

# WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)

## ANNUAL REPORT

2017/18



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

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## **1. WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)**

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

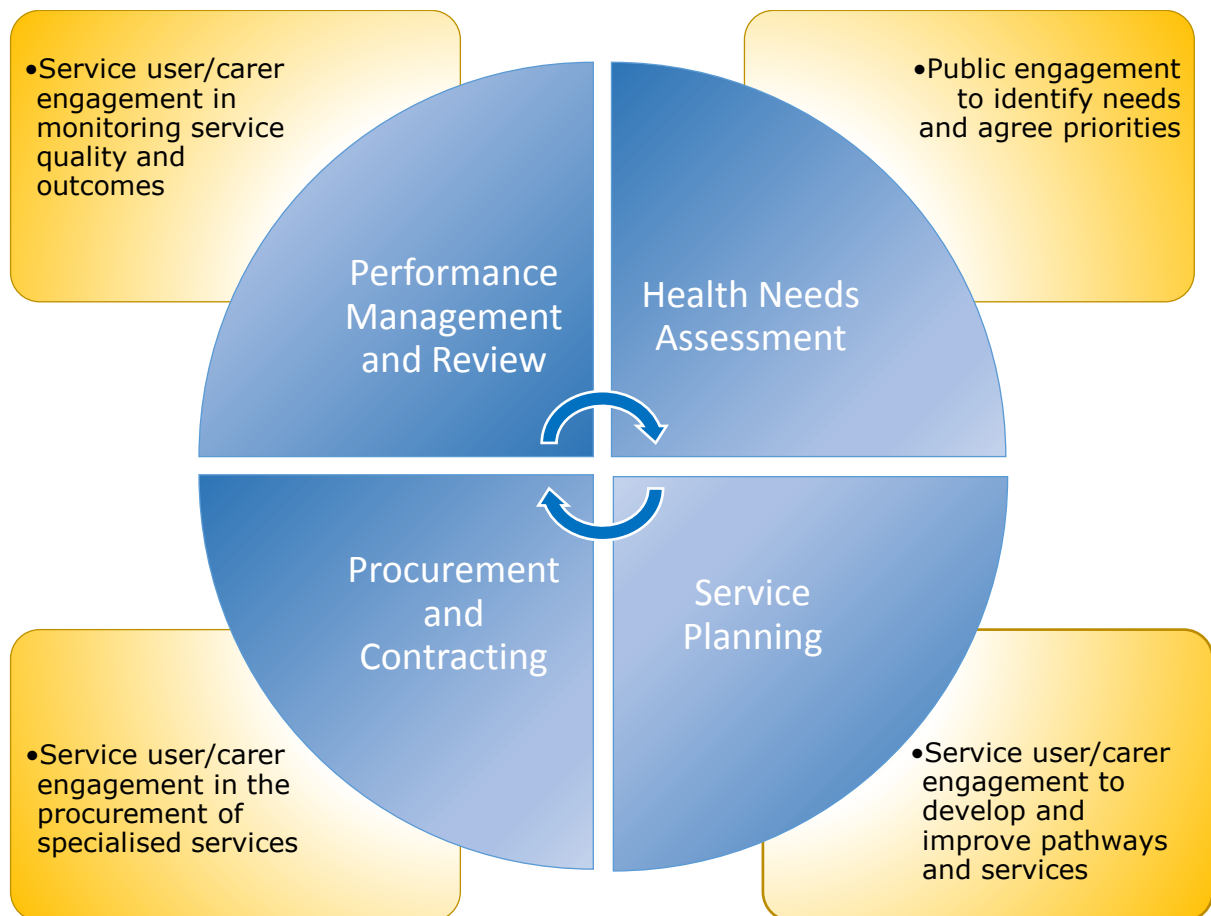
### ***1.1 The Role of WHSSC***

WHSSC's role is to:

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

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

**Diagram 1 – WHSSC Commissioning Cycle**

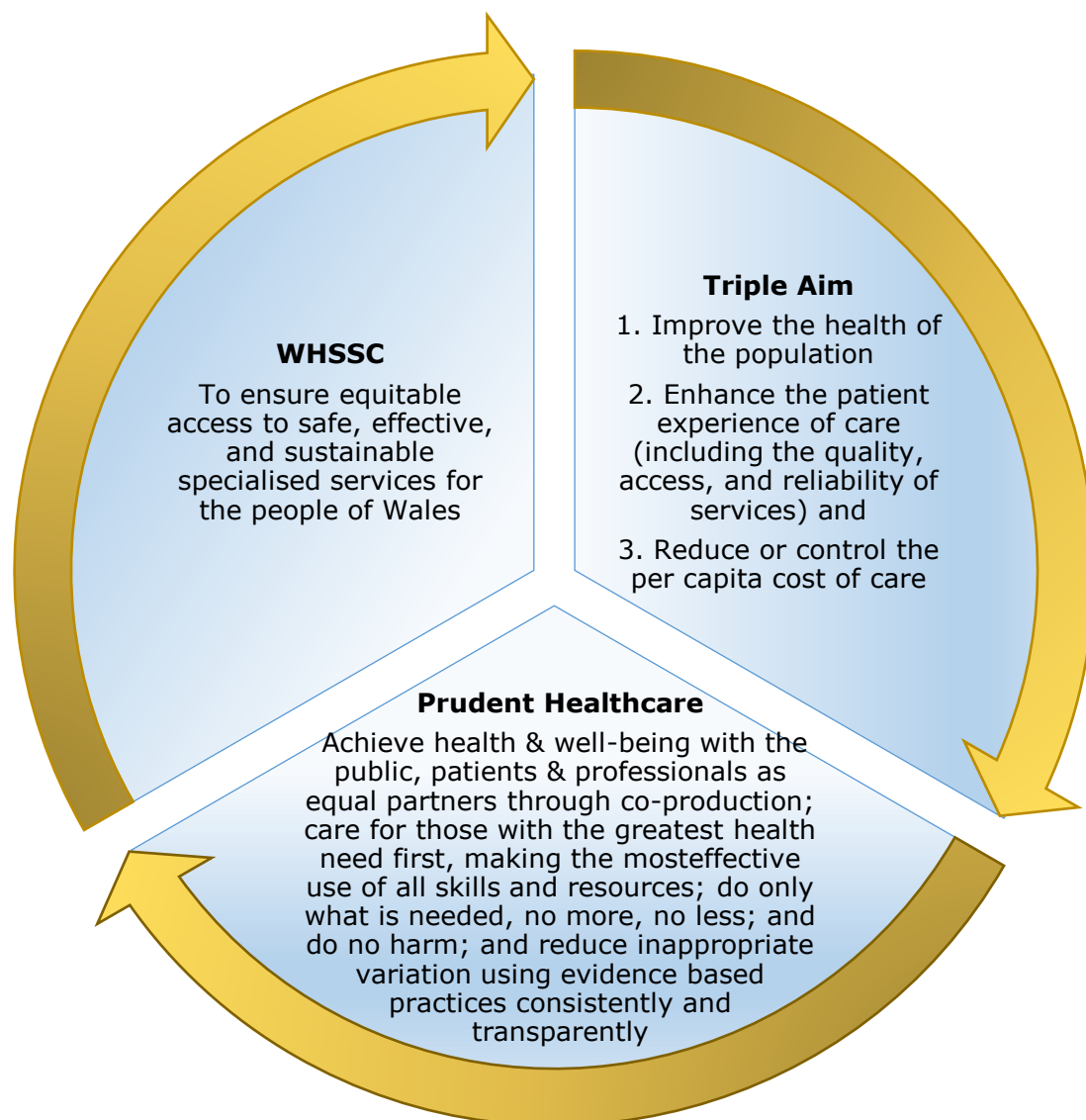


### **1.2 WHSSC's Aim**

WHSSC's aim is "to ensure equitable access to safe, effective, and sustainable specialised services for the people of Wales" on behalf of the seven Health Boards.

In order to achieve this aim, WHSSC works closely with each of the LHBs (in both their commissioner and provider roles) as well as with Welsh NHS Trusts, providers in NHS England and the independent sector. The commissioning of specialised services is informed through the application of the Prudent Healthcare Principles and the Institute of Healthcare Improvement Triple Aim, as illustrated in *Diagram 2* below:

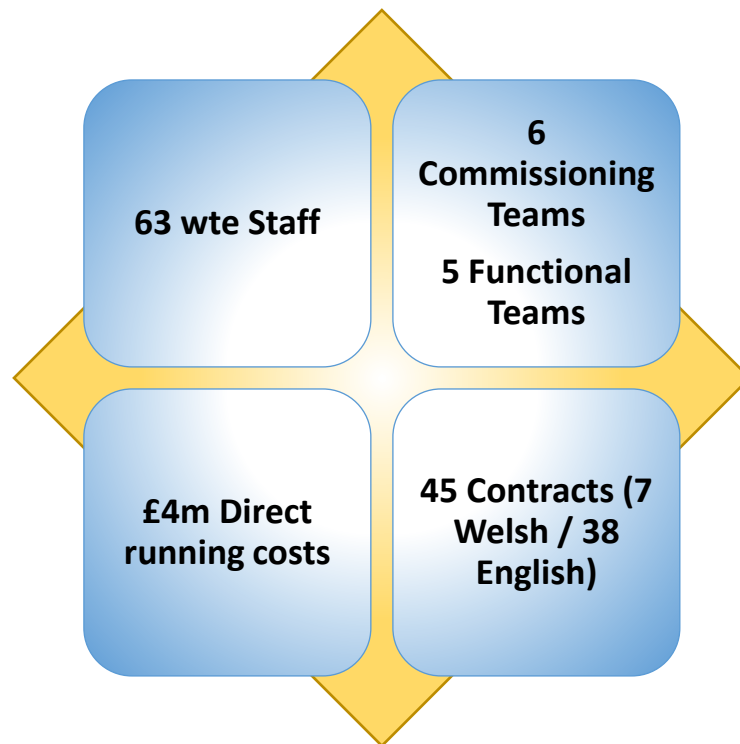
**Diagram 2 – Prudent Healthcare and Triple Aim**



### **1.3 WHSSC as an Organisation**

In order to explain the relative scale of WHSSC compared to the services that it commissions on behalf of the LHBs, *Diagram 3* below sets out the key statistics for the staffing levels, direct running cost budget, commissioning budget and contracts.

**Diagram 3 – WHSSC in Numbers**



\*wte – Whole Time Equivalents

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

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

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

#### **1.4 Executive Team**

WHSSC’s organisational structure of management follows a hierarchical model and consists of a chair, managing director and four directors. For more detailed information about the WHSSC Executive team, please refer to appendix 1.

## 2. THE JOINT COMMITTEE

### **2.1 The Role of the Joint Committee**

The Joint Committee makes formal decisions about the commissioning of services. The Joint Committee is a Statutory Sub-Committee of each of the LHBs in Wales. An Independent Chair, appointed by the Cabinet Secretary for Health, Well-being and Sport, leads the Joint Committee. The Chair is supported by three Independent Members, (one of whom is the Vice Chair) the LHB Chief Executives, Associate Members and the WHSSC Officers (as laid out in the WHSSC [Directions and Regulations](#)).

Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the responsibility of individual LHBs for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of specialised services.<sup>1</sup>

The Joint Committee is accountable for internal control. The Managing Director of Specialised and Tertiary Services Commissioning has the responsibility for maintaining a sound system of internal control that supports achievement of the Joint Committee's policies, aims and objectives and to report the adequacy of these arrangements to the Chair of the Joint Committee and Chief Executive of CTUHB. Under the terms of the establishment arrangements, CTUHB is deemed to be held harmless and have no additional financial liabilities beyond their own population.

The Committee Secretary supports the Joint Committee and acts as the guardian of good governance within the Joint Committee.

### **2.2 Joint Committee Members** (Please see appendix 2)

### **2.3 Joint Sub-Committees**

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

- All Wales Individual Patient Funding Request Panel (WHSSC)
- Integrated Governance Committee
- Management Group
- Quality and Patient Safety Committee
- Welsh Renal Clinical Network

Further information on our joint sub-committees can be found at <http://www.whssc.wales.nhs.uk/our-subcommittees>

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<sup>1</sup> CTUHB Governance Statement 2012-13 (p. 91):

<http://www.wales.nhs.uk/sitesplus/documents/865/13.%20att2.%20governance%20statement%20final.pdf>

### **3. THE INTEGRATED COMMISSIONING PLAN (ICP)**

The Integrated Commissioning Plan for Specialised Services for Wales 2017-20 (ICP) is a commissioner-led plan, which seeks to balance the requirements to assure quality, reduce risk and improve health outcomes for the people of Wales.

The Integrated Commissioning Plan is available via the publications page of our website <http://www.whssc.wales.nhs.uk/publications/>



## **4. COMMISSIONED SERVICES**

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

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

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

### **4.1 Commissioning Teams**

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

The following table shows the range of services delegated for commissioning by WHSSC for 2017-18:

**Table 1 – Range of Services Commissioned by WHSSC**

<b>Programme</b>	<b>Commissioned Services</b>
Cancer & Blood	Rare cancers Specialised services for all cancers Inherited bleeding disorders Blood and marrow transplant Hepatobiliary surgery Thoracic surgery Plastic surgery
Cardiac	Cardiac surgery Adult congenital heart disease Specialised cardiology services Bariatric surgery
Women & Children	Specialised paediatric services Paediatric intensive care Neonatal intensive care Specialised fertility services Inherited metabolic diseases Genetics
Mental Health	High and medium secure forensic services Tier 4 and forensic child and adolescent mental health services Gender identity services Specialised adult eating disorders Specialised perinatal services Other specialised mental health services
Neurological & Chronic Conditions	Neurosurgery Neuro-rehabilitation Neuropathology Interventional neuroradiology Neuropsychiatry Environmental controls Communication aids Prosthetic services Posture and mobility services Spinal injury rehabilitation Clinical immunology
Renal	Renal dialysis Renal transplant

#### **4.2 Key Achievements by Commissioning Team**

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

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

Table 2 below provides an overview of the WHSSC commissioning teams' key achievements during 2017/18:

**Table 2: Key Achievements 2017/18**

Programme	Description
<b>Cancer and Blood</b>	Bone Marrow Transplantation (BMT): Implementation of the investment first approved in 2016/17, in the quality and capacity of the BMT service for south Wales, in particular the recruitment of nursing and therapy staff to ensure quality standards are achieved.
	The BMT service in Ysbyty Gwynedd, BCUHB, achieved JACIE accreditation in the summer 2017.
	Thoracic surgery review: WHSSC has made significant progress taking forward the strategic review of thoracic surgery in South Wales. This has included implementing a public engagement exercise during the Autumn 2017 to inform the development of recommendations on the future service model. In January, the Joint Committee supported the recommendation for a single centre based at Morriston Hospital. Currently work is taking place to develop the implementation plan and to scope the requirements for public consultation.
	Graft versus host disease: Funding was approved within the WHSSC plan 2017/18 to extend the policy for Extracorporeal Photopheresis to treat chronic GvHD to include additional sites within the body.
	Proton Beam Therapy (PBT): Commissioning policies have been developed and approved to define access criteria for PBT for children and adults. In addition, the service specification for PBT for patients from Wales has been finalised and approved.
	Positron emission tomography (PET): Additional indications for head and neck cancer were approved for inclusion in the PET CT policy during 2017/18.
	Bariatric surgery for children and young people: Funding was approved within the WHSSC plan 2017/18 to commission bariatric surgery for children and young people.

Programme	Description
	<p>Bariatric surgery: The bariatric surgery service specification has been developed and consultation completed. The specification is currently being finalised.</p> <p>Bariatric surgery: Waiting times for bariatric surgery have significantly reduced during 2017/18. No patients are currently waiting in excess of maximum waiting times targets.</p> <p>Thoracic surgery sustainability and capacity: A locum thoracic surgeon has been appointed to Cardiff and Vale UHB to provide additional capacity and resilience in the service in the interim period while the strategic review is completed and the new service model implemented.</p>
<b>Cardiac</b>	<p>Commissioned the Delivery Unit to undertake an All Wales Cardiology to Cardiac Surgery Transfer Review to understand and improve the accuracy of Pathway Start dates to reduce waits for patients. Completion of an Action Plan to deliver the agreed actions with oversight from HCIG and Joint Committee.</p> <p>Completed a service specification for Cardiac Magnetic Resonance Imaging (CMRI) in line with the collective commissioning framework. The Service Specification is being taken forward by LHB's supported by Cardiac Network.</p> <p>Achievement of Cardiac Surgery Referral to Treatment RTT at Abertawe Bro Morgannwg University Health Board (ABMU) with a reduction in number of patients breaching at CVUHB.</p> <p>Completed a review of the current evidence for the provision of Trans-catheter Aortic Valve Implantation to ensure equity of access for Welsh patients.</p>
<b>Mental Health</b>	<p>Expansion of secure LD Gatekeeping expertise.</p> <p>New NICE guidelines issued for eating disorder services and the Welsh Government Framework is to be reviewed.</p> <p>New interim Gender Pathway agreed and business case received from Cardiff &amp; Vale UHB for establishment of Welsh Gender team.</p>

<b>Programme</b>	<b>Description</b>
	Initial options appraisal for Perinatal services completed and commitment from Welsh Government to establish inpatient beds in Wales.
	Case management function for secure patients contributed to significant reduction in patient numbers and lengths of stay.
<b>Neurological and Complex Conditions</b>	Commissioned a sustainable service model for Clinical Immunology in South and Mid Wales.
	Publication of the Paediatric Neuro-Rehabilitation service specification.
	Appointment of Consultant Neuro-Vascular Surgeon and supporting staff to allow for implementation of a NICE compliant Neuro-Vascular MDT.
	Commissioned robust core Neurosurgery to ensure a sustainable junior medical staff model supported by nurse practitioners and allow for the introduction of pre-assessment.
	Achievement of RTT 26 weeks for Wheelchairs in the South Wales service following investment.
	Commissioned a more equitable and sustainable Prosthetics service for South East Wales.
<b>Women and Children</b>	Reviewed the Specialised Services Policy for Fertility Services in Wales.
	Supported specialised paediatric services at the Children's Hospital for Wales and have seen a significant reduction in the numbers of patients breaching the 36-week referral to treatment target.
	Supported the implementation of NIPT screening for Down's, Edward's and Patau's syndromes.
<b>Renal</b>	Completion and publication of the Renal Delivery Plan.
	Development and implementation of service specifications for each area of service: CKD, vascular access, home HD, Unit HD, PD, Conservative management and EOL care, transplantation, AKI and transport.

Programme	Description
	Award and implementation of South East Wales dialysis contract. New units opened in Pontypool, Newport and Cardiff South delivering more local capacity, improved environment and facilities and higher nurse: patient ratio.
	Contract refresh of national home therapies framework to ensure service consistency and VFM opportunities across Wales.
	Collaboration with Cardiff and Vale to develop and submit business case for the service model redesign and refurbishment of the UHD main unit.
	Collaboration with ABMU for refurbishment and expansion of the UHD main unit.
	Collaboration with Powys LHB to develop a business case for the expansion of Llandrindod Wells UHD Unit to ensure provision of more local UHD capacity and local access to clinics, reduction of travel time for patients and reduction in costs for ECR/out of area travel and treatment for Powys residents.
	Collaboration with BCUHB to redesign service model for UHD and undergo procurement exercise to refresh existing units, increase regional capacity for UHD and replace Wrexham unit which is in urgent need of repair including a replacement water treatment plant.
	Development of IT national systems for automated reporting and audit across Wales
	Development and implementation of e-alert system to generate AKI alerts across Wales.
	Design and implementation of reporting suite for AKI and regular rolling performance reporting to LHBs via RRAILs.
	Development and agreement of service standards for transport and collaboration with EASC to develop new commissioning model for NEPTs.

Programme	Description
	Collaboration with WAST to improve the safety of the transport service by introducing new standards and monitoring of the service specifically relating to reduction of missed or lost hours of treatment missed.
	Appointment of WRCN Lead nurse to further develop QPS agenda, inspectorate role for UHD units, national development of nursing workforce, consistency in standards and service provision.
	Development and delivery of new Renal Module with Swansea University for renal nurses across South East and West Wales.
	Appointment of WRCN Lead Pharmacist to develop national protocols for key high cost drugs, review and refresh drugs contracts to ensure VFM and continued delivery of cost savings, and to develop the workforce nationally to deliver consistent standards of service.
	Appointment of Youth Worker for South East and West Wales working with young adults to provide advice, support and patient engagement which has led to an improvement in treatment compliance and a significant reduction in the loss of transplanted organs as a result.



### **4.3 Individual Patient Funding Requests (IPFR)**

When treatments are not routinely available, Welsh citizens who might get particular benefit can still access the treatment through a process called Individual Patient Funding Requests (IPFR).

The NHS Policy, Making Decisions on Individual Patient funding Requests, clearly sets out how these requests are dealt with and how an application can be made. Funding decisions made by IPFR Panels are determined on the information provided by the GP and/or Consultant 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.

Since March 2015, the All Wales Therapeutics and Toxicology Centre (AWTTC) has worked with IPFR panels and the WHSSC to implement recommendations from an independent review to strengthen and improve the IPFR process in Wales.

A video outlining the process of considering an IPFR can be viewed on the AWTTC website at: <https://www.awttc.org/ipfr>

The AWTTC website also provides answers to frequently asked questions around Individual Patient Funding Requests.

### **4.4 Key achievements and Patient Outcomes**

- The All Wales Individual Patient Funding Request Panel agreed the funding of Pembrolizumab for a patient with a very rare and aggressive extra nodal Natural-killer T Cell lymphoma. The patient had been treated with chemotherapy and radiotherapy but relapsed.

3 months treatment was initially agreed on the basis of recent clinical trial data and the likelihood that the patient would receive significant clinical benefit.

A further 3 months was agreed on the basis of the clinical report indicating that the patient was responding.

The latest update after 6 months treatment indicated that the patient has had a complete clinical response.

- Chenodeoxycholic acid agreed by the All Wales Individual Patient Funding Request Panel in July 2017 for the treatment of Cerebrotendinous xanthomatosis (CTX) which is a rare genetic metabolic disorder of cholesterol and bile acid metabolism that results in systemic and neurologic abnormalities.

The patient had already been on treatment for 12 months and clinical information provided demonstrated that the patient had received significant clinical benefit from receiving this treatment.

The Panel were asked to consider as costs had escalated from £32,500 per annum to £154,000. The rise in cost was due to the drug becoming licensed.

The latest clinical report confirmed that patient continues to benefit with a Quality of Life questionnaire rating being recorded as “excellent” in comparison to the previous year.

## 5. WORKFORCE AND ORGANISATION DEVELOPMENT

The Joint Committee has again acknowledged that the organisation has expertise in commissioning and in 2017-18, staffing resources have been deployed to support collective work on behalf of LHBs to commission services which are outside WHSSC's delegated remit. The WHSSC Officers welcome the recognition of the expertise within the organisation and WHSSC is keen to continue to develop organisational capacity by continuously improving the capability of staff and ensuring that the workforce is engaged, motivated and working collaboratively together. The WHSS team are reviewing the proposals to undertake further collective commissioning work to ensure that any additional staffing resources required are considered and approved in conjunction with the agreement to undertake the work.

### 5.1 Workforce

During 2017-18, the Corporate Directors Group (CDG), made up of The WHSSC Executive Directors and Committee Secretary, has continued to review all posts within the organisation and has continued to focus on organisational development progress. Elements from the Aston Model have been used for this.<sup>2</sup> The aim has been to identify any gaps and to ensure effective use of resources. The review also considered the current establishment against staff in post and current workforce knowledge and skills. This is helping to shape future organisational development and learning plans. It has been decided that a new programme tailored to WHSSC's specific needs should be developed. The Managing Director and Committee Secretary are currently evaluating alternative models and service providers to progress this.

The appointment of a substantive Managing Director was previously identified as crucial to the leadership and stability of the organisation. The appointment of Dr Sian Lewis, as substantive Managing Director, became effective in September 2017.

Progress has been made during the year on organisational change to facilitate recruitment of staff to form the Quality Assurance team. It is anticipated that the recruitment process will commence in early 2018/19.

### 5.2 Staff Engagement

Over the course of the last year, the WHSS team has undertaken work to strengthen staff engagement throughout the organisation. Departmental meetings are held at least monthly and the Managing Director or Chair periodically convenes 'all staff' meetings giving employees at all levels in the organisation opportunities to interact. In addition, the physical presence of almost all WHSSC staff in a single building in South Wales makes engagement relatively easy.

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<sup>2</sup> The Aston Model: Aston has pioneered the concept of **Team Based Working** –existing to help organisations to create structures and cultures which improve performance through high levels of staff engagement. Their work is evidence-based, founded on the research of Professor Michael West and his colleagues. <http://www.wales.nhs.uk/bcupinnacle/team-based-working-using-aston-model->

### 5.3 Personal Development Reviews

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

### 5.4 Staff Sickness and Absence

As WHSSC is a small organisation, sickness and other absences have a significant effect on the capacity of the organisation. Short and long-term sickness absence continues to be a focus, with all Line Managers attending sessions put on by CTUHB to ensure that they are aware of the changes to the All Wales Sickness policy and have the skills to implement them. Table 4 shows the sickness absence rates for WHSSC.

**Table 3 - WHSSC Sickness Absence Rates**

Rolling period Nov 2016 – Oct 2017		
Absence days (FTE)	Available days (FTE)	% Rolling rate (FTE)
939.42	17,918.30	5.2

Note: Excluding EASC and QAIT

### 5.5 Development of Clinical Leadership

Both the [Good Governance Institute \(GGI\)](#) and [Health Inspectorate Wales \(HIW\)](#) reviews included the need to strengthen clinical leadership, clinical credibility and clinical engagement within the WHSS team. This is now core to our strategic focus and significant steps have been undertaken to deliver this. In September 2017, five part-time Associate Medical Directors took up post, each aligned to one of the commissioning teams. They have already had a significant impact in raising the profile of the WHSS team amongst clinical colleagues. Examples include the work that is underway regarding delivery and improving access to Thrombectomy services and addressing clinical and performance concerns in one of our CAHMS units.

More recently, appointments were made to the part time Medical and Deputy Medical Director roles. The Deputy post will focus on the prioritisation, evidence evaluation and rare diseases portfolio and the Medical Director on the performance management, quality outcomes and strategic review elements of the role.

### 5.6 Recruitment of the Quality Team

In addition to the appointment of an Executive Director of Nursing and Quality Assurance and new Associate Medical Directors, the organisation has identified funding to support the extension of the clinical team to support the quality function of the organisation. The need for the development was explicit in the recommendations of both Health Inspectorate Wales and the Good Governance Institute reports (2015). Recruitment is planned to commence from early 2018

and posts should be fully functional by the start of the new financial year. These posts will strengthen the function of the Commissioning teams and build on the current work driving the focus on improved patient delivered outcomes and experience even further.

### **5.7 External Training and Development**

WHSSC offers unique all Wales strategic planning experience. It is our intention to open up this as a resource for the wider NHS in Wales. This philosophy has helped drive the restructuring of the Medical Directorate and the development of training opportunities throughout the organisation. Specifically within the Medical Directorate, the Associate Medical Director roles provide a stepping stone for those pursuing a career in medical leadership. They were specifically advertised as three-year posts with this in mind.

Related to the role of Associate Medical Director, the WHSS team has developed a bid for the Wales Deanery to host a Welsh Clinical Leadership Fellow and has just been awarded training status for the Public Health trainees. We are also actively engaging with the host Health Board to explore opportunities for honorary roles within the WHSS team.

The organisation has participated in CTUHB's Graduate Trainee Scheme since April 2016. This has led to twelve Graduate Managers undertaking placements with us and gaining an understanding of Specialised Services and Specialised Services commissioning. Trainees from the NHS Wales Graduate Training Scheme have also undergone placements with WHSSC from both a General Management and Finance perspective. WHSSC is keen to offer opportunities to NHS Wales' staff to gain the unique skills and experience in planning and commissioning that WHSSC can offer.

Improvement Objective	Description	Lead	Timescale
Streamline and automate processes	To significantly reduce, duplication, error and process inefficiencies by automating and streamlining current working practices through the better use of Information, Communication and Technology (this has already included the roll out of the electronic Board pads, electronic staff records, E-expenses and electronic payslips).	Committee Secretary	Ongoing
Improve access to information	Following the recent appointment of a Business Support Officer, to improve the way in which staff access information resulting in improvement in efficiencies and reduction of staff time. This will include the ongoing development of the SharePoint Site, the Intranet Site and the Internet Site ensuring that all Health Boards can access information about our work programme and committee business. This will also support the policy development work and allow electronic participation to be offered for consultation processes.	Committee Secretary	Ongoing
Quality Measures	Develop a suite of quality measures to be used in contract monitoring and performance management and automate systems for their collation, communication and analysis. (This is dependent upon the resources being available to improve the quality assurance function).	Director of Finance & Director of Nursing & Quality Assurance	September 2018
Commissioning Support	<p>Following the recently announced appointment of the Head of Information, develop service dashboards to enable consistent and easy access by all staff to financial and activity information on a service basis, and to ensure intelligence is available regarding equity of access.</p> <p>NWIS, led by WHSSC, has developed and implemented in 2017/18 the Commissioning Intelligence Portal. The implementation project will continue to develop the functionality of the system working with health boards to meet their local needs for secondary care as well. The system ensures systematic access and analysis of all care delivered by NHS England and then extended to NHS Wales. This enables better trend analysis, control and planning.</p>	Director of Finance	September 2018

## **6. ANNUAL QUALITY STATEMENT**

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

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

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

## 7. CONCERNS

This section of the report provides an overview of the concerns and enquiries raised with WHSSC during 2017/2018.

Concerns are comprised of the reports of incidents, complaints and claims received by WHSSC. WHSSC does not currently collate complaints about providers made, in the first instance, to providers or other commissioners. Work to develop a means of collecting this information will continue 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 prompt, systematic and consistent response. Concerns are dealt with in line with the all-Wales Putting Things Right arrangements and in line with the WHSSC Concerns Protocol.

Concerns received by WHSSC can be split into four categories:

- Concerns raised regarding care and treatment
- Concerns raised regarding individual patient funding decisions<sup>3</sup>
- Concerns raised regarding function of the Joint Committee, its staff or its performance
- Patient safety incidents

During the course of 2017/18, WHSSC received 79 concerns/enquiries from a combination of sources, including among others, patients, AMs and MPs, Local Health Boards and various third parties.

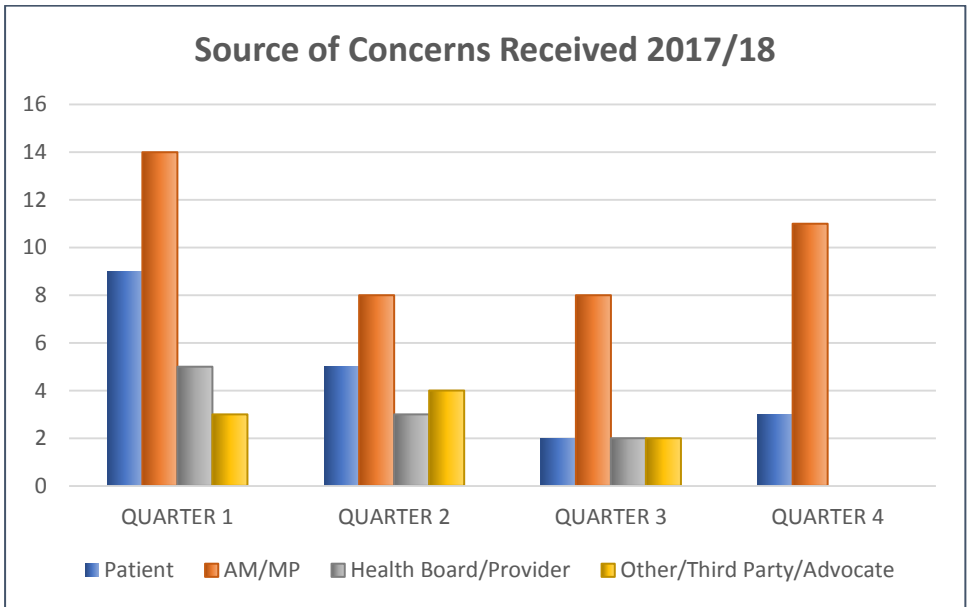
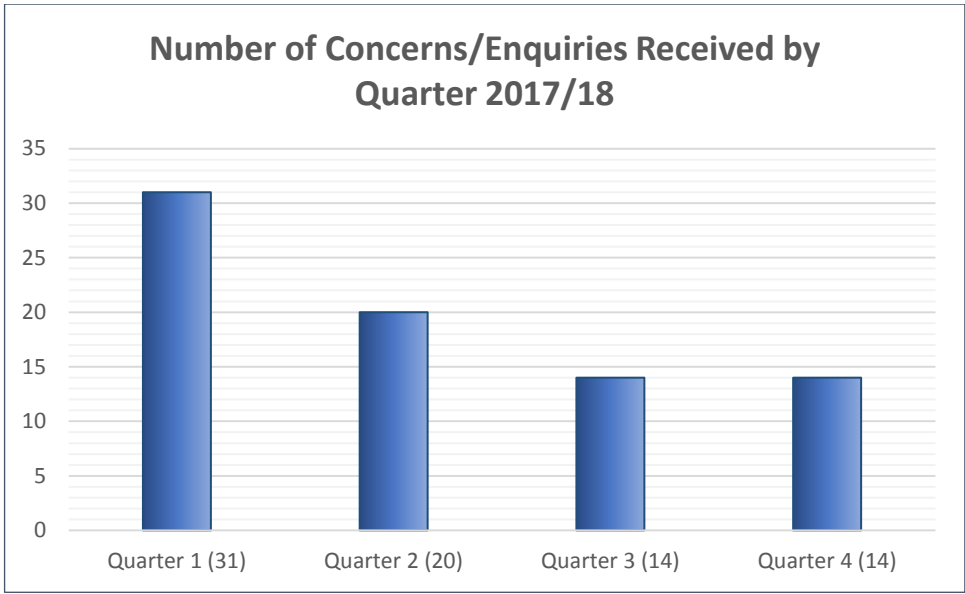
Of the 79 concerns raised during this period, only 4 were responded to outside of predetermined timescales. 95.5% of all concerns received in 2017/18 were both acknowledged and fully responded to within the required timescales.

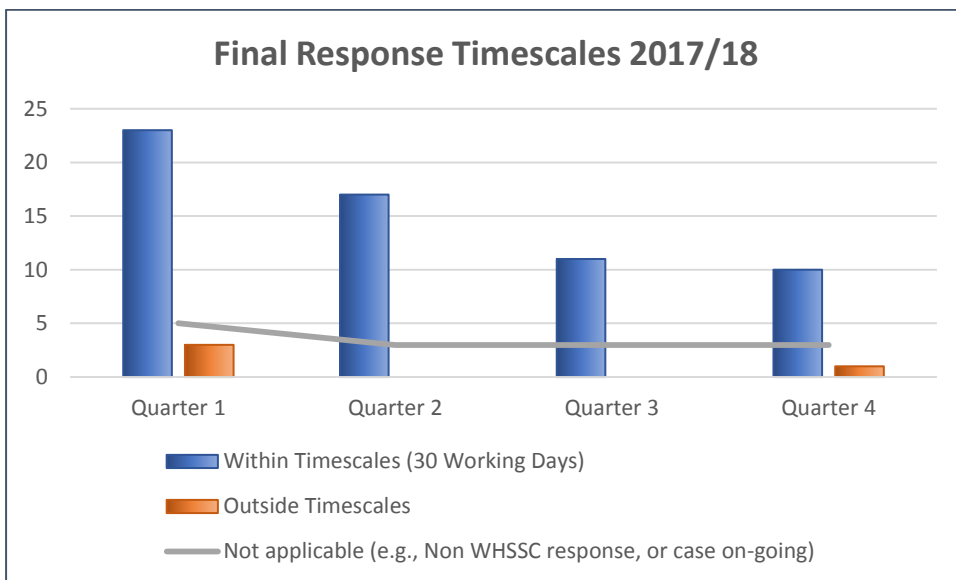
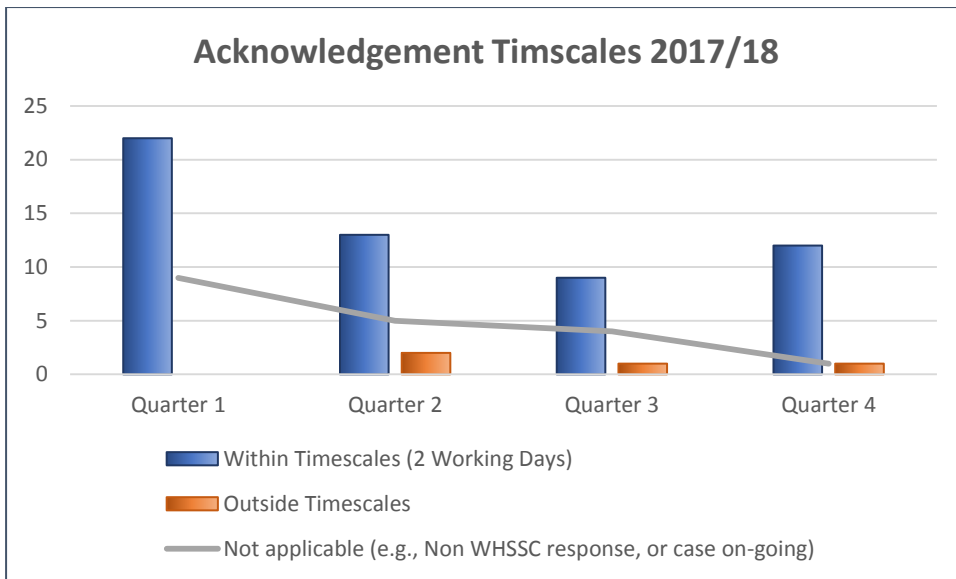
The charts below provide a visual overview of this information:

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<sup>3</sup> Concerns regarding individual patient funding decisions are technically outside of the All Wales *Putting Things Right* arrangements. However, WHSSC uses the same processes for managing these concerns.







## 8. CORPORATE RISK AND ASSURANCE FRAMEWORK

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

### **8.1 Overall Approach to Risk Management**

Under the hosting agreement with CTUHB, WHSSC complies with the Health Board's Risk Management Policy and Risk Assessment Procedure.

The aim of the Risk Management Policy is to:

- Ensure that the culture of risk management is effectively promoted to staff ensuring that they understand that the 'risk taker is the risk manager' and that risks are owned and managed appropriately;
- Utilise the agreed approach to risk when developing and reviewing the Resource and Operational Plan;
- Embed both the principles and mechanisms of risk management into the organisation;
- Involve staff at all levels in the process; and
- Revitalise its approach to risk management, including health and safety.

WHSSC embeds risk management in its activities through a number of processes.

As a commissioning organisation, WHSSC has recently reviewed its risk management framework and the new agreed process is currently being rolled out throughout the organisation and refined. Directorates and/or Commissioning teams are currently reviewing all risks; including the risks arising out of the agreed draft Integrated Commissioning Plan 2018-21, and updating the registers to the new template.

The Corporate Risk and Assurance Framework (CRAF) forms part of the WHSSC approach to the identification and management of strategic risks. The framework is subject to continuous review by the Executive Director lead, Corporate Directors Group, Management Group, Joint Committee and joint sub-committees.

It is for the Joint Committee to determine whether there is sufficient assurance in the rigour of internal systems to be confident that there are adequate controls over the management of principal risks to the strategic objectives.

The risks identified by the Programmes, Networks, Directorates or Executives inform the CRAF. Each risk is allocated to an appropriate committee for assurance and monitoring purposes, for example Joint Committee, Audit Committee or Quality and Patient Safety Committee.

The sub-committees receive the CRAF as a standing agenda item. The Joint Committee receives the CRAF twice yearly. The Corporate Governance Manager is

also a member of the CTUHB Quality and Risk Committee (formerly the CTUHB Corporate Risk Committee).

The CRAF is an important part of WHSSC's approach to the identification and management of risk. The CRAF presents an assessment of the principle strategic and operational risks to the organisation's objectives. It is a 'living' document and is intended to exist in a dynamic state that reflects the fluctuating nature of risk.

The use of the CRAF is informed by a regard for the following principles:

- The centrality of the patient
- Risk assessments are robust and evidence based
- Risk assessments are proportionate
- Co-operation with commissioners and providers
- Transparency

To support the CRAF, WHSSC has a risk appetite statement. The risk appetite statement is the driver for implementing our priority areas. It provides staff with clear expectations on risk management and a common acceptance of the importance of continuous management of risk. WHSSC is reviewing the risk appetite as part of its ongoing improvement work:

### ***Risk Appetite Statement***

Welsh Health Specialised Services Committee (WHSSC) is working toward an 'open' risk appetite.

WHSSC has a **low** appetite for risk in support of obtaining assurance of commissioned service quality and are aiming to embed quality into every aspect of "business as usual".

WHSSC has **no** appetite for fraud/financial risk and has zero tolerance for regulatory breaches. We will take considered risks where the long term benefits outweigh any short term losses.

WHSSC has **no** appetite to any risk that prevents the WHSSC demonstrating the highest standards of governance, accountability and transparency in accordance with the Citizen Centred Governance Principles.

### ***8.2 Strengthening of the Risk Management Framework***

Throughout 2017/18, there have been continuous efforts to strengthen the risk management framework at both a corporate and a directorate level.

The Internal Risk Management Group meets on a quarterly basis to discuss, appraise and determine next steps in and around existing risks and any new risks identified. The Risk Management Group has been instrumental in further developing the CRAF and in refining the process for identifying, managing, and mitigating strategic risks.

It should be noted that the CTUHB Quality, Safety and Risk Committee is only responsible for assuring WHSSC risks that would have previously been considered by the former Corporate Risk Committee, in particular risks relating to health and safety issues affecting members of staff. Quality and safety risks relating to services commissioned by WHSSC are monitored through the WHSSC Quality & Patient Safety Committee.

## 9. CORPORATE GOVERNANCE

In this chapter you will find the following:

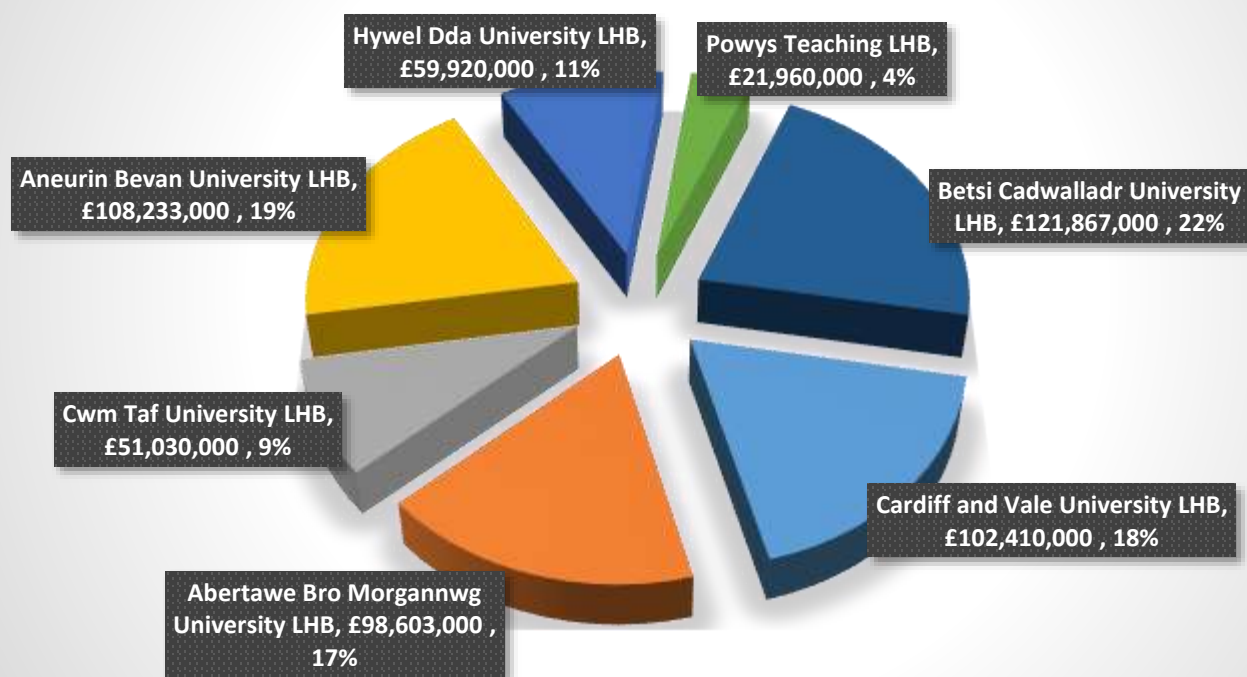
- The Annual Governance Statement
- Statement of Financial Position as at 31<sup>st</sup> March, 2018.

### **9.1 Annual Governance Statement (AGS)**

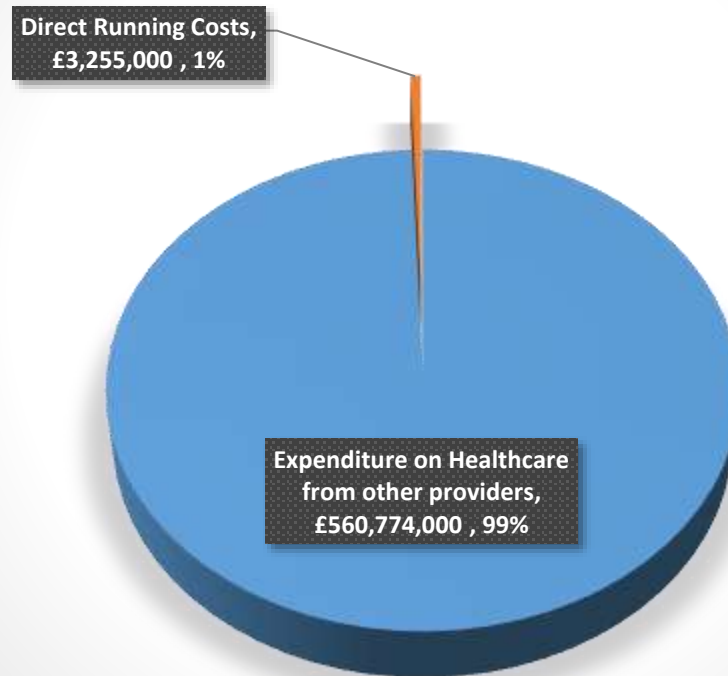
The AGS is a document explaining the processes and the procedures in place to enable WHSSC to carry out its functions effectively. The latest version of the AGS can be found in the publications section of the WHSSC website at: <http://www.whssc.wales.nhs.uk/annual-governance-statements>

## 9.2 Statement of Financial Position as at 31<sup>st</sup> March 2018

The Main Source of Funding Comes From Health Boards and Totals £564 million

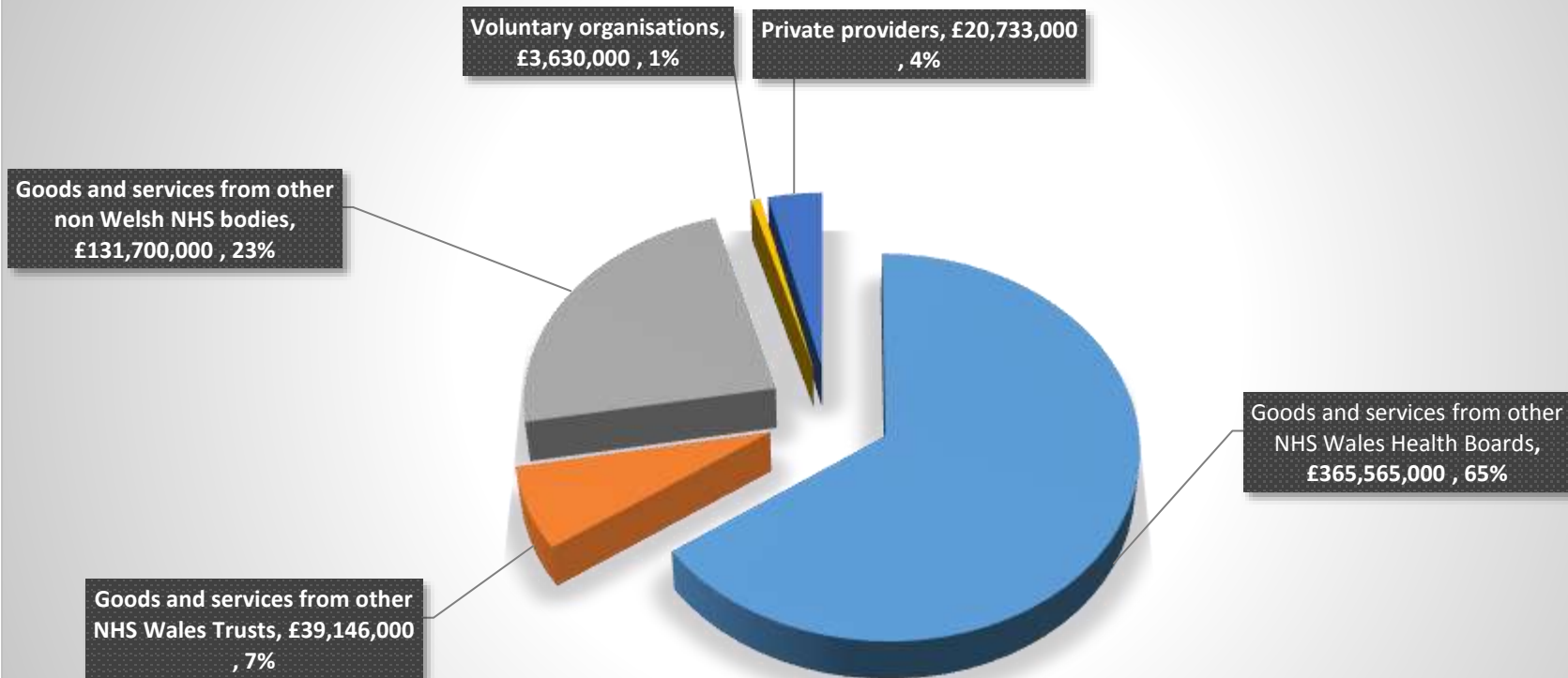


### The Operating Costs of WHSSC were £564 million

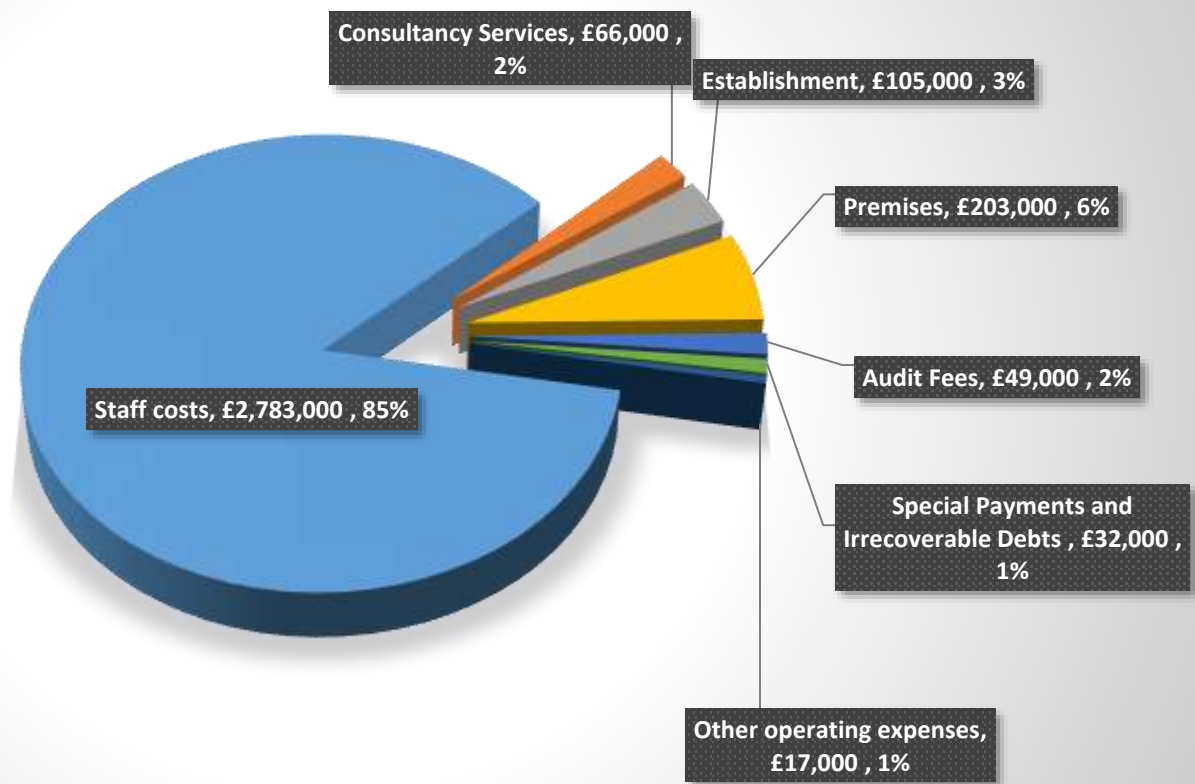




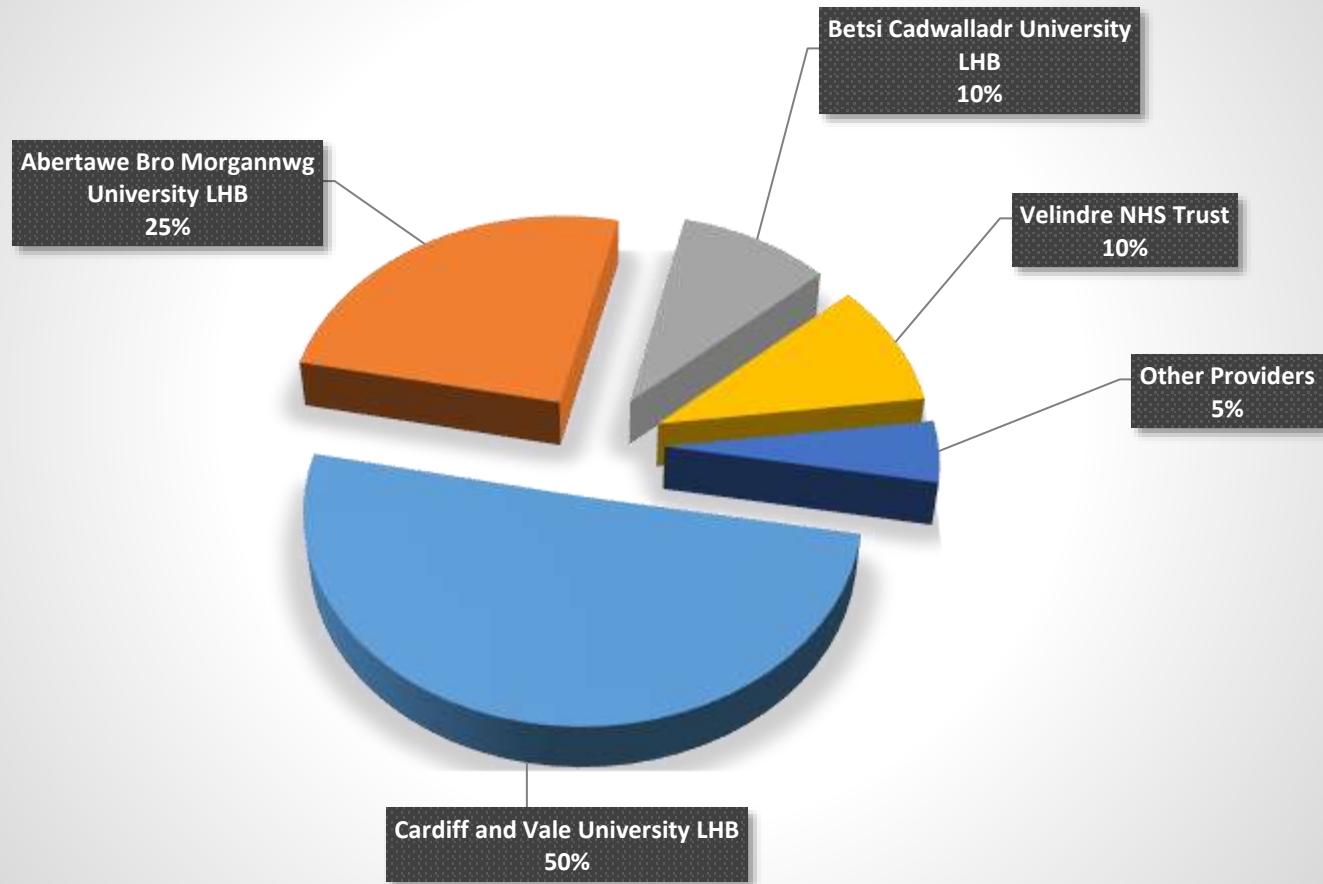
## Expenditure on Healthcare from other Providers



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



### WHSSC Spent £404.711m on Specialist Services Provided Within Wales



## **Appendices**

### **Appendix 1: WHSSC Executive Team**

#### **Chair**

##### **Professor Vivienne Harpwood**

Vivienne, who has a chair in the School of Law and Politics in Cardiff University, has a legal background, and was Course Director for more than 20 years of the LLM (Legal Aspects of Medical Practice) degree, the first Master's degree of its kind, which she established in 1987. She has researched widely and has published many articles and books on Medical Law and Tort, and was founding editor of Butterworth's Medico-Legal Reports and the journal Medical Law International. She has also practised as a barrister. Her career in the NHS began when she became a Non-executive Director of Velindre NHS Trust in 2002. From there she became Vice Chair of Cwm Taf University Health Board in 2009, and was appointed Chair of Powys Teaching Health Board in 2014. She has also chaired the All-Wales IPFR panel at WHSSC. Vivienne has participated in NHS strategy in an advisory role since the 1990s, when she was a member of the NHS Complaints Review Group, and later a panel member of the Independent Silicone Gel Breast Implant Review Group. In Wales, she was a member of the DNACPR Advisory Panel, and was also invited to give evidence to the Welsh Government's Health and Social Care Committee during the passage of the Human Transplantation (Wales) Bill 2013, as a member of the Expert Reference Group on organ donation.

#### **Managing Director**

##### **Dr Sian Lewis**

Dr Sian Lewis is Managing Director of Welsh Health Specialised Services Commissioning. Prior to taking up post as Managing Director, Sian was a consultant haematologist in Hywel Dda University Health Board. Sian has also held the role of Acting Medical Director of WHSSC. Previously she held medical management roles within Hywel Dda and a number of roles within the Wales Postgraduate Deanery. She has led on a number of major change management initiatives including remodelling A&E services within a district general hospital and establishing the first postgraduate medical education quality systems in Wales. She is a member of the GMC Quality Scrutiny Group and holds an MBA and a Postgraduate Certificate in Medical Education.

#### **Medical Director**

##### **Dr Jenny Thomas**

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

She has held managerial roles as Clinical Director of Neurosciences for 5 years and Clinical Board Director for Children and Women's services for 4 years. She has also supported the development of the major trauma network across mid and South Wales linking in with health boards to help develop their rehabilitation model and has supported Welsh Government in the development of the mass casualty planning.

Jenny grew up in West Wales, trained in Cardiff and has worked for Cardiff and Vale University Health Board since 2004. In her spare time she enjoys cooking, keeping fit and spending time with her family. She is a fluent Welsh speaker.

## **Deputy Medical Director**

### **Professor Iolo Doull**

Iolo trained at Southampton University and Great Ormond Street in London, where he became a paediatric specialist. After training in respiratory paediatrics, he was appointed Consultant Respiratory Paediatrician at the Children's Hospital for Wales. He holds a Degree of Doctor of Medicine (DM) in children's asthma.

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

He has an active research programme into respiratory diseases in children and cystic fibrosis and is an external advisor to the Cystic Fibrosis Trust and to the Medicines and Healthcare products Regulatory Authority (MHRA). Iolo was Chairman of the Respiratory Working Group of the Welsh Government's Children and Young Peoples Specialist services project (CYPSS), and is also chair of the Paediatric National Specialty Advisory Group which reports to the Welsh Government.

## **Director of Nursing & Quality**

### **Carole Bell**

Carole qualified as a midwife in 1987. She was the Clinical Director for Women & Children's Services in Hywel Dda University Health Board until September 2015. Carole has a Masters in Health Care Management from University of Wales, Swansea. She was appointed as an RCMG assessor for the MBRRACE-UK Confidential Enquiries into Maternal Death in 2013.

She has won a number of RCM National Midwifery awards for Midwifery led Care and capturing the patient experience. This year she was shortlisted for a RCN

Nurse of the Year Humanitarian award for her charitable work in Uganda. Her interests include running, skiing and spending time with her family and friends.

### **Director of Finance**

#### **Stuart Davies**

Having held Director level positions for both the NHS and Welsh Government for the last 15 years, Stuart has extensive experience of commissioning specialised health services in Wales. He has a 31 year career in Public Service with previous experience in Local Government, NHS England (former Regional Health Authority) and in NHS Acute, Community and Mental Health Services Trusts both in England and Wales.

Stuart is a Fellow of the Chartered Association of Certified Accountants and a member of the ACCA UK Health Panel (2014 panel award winner).

### **Director of Planning**

#### **Ian Langfield**

Ian is the Acting Director of Planning at WHSSC, and leads a team of experienced health service planners in the planning of specialised and highly specialised services for the population of Wales.

Ian started work in the NHS in the early 1980s, and over the last 30 years he has worked in a number of clinical and managerial roles across NHS Wales and Welsh Assembly Government. For the last fifteen years, he has worked in the commissioning and planning of specialised services.

Ian holds an MSc in Health Services Management from Cardiff University.

### **Committee Secretary**

#### **Kevin Smith FCIS**

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

Kevin was Company Secretary at Heart of England NHS Foundation Trust from August 2013 and at Telent Limited from September 2006. Prior to that he worked at Marconi Corporation plc, Kalamazoo Computer Group plc, McKechnie plc, John Wood Group plc, Evered Bardon plc and Birmid Qualcast plc over a period of 20 years. His private sector career spanned the aggregates, engineering, IT, and utilities sectors. He is also a non-executive director of the corporate trustee of the GEC 1972 Pension Plan, which has assets of around £4bn and 40,000 members.

## **Appendix 2: Joint Committee Members**

### **Chair**

#### **Professor Vivienne Harpwood**

Vivienne, who has a chair in the School of Law and Politics in Cardiff University, has a legal background, and was Course Director for more than 20 years of the LLM (Legal Aspects of Medical Practice) degree, the first Masters degree of its kind, which she established in 1987. She has researched widely and has published many articles and books on Medical Law and Tort, and was founding editor of Butterworth's Medico-Legal Reports and the journal Medical Law International. She has also practised as a barrister. Her career in the NHS began when she became a Non-executive Director of Velindre NHS Trust in 2002. From there she became Vice Chair of Cwm Taf University Health Board in 2009, and was appointed Chair of Powys Teaching Health Board in 2014. She has also chaired the All-Wales IPFR panel at WHSSC. Vivienne has participated in NHS strategy in an advisory role since the 1990s, when she was a member of the NHS Complaints Review Group, and later a panel member of the Independent Silicone Gel Breast Implant Review Group. In Wales, she was a member of the DNACPR Advisory Panel, and was also invited to give evidence to the Welsh Government's Health and Social Care Committee during the passage of the Human Transplantation (Wales) Bill 2013, as a member of the Expert Reference Group on organ donation.

### **Independent Members**

#### **Vice Chair**

#### **Lyn Meadows**

Lyn Meadows is an Independent Member at Betsi Cadwaldr UHB.

She has been the HR Director at Bangor University since March 2008. Within her role in Betsi Cadwaladr UHB she has the responsibility for the strategic direction of both the operational side of HR and staff development.

Lyn has extensive experience in the public sector specifically managing change and fostering good employment relations. Between 2008 and 2014 Lyn was a Non-Executive Director at Wirral University Teaching Hospital. She took a lead Non-Executive role with the Quality and Safety agenda and Chaired the Partnership Forum.

Lyn has a Masters in Business Administration, a law degree and is a fellow of the Chartered Institute of Personnel Development.

Chris Turner

Chris Turner is an Independent Member at Cwm Taf UHB where he is the independent member lead for information governance and Chair of the Audit Committee.



He was previously the University nominated member for Cwm Taf and prior to that service on the Pontypridd and Rhondda NHS Trust. He was born and brought up in Aberdare and was educated locally and then at Aberystwyth University where he studied history, including Welsh history. He has been an administrator at Bangor and Aberystwyth universities and from 1996 to 2004 was Secretary of the University of Wales College of Medicine. After 2004 he worked at Cardiff University where he was both Academic Registrar and Director of Governance, prior to his retirement in 2015.

Chris has a particular interest in health education, public health and governance generally. He lives near Cowbridge and, as well as continuing to pursue research into aspects of Welsh social history, he is an avid (and long suffering) supporter of Cardiff City FC.

### **LHB Chief Executives**

#### **Tracy Myhill– Abertawe Bro Morgannwg UHB**

Tracy joined ABMU on 1st February, 2018. She was formerly the Chief Executive of the Welsh Ambulance Service Trust (WAST) and has worked within the NHS in Wales for over 30 years. She has worked in several Board roles including Deputy Chief Executive, Executive Director and National Director in a range of healthcare and government settings.

#### **Judith Paget – Aneurin Bevan UHB**

Judith is the Chief Executive of Aneurin Bevan UHB. Judith has worked in the NHS since 1980. During the 1980s she undertook various operational roles in hospitals within the Gwent area leaving Gwent in 1990 to take up a post with East Dyfed Health Authority. She was subsequently appointed Director of Planning for Llanelli Dinefwr NHS Trust where she remained until 1996 when she joined Iechyd Morgannwg Health Authority to establish the Locality Team in Bridgend. In 2000, Judith returned to Gwent as the General Manager of Caerphilly Local Health Group and was subsequently appointed the Chief Executive of Caerphilly Local Health Board. In August 2007 she was seconded as Interim CEO of Powys Teaching Local Health Board where she remained until October 2009.

Judith joined Aneurin Bevan Health Board as Director of Planning and Operations on 1st October 2009 and subsequently became Chief Operating Officer/Deputy CEO of the Health Board. Judith was appointed Chief Executive in October 2014.

#### **Gary Doherty– Betsi Cadwaladr UHB**

Gary joined the Betsi Cadwaladr UHB as Chief Executive in February 2016, having previously held the post of Chief Executive of Blackpool Teaching Hospitals NHS Foundation Trust.

Originally from North Yorkshire, he studied Politics and Economics at Newcastle



University before joining the NHS Management Training Scheme in the West Midlands. He has worked in health services ever since, mainly in acute hospitals as well as a period working with the Department of Health.

Married and with three children, outside work he is passionate music fan, playing drums in two bands, and to keep fit he runs, cycles and plays tennis.

### **Len Richards – Cardiff and Vale UHB**

Len is Chief Executive of Cardiff and Vale UHB. He is an established NHS leader in the UK and internationally and has worked in the health sector for over 30 years. Prior to his move to Cardiff and Vale UHB, his role was Deputy Chief Executive of South Australia Health, which had a focus on system performance and delivery for the Australian Government.

Len has extensive expertise in leading and delivering healthcare management and working in partnership with a range of healthcare providers, including the commercial sector, to produce evidence based results – all improving quality and supporting patient care.

Len is a globally recognised leader in service transformation and reconfiguration and has delivered Foundation Trust status at an English hospital. He has successfully driven some of the largest NHS mergers of hospitals and services in England: at St Barts Health, and Manchester Children’s Hospital, with Central Manchester NHS Trust.

Married with three grown up children, Len is a keen skier and scuba diver and describes himself as "a fanatical Newcastle United Football Club supporter."

### **Allison Williams – Cwm Taf UHB**

Allison is the Chief Executive of Cwm Taf UHB. Born and brought up in Swansea, Allison started her NHS career in London where she graduated with a BSc (Hons) Nursing in 1989. Her early clinical career in women’s health led her to take up a lecturing post in Southampton University from where she returned to Wales in the early 1990’s as a Genetic Counsellor based in Cardiff. For several years she combined her clinical practice and lecturing activities with an expanding general management portfolio before deciding to step into a full-time management career in 1995.

From an Associate Director post on the Board of Cardiff and Vale NHS Trust Allison moved to Edinburgh in 2000 and returned again to Wales in 2003 to take up post as Chief Executive of Ceredigion and Mid Wales NHS Trust. Between 2008 and 2009 Allison worked in the Strategy Unit of the Welsh Assembly Government Department of Health and Social Services and then as Interim Chief Executive at Velindre NHS Trust.

In 2011 Allison became Chief Executive of Cwm Taf Health Board. She is

passionate about high quality patient care, clinical leadership and empowering staff to deliver.

### **Steve Moore – Hywel Dda UHB**

Steve is the Chief Executive of Hywel Dda UHB.

Steve has extensive experience in both the health and social care sectors and was previously Consulting Director for Health and Social Care Policy for a global multi-disciplinary consultancy firm ICF International. Prior to this, he was Chief Executive for NHS Cornwall and Isles of Scilly Primary Care Trust (PCT) and, following NHS reorganisation, was appointed Chief Executive of the both Cornwall and Devon PCT clusters which include NHS Plymouth, NHS Devon and Torbay Care Trust. More recently he was Director of the NHS England Area Team covering Devon, Cornwall and the Isles of Scilly.

### **Carol Shillabeer - Powys THB**

Carol was appointed Chief Executive of Powys THB in March 2015, after spending five years as Nurse Director at the Health Board.

With a background in both senior clinical and managerial posts, Carol has varied service experience including women and children's services, mental health and general medicine. She also has an extensive background in partnership working and is committed to shaping and delivering better services and outcomes for people as a result.

Carol is also currently the Vice Chair of the Nursing and Midwifery Council, the professional regulator of nurses and midwives in the UK, as the registrant Member for Wales. She has a Masters degree in Health Service Management and is a former Florence Nightingale Foundation Leadership Scholar.

## **Chief Executive Public Health Wales**

### **Tracey Cooper**

Tracey joined Public Health Wales as Chief Executive in June 2014.

Prior to joining Public Health Wales, Tracey had been the Chief Executive of the Health Information and Quality Authority (HIQA) in the Republic of Ireland since 2006.

Tracey qualified as a doctor at Southampton University in 1990. Her career has included working clinically in emergency medicine, emergency care services and health system reform. She has worked in, and advised on, a variety of different health systems in different parts of the world.

In 2008, Tracey joined the Board of the International Society for Quality in Health Care (ISQua) and became its President in 2011 completing her Immediate Past President position in October 2015.

### **Vice Chair of the Cardiff and Vale university Health Board**

#### **Charles Janczewski**

Jan was brought up in Swansea and was educated at Bishop Gore Grammar School.

Qualified with an ACIB from the Institute of Bankers, he is a retired Local Director having worked at Lloyds Bank for 30 years and subsequently as an independent business consultant.

He has considerable experience of working as an independent board member within NHS Wales including the role of Vice Chair, and looks forward to undertaking the Vice Chair role for Cardiff and Vale University Health Board.

### **WHSSC Officers**

#### **Managing Director of Specialised and Tertiary Services Commissioning**

##### **Dr Sian Lewis**

Dr Sian Lewis is Managing Director of Welsh Health Specialised Services Commissioning. Prior to taking up post as Managing Director, Sian was a consultant haematologist in Hywel Dda University Health Board. Sian has also held the role of Acting Medical Director of WHSSC.

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

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## **Committee Secretary**

### **Kevin Smith FCIS**

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