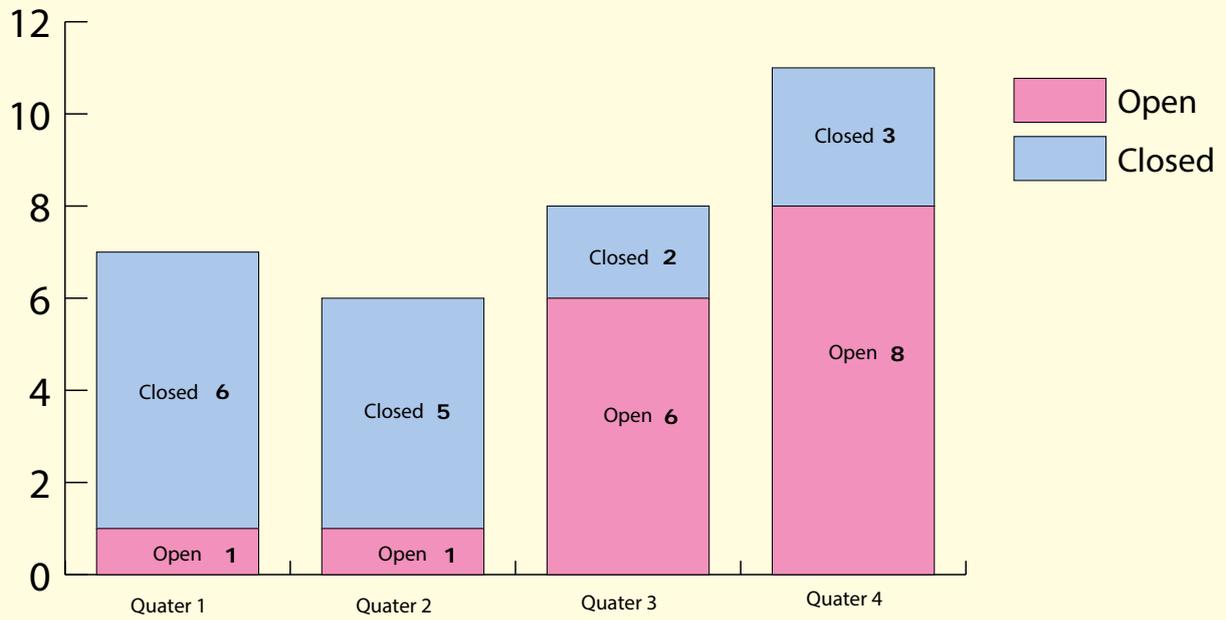


At the time of writing, for 2021-2022 there are 17 incidents still open with a total of 15 closed:

### Reported Open/Closed for 2021-22



### Open/Closed by Quarter, 2021-22



# Risk Management 09



# Risk Management 09

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.

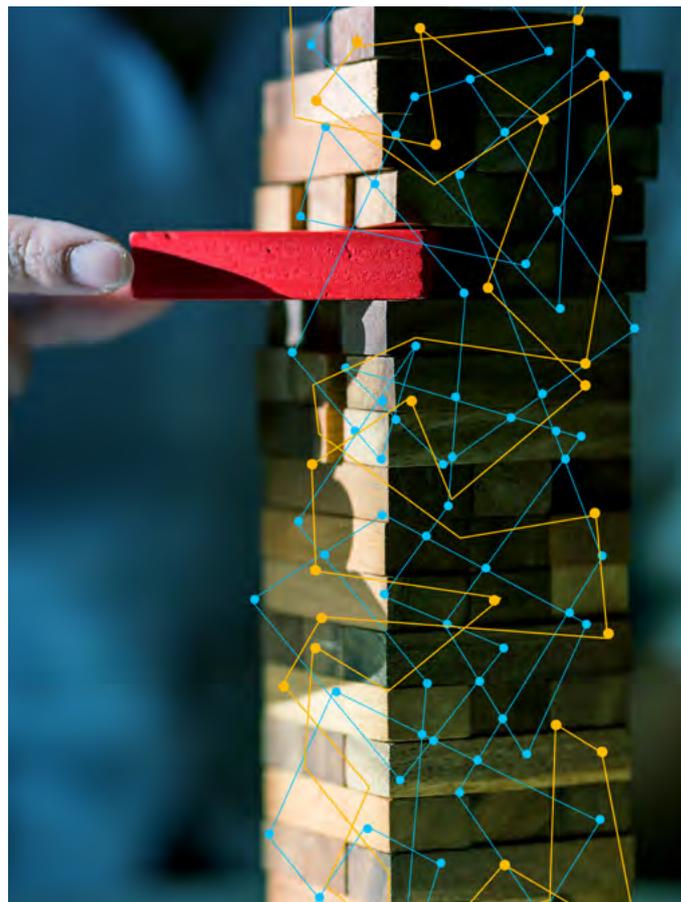
Risk management (for risks other than health and safety) is embedded in the activities of WHSSC through the WHSSC Risk Management Framework and associated operating procedures.

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. The strategy was updated and approved by the Joint Committee in May 2021.

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 Corporate Risk and Assurance Framework is presented to each Audit & Risk Committee (ARC), Quality & Patient Safety Committee and Integrated Governance Committee for assurance. The Corporate Risk and Assurance Framework 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](#).



# Corporate Governance 10



# Corporate Governance 10

## 10.1 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, 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 Cwm Taf Morgannwg University Health Board, as the host Local Health Board, 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 it is available.

The Hosting Agreement includes provision for specific support around Equality and Diversity. WHSSC embarked on a development programme, which included the Joint Committee participating in an equity workshop in May 2021. The findings of the workshop were shared with Health Boards and Welsh Government.

WHSSC must ensure consistency with the NHS Wales duties under the Equality Act 2010 and the Human Rights Act 1998. Our aim is to eliminate unlawful discrimination and to reduce inequality of outcomes for people who experience socio-economic disadvantage.

To enable this, the Policy Team within the Medical Directorate at WHSSC have developed a specific Equality Impact Assessment Policy (EQIA) (CPL-024) to provide detailed guidance and advice on conducting an EQIA. The policy explains how WHSSC should pay due regard to reduce inequality of outcomes for people who experience socio-economic disadvantage when making decisions of a strategic nature, including the development of any type of policy, service or performing an activity.

In July 2022, the WHSSC Joint Committee supported the rationale and process that has been applied for developing the new EQIA policy and approved it for publication.





## 10.2 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. 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.

## 10.3 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 Well-being of Future Generations (Wales) Act 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 Integrated Commissioning Plan integrates and demonstrates the five ways of working and contribution to well-being goals throughout the plan. Prevention is embedded throughout our work.

The front cover for Committee reports includes a section for the author to outline any legal implications, including the Well-being of Future Generations (Wales) Act.



## 10.4 Socio Economic Duty

WHSSC recognises that the Socio-economic Duty introduced by Welsh Government under the Equality Act 2010 requires relevant public bodies in Wales, which include Local Health Boards, 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 Health Boards, 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.

## 10.5 Sustainability & the Environment

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 from the commencement of the 2022-2023 year all policies will contain a decarbonisation statement.

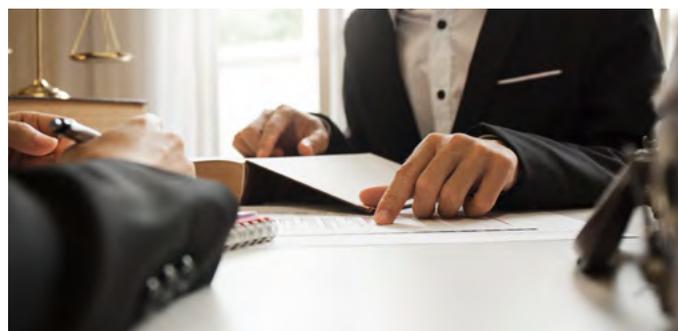
WHSSC is committed to reducing the carbon footprint through mindful commissioning of services that take account the decarbonisation agenda, enabling enhanced digital and virtual access for patients and through ethical consideration of staff actions and behaviours e.g. reduced travel, increased use of 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 had 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 our electricity is Zero Carbon procured on an all-Wales basis under the Renewable Energy Guarantees of Origin (REGO) scheme. Due to an issue with the office electricity meter, we have been unable to record our electricity and gas consumption for 2021-2022. 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.



## 10.6 Further information - Annual Governance Statement (AGS)

WHSSC does not have a statutory duty to produce an Annual Governance Statement but does so, as a matter of good governance, to provide assurance to the Health Boards and, in particular, to Cwm Taf Morgannwg University Health Board, as its host organisation, in relation to its governance and accountability arrangements. The Annual Governance Statement can be viewed on the [WHSSC website](#)



# Financial Position 11

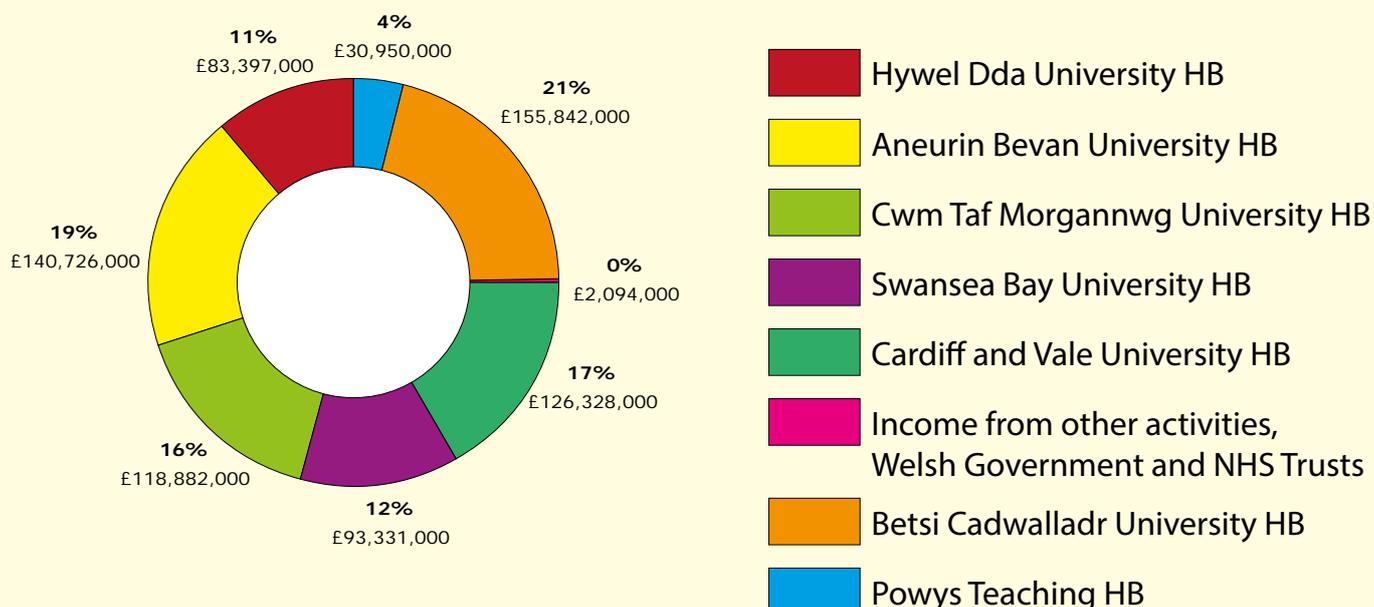


# Financial Position

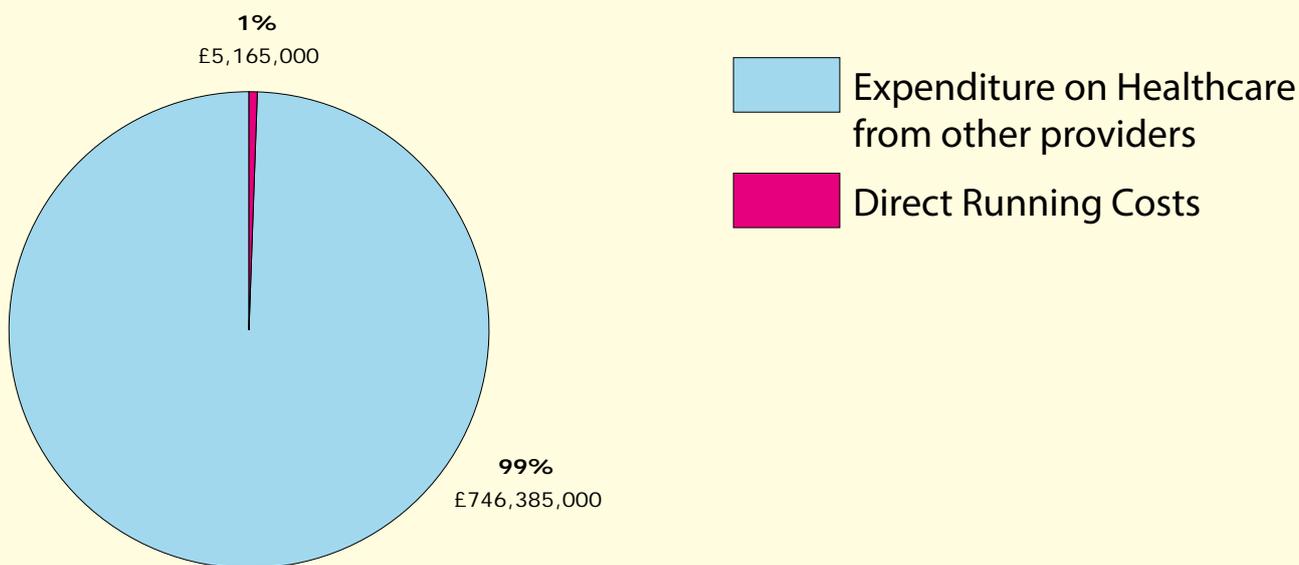
# 11

The WHSSC Summary Financial Position 2021-22 is outlined in the charts below:

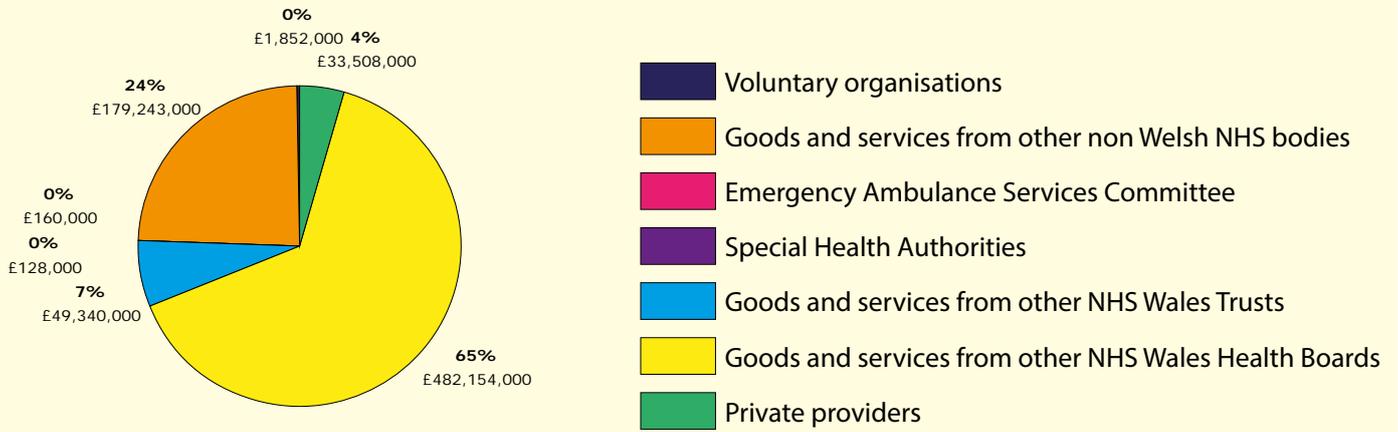
## The Main Source of Funding Comes From Health Boards and Totals £752 million



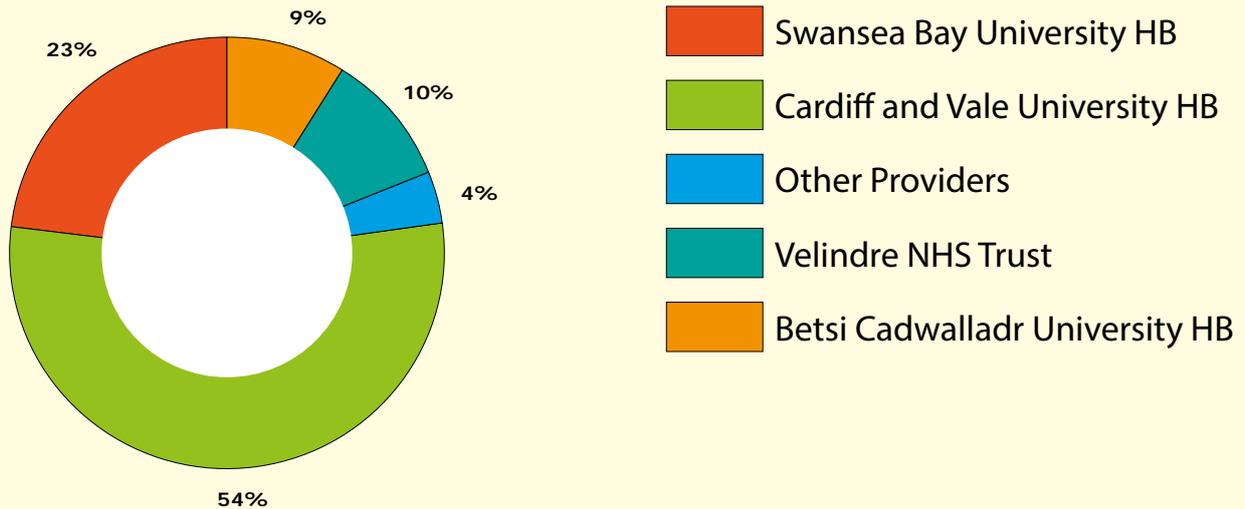
## The Operating Costs of WHSSC were £752 million



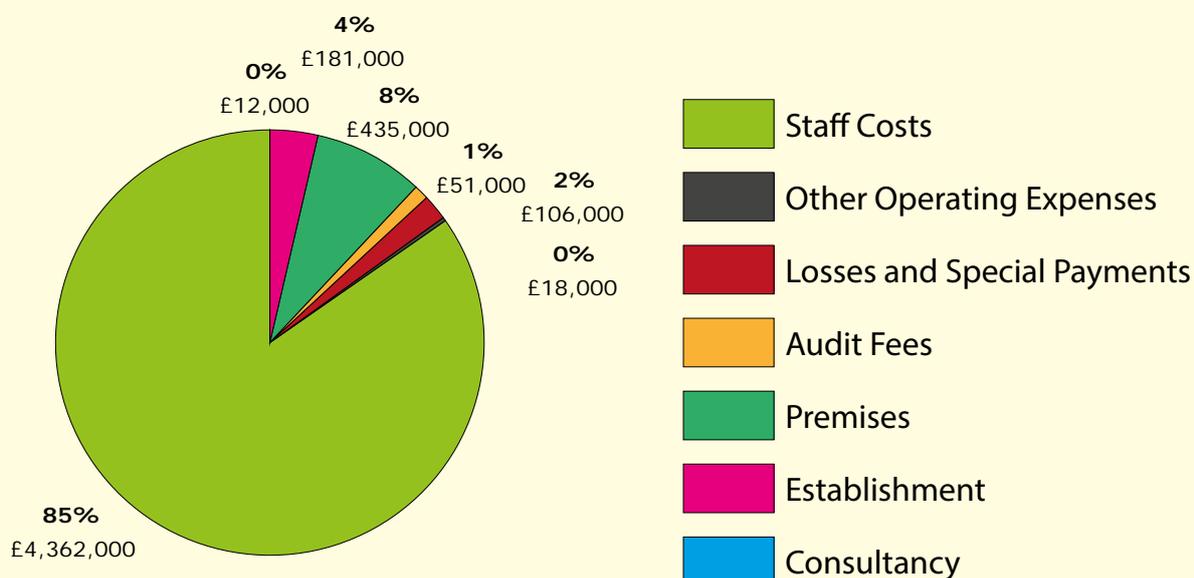
## Expenditure on Healthcare From Other Providers



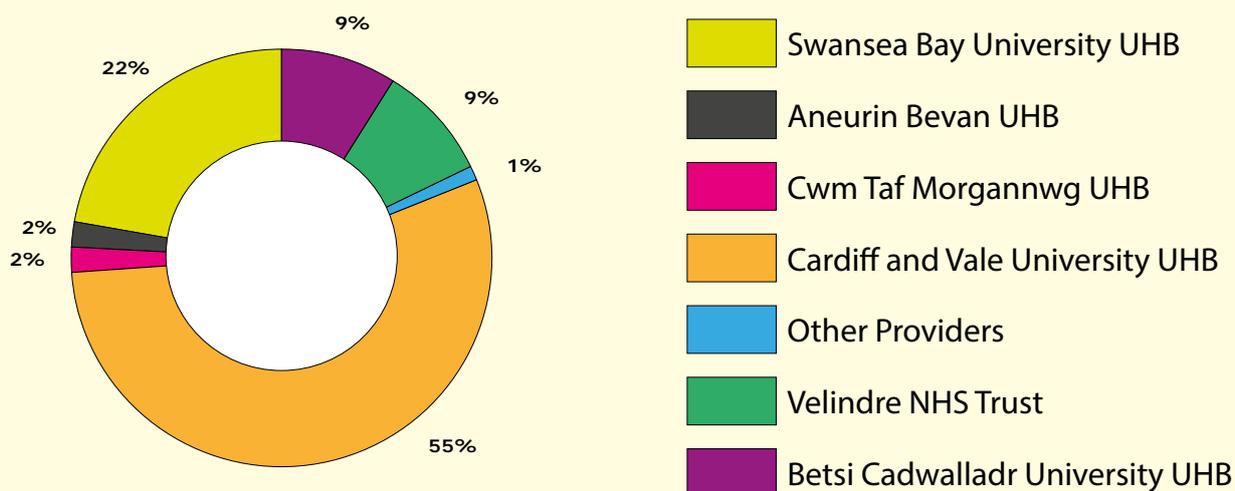
## WHSSC Spent £494.5m on Specialist Services Provided Within Wales



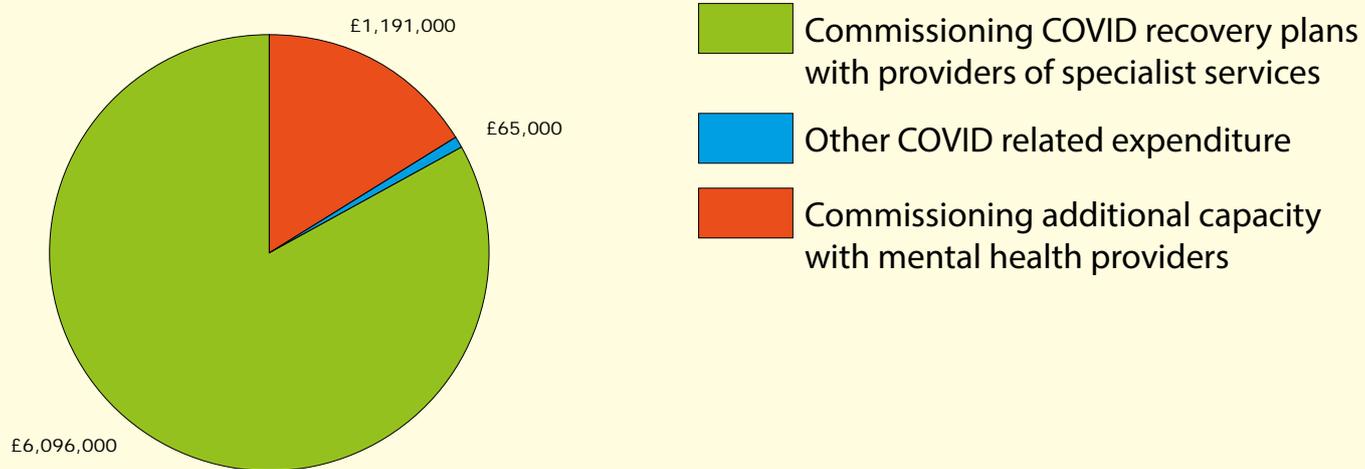
## Expenditure on Hospital and Community Health Services - Running Costs



## WHSSC Spent £531.5m on Specialist Services Provided Within Wales



## WHSSC Spent £7.4m supporting the COVID-19 pandemic effort



# Workforce and Organisational Development **12**



# Workforce and Organisational Development 12

WHSSC continued to support the wider NHS during the COVID-19 pandemic and the recovery phase of pandemic and WHSSC staff were redeployed to support Health Boards and Welsh Government to add capacity to the system.

During the 2021-2022 financial year WHSSC employed approximately 62 work time equivalent (WTE) staff (actual 65) and a summary of our workforce data is presented in [Appendix 1](#) for information. Staff development and well-being support remained a key priority during the year.

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 2021-2022.



## 12.1 Workforce High Level Overview

| Objective   | Action to be taken   | Progress   |
|---|--|--|
| <b>Strengthening of Executive team</b>                      | All Executive posts to be filled substantively.  | All Executive posts were filled substantively.   |
| <b>Improving recruitment and retention</b>                  | <p>One Finance Manager post for North Wales to be filled.</p> <p>The role and function of the Quality Assurance Team to be reviewed and further restructuring of the team to take place during 2021-22.</p>  | <p>Progress was made on strengthening the North Wales office with a dedicated senior manager in post from February 2021. This has provided the platform to further strengthen the finance support to the North Wales office.</p> <p>The one remaining vacancy was filled and the manager commenced in June 2021.</p>   |
| <b>Expanding the workforce to lead on specific projects</b> | <p>Develop new posts to increase commissioning effectiveness.</p> <p>Future developments to include a Medicines Management post and Blueteq Project Manager.</p> <p>Development of a Vulnerable Group work-stream supported by WG funding. This includes a planning role and a part time Associate Medical Director (AMD).</p> | <p>PET project completed. Recent appointments include a PET project manager.</p> <p>Blueteq implementation was finalised in May 2021.</p> <p>A Vulnerable Groups planner position is in place and the posts in Traumatic Stress Wales have been recruited to. The Appointment of the AMD post was deferred due to the impact of the pandemic and work is in progress to appoint to the role.</p> |

## 12.1 Workforce High Level Overview

| Objective  | Action to be taken   | Progress   |
|--|--|--|
| <p><b>Developing and implementing organisational development and learning programmes across the organisation</b></p> | <p>Regular OD sessions to be held for the Executive team, in part facilitated by the host organisation.</p> <p>Roll out of the delayed organisation-wide OD programme planned for 2020-2021 to be progressed in 2021-2022.</p> <p>Staff to receive assistance to study toward Masters Degrees and/or relevant professional qualifications.</p> <p>Lunch and learn sessions to be provided by members of the WHSS Team.</p> <p>Participation in the Embrace on-line Health and Wellbeing public sector pilot.</p> | <p>Bi-monthly Executive OD sessions were held in 2021-2022.</p> <p>This was postponed due to COVID-19 and staff working remotely. All staff meetings, PDRs and PDPs continued.</p> <p>Additional staff were supported to undertake further post graduate study during 2022-2022.</p> <p>Postponed due to COVID-19 and staff working remotely.</p> <p>This continued and a number of mindfulness sessions were facilitated.</p> |
| <p><b>Ensure HR policies are appropriately applied to manage sickness and absence and that this is audited</b></p>   | <p>Continue 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.</p>   | <p>This continued during 2021-2022.</p>  |



## 12.2 Personal Development Reviews (PDR)

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



## 12.3 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 continued to be a focus with all line managers attending training sessions facilitated by Cwm Taf Morgannwg University Health Board.



## 12.4 Development of Clinical Leadership

Five Associate Medical Directors (AMD) were 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, which supports Gender Services and the new Traumatic Stress service. There continues to be a part time Medical Director and Deputy Medical Director. 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.



## 12.5 Training Opportunities

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 and the Academi Wales Senior Leadership course undertaken by staff at Assistant Director level. A number of staff undertook master's level qualifications. At Director level executive coaching was provided and professional development opportunities in Value Based Healthcare.

## 12.6 External Training and Development

The WHSS 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.

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



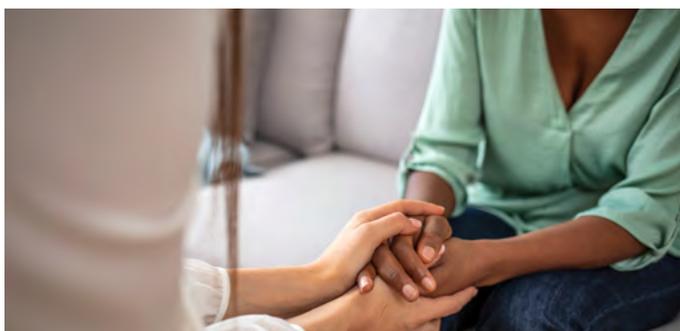
# Appendix 13



## 13.1 Services Commissioned by WHSSC 2021-2022

The following table shows the range of services delegated for commissioning by WHSSC for 2021-22:

## 13.2 Range of Services Commissioned by WHSSC



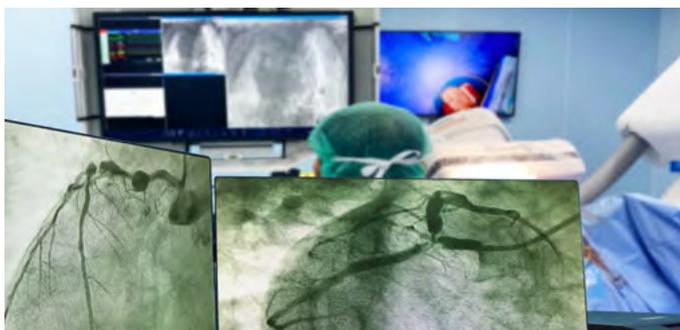
### Mental Health & Vulnerable Groups

- High Secure Psychiatric Services
- Medium Secure Psychiatric Services
- All Wales Traumatic Stress Quality Improvement Initiative (Traumatic Stress Wales)
- Gender Identity Services (GIDS) for Adults
- Gender Identity Development Service (GIDS) 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

- Positron Emission Tomography (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 (PBT)
- 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 (extra-corporeal membrane oxygenation)
- 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:
  - Wheelchair and special seating
  - Prosthetics
  - Electronic assistive technology
  - Alternative Augmentative Communication (AAC)
  - Wales Artificial Eye Service
- Major Trauma Operational Delivery Network (ODN)
- Complex Spinal Surgery Operational Delivery Network (ODN)
- Thrombectomy Service
- Cochlear and Bone Anchored Hearing Aid (BAHA)
- Rare Diseases Implementation Group (RDIG)



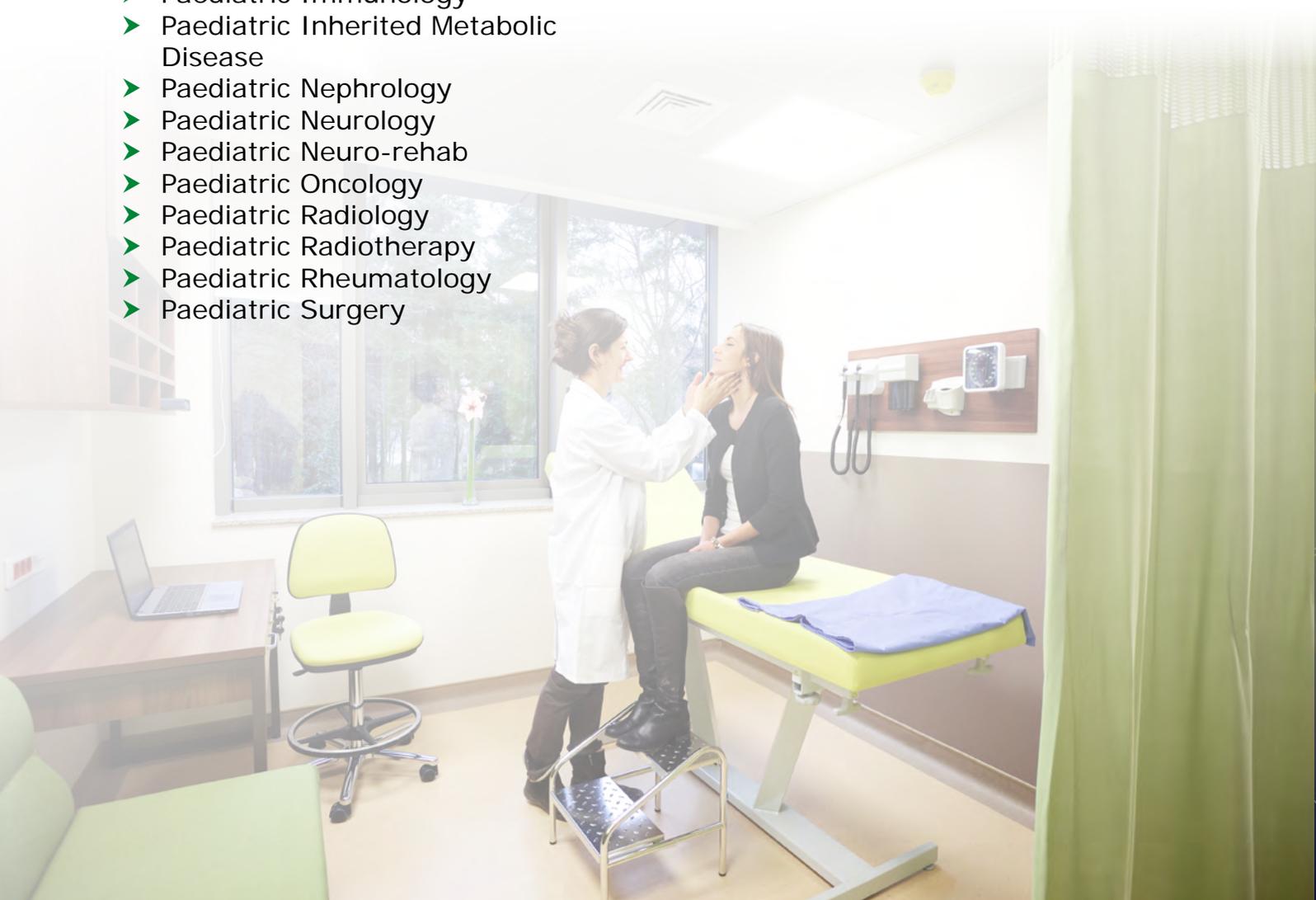


## Women and Children

- Fetal Cardiology
- Fetal Medicine
- Neonatal
- Neonatal Transport
- Paediatric Cardiology
- Paediatric Cystic Fibrosis
- Paediatric Endocrinology
- Paediatric ENT (ear, nose & throat)
- 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

## Other Services

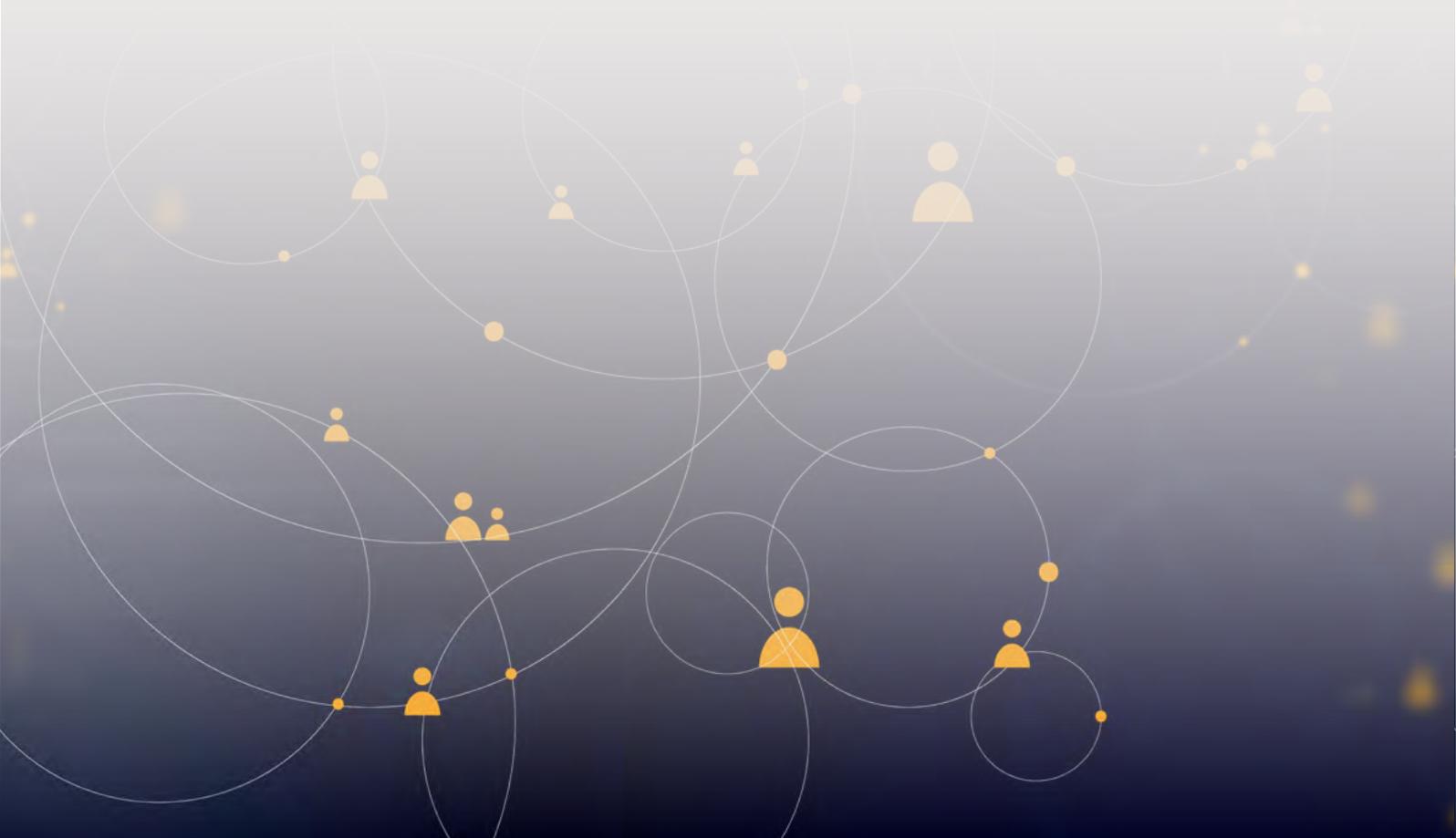
- In vitro fertilisation (IVF)
- Intestinal Failure
- Home Parental Nutrition
- Hyperbaric Oxygen Therapy



Appendix **13****13.3 Workforce Data 2021-2022**

| <b>Staff in Post</b>                |                  |
|-------------------------------------|------------------|
| <b>WHSSC Directorate or Section</b> | <b>Headcount</b> |
| Administration                      | 18               |
| Corporate                           | 2                |
| Finance                             | 15               |
| Mental Health Adult                 | 1                |
| Quality and Patient Care            | 5                |
| Renal Medicine                      | 6                |
| Service Planning                    | 18               |
| <b>Grand Total</b>                  | <b>65</b>        |

| <b>Age Profile by Headcount</b> |                  |                                |
|---------------------------------|------------------|--------------------------------|
| <b>Age Band</b>                 | <b>Headcount</b> | <b>Percentage of Workforce</b> |
| 26-30                           | 4                | 6.2%                           |
| 31-35                           | 3                | 4.6%                           |
| 36-40                           | 9                | 13.8%                          |
| 41-45                           | 13               | 20%                            |
| 46-50                           | 9                | 13.8%                          |
| 51-55                           | 10               | 15.4%                          |
| 56-60                           | 14               | 21.5%                          |
| 61-65                           | 2                | 3.1%                           |
| 66-70                           | 1                | 1.5%                           |
| <b>Grand Total</b>              | <b>65</b>        | <b>100%</b>                    |



| Gender by Headcount |           |                         |
|---------------------|-----------|-------------------------|
| Gender              | Headcount | Percentage of Workforce |
| Female              | 46        | 70.8%                   |
| Male                | 19        | 29.2%                   |
| <b>Grand Total</b>  | <b>65</b> | <b>100%</b>             |

| Employee Category and Gender by Headcount |           |           |
|---|-----------|-----------|
| Gender                                    | Part Time | Full time |
| Female                                    | 11        | 35        |
| Male                                      | 5         | 14        |

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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:  
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