

Welsh Health Specialised Services Committee (WHSSC)

Annual Report 2022-2023



Our aim is:

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

Foreword from our Chair and Managing Director



Kate Eden
Chair

We are delighted to bring you our Annual Report for 2022-2023. This Annual Report provides an opportunity for us to reflect on our performance and achievements over the last financial year, in collaboration with our partner organisations and stakeholders.

This Annual Report reflects a year in which the impacts of the COVID-19 pandemic remain with us and the challenges facing the health and care system as the NHS and society have continued. These challenges have included backlogs and delays to care for patients, staff fatigue, reduced system efficiency and unprecedented financial pressures.



Dr Sian Lewis,
WHSSC Managing
Director

Responding to these challenges, WHSSC increased its focus on improving performance and restoration of activity in 2022-2023. This work was supported by the Joint Committee of WHSSC, which held a workshop on "Recovery Trajectories across NHS Wales" in July 2022 and the monitoring of recovery data was maintained as a priority throughout 2022-2023. The Joint Committee also supported a return to using the WHSSC Escalation Framework for performance reasons.

The performance reporting has evolved throughout the year. Detailed activity performance reports are prepared on a monthly basis and provide qualitative information and quantitative data to the Joint Committee and Management Group meetings. This will be developed further in 2023- 2024.

Despite an extremely challenging financial climate, the Joint Committee was able to approve the WHSSC Integrated Commissioning Plan (ICP) in February 2023 for inclusion in Health Board IMTPs for 2023-2024. This included an agreement on an innovative saving and efficiency programme to deliver a shared pathway savings target of 1%. This work is supported by a dedicated Efficiency Programme Board.

A key achievement during 2022- 2023 was the development of the WHSSC 10 Year Specialised Services Commissioning Strategy. This was approved on 16 May 2023, and was a specific requirement of the Audit Wales "WHSSC Committee Governance Arrangements Report" published in 2021. The strategy was last published in 2012, and this version aims to address the significant changes in policy development and health care provision which have occurred since then, and to meet the challenges and opportunities of rapid innovation, growing demand, increasing cost and the digital revolution.

Amongst these major organisational developments were a number of service specific achievements during the year, including the approval of Paediatric and Mental Health specialised service strategies, delegation of Low Secure Mental Health Services to WHSSC for commissioning, and innovative work using the Secure Anonymised Information Linkage (SAIL) and Digital Health & Care Wales (DCHW) databases to inform commissioning decisions. There are of course, many other individual initiatives of which we are proud and which can be found in the body of the report.

In January 2023, the Minister for Health & Social Services announced that Welsh Government would undertake a Review of National Commissioning Functions across NHS Wales, this includes WHSSC, the Emergency Ambulance Commissioning Committee (EASC) and the National Collaborative Commissioning Unit (NCCU). The aim of this review is to identify opportunities to improve outcomes,

reduce inequalities, and add further value for the NHS in Wales through strengthening and streamlining the national commissioning functions in Wales. The outcome of this review will have important implications for WHSSC and we are optimistic that it will provide new opportunities for us to make a positive contribution to the health of our population in Wales.

To conclude, we would like to express our thanks to all Members of the Joint Committee (Independent Members, CEOs and Executive Directors) whose leadership has enabled this work to be undertaken. We would also like to express our deep thanks to commissioning colleagues and partner organisations for their hard work and commitment to delivering specialised services to the Welsh population. And finally to give an emphatic and heartfelt 'thank you' to all of the staff at WHSSC, past and present for their hard work and dedication and for coming together as one team to support NHS Wales.





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01 Welsh Health Specialised Services Committee (WHSSC)

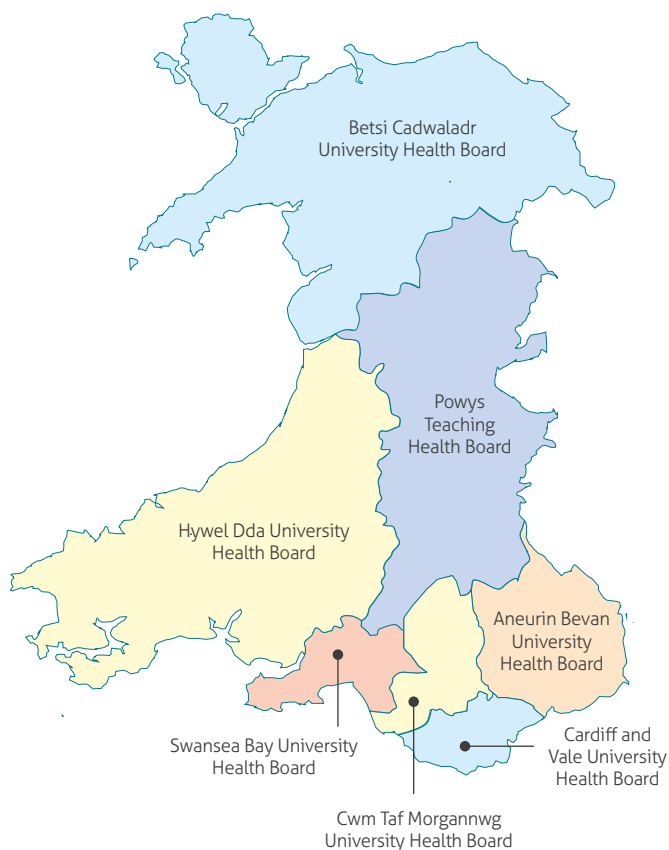
The Welsh Health Specialised Services Committee (WHSSC) was established in 2010 as a Joint Committee of each local Health Board in Wales, established under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35). The remit of the Joint Committee is to enable the seven Health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

The Joint Committee is hosted by Cwm Taf Morgannwg University Health Board and is responsible for the joint planning and commissioning of specialised services on behalf of local Health Boards in Wales. WHSSC is made up of, and funded by, the seven local health boards with an overall annual budget of £730 million with the financial contributions determined by population need. Some health boards in Wales provide specialised services. In particular, Cardiff and Vale and Swansea Bay University Health Boards receive significant funding for the services that they provide.

On a day-to-day basis, the Joint Committee delegates operational responsibility for commissioning to Welsh Health Specialised Services (WHSS) Officers, through a management team and supported by six multidisciplinary commissioning teams. These teams commission specialised services, including:

- Cancer and Blood Services
- Cardiac Services
- Mental Health and Vulnerable Groups
- Neurosciences and Long-Term conditions
- Women's and Children's Services
- Kidney Services

The seven HBs are responsible for meeting the health needs of their resident population and have delegated the responsibility for commissioning a range of specialised services to WHSSC. Each HB has appropriate arrangements to equip the Chief Executive Officer (CEO) to represent the views of the individual Board and discharge their delegated authority appropriately.



WHSSC's strategic aim is:

"to ensure that there is equitable access to safe, effective and sustainable specialist services for the people of Wales, as close to patients' homes as possible, within available resources"

Since 2020, the NHS has experienced unprecedented challenges like no other ever experienced in the lifetime of the NHS. The COVID -19 pandemic continues to have a significant impact on activity levels of specialised services, as well as, contributing to the extremely difficult financial context.

Despite all of the difficulties and challenges WHSSC delivered the majority of planned activities and new prioritised services described within the 2022-2023 Integrated Commissioning Plan (ICP); and a summary is outlined under the commissioning teams key achievements - see page 16 - 21.

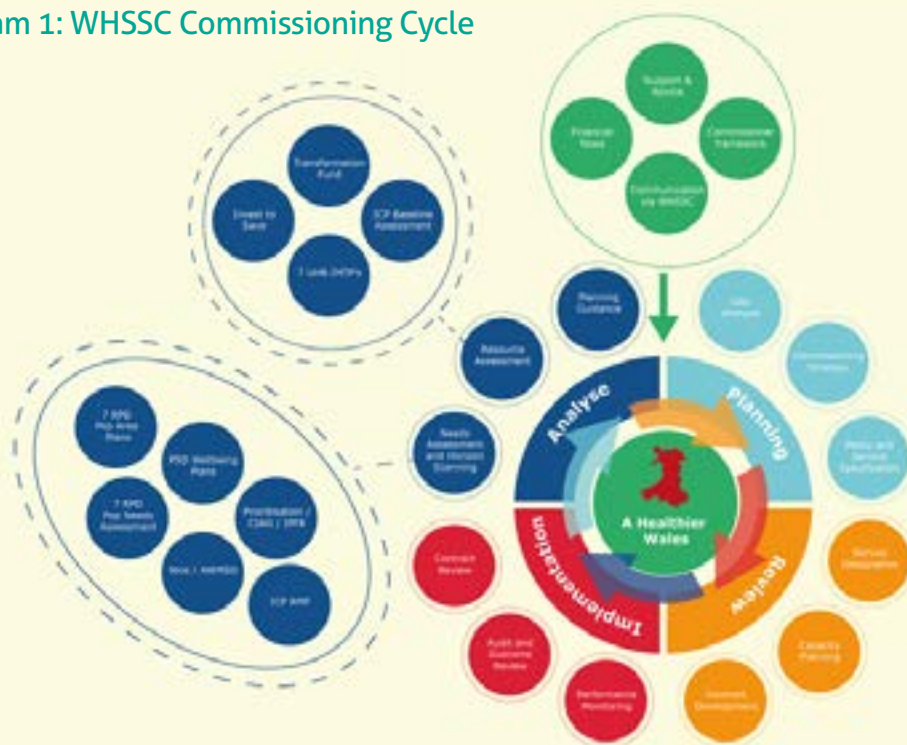
The staff in WHSSC, working with providers and the wider NHS must be recognised and thanked for their involvement in this delivery.

1.1 The Role of WHSSC

WHSSC's role is to:

- Plan, procure and monitor the performance of specialised services,
- Establish clear processes for the designation of specialised services providers and the specification of specialised services,
- Ensure there is assurance regarding clinical quality and outcomes through the contract mechanisms and a rolling programme of service review,
- Develop, negotiate, agree, maintain and monitor contracts with providers of specialised services,
- Undertake associated reviews of specialised services and manage the introduction of drugs and new technologies,
- Coordinate a common approach to the commissioning of specialised services outside Wales,
- Manage the pooled budget for planning and securing specialised services and put financial risk sharing arrangements in place,
- Ensure a formal process of public and patient involvement underpins its work; and
- Ensure that patients are central to commissioned services and that their experience when accessing specialised services is of a high standard.

Diagram 1: WHSSC Commissioning Cycle



All of this work is undertaken on a cyclical basis with ongoing engagement with patients, service users and professionals. WHSSC's commissioning cycle is shown in the following diagram:

Working Together

In order to achieve its strategic aim, WHSSC works closely with each of the HBs (in both their commissioner and provider roles) as well as with Welsh NHS Trusts, providers in NHS England and the independent sector. The commissioning of specialised services is informed through the application of the Prudent Healthcare Principles and the Institute of Healthcare Improvement Quadruple Aim.

Our relationship with NHS England

It is important to note that the portfolio of services delegated to WHSSC differs from the portfolio as defined in the NHS England Prescribed Services Manual. Some tertiary services remain the commissioning responsibility of health boards and WHSSC commissions some services, which are not delegated to specialised services in England. In addition, NHS England is currently undergoing a major change to the commissioning arrangements for specialised services.

In July 2022, the Health and Care Act 2022 legally established 42 Integrated Care Systems (ICSs). These are partnerships of organisations that come together to plan and deliver joined up health and

care services to improve the lives of the people in their area. Each ICS will have an Integrated Care Board (ICB), a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area.

Through this new legislation, ICBs have also been given the opportunity to take on delegated responsibility from April 2023, where appropriate, for specialised services but within a framework of continued national accountability, national standards, national service specifications and national clinical policies determining equal access to the latest treatments and technologies.

NHS England has recognised that not all specialised services will be suitable, or ready, for delegation to ICBs. Where this is the case there will be a further year of transition with additional support so they are ready to take on full delegated responsibility from April 2024.

To ensure the effective commissioning of services for Welsh patients in England, WHSSC is working the NHSE Specialised Commissioners and the relevant Regional Commissioners to establish links and communication channels in anticipation of this change.



1.2 Our Values

WHSSC core values were developed by our staff and are an indication of how we would like to be measured by each other, by those who work with us, and by those who depend on us to deliver services. They are also the values we would expect to be upheld by those who will join our team in the future and have been integrated in our workforce processes from recruitment through to Personal Development Reviews. The WHSSC values are outlined in Figure 1 below.

Figure 1: Values of WHSSC (Launched in July 2018)



We know that it is sometimes difficult to live up to values. To this end, we endeavour to hold ourselves to account and invite those who work with us, or for whom we work, to measure us against these values.

1.3 WHSSC as an Organisation

In order to explain the relative scale of WHSSC compared to the services that it commissions on behalf of the HBs, the infographic below in Diagram 2 sets out the key statistics for the staffing levels, direct running cost budget, commissioning budget and contracts.

Diagram 2: WHSSC Profile >

In addition to the budget for the WHSSC team directly involved in specialised commissioning, WHSSC also receives Welsh Government funding for delivering the Traumatic Stress Wales network,



the programme teams for PET-CT and Molecular Radiotherapy Programmes and funding for the Welsh Kidney Networks. There are approximately 20 staff involved in this work.

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

- Staff remuneration,
- Sickness and absence statistics,
- Staff policies, for example health and safety and human resources; and
- Exit packages.

Organisationally, WHSSC is split into five Directorates: Corporate, Finance, Medical, Nursing and Quality, and Planning and five cross directorate commissioning teams. The commissioning teams are:

- Cancer and Blood
- Cardiac Services
- Mental Health and Vulnerable Groups
- Neurosciences and Long Term Conditions
- Women and Children’s Services

WHSSC also hosts the Welsh Kidney Network (WKN) and Traumatic Stress Wales (TSW).

1.4 The Joint Committee

The WHSSC Joint Committee make formal decisions about the commissioning of services and is a Statutory Sub-Committee of each of the HBs in

Wales. An Independent Chair, appointed by the Minister for Health and Social Services leads the Joint Committee. The Chair is supported by three Independent Members, (one of whom is the Vice Chair) the seven HB Chief Executives, Associate Members and the WHSSC Officers (as set out in the WHSSC [Directions and Regulations](#)).

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

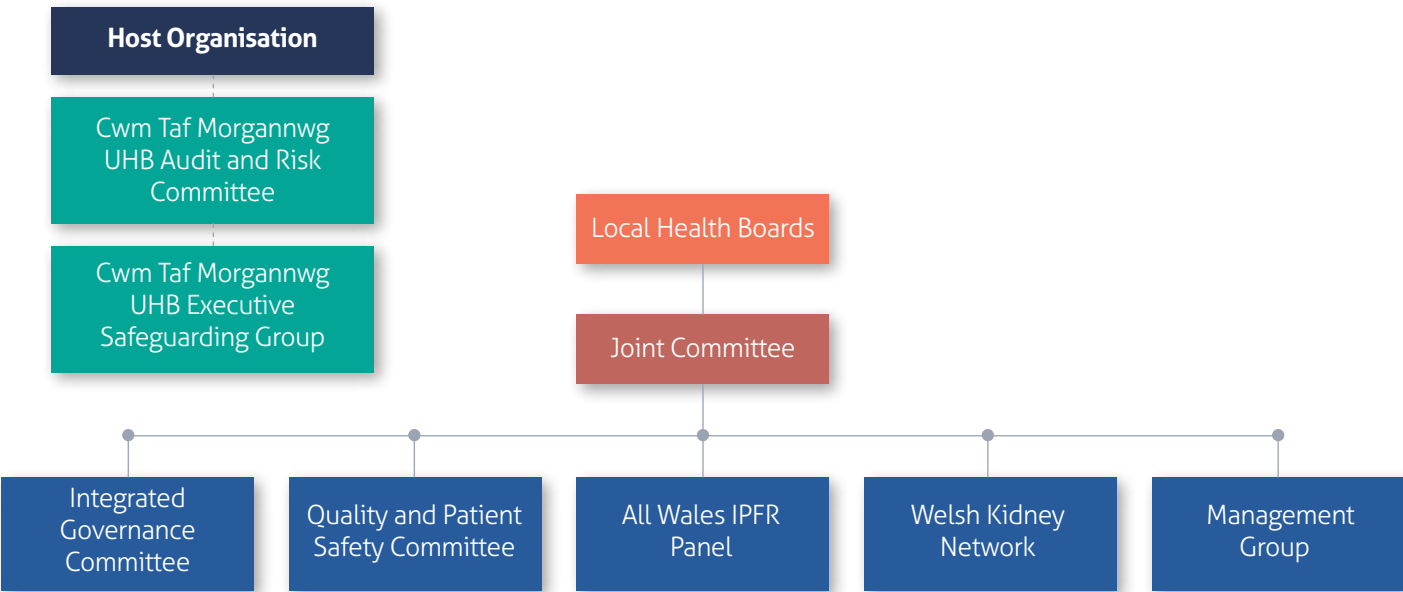
The Joint Committee has established five joint sub-committees in the discharge of its functions:

- All Wales Individual Patient Funding Request (IPFR) Panel (WHSSC),
- Integrated Governance Committee (IGC),
- Management Group (MG),
- Quality & Patient Safety Committee (QPSC); and
- Welsh Kidney Network (WKN)

The Joint Committee governance structure is outlined in Figure 2 below:

Additional information on the governance framework, membership and attendance can be viewed in the Annual Governance Statement (AGS) on the WHSSC website at: <https://whssc.nhs.wales/publications/governance/>

Figure 2 - WHSSC Joint Committee Governance Structure



02 Summary of our Key Achievements 2022-2023

'Addressing Health Inequalities through NHS Finance Action' Award

Welsh Health Specialised Services (WHSSC) was the first organisation in the UK to be awarded the HFMA 'Addressing Health Inequalities through NHS Finance Action' Award. WHSSC, who were up against Leeds, Alder Hey and Cardiff & Vale were thrilled to win the award. Kendal Smith, Finance Partner - Financial Planning, said 'As a small team, it was an amazing opportunity for us to be able to put the NHS in Wales on the UK map'. The project was commissioned by WHSSC to answer a question asked by Professor Kerryn Lutchman Singh (Associate Medical Director, WHSSC and Consultant Gynaecological Oncologist, Swansea Bay UHB) regarding how access rates affected patient pathways. Kerryn was also keen to utilise the unique characteristics of the Secure Anonymised Information Linkage (SAIL) database at Swansea University that has the advantage of linkage to primary care and other health and social data.

The project has produced a value based analysis of eight cardiac procedures and has now turned its attention to applying the same metric to access rates. Kerryn emphasised 'a key part of the work was to approach the data with an open mind and follow what it showed, rather than looking for the data that supported the expected outcome. This meant that although the process took a long time, the resulting analysis was robust and free of bias.' In carrying this work out with a team who are each experts in their field; the issue of inequity of access has been highlighted to be a significant factor affecting overall pathway costs. The team are excited to now be looking at the next part of the project that will look further into how access to services for other conditions varies across Welsh Health Boards and how this affects whole pathway costs.

Rowena Bailey (Senior Researcher from Swansea University) says 'the success of this work can be credited to a team science approach, bringing together a multi-disciplinary group to generate important evidence that will help to address issues

of inequity in healthcare. Using real world data and analytics together with clinical knowledge, financial planning expertise and specialist healthcare management is essential for understanding such complex issues.'

All Wales Positron Emission Tomography (PET) Programme

WHSSC worked closely with all seven HBs and Velindre University NHS Trust to develop a Programme Business Case (PBC) and strategy for the future Positron Emission Tomography (PET) service in Wales. On receipt of letters of support from all HBs and following Welsh Government scrutiny, the £25M capital business case was endorsed.

Based on the success of the strategy development, WHSSC subsequently received a second mandate from Welsh Government, requesting to extend its work in this area and set up a refreshed Programme of work for the implementation of the strategy.

The Programme of work will realise 3 or 4 new fixed, digital scanners placed across Wales, with particular focus on the surrounding infrastructure requirements, such as workforce, radiopharmaceutical supply and research, development and innovation.

The Managing Director of WHSSC was appointed as Programme Senior Responsible Officer and WHSSC is in receipt of fixed-term funding for a small Programme Management Office (PMO) to facilitate and support the Programme.

Board Development - Compassionate and Collective Leadership in Health and Social Care

On 29 November 2022, the Corporate Directors Group Board (CDGB) and Chair received a briefing from Professor Michael West CBE on Compassionate and Collective Leadership in Health and Social Care as part of his mandate to visit all NHS bodies to discuss the importance of compassionate and collective leadership, which is being led by Health

Specialised Services Commissioning Strategy 2023–2033



'Improving Patient Outcomes through Expert National Commissioning'

"We seek to ensure the delivery of high quality, sustainable healthcare services for the people of Wales which are responsive to change, accessible, and maximise value and outcomes within available resources"

Education & Improvement Wales (HEIW). The session focused on the pressures in the system, seven key leadership actions for the WHSSC Board, Changing and Sustaining Cultures: vision, goals and performance, support and compassion, equity and inclusion, learning and innovation, team and cross boundary working and the workforce crisis. It was agreed that Professor West would facilitate a session with the Joint Committee in 2023 to support discussions on working in partnership, developing cross-boundary team-based working and system leadership.

Cardiff Transplant Retrieval Service First 2 NRP (Normothermic Regional Perfusion) Retrievals

The Cardiff transplant retrieval service provided their first two NRP (normothermic regional perfusion) organ retrievals. NRP is a technique that restores circulation to the abdominal organs following circulatory arrest using technology including localised ECMO (extracorporeal membrane oxygenation). The goal is to provide re-perfused organs in a better condition with improved timeframes for transplantation.

Cardiff is one of only three units in the UK who are able to perform NRP retrieval under a UK initiative pilot led by NHS Blood & Transplant (NHSBT). Subject to successful evaluation of the outcomes of the

programme NRP may become an important way of increasing the number of organs available for donation.

Genomics Delivery Plan for Wales

Following ministerial approval to develop a new three-year Genomics Delivery Plan for Wales, a steering group of key Genetics Partnership Wales (GPW) stakeholders was formed in January 2022 to develop the initial content of the plan. The draft now forms the basis for wider stakeholder engagement to ensure broad involvement in the development of this plan from across Wales. WHSSC has been a full member of GPW and has contributed with the All Wales Medical Genomics Service (AWMGS) to the development of the plan.

Mental Health Specialised Services Strategy for Wales 2022-2028

Further to discussions at the Joint Committee meeting on the 10 May 2022, the draft Mental Health Specialised Services Strategy 2022-2028 engagement process commenced in May 2022 and the draft strategy was issued bilingually via email to 368 stakeholders, accompanied by an easy read summary and a questionnaire for completion by the 22 July 2022.

A large scale Demand and Capacity report was also commissioned to include service modelling and this will inform the final strategy. The demand and capacity report is expected to be finalised in 2023-2024.



Molecular Radiotherapy (MRT): The Need for a Welsh Strategy

On 28 July 2022, correspondence was received from the Director General/Chief Executive NHS Wales advising that the Managing Director of WHSSC had been designated as the Senior Responsible Officer (SRO) for an All-Wales Molecular Radiotherapy (MRT) Programme to produce a national strategy for MRT. Welsh Government will provide WHSSC with up to £0.11m over the next 18 months to support the programme.

Published Article – Applied Health Economics and Health Policy

WHSSC was successful in publishing the article ***"A Case Study on Reviewing Specialist Services Commissioning in Wales: TAVI for Severe Aortic Stenosis"*** in the Applied Health Economics and Health Policy Journal.

Single Commissioner for Mental Health

WHSSC currently commissions medium and high secure mental health services for adults. Low secure services are currently commissioned by Health Boards (HBs). On 31 March 2023, Welsh Government issued a directive for WHSSC to undertake a project to also commission low secure mental health services for adults. Project development has commenced with an anticipated go live date of April 2025.

Status Report on Annual Audit of Accounts 2021-2022

The WHSSC/EASC Annual Accounts were submitted to CTMUHB ahead of time to enable consolidation by the CTMUHB. The accounts were approved by the CTMUHB Audit and Risk Committee, and the Board on the 22 June 2022. All financial duties were fully met and the WHSSC team worked closely with all HBs to meet their individual needs. It was pleasing to note that despite the challenges of the COVID-19 pandemic working environment, the finance team achieved an exceptional prompt payment performance for NHS bodies of 100% by value and 98.5% by number, and for non-NHS bodies of 100% by value and 99.7% by number. In addition, there were no debtors outstanding over three months.

WHSSC 10 Year Specialised Services Strategy

In May 2023, WHSSC published its Specialised Services Commissioning Strategy, which sets out the overall vision and priorities for the commissioning of Specialised Services for the Welsh population between 2023 and 2033, and sets the context for all other Specialised Services strategic developments.

Every person in Wales who uses health services or supports others to do so, whether in hospital, primary care, their community or in their own home has the right to receive excellent care as well as advice and support to maintain their health. All health services in Wales need to demonstrate that they are doing the right thing, in the right way, in the right place, at the right time and with the right staff.

The aim of the strategy is to ensure that the residents of Wales can now, and in the future, receive equitable access to high quality specialised services, which are clinically effective, and that offer the best outcomes and experience for patients, as well as providing the greatest value for our population.

Development of the strategy post COVID-19 provided WHSSC with the opportunity to shape the direction to focus on recovery, value, and to exploit new technologies and innovative ways of working through the development of our individual service specific clinical strategies.

Key to this is the recognition of the diverse relationships that exist between North, Mid and South Wales with Welsh Providers and NHS England where both patient pathways and direct access to specialised services differ. The objective of the strategy is therefore to define the overall approach for Wales to the future development of specialised services from a local, regional and national perspective, our priorities in relation to the wider NHS and our priorities within specialised services.

Work is underway building a set of meaningful success measures against which we can monitor and assess achievement of our strategic aims and objectives, with a timescale of September 2023 for completion. The measures within this strategy are therefore outlined, however the detail will remain under development.

Because of the pace of change in specialised services, we will review this strategy in 5 years to consider whether it remains fit for purpose for the following 5 year period.

03 Performance Overview

The purpose this performance overview section is to outline the challenges we have faced and how we have addressed them, as well as achievements and progress made.

The performance activity and the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales is presented to each Joint Committee and Management Group meeting for assurance. The performance reports illustrate the decrease during the peak COVID-19 periods, to inform the level of potential harms to specialised services patients. The reports also illustrate the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability, recovery rates, and access comparisons across Health Boards and waiting lists are also considered, along with the relevant Performance Measures set out by Welsh Government.

The impact of COVID-19 on the level of provision of healthcare has been felt across all levels of service, including specialised services which have traditionally been assumed to be essential services. WHSSC has used the national data sources from Digital Health & Care Wales (DHCW), together with monthly contract monitoring information to inform performance monitoring.

3.1 Performance Analysis Dashboard

The WHSSC Commissioner Assurance Framework (CAF) sets out a performance assurance process alongside more outcome focussed performance measures through the Performance Management Framework appendix to the CAF. WHSSC also has an agreed Escalation Framework. Assurance against the CAF is achieved through service specifications, Service Level Agreements (SLA) and performance monitoring through Quality and Patient Safety Committee (QPSC) and the Integrated Governance Committee (IGC).

Monitoring recovery from the pandemic required a different approach. Reviewing data on patient outcomes became an important part of these Performance Management arrangements. The suspension of the referral to treatment targets (RTTs) set by Welsh Government during the pandemic impacted the way that commissioned services were monitored and created a need to temporarily revise the reporting of services in escalation because of a failure to meet RTTs.

WHSSC responded to the request for a relaxed framework by:

- Relaxing the formal focus of SLA meetings (reporting and assurance on contracts, activity and cost) to a less formal approach (reporting on recovery, anticipated trajectories, and general) updates; and
- Moving traditional service level performance management meetings to commissioner assurance meetings.

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

Since the COVID-19 outbreak, during 2022-23 WHSSC presented an activity report to each Joint Committee and Management Group highlighting the scale of the decrease in activity levels during the peak COVID-19 period, and report whether there are any signs of recovery in specialised services activity. The activity decreases were also shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements.

During 2022-23, there was an increased focus on improving performance and restoration of activity and this has been supported by the Joint Committee. The Joint Committee held a workshop on "Recovery Trajectories across NHS Wales" at its meeting on 12

July 2022. Members received presentations on the recovery trajectories across Wales and the monitoring of recovery data was a key issue for the Joint Committee throughout 2022-2023.

The Recovery Trajectories presentations from the NHS Wales Delivery Unit, BCUHB, SBUHB and CVUHB encouraged wide-ranging discussion and a further focus on Paediatric Recovery was presented at the November 2022 JC meeting. In this meeting, Joint Committee also supported a return to using the WHSSC Escalation Framework for performance reasons, and the Framework was used appropriately to escalate performance issues throughout the rest of the year.

The performance reporting has evolved throughout the year. Detailed activity performance reports are prepared on a monthly basis and provide qualitative information and quantitative data to the Joint Committee and Management Group meetings. The reports include delivery by provider and specialty against historic performance and waiting times. Prospective activity reports will also include performance compared to provider agreed recovery plans and waiting list profiles.



It should be noted that the Duty of Quality came into legal force in April 2023 in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The new reporting requirements will therefore be captured in the processes in place for 2023-24. In anticipation of the Duty of Quality being introduced, WHSSC is committed to ensuring that we think about the quality of health services when making commissioning decisions and recognise the requirements of the Health and Social Care (Quality & Engagement) (Wales) Act 2020 and will work towards implementing the requirements to:

"continually, reliably and sustainably meet the needs of the population we serve."

From April 2023, there will be a return to full monthly performance reporting using a balanced scorecard approach using the quadrants of activity, quality, finance and access to Management Group and Joint Committee.

From the autumn of 2022 onwards, the approach to SLA monitoring was refreshed with a return to a data-driven approach using a dashboard format for each of the Welsh Providers. This includes the contract, finance and waiting times position as well as quality indicators, services in escalation and risks.

The activity dashboard has already been adapted and aligns to the Welsh Government Priority Delivery Measure. Alongside the measures set out in the Ministerial Priorities, WHSSC continues to work closely with providers to assess performance against contracts, to develop plans to address any variance, and where appropriate to find alternate means of provision (e.g. outsourcing) where necessary to ensure that the population needs are met.

Alongside Welsh Government's (WG's) shift back to a robust performance management approach, WHSSC has also agreed its intention to do likewise, and to recalibrate its performance management arrangements, re-define the roles and responsibilities of differing parts of the performance management system; and bring standardisation across performance management levels with all providers. To set this out, an updated Performance Management Framework

was supported at the April 2023 Management Group meeting and a final version was presented to May 2023 JC for approval. This will now replace Appendix 1a in the CAF which was endorsed in September 2021.

The framework will be supported by a suite of templates/documents that aim to bring standardisation to the approach. There are three levels at which performance management discussions between WHSSC and provider HBs take place, and upon which the Performance Management arrangements have been built: Strategic, Planning and Performance.

The performance framework hierarchy is outlined below:

Level of discussion	Meeting	Purpose
Strategic	Board to Board Exec to Exec	<ul style="list-style-type: none"> • Strategic direction • Strategic risks • Strategic appetite for service developments • Strategic discussion on population health, equity, access etc. • Enabling delivery
Planning	Planning team to HB corporate teams	<ul style="list-style-type: none"> • Monitor progress with development of Integrated Commissioning Plan (ICP) and Integrated Medium Term Plans (IMTPs) Identify barriers/risks to implementation of plan and developments contained therein • Share intelligence in order to triangulate workforce, finance and performance improvement • Ensure there are 'no surprises' on performance and delivery issues
Performance	SLA Meetings	<ul style="list-style-type: none"> • Formally manage and escalate variation in performance on quality, activity, delivery of Ministerial measures and financial performance. • Formally receive exception reports on services in Escalation • Deal with issues escalated from the service level performance meetings • Formally note and monitor investments and benefits
	Service level performance meetings	<ul style="list-style-type: none"> • To monitor performance in individual service areas – including quality, activity, Ministerial and service specification measures and financial performance • To monitor investments and benefits • To escalate issues as needed to the SLA meeting with Health Boards
	Escalation	<ul style="list-style-type: none"> • To enable development of an action plan for those services in escalation • To enable monitoring of necessary actions • To enable de-escalation

From a financial and contracting point of view during 2022-2023, there has been a further period of tolerance as the system has moved from crisis into recovery, and financial frameworks gradually moved from block back to being based on activity and performance. The Directors of Finance Peer Group has indicated a preference to retain a level of tolerance in 2023/24 (although reduced) and this will be discussed further with the Joint Committee.

3.2 The Integrated Commissioning Plan (ICP)

Each year Welsh Government issues the NHS Planning Framework to support statutory organisations within NHS Wales to meet their legal duty to develop an IMTP, which aligns service, workforce and finance plans. The ICP responds to the Framework and presents a cohesive plan for the commissioning of Specialised Services for the people of Wales.

The ICP is developed by the Welsh Health Specialised Services Committee (WHSSC) on behalf of the seven Health Boards (HBs) in Wales, and is the basis upon which HBs will plan for specialised services provision within their Integrated Medium Term Plans (IMTPs). Once again, this year the ICP was developed in the context of the extreme financial pressures and service challenges facing NHS Wales.

The Joint Committee (JC) approved the ICP on 13 February 2023. The plan for 2023-24 includes the conclusion of the work on the Specialised Services Commissioning Strategy and the implementation actions from the two agreed service commissioning strategies (Mental Health and Specialised Paediatrics) with the Specialised Haematology Services Review.

In year, we will develop a further service commissioning strategy for specialised rehabilitation and commence the review of cardiac services in South Wales. Due to the difficult financial climate, there are smaller numbers than usual of prioritised service developments but all of the high priority horizon-scanning schemes have been included in the Plan.

The Integrated Governance Committee (IGC) plays a key role in monitoring implementation of each

ICP. From August 2022, the IGC received quarterly updates on progress on delivering the ICP 2022-23 which were developed to respond to the Welsh Government requirements as set out in the NHS Wales Planning Guidance 2021.

3.3 Commissioned Services

Specialised services generally have a high unit cost because of the nature of the treatments involved. They are a complex and costly element of patient care and are usually provided by the NHS. The particular features of specialised services, such as the relatively small number of centres and the unpredictable nature of activity, require robust planning and assurance arrangements to be in place to make the best use of scarce resources and to reduce risk. Specialised services have to treat a certain number of patients per year in order to remain sustainable, viable and safe. This also ensures that care is both clinically and cost effective.

The Joint Committee agree the range of services delegated by the seven HBs to be commissioned by WHSSC. An original list of services was agreed in 2012. Since then, there have been a number of transfers back to local planning and funding, as well as some additions to WHSSC's responsibilities. The services delegated to WHSSC can be categorised as:

- Highly Specialised Services provided in a small number of UK centres,
- Specialised Services provided in a relatively small number of centres and requiring planning at a population of >1million; and
- Services that have been delegated by LHBs to WHSSC for other planning reasons.

3.4 Commissioning Teams

The WHSSC planning functions have been delivered through a specialty based programme team model since 2010. In 2017, the clinical focus of the teams was strengthened through the appointment of Associate Medical Directors, and they were re-launched as commissioning teams.

The tables at **Appendix 1** shows the range of services delegated for commissioning by WHSSC for 2022-23.

3.5 Key Achievements by Commissioning Team

The aim of WHSSC is to ensure that specialised services are commissioned from providers that have the appropriate experience and expertise; are able to provide a robust, high quality and sustainable service; are safe for patients and are cost effective for NHS Wales.

Commissioning refers to the process of planning services to meet the identified health need requirements of the population, developing and managing contracts with providers to ensure they meet the healthcare standards, and monitoring and reviewing quality, safety and performance of the service.

The following provides an overview of the WHSSC commissioning teams' key achievements during 2022-2023:

Mental Health & Vulnerable Groups



Specialist Mental Health Services Strategy –

Work to progress development of the draft Mental Health Specialised Services Strategy 2022-2028 has moved forward with a comprehensive stakeholder engagement process conducted through spring and summer 2022.

A large scale Demand and Capacity report has been commissioned to include service modelling and this will inform the final strategy. The demand and capacity report is expected to be received in summer 2023.

The funding requirements have been identified using the Clinical Impact Assessments Group (CIAG) process. These considerations have been incorporated in 2023/24 plan.

Welsh Gender Service – The WGS was established in 2019, and inherited a long waiting list from the previous provider, the Tavistock and Portman NHS Foundation Trust. In recognition of the long waiting times for this service and vulnerability of the patient group, a three phased investment was agreed through the 2021-2022 ICP. The Phase 2 funding was released in 2022-2023 to further develop capacity within the team and a satellite clinic in North Wales. In 2022-2023, around 130 of the remaining patients on the waiting list for Tavistock and Portman Gender Identity Clinic were repatriated to the WGS waiting list. The WGS are also exploring the repatriation of patients that are under the care of the Tavistock and Portman NHS Foundation Trust. A Phase 3a funding release is planned for 2023-24 to consolidate the service in preparation for the final funding release in 2024-25.

Independent review of the Gender Identity Development Service (GIDS) -

During the year, an independent review of the Gender Identity Development Service (for children and young people) by Dr Hilary Cass OBE has been commissioned by NHS England. In February 2022, Dr Cass published an [interim report](#) setting out initial findings and advice from her Review, emphasising the need to move away from the current model of a sole provider and to establish regional services that work to a new clinical model that can better meet the holistic needs of a vulnerable group of children and young people.

In response, NHS England has consulted on an interim service specification and commissioned two Phase 1 providers, led by specialist Children's Hospitals. Going forward, NHS England will commission a network of regional services. The process of developing, engaging and consulting on the final service specification will follow the conclusion of the Cass Review. The review, once concluded, will inform the development of a clinical model for Wales.

Traumatic Stress Wales (TSW) – TSW's success, since its inception in April 2020, has resulted in considerable momentum being developed with many key pieces of work being accomplished including the development of the Trauma Informed Framework for Wales. A funding proposal was approved by Welsh Government in 2022-23 to build on these key achievements by expanding the TSW Hub, allowing it to take on new areas of work in 2023-24. The expansion will focus on increasing trauma-related knowledge and skills of staff working in key areas, with a primary focus on substance misuse; addressing the unmet mental health needs of asylum seekers, refugees and migrants; enhancing capacity for quality improvement across children and young people's services; and facilitating the delivery of the Trauma-Informed Wales Framework. An overview of TSW's key achievements is provided in section 7.4.

Forensic Adolescent Consultation and Treatment Service (FACTS) – Work has continued in year to stabilise the FACT service, with particular focus on recruitment, retention, governance and clinical leadership. The service was de-escalated to level 2 in December 2022. A service specification setting out the FACT service to CAMHS has been consulted on. A service specification setting out FACT service for Youth Offending Teams is planned for later in the year.

Medium secure beds – NHS England have experienced pressures in capacity of medium secure beds during this year. As a result, the two NHS Wales medium secure units have developed repatriation plans to ensure as many Welsh patients are in Welsh placements as possible. Steps have been made to ensure maximum available capacity within the NHS Wales units to allow for this repatriation to take place and currently repatriation plans are meeting the planned trajectories.

Eating Disorders – The impact of the Provider Collaboratives in NHS England have resulted in notice being served on our contract for eating disorders in-patient placements and alternative provision was sought from Quarter 3 of 2022/23. Placements are currently made on a spot purchase basis based on patient need. Longer term provision is being considered as part of the Specialised Services Strategy for Mental Health.

Mother and Baby Unit – Work continued throughout 2022-2023 to ensure the service commissioned from SBUHB meets the service specification and anticipated activity levels. The establishment of the service has improved access for Welsh mothers and the impact has been evaluated. A report outlining the findings of the evaluation was considered by the Joint Committee in March 2023. Work also continues with regard to provision for patients in North Wales, with an agreement in place with NHS England to commission two beds from a new unit in Cheshire, scheduled to open in Summer 2024.

Women & Children



Development of Specialist Paediatrics Strategy – Throughout the year, a collaborative programme structure has been developed to inform the development of a strategy. The document was circulated for comment and subsequently approved by the Joint Committee in September 2022.

Paediatric Inherited Metabolic Disease (IMD) – The IMD service commissioned from Cardiff & Vale University Health Board became unsustainable due to the retirement of the lead consultant. WHSSC worked with NHS England providers to identify an alternate model of delivery, and successfully secured the services of the Birmingham team to deliver a continued service to Welsh patients. Patient and their families were communicated with regarding the change and the service is embedding well.

Neonatal Transport Service – An interim 24 hour service commenced in South and Mid Wales (North Wales and North Powys already have access to a 24/7 service). A Delivery Assurance Group (DAG) has been established within the year, and work continues to develop an operational delivery network for the service.

Paediatric Neurology – In order to increase the paediatric neurology workforce and ensure service sustainability, funding has been released within the year. This will aid timely access to care, including 24/7 access video telemetry to improve access to whole pathway.

Paediatric Cystic Fibrosis – Within the year, funding has been approved for additional pharmacy capacity in order to support effective management of patients with Cystic Fibrosis, ensuring the safe and cost effective use of new medications.

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

Paediatric Radiology - A business case has been supported to implement 24/7 cover in the Children's Hospital for Wales that will then outreach to support all district general hospitals in hours.

Specialist Fertility Services - The policy review for CP37 and CP38 is currently being progressed through WHSSC policy review and development process. The policy review is at Stage 3, i.e. validation. During the consultation, issues were raised by the Community Health Councils (now Llais) that the policy development should be managed according to NHS service change guidance. Policy development is therefore paused whilst discussions are held with Llais to consider the outcome of the stakeholder consultation and to agree the next steps.

A workshop was held in September 2022 to review the commissioning arrangements for Intrauterine insemination (IUI). At the workshop, it was agreed the review of CP37 and CP38 would need to conclude before considering the commissioning arrangements for IUI. The work will therefore not progress until the revised policies, CP37 and CP38 are published and implemented.

Cardiac



Pulmonary Hypertension – The Pulmonary Hypertension service speciation has been developed and, following review by clinicians, is currently being finalised. In view of the challenging financial climate, WHSSC has undertaken a review of the cost effectiveness and affordability of the proposed satellite service. Subject to the completion of the review and dependent on its outcomes, a designated provider process for the commissioning of a Pulmonary Hypertension satellite service will be undertaken during 2023.

Inherited Cardiac Conditions – Following the development of the aforementioned options, it became apparent that identifying a preferred option would prove challenging. As such, it was agreed that the allocation of funding identified in the 2022-2025 WHSSC ICP should be expedited, with the aim of the proposed Clinical Nurse Specialist and administrator posts working with ICC services to help develop the planned options appraisal. Owing to the current financial climate, it was agreed that the allocation of the resource required to support said posts should be paused, to be revisited during 2023-24.

Obesity Surgery – Following consultation with stakeholders, a revised obesity surgery policy and service specification – updated to reflect the latest NICE and British Obesity & Metabolic Surgery Society (BOMSS) guidance – were published in March 2023. WHSSC also published a new Revision Surgery for Severe and Complex Obesity (Adults) in May 2023. Discussions concerning a potential additional service provider were undertaken throughout 2023;

subsequently WHSSC received a business case from Aneurin Bevan University Health Board which will be assessed by means of the WHSSC Designated Provider Framework.

Cystic Fibrosis and the impact of Kaftrio on current service provision – WHSSC has continued to monitor the ongoing impact of Kaftrio on Cystic Fibrosis service provision. A significant reduction in inpatient demand has been observed and therefore, a planned increase in the number of beds commissioned by WHSSC has been paused. Moving forward, it is thought likely that Kaftrio will improve the life expectancy of Cystic Fibrosis patients, resulting in an increasing incidence of age-related morbidities placing new and different demands on the Cystic Fibrosis service.

Cancer and Blood



Positron Emission Tomography and Computed Tomography (PET CT) - During the year, a new commissioning policy has been developed for new indications (including colorectal cancer, cholangiocarcinoma, dementia, gastrointestinal stromal tumours, lymphoma, and prostate cancer). The policy has been widely consulted upon and published.

Tuberous Sclerosis Complex - A scheme was approved through the WHSSC Integrated Commissioning Plan to ensure the sustainability of the TSC clinic for Wales. The business case was taken through the scrutiny process and approved.

The investment will provide bi-weekly clinics led by the clinical genetics service with input from other key clinical specialties required for the care of this complex patient group.

Sarcoma MDT – radiology – A scheme was approved through the WHSSC Integrated Commissioning Plan to ensure the sustainability of consultant radiologist model and input to the soft tissue sarcoma MDT for South Wales. The business case was taken through the scrutiny process and approved. This investment will ensure robust radiology provision for the weekly sarcoma MDT.

Stereotactic Ablative Radiotherapy (SABR) for lung cancer – A designation process was undertaken to commission Swansea Bay UHB as an additional provider of SABR for patients with lung cancer in south Wales. Following successful completion of this process, SBUHB was commissioned as a provider of SABR from April 2022. This means patients resident in southwest and mid Wales with lung cancer who require SABR treatment can be treated closer to home at Singleton Hospital, Swansea.

Commissioning Policy Development – The following policies have been developed, consulted upon and published in the 22/23 year:

- Stereotactic Ablative Body Radiotherapy (SABR) for oligometastatic cancer and hepatocellular carcinoma
- Brachytherapy for prostate cancer
- Allogeneic Haematopoietic Stem Cell Transplantation for adults with sickle cell disease

Specialist Services Radiotherapy Commissioning – A strategic document was developed which set out the scope of WHSSC's commissioning of specialised radiotherapy services and identified key actions to inform a strategic approach for specialised radiotherapy going forward. This document will inform commissioning intentions for the Integrated Commissioning Plan.

Neurosciences



Mechanical Thrombectomy Services – The commissioning team continued to seek advice from CVUHB on developing the business case for a sustainable high quality deliverable Mechanical Thrombectomy service for South Wales, which is expected to be submitted in 2023/24. In-year improvements that were made in 2022/23 include that all thrombectomy transfers are now managed by the Trauma Desk with red-call priority, and that electronic image transfer is now in place between designated hospitals in Wales and NHS England accepting centres. In addition from May 2023, North Bristol Trust now provide a service from 8am up to midnight for South Wales' patients.

A business case was supported and funding released to increase the workforce in order to ensure sustainability, and address issues of service inequity. This has allowed the service to address the staffing requirements to increase efficiency to reduce waiting times and improve patient outcome measures.

Cochlear Implant and BAHA Hearing Implant Device Service - Urgent temporary service change arrangements have been in place for the Cochlear Implant service in South Wales since September 2019 and further planning work has since been undertaken on specialist auditory services including BAHA devices. A recommendation on the preferred option for the commissioning model was then made by the Joint Committee in September 2022 and a targeted engagement process was undertaken. Following this, in May 2023 Joint Committee approved the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model.

Inherited White Matter Disorder (IWMD) Service

- WHSSC sought approval from Joint Committee in April 2022 to commission a new highly specialised adult and paediatric service Inherited White Matter Disorder. The development on the access criteria and provider was carried out in 2022. On a population basis, the expected incidence in Wales will be 15 patients per year and patients will access the service in NHS England due to the small number of patients requiring the service.

The Neuroscience portfolio also released investment for the following developments:

Wales Artificial Eye Service - A business case was approved in May 2022 to appoint an additional member of staff in Cardiff and Vale UHB to increase capacity, address service sustainability risks, and future proof the service to support appropriate succession planning for the aging profile of the current workforce.

Spinal Injuries Rehabilitation Service – A planned business case was received from Cardiff and Vale UHB to address the significant risks of delivering a sustainable service and achieving the British Society of Rehabilitation Medicine (BRSM) standards for specialist rehabilitation and the funding was approved in December 2022 which will mitigate some of the workforce deficit risks against the national standards. The remaining workforce gap will need to be considered, as part of the Rehabilitation Strategy development in 2023/24. The benefits from the investment have enabled the service to develop a dedicated multi-disciplinary outreach team to enable regular visits to DGHs across South Wales. The investment enabled the service to appoint additional therapy, inpatient nursing and psychology staff with the aim of future proofing the service and providing improved quality of care for patients and their families.

North Wales Prosthetic Service – Investment was approved in June 2022 for the Prosthetic Service provided by Betsi Cadwaladr UHB (BCUHB) to mitigate the workforce risks and equity of access. The appointment of the additional prosthetist has strengthened the sustainability and quality of service provision, enabled future proofing of the service and supported appropriate succession planning.

Betsi Cadwaladr and Swansea Bay UHB

Prosthetic Psychology Service - A business case was received from both Health Boards with the aim of addressing issues of service inequity and improving patient experience by supporting patients to adjust to life with a prosthetic limb both physically and psychologically before or immediately post-surgery. Both centres have received the investment and have recruited to the posts. A memorandum of understanding (MoU) will be developed which allows a collaborative approach to supporting psychology services within the three Artificial Limb and Appliance service (ALAS) centres.

Other Specialist Services with commissioning team structures



Intestinal Failure - During the last year, a full review of Intestinal Services has taken place. The review included clinical teams from providers in NHS Wales and NHS England as well as colleagues from Shared Services Partnership. Outcomes from the review have led to the revision of the Specialist Intestinal Failure policy and service specification; a review of patient length of stay; considerations with regard to the most efficient model of nursing provision and discussion with the Transforming Access to Medicines (TRAMS) project regarding potential future provision of services currently provided by the private sector. The review has proved a helpful vehicle in strengthening commissioner provider communication and understanding.

North Wales Plan

BCUHB IMTP Submissions - For the first time 11 schemes were submitted from BCUHB through the WHSSC ICP planning process resulting in 4 schemes being put through CIAG process. This resulted in 2 schemes for BCUHB being funded through the 2022/23 IMTP.

Collaborative Working Practices - Joint

Commissioning Interface Meetings have been established to provide a platform to enable the strategic aims, work plans and priorities of WHSSC to be discussed in alignment with financial, post COVID recovery and restoration of services and operational plans of BCUHB for delivering specialised services. Furthermore, they provide a platform for considering the whole patient pathway from primary care through to highly specialised services and encourage collaboration, sharing of information and areas of good practice to remove unwarranted variation in service delivery across BCUHB localities, across NHS Wales and promote an environment of continuous improvement.

Contractual arrangement with NHS England North West Providers

- Significant work has been undertaken to review the contractual arrangements with North West NHS England providers. Noting a number of BCU and WHSSC contracts make pass through payments on behalf of the responsible commissioner. Where these arrangements exist, it has been noted there needs to be an agreed mechanism for reporting performance to the responsible commissioner and splitting contract values to enable the reporting of specialist and non-specialist performance. Work is continuing in this vital area.

Access to Lung Cancer MDT - Work has taken place to improve patient with lung cancer access rates for thoracic surgery. The use of Teams for MDT attendance has seen a significant improvement. Work to provide appropriate clinical space in East and Central localities and implementation of a robust booking system to ensure patients are booked into the next available clinic regardless of locality has improved patient access.

Access to IMD Services - Through the implementation of the WHSSC IMTP and subsequent funding release for IMD services there has been an increase in capacity in North Wales and a strengthening of the all Wales network arrangements for the adult Inherited Metabolic Diseases (IMD) service.

Access to Twenty Four Hour -Seven (24h/7) Thrombectomy Service

- Patients from North Wales have access to 24/7 thrombectomy service from the Walton Centre.

04 All Wales PET Programme

Based on the success of the strategy development, WHSSC received a mandate from Welsh Government requesting to set up a refreshed Programme of work for the implementation of the All-Wales PET strategy. As such, funding was received from Welsh Government for a small Programme Management Office (PMO) on a temporary basis, to support all aspects of Programme delivery across Wales.

Four capital delivery projects and four supportive work streams have been set up with the focus on delivering new digital PET scanners and their wider infrastructure requirements, with the overarching Programme Board formally meeting for the first time in May 2022.

All projects are progressing well, with a new scanner anticipated to be installed at Cardiff in summer 2023. The new scanners in Swansea and North Wales expected in winter 2024 and winter 2025, respectively. An All-Wales Procurement exercise has been successfully undertaken. Work continues to build upon the strategic stages for an All-Wales assessment of PET workforce and training needs, in addition to a future look and infrastructure assessment for PET radiopharmaceuticals. Plans remain for set-up of the Centres of Excellence work stream, which will have a focus on research and innovation involving PET.



05 All Wales Molecular Radiotherapy (MRT) Strategic Programme

Following a review by the All Wales Molecular Radiotherapy Group (AWMOL), a sub-group of the Clinical Oncology Sub Committee (COSC) of the Welsh Scientific Advisory Committee (WSAC), the Director General Health and Social Services appointed WHSSC to develop a national strategy for MRT. The programme, supported by the AWMOL Group, will

commence May 2023 and include a national review of clinical modelling and service design, workforce, infrastructure and commissioning with the aim of developing the provision of future MRT services for Welsh patients as close to home as possible. The programme will report through the Joint Committee to Welsh Government by mid-2024.

06 Policy Development

WHSSC policies are high quality organisational documents that enable WHSSC to achieve its strategic objectives and the delivery of consistently high standards of care. Policies produced by WHSSC fall into three categories: (i) commissioning policies, (ii) policy position statements and (iii) service specifications. Policy development is led by the Policy Team in the WHSSC Medical Directorate.

Governance and administration of all policy development processes is provided by the WHSSC Policy Group which ensures all policies are developed according to the published WHSSC methodology and within agreed timelines. The Group also ensures that policies are based on the best available evidence of clinical and cost effectiveness.

During 2022-23, WHSSC published a total of 23 new or updated policies. A summary is provided in Table 1 below. As of the 31 March 2023, there a total of 129 extant policies published on the [WHSSC website](#).

Policy Type	New	Update	Total
Commissioning Policy	3	3	6
Service Specification	5	3	8
Policy Position Statement	9	0	9
ALL	17	6	23

All WHSSC policies undergo a rigorous process of development that is underpinned by a high quality, clear and consistent methodology. In 2022, the existing methodology used by WHSSC (Corp-05 and Corp-06) were deemed outdated and no longer fit for purpose. WHSSC Policy Group agreed to update and merge Corp-05 and Corp-06 to create a single stand-alone document - Policy for the development, review and update of WHSSC policies: 'Policy for policies' Corp-025 [2022]. WHSSC also developed and published a new Equality Impact Assessment Policy (EQIA), Specialised Services: Corp-026 [2022]. Both documents were published in July 2022.



07 Medicines Management

Given the current and predicted increase in specialised medicines spend, building and maintaining medicine optimisation expertise within the commissioning processes for specialised services is essential. In response to this challenge, WHSSC set up a new Medicines Optimisation Team in 2022-23 within the Medical Directorate which included the appointment of a Medicines Management Pharmacist to lead the Programme.

In 2022-23 the Medicines Optimisation Team generated at least £0.706m of new additional net savings above existing predictions, demonstrating an excellent return on investment. If recurrent

investment in the Medicines Optimisation Team is implemented from January 2023, then a conservative estimated profile of forecast net savings anticipated from schemes that would be undertaken is an additional net saving of £1.089m in 2023-24. Based on these predictions, WHSSC were able to secure additional 'invest to save funding' to expand the capacity of the Medicines Optimisation Team in 2023-24. Significant progress is also being made on medicines policy development, evidence based prescribing, access to commercial discounts and rebates, Homecare contracts and using the most cost effective medicines (biosimilars and generics).



08 Blueteq

Blueteq is a web-based software system used to manage, authorise and procure High Cost Drugs (HCDs) across a wide range of healthcare conditions. The system improves governance, provides faster medicines access for patients. Blueteq was introduced across NHS Wales for WHSSC commissioned medicines in April 2021. As of 31 March 2023,

a total of 33 Blueteq forms were live on the system with a further 31 in development.

Progress across the multiple commissioning groups has been made as anticipated within the financial year, many developments initiated will progress to implementation as outlined within the 2022-2023 ICP.

09 Welsh Kidney Network Key (WKN) Achievements

Our Kidney Network is built on quality, best practice, technology and innovation, placing patients at the heart of everything we do.



9.1 Welsh Kidney Network – Re-Branding

In July 2022, the Joint Committee ratified the decision of the Welsh Renal Clinical Network (WRCN) Board to change the name of the WRCN to the “Welsh Kidney Network”.

The WRCN has a proud history of effecting positive change in services delivered for people with kidney disease in Wales. The WRCN logo and name is well known across the network of health care professionals, however is not so well known amongst patients receiving care and people seeking information about chronic kidney disease and the treatment options available to them.

As we move into a more digital arena coupled with the strategic aim of the network to promote the uptake of home dialysis, it is important that the terminology used to describe the care and service is more aligned with language used by patients and carers. Most patients identify with the term ‘kidney’ rather than ‘renal’, and the word ‘clinical’ indicates that it is only hospital based care that is available.

Most kidney care organisations both within the NHS and externally such as Professional Bodies and Charity partners have adopted the term ‘kidney’ to be the key descriptor of their purpose. The most recent example of this being the merger of the British Renal Association with the Renal Registry to form the UK Kidney Association.

All members of the Network Management Team and Board were asked to consider this to determine if the network should change its name to be more reflective of this move to plain language.



9.2 Governance Review

An independent review of the governance arrangements within the WKN was undertaken in early 2022 and a report published in September 2022 which set out a number of recommendations for improvement. An action plan is in place to ensure that the recommendations are delivered.

9.3 Renal Transformation Programmes

The WKN was the sponsor organization for two Transformation Projects enabled by the Welsh Government Transformation Fund. Renal Services of SBU Health Board have delivered both projects on an All Wales basis.

Outcomes achieved include:

- **Electronic Prescribing and Medicines Administration (EPMA)** - Renal units across Wales now provide outpatient and dialysis services digitally using the electronic prescribing and medicines administration (EPMA) system. This improves the quality, safety, efficiency and resilience of service delivery.



- **Renal Care Summaries** were rolled out across Welsh Renal units in November 2022. A care summary is created within 1 hour of a record being updated in the renal system and delivered to the Welsh Clinical Portal.
- **Chronic Kidney Disease (CKD) - Assist** functionality was enabled for the final two localities in BCUHB allowing secondary care clinicians to send alerts to primary care in patients with declining kidney function with the intention of reducing the rate of late referrals, improving patient outcomes.
- **DMS-Lite** functionality development was completed with a plan to start staff training in March 2023. This will allow clinical documents to be created directly in the renal patient record, and sent to the Welsh Clinical Portal, to primary care and to the patient portal, Patient Knows Best.
- **The Patient Portal - Patient Knows Best (PKB)** was launched for patients under the care of Welsh renal units in March 2023. Patients are able to view their data previously viewed in the legacy Patient View portal, such as blood results. Patients can now contribute to their record by recording symptoms and observations, such as blood pressure.
- **A dynamic and innovative "Missed Doses Dashboard"** designed in house was implemented in dialysis units across Wales. This dashboard highlights at a glance any patients due medication during that dialysis shift but not receiving it, allowing a final check prior to the patient leaving

their dialysis session and reducing the risk of missed medication doses.

- **Enabling Supported Self-Management:** The two TF programmes have commonality in creating digital content for health and digital literacy and are being incorporated into the WKN website.

9.4 Sustainability of Services:

- Provision of a six day dialysis transport service in BCUHB is enabling a more efficient use of the unit dialysis resource, which was expanded to include a new unit in Mold.
- Significant investment has been provided to increase the number of Home Dialysis Specialist Nurses in BCUHB which is anticipated to enable the home dialysis service to grow.
- Completion of the procurement exercise to refresh existing satellite units and replace dialysis machines within Morriston Hospital. In addition, two additional units are planned that will alleviate demand on the Morriston Hospital site and due to their locations will enable patients to dialyse closer to home.
- Work is underway in the Merthyr unit to expand the unit to accommodate three additional stations. Delivery of this proposal will enable the unit to manage growth to 2026 and bring the service in line with the re-tender programme for South East Wales in 2026.



9.5 Welsh Kidney Network Key (WKN) Achievements

- Patient Education and Shared Decision Making**
 - As part of the WKN strategy to increase uptake of Home Dialysis, an All-Wales Education Group has been created to support the development of a comprehensive suite of education resources for patients and staff. The WKN is working closely with charity partners to support patients to choose and thrive on Home Dialysis. The WKN is collaborating with kidney charities delivering 'peer to peer' support for kidney patients in Wales, a simple and effective intervention providing practical and emotional support to help alleviate anxieties and fears around at home dialysis.
- Vascular Access** - The national vascular access peer review which was undertaken during 2022 has demonstrated that most centres are managing to achieve pre-pandemic standards for incident patient.
- Renal Transplantation** - Overall activity in transplantation in Wales over the last year has returned to approximate pre-pandemic baseline levels despite ongoing challenges from COVID and live donor transplant numbers continue to increase.
- The Normothermic Regional Perfusion (NRP) Programme** for deceased donors is well established in Cardiff. The hepatitis C positive donor programme in Cardiff is also by far the largest in the UK, and has produced several successful transplants this year.
- WKN Website** - The WKN website was launched at the Audit Event in September 2022. This has been recognised by clinical colleagues and patients as an excellent and trusted resource to support patients to access information and education to support co-production in decision making and care.
- Kidney Support and Welfare Wales** - £568K over two years awarded by Wales and West Utilities - This represents the first national approach to collaborating with Third Sector and Welfare and Benefits organisations to utilise funds provided by a Welsh Utility company as part of their Vulnerability and Carbon Monoxide Allowance Project. This will deliver a new service model of support for Kidney Patients in Wales to enable access to the right support at the right time in relation to welfare and benefits entitlement.
- Value-Based Health and Care** - £895K over two years awarded by Welsh Government under the Value Based Health and Care monies. The WKN Pan Wales project which focuses on a pre-habilitation approach to address the barriers that currently exist to patients feeling positive about choosing Transplantation or Home Dialysis as a first choice for Renal Replacement Therapy.

10 Traumatic Stress Wales (TSW)



Traumatic Stress Wales (TSW) is a national quality improvement initiative which aims to improve the health and wellbeing of people of all ages affected by traumatic events. It aims to raise trauma-informed awareness and practice across Wales and has a particular focus on those at risk of developing or with post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (CPTSD).

During the 2022-2023 reporting period, Traumatic Stress Wales has delivered:

- Regularly meeting Public Advisory and National Steering Groups to ensure its work is co-produced, co-owned and co-delivered by all relevant stakeholders, including people with lived experience of PTSD and CPTSD
- A regularly updated website that provides access to information and educational materials, and an active Twitter account
- Increased capacity to deliver and increased delivery of evidence-based treatments to people of all ages with PTSD and CPTSD across Wales

- Regularly meeting interdisciplinary work stream groups in Welsh Government priority areas
- In collaboration with the Microsoft 365 Centre of Excellence, the development of a national digital solution to create a robust data collection, analysis and reporting system that is due to go live during 2023
- Co-produced outcome measures for 7–17-year-olds to be piloted in 2023
- Collaborative work with the Universities of Vienna and Porto to develop new clinical measures for children, young people and their caregivers
- In collaboration with the Adverse Childhood Experiences Support Hub, leadership on the development and implementation of the Trauma-Informed Wales practice framework. The framework was launched by the Deputy Ministers for Mental Health and Wellbeing and Social Services in July 2022
- A task and finish group, co-chaired with the Welsh Strategic Migration Partnership, to develop a strategy addressing unmet mental health needs for refugees, asylum seekers and migrants
- Ongoing work to develop new guided internet-based interventions for the treatment of PTSD in children and young people, CPTSD and prolonged grief disorder
- Resources, including leaflets to support people who have been affected by traumatic events and an accompanying toolkit that are available in 17 different languages
- Traumatic Stress Wales webinars and an annual conference; and
- Advice, resources and webinars to support people affected by the war in Ukraine.



**Straen
Trawmatig
Cymru**

**Traumatic
Stress
Wales**

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



11 Individual Patient Funding Requests (IPFR)

Individual Patient Funding Requests (IPFRs) are defined as requests to a Health Board or Welsh Health Specialised Services Committee (WHSSC) to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a Health Board has arranged to routinely provide or commission.

IPFR decisions are determined on the information provided by the referring clinician to demonstrate the significant clinical benefit expected from the treatment for that particular patient and whether the cost of the treatment is in balance with the expected clinical benefit.

The Panel meets bimonthly and, where there have been instances in achieving quoracy, Chair's Action decisions have been made in line with the All Wales policy.

Key Achievements and Patient Outcomes

During 2022-2023, the IPFR Panel considered 181 new requests, 70 of these requests were discussed as Chair's Actions. Of the 181 requests:

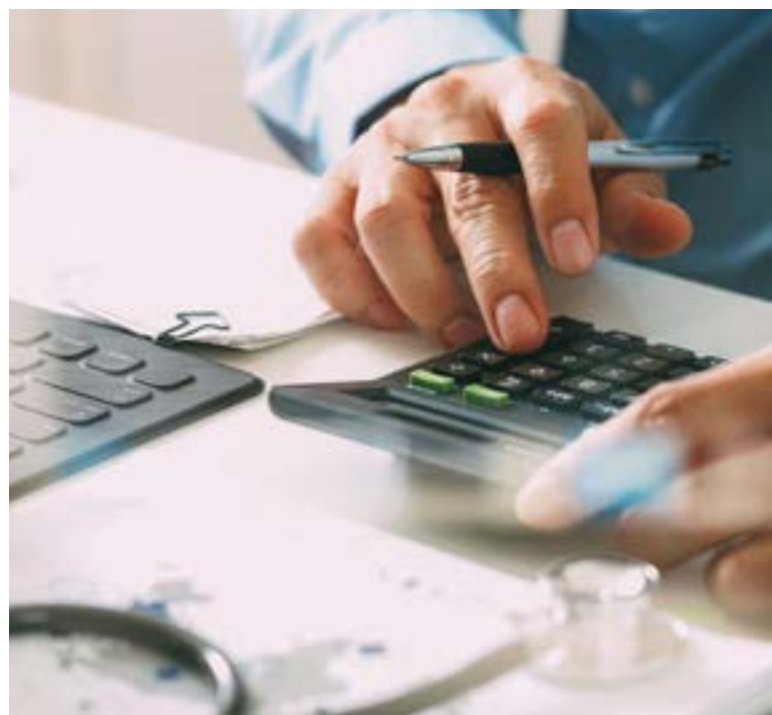
- 46 PET scans,
- 19 Drug treatments,
- 26 Fertility treatments,
- 12 Cytoreductive Surgery with HIPEC treatments,
- 15 Plastic Surgery treatments; and
- 63 other.

138 (76%) IPFR requests were approved and 43 (24%) requests were declined. Thus, the majority of requests were approved. In comparison with 2021-2022, the approval rate for 2022-2023 was very similar as 72% of requests were approved and 28% of requests were declined.

Where funding has been approved, clinical outcomes are routinely requested and the Panel is updated. One of the objectives this year is to ensure that these requests are followed up as patient outcomes help inform future decision as well as the revision and development of WHSSC commissioning policies.

WHSSC continues to work closely with the Local Health Boards, Welsh Government and the All Wales Medicines Therapeutics and Toxicology Centre (AWTTC) to share and promote consistency of best practice. In July 2022, WHSSC received a letter from Andrew Evans, Chief Pharmaceutical Officer, Welsh Government setting out the agreed process for WHSSC to undertake a specific and limited review of the All Wales IPFR Policy. It was also agreed that as the WHSSC IPFR Panel is a sub-committee of the WHSSC Joint Committee (JC) it was within WHSSC's authority to update and approve the Terms of Reference (ToR) for the Panel.

A process of engagement with key stakeholders including All Wales Therapeutics a Toxicology Centre IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors, the Board Secretaries of each of the HBs and the IPFR Policy Implementation Group commenced in December 2022. Following this engagement process an updated version of the WHSSC IPFR Panel Terms of reference (ToR) was agreed by Joint Committee (JC) in March 2023 and the final draft of the revised Policy is to be considered by JC at the July meeting.



12 Quality

12.1 Commissioning Quality Services

The quality of care and experience that patients and their families receive, is central to the commissioning of specialised services. Quality is everyone's business and all of our staff strive to ensure that quality and patient centred services are at the heart of commissioning.

The WHSSC Quality Framework was first developed in July 2014 with the purpose of setting the direction to quality assuring services and providing a structure for both the commissioning and provider element of specialised and tertiary services for the population of Wales. The framework has been revised and renamed the Commissioner Assurance Framework (CAF) to encompass all of the components necessary to provide assurance.

12.2 Quality Management System

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

The CAF is supported by a suite of documents which were endorsed by the Quality and Patient Safety Committee (QPSC) on the 10 August 2021 and the Joint Committee on 7 September 2021. Its intention is to provide assurance to Health Boards

and the public that WHSSC commissions high quality clinical care and there are robust processes in place to monitor services and where there is concern regarding the quality of services and remedial action is required escalation processes are initiated and acted upon in a timely manner.

In order to implement the Quality Framework (2015), a quality team was appointed in 2019 to strengthen the focus on quality monitoring and improvement. The Quality Team have a pivotal role in the co-ordination of quality monitoring and interventions within commissioned services. In addition there is a focus on building relationships with providers to develop robust reporting mechanisms. Internally, they work closely with the Medical Directorate, within the Commissioning Teams in order to monitor the quality elements of commissioned services.

A key element of commissioning services is ensuring that patients are pivotal to the success of the framework. Patient experience is an important element of the quality cycle capturing both patient experience and concerns raised whilst accessing specialised services.

12.3 Duty of Quality

In anticipation of the duty of quality being introduced 1 April 2023, WHSSC are committed to ensuring that we factor in the quality of health services when making commissioning decisions and recognise the requirements of the Health and Social Care (Quality & Engagement) (Wales) Act 2020 and will work towards implementing the requirements to:

"continually, reliably and sustainably meet the needs of the population we serve"

In response to the Act, we will aim to align the Commissioning Assurance Framework to ensure that all of the six domains are considered and reported accordingly. This will require a system wide approach to quality where we will work closely with our Health Board colleagues demonstrating that the duty of quality is central to all our actions. We will aim to work towards the Safe, Timely, Effective, Efficient, Equitable and patient-centred care (STEEEP) framework for quality dimensions improving the quality of the specialised services that we commission.

12.3.1 Duty of Candour

The Duty of Candour comes into legal force in April 2023 in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. It requires NHS bodies to be open and transparent with service users when they experience harm whilst receiving health care.

On 3 October 2022, the Corporate Directors Group Board (CDGB) received a briefing from Welsh Government (WG) on the Health & Social Care (Quality & Engagement) (Wales) Act 2022 with a specific focus on the consultation process for the duty of candour and the soon to be launched consultation process on the duty of quality. The session gave an insight into the need to focus on quality-driven decision-making to improve outcomes and the need to demonstrate with evidence how we have complied with the duty. In addition, to the need to comply with the duty of candour in relation to health care provision. It was recognised that we already have good systems and processes in place on which we can build for both the duties.

12.4 Quality Reporting

WHSSC reports any issues relating to Quality Patient Safety (QPS) through its QPS Committee, which is a statutory subcommittee of the Joint Committee. Through the commissioning teams and in conjunction

with the Information department within WHSSC, the available data and data sources are analysed. These are used to compile a performance and commissioning team report to highlight service development and good practice, alongside key risks and monitor progress of services that are in escalation.

In partnership with the provider, the Quality standards/ indicators alongside the Key Performance Indicators and performance Outcomes are reviewed as part of the Service Level Agreements which are monitored via the bi-monthly QPS and reported to the JC through a chairs report. This is supported by a work plan and an annual report is produced outlining the quality findings and summarising the work undertaken over the previous year.

One of the key features in the development of the Commissioning Assurance framework, is the strengthening of the interface with LHBs and the role of their Quality and Patient Safety Committees. This is core in ensuring they are fully sighted on the key risks and are assured appropriate action is being taken. An additional requirement for WHSSC in line with the Duty of Quality Act will be to publish an Annual Report detailing the steps it has taken to comply with the duty.

This year has seen the introduction of the Quality Newsletter which also strengthens the communication and sharing of good practice with the Health Boards. This is produced bilingually on a quarterly basis.

Another important aspect of next year's work aiming at improving quality will be to embed Llais, the new independent body set up from the 1 April 2023 by Welsh Government, replacing the Community Health Councils (CHC), into our work. WHSSC will ensure that Llais replaces the CHCs at the WHSSC QPS and continues to make the voices of people living in Wales central to the ongoing development and commissioning of specialised services.

13 Concerns

Commissioning Quality Services

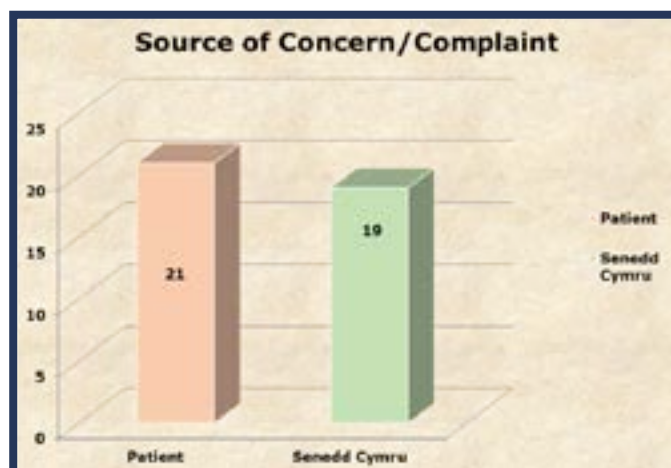
Concerns are comprised of the reports of incidents, complaints and claims received by WHSSC. WHSSC collates a range of complaints information that directly or indirectly relates to WHSSC commissioned services. For example, we routinely store case information shared with us by the Public Services Ombudsman for Wales (PSOW) about complaints made regarding providers and/or WHSSC itself. We also collate complaints about providers made, in the first instance, to providers or other commissioners. Work is ongoing in this area and WHSSC will continue to work with providers in order to ensure embedding of such an indicator in the Quality Assurance Framework.

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

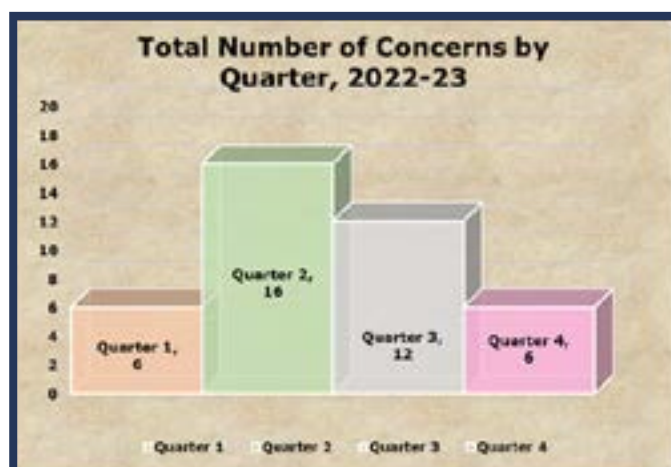
During the course of 2022-2023, WHSSC received a total of 40 concerns/enquiries. Concerns were raised by a variety of sources, including enquiries from Welsh Government (WG) officials and Senedd Cymru, seeking clarification on funding decisions and queries on commissioned services on behalf of their constituents.

All of the 40 concerns/enquiries received during the period 2022-23, were acknowledged within the 2 working day deadline. 100% of all of the concerns received in 2022-23 received a final response within the required timescale of 30 working days. Graphs 1-3 below provide a summary of the concerns/enquiries received.

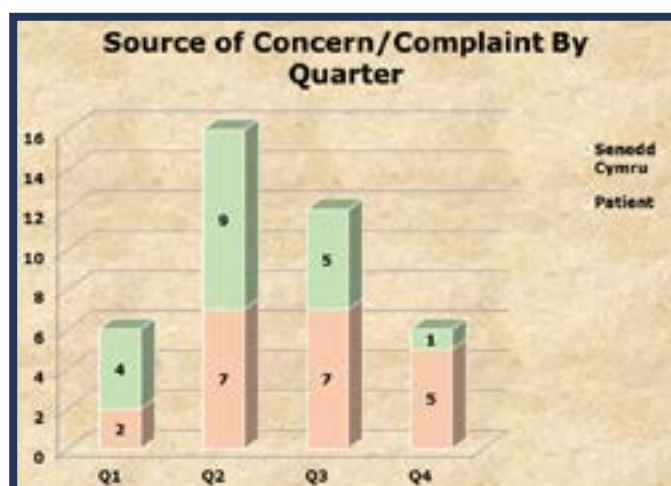
Graph 1 – Sources of Concerns/enquiries received during 2022-2023



Graph 2 - Total Number of Concerns/enquiries received during 2022-2023

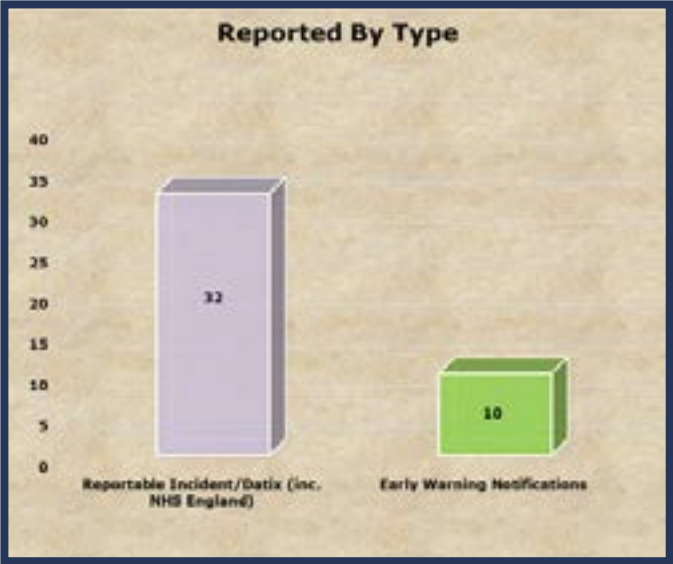


Graph 3 – Sources of Concern/Complaint Per Quarter



During the course of 2022-2023, WHSSC received a total of 42 reports broken down in to DATIX/ reportable incidents/concerns and early warning notifications. A summary of the data received in outlined in Graphs 4-6 below.

Graph 4 – Type of Incident Received 2022-2023



Graph 5 - Type of Incident Reported Per Quarter 2022-2023



Graph 6 – Total Number of Concerns Received Per Commissioning Team

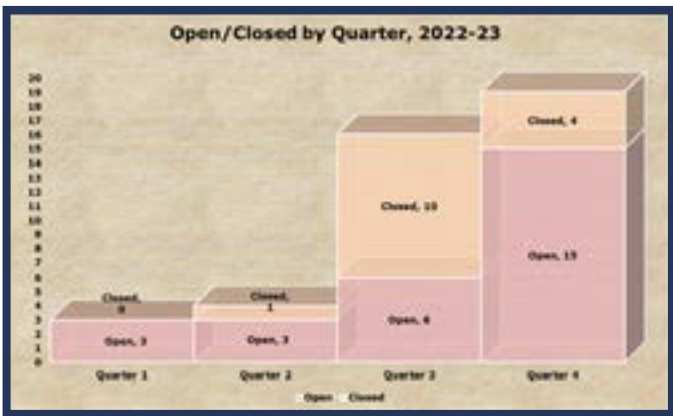


As at 31 March 2023, for 2022-2023 there were 27 incidents still open with a total of 15 closed, a summary is outlined in Graphs 7 & 8 below.

Graph 7 – Number of Incidents Open/Closed 2022-2023



Graph 8 - Number of Incidents Open/Closed Per Quarter 2022-2023



14 Risk Management

Understanding the risks faced by WHSSC is crucial if informed commissioning decisions are to be made, and safe, sustainable specialised services are to be secured for the people of Wales.

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

WHSSC is committed to developing and implementing a Risk Management Strategy that will identify, analyse, evaluate and control the risks that threaten the delivery of its strategic objectives and delivering against its Integrated Commissioning Plan (ICP). It is applied alongside other key management tools, such as performance, quality and financial reports, to provide the Joint Committee with a comprehensive picture of the organisational risk profile.

Since the approval of the Risk Management Strategy in May 2021 the revised approach to managing risk, the risk management process has continued to evolve

and the risk management strategy is being updated and will be presented to the Joint Committee for approval in 2023-2024.

The Corporate Risk and Assurance Framework (CRAF) forms part of the WHSSC's approach to the identification and management of strategic risks. The framework is subject to continuous review by the Executive Director lead, the Corporate Directors Group Board, supported by the Risk Scrutiny Group which was introduced in December 2021 to strengthen risk management.

Progress against the CRAF is presented to each CTMUHB Audit & Risk Committee (ARC), Quality & Patient Safety Committee and the IGC for assurance. The CRAF is presented to the Joint Committee every 6 months for assurance.

WHSSC's capacity to manage risk is set out in Section 4 of the Annual Governance Statement.

<https://whssc.nhs.wales/publications/governance/>



15 Corporate Governance

15.1 Equality, Diversity & Human Rights

Equality is central to the work of WHSSC and our vision for improving and developing specialised services for NHS Wales. WHSSC welcomes Welsh Government's distinct approach to promoting and safeguarding equality, social justice and human rights in Wales. WHSSC is committed to complying with the provisions of the Equality Act 2020, and the public sector general duty and the specific duties to promote and safeguard equality, social justice and human rights in Wales. We are committed to ensuring and considering how we can positively contribute to a fairer society through advancing equality and good relations in our day-to-day activities.

WHSSC follows the policies and procedures of CTMUHB, as the host LHB, which set out the organisational commitment to promoting equality, diversity and human rights in relation to employment. It also ensures staff recruitment is conducted in an equal manner. All staff have access to the Intranet where these are available. The Hosting Agreement includes provision for specific support around Equality and Diversity.

Following the publication of the WG Anti-Racist Wales Action Plan in June 2022, our host CTMUHB have issued an invitation for all staff (including WHSSC) to respond to an audit and focus group being undertaken by "Diverse Cymru" on behalf of WG, of NHS workforce policies through an anti-racist lens. This work was identified as a priority action in the [Anti-racist Wales Action Plan](#).

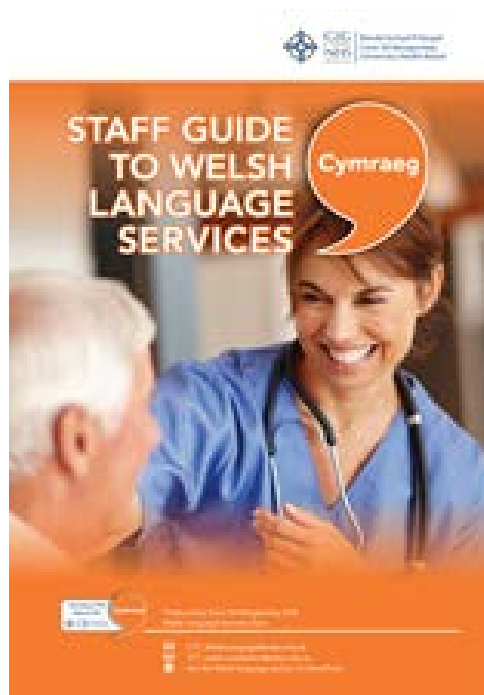
15.2 Welsh Language

WHSSC is committed to treating the English and Welsh languages based on equality and endeavour to ensure the services we commission meet the requirements of the legislative framework for Welsh Language as required by the Welsh Language

Act (1993), the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards (No. 7) Regulations.

During 2022-2023, the Corporate Services Manager and Committee Secretary were invited to attend the newly established CTMUHB Welsh Language Steering Group meetings to lead and drive the implementation and delivery of legislative Welsh Language compliance across WHSSC and supports implementation of the "More than just words" framework and contributes towards the progress being made outlined in the CTMUHB Welsh Language Annual Report. WHSSC adhere to our host CTMUHB's Welsh language policy framework and guidance and are included in their Welsh language report for 2022-2023.

In terms of commissioning the provider organisations in Wales are subject to the same legal framework, however the provisions of the Welsh language standards do not apply to services provided in private facilities or in hospitals outside of Wales. In recognition of its importance to the patient experience, WHSSC ensures that wherever possible patients have access to their preferred language.



In order to facilitate this, WHSSC is committed to working closely with providers so that in the absence of a Welsh speaker in the service, patients and their families will have access to either a translator or 'Language-line'. We will also encourage, in those services where links to local teams are maintained during the period of care, that this will provide, when possible, access to the Welsh Language.

15.3 Well-being of Future Generations (Wales) Act (WBFGA) 2015

WHSSC is committed to contributing towards the achievement of the objectives of the Well-being of Future Generations (Wales) Act aims to improve the social, economic, environmental and cultural well-being of Wales. The WBFGA gives us the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations, and to think more about the long-term, work better with people, communities and organisations, seek to prevent problems and take a more joined-up approach. This Act puts in place seven well-being goals, and we need to maximise our contribution to all seven.

The ICP integrates and demonstrates the five ways of working and contribution to well-being goals throughout the plan. Prevention is embedded throughout our work.

The assessment element of the Committee report template includes a section for the author to consider Organisational Implications and to outline any legal implications, including any that may impact on our duty to comply with the WBFGA.

15.4 Health & Social Care (Quality & Engagement) (Wales) Act

On 3 October 2022, the Corporate Directors Group Board (CDGB) received a briefing from Welsh Government (WG) on the Health & Social Care (Quality & Engagement) (Wales) Act 2022 with a specific focus on the consultation process for the duty of candour and the soon to be launched consultation

process on the duty of quality. The session gave an insight into the need to focus on quality-driven decision-making to improve outcomes and the need to demonstrate with evidence how we have complied with the duty. In addition, to the need to comply with the duty of candour in relation to health care provision. It was recognised that we already have good systems and processes in place on which we can build for both the duties.

15.5 Socio Economic Duty

WHSSC recognises the Socio-economic Duty introduced by Welsh Government under the Equality Act 2010. It requires relevant public bodies in Wales, which include LHBs, to have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage when they take strategic decisions. The duty came into force on 31 March 2021 and as a Joint Committee of the HBs, this duty has been taken into account when planning and commissioning specialised services. WHSSC will consider how their decisions might help reduce the inequalities associated with socio-economic disadvantage, including evidencing a clear audit trail for all decisions made that are caught by the duty. This will be discharged by using existing processes, such as engagement processes and impact assessments.

15.6 Decarbonisation and the Foundational Economy



15.6.1 Decarbonisation

Welsh Government declared a Climate Emergency in 2019 and expects the public sector to be net zero by 2030. The [NHS Wales Decarbonisation Strategic Delivery Plan](#) was published on 24 March 2021.

WHSSC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities, where possible providing services closer to home (via digital and virtual access where possible) and ensuring a delivery chain for service provision and associated capital that reflects our commitment. We will also seek to support staff considerations and behaviours for those actions that have a positive effect on decarbonisation for example reduced travel, efficient travel and use of electric vehicles where possible. With effect the commencement of the 2022-2023 year, all policies will have a decarbonisation statement contained within and a focus on innovative ways of working.

WHSSC is committed to reducing the carbon footprint through mindful commissioning of services that take account of the decarbonisation agenda, enabling enhanced digital and virtual access for patients and through ethical consideration of staff actions and behaviours e.g. reduced travel, increased use of virtual engagement and, where feasible, use of electric vehicles. From 2022, all WHSSC policies will have a focus on innovative ways of working including digital and remote clinics to support reducing the carbon footprint.

Throughout the pandemic the majority of WHSSC staff predominantly worked from home, in line with Welsh Government advice. The New Ways of Working – “Making it Matter” document and guiding principles were developed in response to the need for a hybrid working model to ensure business continuity and to try and achieve a work life balance for staff. WHSSC was able to continue its core activities without significant delay or disruption to services despite the temporary closure of the WHSSC office. Never before have so many staff been able to successfully work from home and this was a big step towards reducing our carbon footprint. .

A number of staff purchased electric vehicles via the NHS Fleet Solutions Scheme. As a consequence, WHSSC installed EV charging stations at its premises.

All of WHSSC’s Electricity is Zero Carbon procured on an all-Wales basis under the Renewable Energy Guarantees of Origin (REGO) scheme. Going forward for 2022-2023, we will monitor our office utilities and we will seek to ensure we meet the Welsh

Government 3% reduction target on the office water and energy use.

We will develop a Carbon reduction and sustainability plan in 2022-2023.

15.6.2 Foundational Economy

The Foundational Economy is an approach taken by the Welsh Government to ensure that funding improves the way the local economy works in Wales by developing the growth to vital services and goods. Through working in partnership and Welsh Government, over the last decade WHSSC has supported significant investment into moving care closer to home and creating services based in Wales. It is estimated that the £45m revenue investment has created over 750 high quality and stable employment jobs within NHS Wales, whilst also moving services out of the main specialist centres into more local settings in West and North Wales. WHSSC’s ambition is to continue developing services closer to home by creating new services within Wales and repatriating activity from the private sector providers and NHS England where it is appropriate to do so.

To deliver this work, we will review our contracts with a view to delivering within Wales where it is safe and effective to do so. Through appropriate engagement and consultation we will develop implementation plans to deliver services as close to home as possible, through digital and alternative delivery models. And, working in partnership with providers external to Wales, we will look to repatriate parts of pathways that could be delivered locally where it is not appropriate or possible to deliver wholly in Wales.

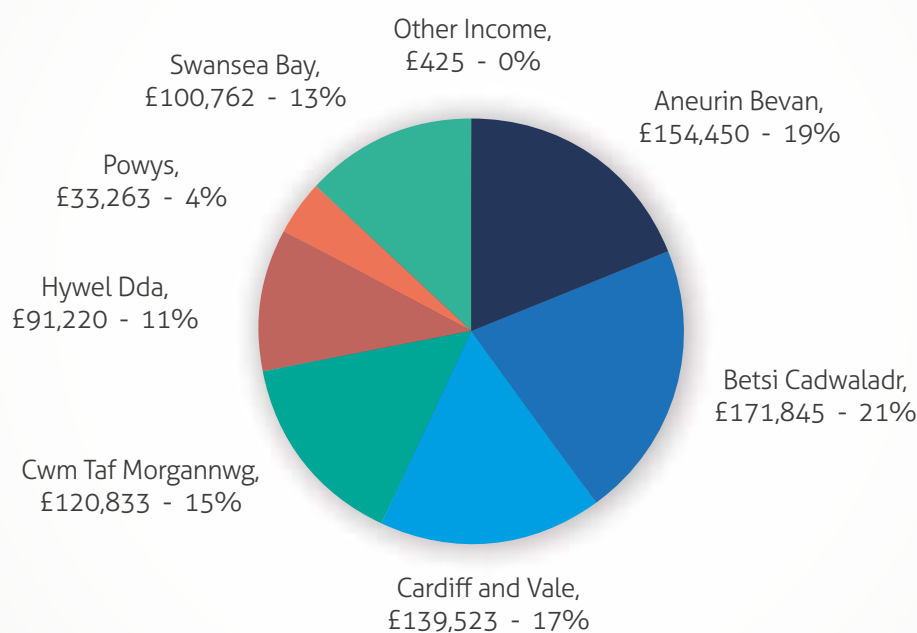
15.7 Further information - Annual Governance Statement (AGS)

WHSSC does not have a statutory duty to produce an Annual Governance Statement (AGS) however, this is done, as a part of good governance, to provide assurance to the HBs and, in particular, to CTMUHB, as host organisation, in relation to its governance and accountability arrangements. The AGS can be viewed on the WHSSC website at: <https://whssc.nhs.wales/publications/governance/>

16 Financial Position

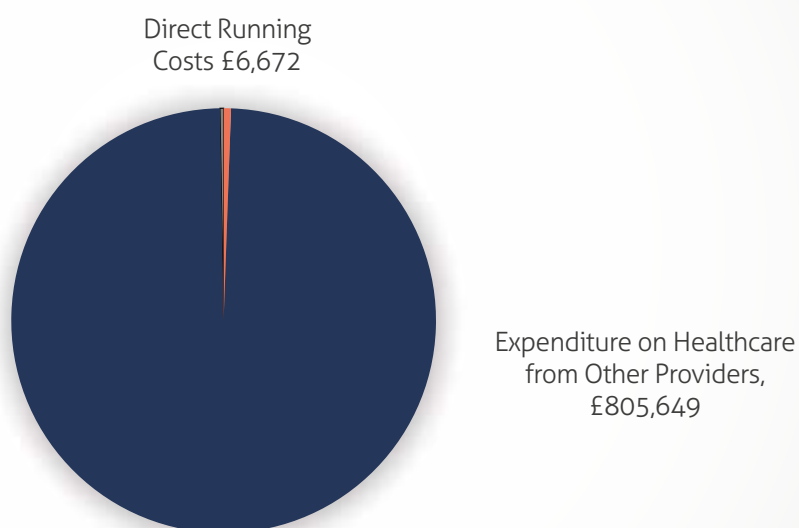
The WHSSC Summary Financial Position 2022-23 is set out in the charts below.
Figures in charts below represent millions.

The Main Source of Funding Comes From Health Boards and Totals £812 million



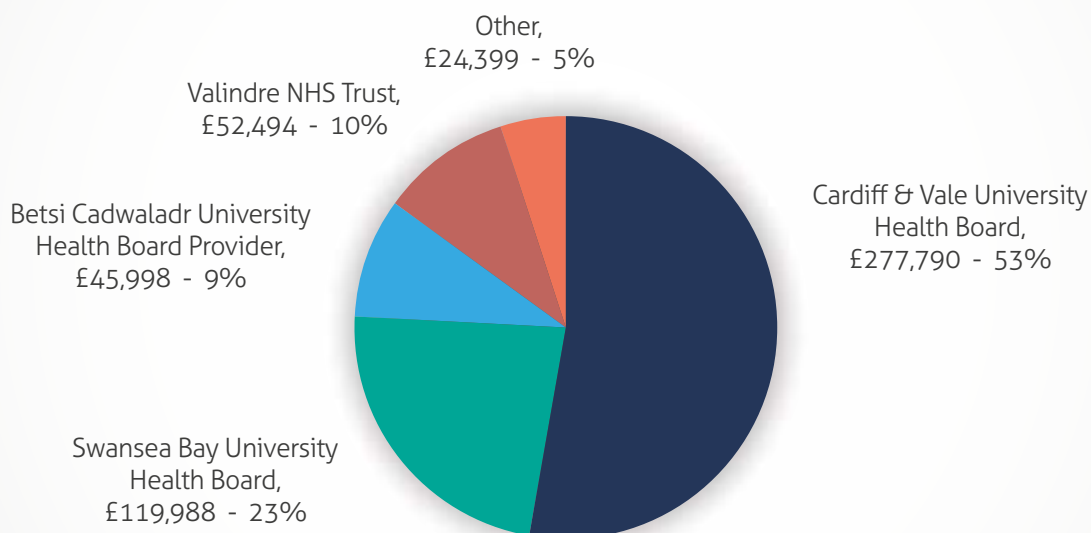
The above chart shows that almost all of WHSSC's income comes from the Health Boards. Betsi Cadwaladr is the biggest contributor providing WHSSC with 21% of its income: Aneurin Bevan second; providing 19% of WHSSC's income and Cardiff & Vale third at 17%.

The Operating Cost of WHSSC were £812 million



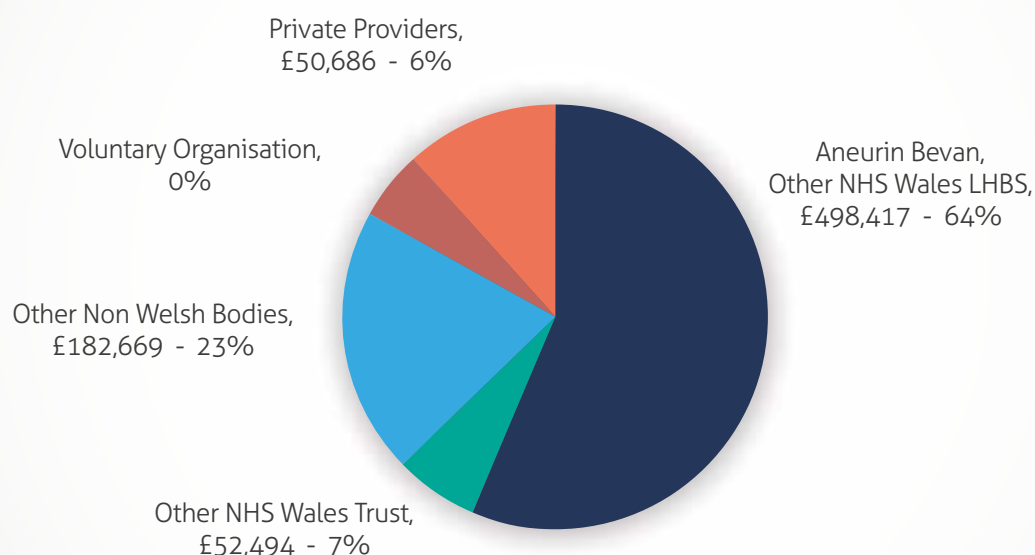
The majority of WHSSC's costs relate to the commissioning of services through 45 different contracts. The running cost of WHSSC are less than 1% of the budget.

WHSSC Spent £521m on Specialist Services Provided Within Wales



Cardiff & Vale is the largest Welsh provider supplying more than half of the services commissioned in Wales. Swansea provide another 23% of services commissioned from Wales and Velindre 10%. Besti Cadwaladr provides 9% of services. There are small amounts of services commissioned in Cwm Taf, Hywel Dda and Aneurin Bevan shown under the other section (5%).

Expenditure on Healthcare from Other Providers



64% of WHSSC's services are provided by Welsh Health Boards and another 7% by Velindre. English Trusts provide another 23% of services and the private sector 6%.

17 Workforce and Organisational Development Overview

17.1 WHSSC Profile

WHSSC employ approximately 70.8 WTE staff (60 directly costed staff) and a summary of our workforce data is presented at Appendix 2 for information. Staff development and well-being support remained a key priority during 2022-2023.

WHSSC is committed to supporting achievement of the objectives outlined in ["A Healthier Wales"](#) to ensure that people stay healthy for as long as possible and the related ["National Workforce Implementation Plan: Addressing NHS Workforce Challenges"](#) published by Welsh Government in January 2023.

The WHSSC workforce remains relatively stable with 6.94% turnover rate. There has been ongoing recruitment into new posts supporting the PET Capital Programme Team, the newly established MRT programme, Corporate Services to support the IPFR Panel. The Executive Team was strengthened with the appointment of a part time interim Director of Mental Health and the Welsh Kidney Network (WKN) with the appointment of a part time Executive Programme Director.

17.2 Organisational Development and Compliance

WHSSC is relatively small organisation with a stable, highly skilled and experienced workforce. There has been some expansion in the past few years related to internal re-organisation and some investment associated with new service developments commissioned by WHSSC. We have also improved our commissioning capability in areas such as evidence appraisal, policy development, quality management and clinical leadership. The trend of expansion of our commissioning portfolio continues in respond to demands from NHS Wales and Welsh Government.

We are also moving to becoming a strategic commissioning organisation, with the development of the 10 year new Specialised Services

Commissioning Strategy and we will review our organisational requirements as part of the implementation, particularly in the areas of health needs assessment and outcomes management. As we move forward with the ICP 2023/26 we will maintain our agility and continuously review our capacity and capability to deliver our ICP as well as to manage the growth in our Business as Usual activities. Part of the Strategy development also explores our role in developing commissioning expertise and sharing our experience across the system and we will do more work on this in year 1 of the Plan, as well as preparing for the future in the advent of the Minister for Health & Social Services National Review of Commissioning Functions.

Workforce capacity and resilience are monitored through regular Executive OD sessions that oversee workforce risks and apply agile workforce planning to address periods of peak demand and surge alongside robust workforce planning for ongoing sustainable delivery of services across the whole system.

17.3 Workforce Compliance – PDR and CSTF

The achievement of the 85% NHS Wales Ministerial Priority PDR target and the completion of the NHS Wales Core Skills Training Framework (CSTF) via the Electronic Staff Record (ESR) by all staff were key priorities for WHSSC during 2022-2023.

17.4 Staff Sickness and Absence

As WHSSC is a small organisation, sickness absence and other absences have a significant effect on the capacity of the organisation. Short and long-term sickness absence continued to be closely monitored and managed and staff attended training sessions facilitated by CTMUHB.

17.5 Development of Clinical Leadership

An important development during 2019-20 was a review of the Clinical Gatekeeper role. WHSSC has over 50 Clinical Gatekeepers covering over 100 services and interventions who are key in ensuring patients receive the most appropriate and timely treatment. Arrangements are being made for the Clinical Gatekeepers to have honorary WHSSC contracts addressing potential governance issues related to their roles.

17.6 Training Opportunities - Staff

The organisation continued to make a number of training opportunities available to staff. Including the:

- Healthcare Financial Management Association (HFMA) modules for non-finance staff which were undertaken by staff within the Clinical and Planning teams
- Academi Wales Senior Leadership courses undertaken by staff at Assistant Director level
- Academi Wales One Welsh Public Service Leaders Winter School 2023
- Academi Wales Summer School
- Master's degree level qualifications
- At Director level, executive coaching was provided and professional development opportunities in Value Based Healthcare; and
- Dragons Heart Institute, CLIMB Leadership Programme, CVUHB

To date, three cohorts of Planning staff members have successfully completed a Planning Diploma and two Planning Managers are progressing to the Masters' Degree level. A further cohort will undertake this training in September 2023 for a duration of 18 months.

In our Finance department, the hosting of Finance Management training continues as part of our organisational development which is linked to succession planning.

17.7 Joint Committee Development Opportunities

WHSSC is proactive in ensuring that the Joint Committee receive informative and engaging presentations at meetings as part of the Joint Committee development programme. In 2022-2023 development activities included workshops on the following topics:

- Genomics and ATMP's/Genomics Delivery Plan for Wales
- Recovery Trajectories across NHS Wales
- Major Trauma Network (MTN)
- WHSSC Specialised Services Strategy Development
- ICP workshops to develop the 2023-2026 ICP
- Governance System and Process for Efficiencies and Re-Commissioning – WHSSC & HB Shared Pathway Saving Target

17.8 External Training and Development

The WHSSC Team offers out unique all Wales strategic planning and commissioning experience as a resource for the wider NHS in Wales.

This philosophy helped drive the restructuring of the Medical Directorate and the development of training opportunities throughout the organisation.

The Associate Medical Director roles provide a stepping stone for those pursuing a career in medical leadership and were specifically advertised as three year posts with this in mind. The Managing Director is active in the regional Faculty of Medical Leadership and Management.

Appendix 1

Services Commissioned by WHSSC 2022-2023

The following table shows the range of services delegated for commissioning by WHSSC for 2022-2023:

Range of Services Commissioned by WHSSC:

Cross Cutting Commissioning Portfolio

Pathway Savings
Intestinal Failure
Home Parental Nutrition
Hyperbaric Oxygen Therapy

Mental Health and Vulnerable Groups

High Secure Psychiatric Services
Medium Secure Psychiatric Services
Low secure psychiatric services (from April 2025)
All Wales Traumatic Stress Quality Improvement Initiative (Traumatic Stress Wales)
Gender Identity Services for Adults
Gender Identity Development Service for Children and Young People
Specialised Eating Disorder Services (Tier 4)
Mental Health Services for Deaf People (Tier 4)
Specialised Perinatal Services
CAMHS (Child and Adolescent Mental Health Services) Tier 4
Forensic Adolescent Consultation and Treatment Service (FACTS)
Neuropsychiatry

Cancer and Blood

PET Scanning
All Wales Lymphoma Panel
Specialist services for Sarcoma
Haematopoietic Stem Cell Transplantation (BMT)
Extra corporeal photopheresis for graft versus host disease
CAR-T therapy for lymphoma and acute lymphoblastic leukaemia
Thoracic surgery
Hepatobiliary cancer surgery
Microwave ablation for liver cancer
Brachytherapy (prostate and gynaecological cancers)
Proton Beam Therapy
Radiofrequency Ablation for Barrett's Oesophagus

Cancer and Blood

Stereotactic Ablative Body Radiotherapy
Specialist service for Neuroendocrine Tumours
Peptide Receptor Radionuclide Therapy (PRRT) for Neuroendocrine Tumours
Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Pseudomyxoma Peritonei
All Wales Medical Genomics Service
Burns and Plastics
Specialist service for Paroxysmal Nocturnal Haemoglobinuria
Inherited Bleeding Disorders
Welsh Blood Service
Hereditary Anaemias specialist service
ECMO
Long Term Ventilation
Immunology

Cardiac

Heart Transplantation including VAD's
Electrophysiology, ablation and complex ablation
Complex Cardiac devices
Interventional Cardiology, (PPCI, PCI, PFO closures, TAVI, PMVLR)
Inherited Cardiac Conditions
Adult Congenital Heart Disease
Cardiac Surgery
Heart Transplantation including VAD's
Electrophysiology, ablation and complex ablation
Pulmonary Hypertension
Cystic Fibrosis
Cardiac Networks (SWSWCHD Network, NWNWCHD Network, All Wales Cardiac Network)
Bariatric Surgery
Heart Transplantation including VAD's
MTN ODN
Spinal ODN
Major Trauma
Spinal

Neurosciences and LTC

Neurosurgery, (Neuro-oncology, Neurovascular Surgery, Skull Base Surgery, Neuromodulation and Functional Neurosurgery including Epilepsy Surgery and Pain Management)

Neuroradiology (diagnostic and interventional undertaken by neuro-radiologists, Thrombectomy Services)

Stereotactic Radiosurgery

Specialist Neurorehabilitation

Specialist Spinal rehabilitation

Artificial Limbs and Appliances Service including

- Wheelchair and special seating
- Prosthetics
- Orbital prosthetics
- Electronic assistive technology
- Alternative Augmentative Communication (AAC)

Cochlear and BAHA

Rare Diseases – RDIG

Deep Brain Stimulation

Women and Children

Fetal Cardiology

Fetal Medicine

Neonatal

Neonatal Transport

Paediatric Cardiology

Paediatric Cystic Fibrosis

Paediatric Endocrinology

Paediatric ENT

Paediatric Gastroenterology

Paediatric Intensive Care

Paediatric Immunology

Paediatric Inherited Metabolic Disease

Paediatric Nephrology

Paediatric Neurology

Paediatric Neuro-rehab

Paediatric Oncology

Paediatric Radiology

Paediatric Radiotherapy

Paediatric Rheumatology

Paediatric Surgery

North Wales

IVF

Appendix 2

Workforce Data 2022-2023

The following table shows the range of services delegated for commissioning by WHSSC for 2022-2023:

Departments	WTE
Executive Team	5.8
Medical Team	4
Corporate Team	9
Patient Care Team	4.6
Planning Team	16
Mental Health	4
TSW	5.9
WKN Team	5
Finance	7
Information Team	3.5
Quality	4
Secondment	2
Total	70.8

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