

## Key Achievements 2020-21

### 1. WHSST Values

The core values of the organisation outlined in Figure 1 below, were developed by the staff within the organisation. They represent what is important to those who work within WHSSC and how the WHSS Team wish to be measured by each other, those who work with them and the patients who depend on the services WHSSC commissions. They are also the values expected to be upheld by those who will join the Team in the future and have been integrated in the workforce processes from recruitment through to Personal Development Reviews.

**Figure 1: Organisational Values**



### 2. Workforce

The WHSS Team have worked incredibly hard, diligently and with agility over the last year and the key achievements described in this plan are a testimony to everyone's efforts. The key statistics including staffing levels, direct running costs\* and number of contracts for healthcare services are shown in the infographic below.



\*(Excluding EASC and NCCU)

Last year's integrated commissioning plan included a high level workforce plan with the key aim of maximising workforce capacity. Table 1 below shows the progress in achievement of this plan during 2020-21. Actions to be implemented during 2021-22 can be found in part 2 of this plan.

**Table 1: WHSST high level workforce plan 2020-21**

| Objective  | Action taken, by when  | Progress   |
|--|--|--|
| Strengthening of Executive team  | All Executives posts are filled substantively  | All Executives posts are filled substantively  |
| Improving recruitment and retention  | One Finance Manager post for north Wales is still open<br><br>Two vacancies within the Quality Assurance Team due to external promotion are in the process of being advertised.  | Progress has been made on strengthening the north Wales office with a dedicated senior manager in post from February 2021. This will provide the platform to further strengthen the finance support to the north Wales office.<br><br>The role and function of the Quality Assurance Team has been reviewed during 2020-21 and further restructuring of the team will take place during 2021-22. |
| Expanding the workforce to lead on specific projects   | Developing new posts to increase commissioning effectiveness. Recent appointments include a Referral Manager Post and a PET project manager. Future developments includes a Medicines Management Post and Blue teq project manager. Development of a Vulnerable Group work-stream supported by WG funding underway. This includes a planning role and a part time Associate Medical Director | PET project continues<br><br>Blue teq implementation has commenced<br><br>Vulnerable Groups planner in post and the majority of posts in Traumatic Stress Wales and now recruited to. Appointment to the AMD post has been deferred because of the pandemic  |
| Developing and implementing organisational development and learning programmes across the organisation | Regular OD sessions are taking place for the Executive team, in part facilitated by the host organisation. Roll out of an organisation wide OD programme is planned for 2020-21.<br><br>A number of staff are receiving assistance to study toward Masters Degrees and/or relevant professional qualifications.  | These have continued during 2020-21.<br><br>Postponed due to Covid-19 and staff working remotely. All staff meetings, PDRs and PDPs continue<br><br>Additional staff have been supported to undertake further post graduate study during 2020-21   |

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|  | Lunch and learn sessions are being provided by members of the WHSS Team.<br>Participation in the Embrace on-line Health and Wellbeing public sector pilot.   | Postponed due to Covid-19 and staff working remotely<br>Continues |
| Ensure HR policies are appropriately applied to manage sickness and absence and that this is audited | We are continuing to work to improve compliance for seconded staff and ensure there is high performance on core skills training for all staff following in-year changes to the programme content and recruitment of new staff. | Continued during 2020/21  |

### 3. Summary of Deliverables in 2020-21

The WHSSC Integrated Commissioning Plan 2020-23, which was approved by Joint Committee in January 2020, identified investment for a number of areas. The table below summarises the key actions described in the plan and progress made achieving the actions during 2020-21.

| <b>ICP Deliverables</b>   | <b>Timelines</b>                | <b>Progress</b>   |
|---|---------------------------------|---|
| <b>Strategic Priorities</b>   |                                 |   |
| To commission any newly NICE or AWMSG approved ATMPs  | Within three months of approval | Achieved although during the pandemic the number of approval from NICE were less than anticipated.  |
| To develop and implement a service specification for the commissioning of Long Term Ventilation   | By March 2020                   | Delayed due to Covid-19 pandemic. Business case expected March 2021   |
| To work with C&VUHB on expanding the inpatient facilities in the Wales Adult Cystic Fibrosis centre   | By March 2021                   | Works continues with the facility on track to open in 2021.   |
| To understand the peer support requirements within the All Wales Gender service and the longer term requirements of establishing a recurrently funded service from 2021-22. | By March 2020                   | Service in place and further proposal received for the 2021 prioritisation process  |
| To work with the south and mid Wales Major Trauma Network in establishing a Major Trauma Network from April 2020  | Winter 2020                     | Major Trauma Network went live September 2020, delayed due to the Covid-19 pandemic. Commissioner assurance process in place with reports to Joint Committee. |
| To establish the outcomes of the funding invested in Neurosciences services to date and further requirements to allow Neurosciences services in Wales to provide as a       | By July 2020                    | Work continues but delayed due to pandemic  |

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| minimum, comparable standards to those provided in NHS England.  |   |  |
| To work with SBUHB in introducing a specialist mother & baby inpatient service for south & mid Wales   | Awaiting outcome of capital discussions between WG and HBs (outside remit of WHSSC)               | Approval given for an interim unit to be opened at Tonna Hospital in April 2021. Option appraisal completed for a preferred location for a permanent unit. This will be further discussed with Welsh Government during 2021.   |
| To understand the implications of any new indications for Proton Beam Therapy introduced in NHS England and agree an NHS Wales policy position   | Awaiting final guidance from NHS England and then implementation will need to be agreed           | Policy still to be finalised   |
| To receive information on performance against the single cancer pathway for WHSSC commissioned services and include in performance reports to Management Group and Joint Committee   | From January 2020   | Reporting delayed due to Covid-19  |
| To develop the Interventional Neuro Radiology (INR) service in C&VUHB to allow for the local delivery of Thrombectomy to patients in south and parts of mid Wales  | By March 2020   | INR service in CVUHB now more stable and a project manager is in post to take forward the planning. Expect to implement during 2021.   |
| <b>Increasing Access</b>   |   |  |
| The Referral Management Project Manager will work with Welsh providers on repatriating any unnecessary activity from English providers, to identify opportunities for providing follow up activity locally rather than through NHS England providers and strengthen the Gatekeeping process. | Ongoing from August 2019<br><br>Clinical Gatekeeper Engagement event 9 <sup>th</sup> January 2020 | Gatekeeping process strengthened. Governance around gatekeeping roles strengthened with the introduction of honorary WHSSC contracts<br>Repatriation of activity stalled do to the pandemic, reduced activity and capacity and block<br>Further progress to be explored during 2021. |
| To further develop the capability and use of MAIR and the underpinning Power BI platform.  | Ongoing   | Work has continued and the level activity reporting has been maintained during 2020-21.  |
| To strengthen Public Health expertise  | Ongoing discussions with Public Health Wales (PHW).   | Do to the Covid-19 pandemic and the capacity of PHW this has not been progressed. It will be explored during 2021.   |

| <b>Improving the Experience and Quality of Care</b>   |  |   |
|---|--|---|
| To review the Quality Assurance Framework to address new challenges and set out further ambitions for quality in specialised services   | By September 2020  | The review of the Quality Assurance Framework has led to the development of the Commissioning Assurance Framework supported by a suite of documents to underpin a shared commitment to quality. |
| To continue to monitor, identify and address variation in access and/or outcomes and patients experience.   | Ongoing  | The commissioning teams within WHSSC monitor the performance of the commissioned services and report using the performance framework.   |
| To continue to undertake peer review visits to test the accuracy of the information submitted and benchmark performance against the quality indicators.   | Ongoing, outcomes presented at quarterly Quality and Patient Safety meetings | Due to the Covid pandemic there has been a delay in peer review visits. This aspect will be revisited once able to do so.   |
| To strengthen and further develop our escalation process.   | By July 2020   | A new escalation process will be launched in April 2021 as part of the Commissioner Quality and Assurance Framework   |
| <b>Increasing the Value of Funding</b>  |  |   |
| To strengthen the CIAG/Management Group process WHSSC is holding a meeting with participants from this year's workshop in early 2020 to discuss improvements that could be made including the provision of needs assessment data. | Meeting planned March 2020   | Postponed due to Covid-19 although CIAG did continue to develop the 2021-22 plan  |
| Commence undertaking an audit of commissioning policies to ensure outcomes measurement requirements are appropriately defined, working collaboratively with Health Technology Wales on the methodology utilised for this.         | By December 2020   | Work has progressed but some delay due to pandemic.   |
| To review the scope of current audit programmes to consider wider measures of outcomes beyond traditional hard clinical outcomes, including the greater use of patient reported outcomes.   | By April 2020  | Delayed due to Covid-19   |
| To improve the visibility and use of the outcomes information currently available.  | Crude mortality data will be made available in the WHSSC Power BI            | Reporting continued through 2020-21 although limited due to provider reporting in pandemic  |

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|   | reports by March 2020.   |   |
| To review the use of current national databases to ensure they are being used to optimum effect.  | By April 2020  | Delayed due to lack of provider reporting during pandemic.  |
| To identify additional specialised services to focus on developing and using outcomes measurement, paying particular attention to services where WHSSC has identified concerns regarding variation, growth and variability of standards. Examples will include immunology and intestinal failure. | From April 2020  | Work has progressed but limited due to implementation of block contracts  |
| To develop approaches to outcomes measurement specific to the introduction and growth of new advanced therapeutic medical products to incorporate into all new approvals.   | Outcome measurements data is currently being collected across NHS England. Awaiting AWMSG appointment of Project Manager in early 2020 to drive implementation of Blueteq system which will collect this data. | <p>Most ATMPs appraised by NICE have been approved subject to a Managed Access Agreement (MAA). Some of the outcome data required by the MAA will soon be routinely available in Wales via the Blueteq high cost drugs system. A Project Manager was appointed in July 2020 to lead the project to fully implement Blueteq across NHS Wales. The first phase of the project covers WHSSC commissioned medicines (including all ATMPs) and is due to go live from 1st April 2021.</p> <p>A separate project to prospectively collect outcome data on CAR-T therapies is now being planned led by a multidisciplinary research team including representatives from WHSSC, Cardiff and Vale, ATTC and Value Based Healthcare. The study will be looking to collect 'real life' data including key clinical outcomes, PROMS, PREMS and treatment costs.</p> |
| The robust process for any additional funding released by WHSSC already in place with the WHSST and Management Group scrutinising business cases from providers in order  | From April 2020 for areas of investment highlighted as required within   | This continued during 2020-21 with all business cases being scrutinised by Management Group before  |

|  |                  |                               |
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| to gain assurance on appropriate utilisation and monitoring of funding provision will continue for any investments in 2020-23. | the 2020-23 ICP. | funding releases were agreed. |
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## 3.1 CIAG Scheme Delivery 2020/21 - Overview of last year's achievements

### 3.1.1 Cardiac Commissioning Team

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

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

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

### 3.1.2 Women and Children's Commissioning Team

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

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

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

### 3.1.3 Cancer & Blood Commissioning Team

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

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

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

### 3.1.4 Neurosciences and Long Term Conditions Commissioning Team

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

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

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

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

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

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

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

## 3.2 Welsh Renal Clinical Network Key Achievements

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

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

### 3.3 Positioning specialised services for recovery

Agreement was obtained from JC in Dec 2020 to use underspend for short term initiatives which would aid recovery of services from the impact of the pandemic.

## 4. Independent Hospital Contracts

WHSSC has directly supported Health Boards in the delivery of the COVID response by commissioning independent hospital capacity throughout 2020/21.

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

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

by weekly performance meetings with health board leads. This process enabled health boards to learn from one another and improve utilisation.

The initiative delivered significant patient value to health boards in providing covid safer environments to provide urgent surgery and essential surgery and diagnostic services which would otherwise not have been delivered. A summary of the delivery from April to the end of December is included in the tables below detailing the activity levels together with the casemix of the activity. Highlights include:

- A total of 2,610 in patients were treated
- A further 1,605 day cases were treated
- 857 endoscopies were performed
- A total of 11,639 out-patient attendances were delivered
- A total of 4,161 diagnostics were performed including MRI, CT, Ultrasound and mammography
- The casemix was heavily weighted to more urgent cancer surgery and ophthalmology for most of the period with an increase in urgent electives developing before the second wave started impacting

**Table Activity and Utilisation Summary by Health Board - 39 Weeks Commencing 06/04/20 - week commencing 28/12/20**

|                                    | ABUHB<br>(to end<br>June '20) | BCUHB | CTMUHB | CVUHB | HDHB  | SBUHB<br>(to end<br>June '20) | <b>Total</b>  |
|------------------------------------|-------------------------------|-------|--------|-------|-------|-------------------------------|---------------|
| <b>ACTIVITY</b>                    |                               |       |        |       |       |                               |               |
| <b><u>Treatments- numbers</u></b>  |                               |       |        |       |       |                               |               |
| <i>Inpatients</i>                  | 77                            | 48    | 312    | 1,299 | 842   | 32                            | <b>2,610</b>  |
| <i>Daycase</i>                     | 78                            | 593   | 723    | 160   |       | 51                            | <b>1,605</b>  |
| <i>Endoscopy</i>                   |                               |       |        | 857   |       |                               | <b>857</b>    |
| <i>Outpatients</i>                 | 378                           |       | 100    | 6,832 | 4,244 | 85                            | <b>11,639</b> |
|                                    |                               |       |        |       |       |                               |               |
| <b><u>Diagnostics- numbers</u></b> |                               |       |        |       |       |                               |               |
| <i>MRI (body parts)</i>            | 572                           | 111   | 593    | 342   | 4     |                               | <b>1,622</b>  |
| <i>CT</i>                          | 1,235                         | 154   |        | 174   | 2     |                               | <b>1,565</b>  |
| <i>Ultrasound</i>                  |                               | 462   | 78     | 410   | 1     |                               | <b>951</b>    |
| <i>Digital X-ray</i>               |                               |       |        |       | 5     |                               | <b>5</b>      |
| <i>Mammograms</i>                  |                               |       | 18     |       |       |                               | <b>18</b>     |

**Table 2 - Health Board Patient Activity by Speciality**

|  | ABUHB      | BCUHB      | CTMUHB       | CVUHB        | HDHB         | SBUHB     | <i>Total</i>  |
|--|------------|------------|--------------|--------------|--------------|-----------|---------------|
| <b><u>Inpatients &amp; Day case Activity</u></b> |            |            |              |              |              |           |               |
| <b><u>Cancer/suspected cancer</u></b>            |            |            |              |              |              |           |               |
| Gynaecology                                      | 79         | 84         | 332          | 163          | 106          |           | <b>764</b>    |
| Urology  | 58         | 144        | 262          | 18           | 180          | 17        | <b>679</b>    |
| ENT  | 1          | 43         | 12           | 46           | 69           |           | <b>171</b>    |
| Colorectal cancer                                |            |            |              | 251          |              | 8         | <b>259</b>    |
| General surgery - vascular                       |            | 25         |              |              |              |           | <b>25</b>     |
| General surgery - breast                         | 6          | 28         | 251          | 144          | 115          | 2         | <b>546</b>    |
| <b><u>Non-Cancer</u></b>                         |            |            |              |              |              |           |               |
| General  | 11         | 21         | 28           | 192          | 2            |           | <b>254</b>    |
| Pain management                                  |            | 77         | 8            |              |              |           | <b>85</b>     |
| Dermatology                                      |            |            | 4            |              |              |           | <b>4</b>      |
| AV Fistula                                       |            |            |              | 38           |              |           | <b>38</b>     |
| Ophthalmology (cataract/ oculoplastics)          |            |            |              | 120          |              |           | <b>120</b>    |
| Orthopaedics inc Spines                          |            | 219        | 125          | 302          | 91           |           | <b>737</b>    |
| Cardiac  |            |            |              | 141          |              |           | <b>141</b>    |
| Plastic surgery                                  |            |            |              |              |              | 56        | <b>56</b>     |
| Oral Maxillofacial surgery (OMFS)                |            |            | 1            | 25           |              |           | <b>26</b>     |
| Ophthalmology                                    |            |            | 12           |              | 279          |           | <b>291</b>    |
| <b>Inpatients/Day case total</b>                 | <b>155</b> | <b>641</b> | <b>1,035</b> | <b>1,440</b> | <b>842</b>   | <b>83</b> | <b>4,196</b>  |
| <b>Endoscopy</b>                                 |            |            |              | <b>876</b>   |              |           | <b>876</b>    |
| <b><u>Outpatients:</u></b>                       |            |            |              |              |              |           |               |
| Neurology  | 37         |            |              |              |              |           | <b>37</b>     |
| Gynaecology                                      | 275        |            |              |              | 174          |           | <b>449</b>    |
| Breast cancer                                    |            |            |              | 1,003        |              |           | <b>1,003</b>  |
| Urology  |            |            |              |              | 579          |           | <b>579</b>    |
| Colorectal                                       |            |            |              |              | 417          |           | <b>417</b>    |
| Ophthalmology                                    |            |            |              | 3,786        | 2,158        |           | <b>5,944</b>  |
| Dermatology                                      | 64         |            |              |              |              |           | <b>64</b>     |
| Haematology                                      |            |            |              |              |              | 85        | <b>85</b>     |
| Care of the Elderley                             | 2          |            |              |              |              |           | <b>2</b>      |
| Pain Clinic                                      |            |            |              |              | 94           |           | <b>94</b>     |
| Orthopaedic Clinic                               |            |            |              |              | 469          |           | <b>469</b>    |
| Other  |            |            | 100          | 2,043        |              |           | <b>2,143</b>  |
| <b>Out-patient total</b>                         | <b>378</b> | <b>-</b>   | <b>100</b>   | <b>6,832</b> | <b>3,891</b> | <b>85</b> | <b>11,286</b> |
| Urology CNS Clinic                               |            |            |              |              | 353          |           | <b>353</b>    |
| <b>Out-patient CNS total</b>                     |            |            |              |              | <b>353</b>   |           | <b>353</b>    |

Informed by the monitoring process it was agreed to terminate 2 of the contracts (Sancta Maria, Swansea and St.Joseph's, Newport) at the beginning of July owing to low utilisation levels and value for money concerns. St.Joseph's capacity was later re-contracted by the responsible health board.

To improve value and adapt to the commercial and COVID environments a contract variation was implemented with effect from 1<sup>st</sup> September 2020 to enable private patient activity to be undertaken in a phased way. The agreement was that in South Wales maximum NHS capacity would decrease to 75% for September and October and then step down to 50% in November and December. This period saw the net cost of NHS capacity decrease materially as the contracting framework allowed for operating costs to be offset by 70% of total private patient, which grew materially. NHS capacity in North Wales was reduced to 50% for September and October and then 25% in December as there was less of history in the use of the independent sector in that area and the offer from the sector consequently lower.

An appropriate performance measurement method was developed and put in place to assess the relative value derived from the activity delivered by the capacity relative to the cost of the capacity. Activity was valued using Welsh costing return average costs to ensure an appropriate comparator. The performance metrics were reported to health boards and Welsh Government on a weekly basis.

The total provisional cost to the 14<sup>th</sup> December 2020 was £21.4m but this is likely to decrease when the final income private patient income offsets are adjusted for. The likely decreased net cost will further improve the percentage utilisation scores detailed in the tables. The unadjusted utilisation efficiency shows 70% overall including the 2 terminated contracts which had much lower performance scores. The range of delivery in the remaining 4 contracts was from 95% to 52%.

The planned position from 31<sup>st</sup> December 2020 was that health boards would put in place their own local contracts using existing national framework processes. To further assist health boards in securing available capacity WHSSC has extended the existing contract arrangements for the CVUHB and Hywel Dda HB areas (funded and approved by Welsh Government).

| Costed Utilisation Summary by Health Board - 37 weeks commencing 06/04/20 - week commencing 14/12/20 |                  |                  |                     |                  |                  |                  |                   |
|--|------------------|------------------|---------------------|------------------|------------------|------------------|-------------------|
| 37 week activity - costed using 18/19 WCR  | AB               | BC               | C&V                 | CTM              | HD               | SB               | Total / Average   |
| IP/DC  | 429,545          | 1,757,121        | 3,743,609           | 3,241,640        | 1,992,464        | 228,039          |                   |
| OP   | 65,002           |                  | 1,707,185           | 20,945           | 772,083          | 19,754           |                   |
| Endoscopy  |                  |                  | 446,586             |                  |                  |                  |                   |
| Diagnostics  | 231,582          | 66,462           | 106,106             | 107,278          | 1,100            | -                |                   |
| Other  |                  |                  |                     |                  |                  |                  |                   |
| Total  | 726,129          | 1,823,583        | 6,003,485           | 3,369,863        | 2,765,647        | 247,792          | 14,936,499        |
|  |                  |                  |                     |                  |                  |                  |                   |
| <b>Week 37 Total Cumulative Contract Cost</b>  | <b>2,092,920</b> | <b>3,473,622</b> | <b>6,325,378.04</b> | <b>4,033,857</b> | <b>4,070,899</b> | <b>1,414,764</b> | <b>21,411,440</b> |
| <b>Week 37 Costed Utilisation vs. Contract Capacity Costs</b>  | <b>35%</b>       | <b>52%</b>       | <b>95%</b>          | <b>84%</b>       | <b>68%</b>       | <b>18%</b>       | <b>70%</b>        |