

# WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)

## ANNUAL REPORT

2018-19

*"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.

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

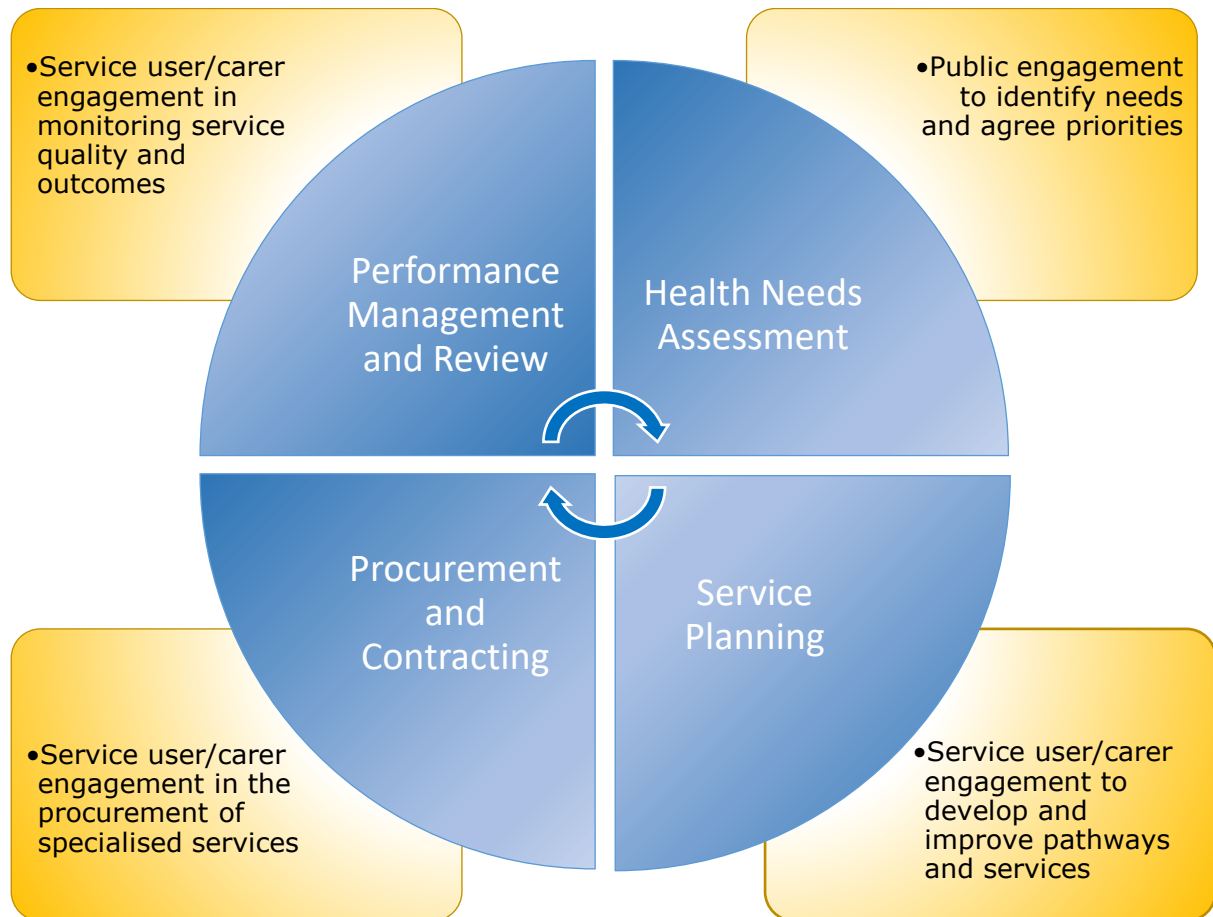
### **1.1 The Role of WHSSC**

WHSSC's role is to:

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

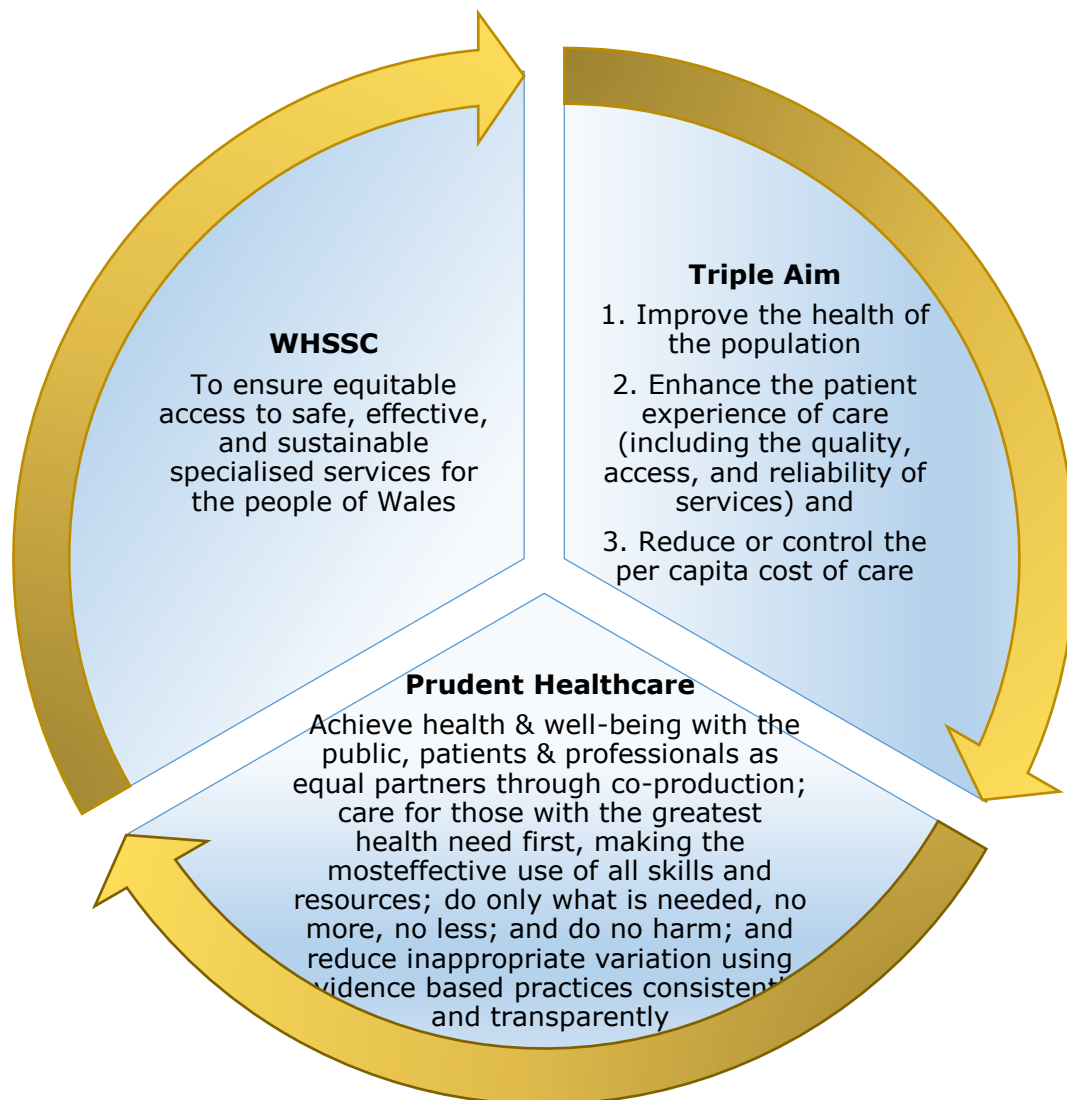
All of this work is undertaken on a cyclical basis with ongoing engagement with patients, service users and professionals. WHSSC's commissioning cycle is shown in the following diagram:

**Diagram 1 – WHSSC Commissioning Cycle**



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

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



## 1.2 Our Values

A major piece of work to develop the WHSS Team's corporate values was undertaken during the year and resulted in the launch of the values on the 5th July 2018 the 70th birthday of the NHS. The development of the values involved a process of engagement using one to one conversations, detailed behaviour feedback and workshops.



The values agreed for the organisation are shown in the figure below.

Figure 1: Values of WHSSC launched in July 2018



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

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

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

In order to explain the relative scale of WHSSC compared to the services that it commissions on behalf of the LHBs, *Diagram 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 CTMUHB 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 Executive Team is led by its Managing Director, **Dr Sian Lewis**. Prior to taking up post as Managing Director, Sian was a consultant haematologist in Hywel Dda University Health Board. Sian also previously held the role of Acting Medical Director of WHSSC.

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

### **Carole Bell - Director of Nursing & Quality Assurance**

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

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

She has won a number of RCM National Midwifery awards for Midwifery led Care and capturing the patient experience. This year she was shortlisted for a RCN Nurse of the Year Humanitarian award for her charitable work in Uganda.

### **Stuart Davies - Director of Finance**

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.

### **Professor Iolo Doull - Deputy Medical Director**

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

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

### **Karen Preece - Director of Planning**

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

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

### **Kevin Smith - Committee Secretary**

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.

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

### **Dr Jenny Thomas - Medical Director**

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

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

## **2. THE JOINT COMMITTEE**

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

The Joint Committee makes formal decisions about the commissioning of services and is a Statutory Sub-Committee of each of the LHBs in Wales. An Independent Chair, appointed by the Minister for Health and Social Services leads the Joint Committee. The Chair is supported by three Independent Members, (one of whom is the Vice Chair) the LHB Chief Executives, Associate Members and the WHSSC Officers (as 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.

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 CTMUHB. Under the terms of the establishment arrangements, CTMUHB 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***

#### **Independent Members**

Chair – Professor Vivienne Harpwood

Charles Janczewski

Lyn Meadows

Chris Turner

The following Independent Members have joined since the end of 2018-19

Paul Griffiths

Ian Phillips

### **Local Health Board Chief Executives**

Gary Doherty – **Betsi Cadwaladr UHB**

Alison Williams<sup>1</sup> – **Cwm Taf Morgannwg UHB**

Steve Moore – **Hywel Dda UHB**

Tracy Myhill – **Swansea Bay UHB**

Judith Paget – **Aneurin Bevan UHB**

Len Richards – **Cardiff and Vale UHB**

Carol Shillabeer – **Powys THB**

### **Officer Members**

Dr Sian Lewis – **Managing Director**

Carole Bell – **Director of Nursing & Quality Assurance**

Stuart Davies – **Director of Finance**

Dr Jenny Thomas – **Medical Director**

### **Associate Members**

Tracey Cooper – **Chief Executive Public Health Wales NHS Trust**

Steve Ham – **Velindre University NHS Trust**

Jason Killens – **Welsh Ambulance Service NHS Trust**

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

The Joint Committee has established [five joint sub-committees](#) in the discharge of its functions:

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

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<sup>1</sup> Dr Sharon Hopkins Interim CEO from July 2019

The **All Wales Individual Patient Funding Request (IPFR) Panel (WHSSC)** holds delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a health board has agreed to routinely provide.

The **Integrated Governance Committee** scrutinises evidence and information brought before it in relation to activities and potential risks which impact on the services provided and provides assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across the organisation.

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

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

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

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

The Integrated Commissioning Plan for Specialised Services for Wales 2018 – 21 (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 (ICP) is available via the strategies and plans section of our publications page on our website:

<http://www.whssc.wales.nhs.uk/strategies-and-plans>

## 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 2018-19:



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

<b>Adult Mental Health</b>
High secure psychiatric services
Medium secure psychiatric services
Specialised gender identity services
Specialised eating disorder services (Tier 4)
Mental health services for deaf people (Tier 4)
Perinatal services
Gender
CAMHS (Child and Adolescent Mental Health Services) Tier 4 only
<b>Cardiac Services</b>
Cardiac transplantation (including implantable ventricular assist devices)
Cardiac electrophysiology and ablation services
Congenital heart disease – Paediatric and Adult
Interventional Cardiology (TAVI, Complex Devices, Primary Percutaneous Coronary Intervention and Primary Coronary Intervention)
Pulmonary Hypertension
Fetal Cardiology
ECOM (Respiratory)
Cardiac Surgery
Paediatric cardiology and cardiothoracic surgery
<b>Cystic fibrosis (Paediatric and Adult)</b>
<b>Bariatric Surgery</b>
<b>Cancer and Blood</b>
Sarcoma
BMT
Liver cancer surgery
Brachytherapy
Cryotherapy
PET scanning
Extra corporeal photopheresis
Neuroendocrine tumours
Children and Young people's
Lymphoma Panel
Pseudomyxoma Peritonei
Cutaneous Lymphoma
Proton Beam Therapy
Radionuclide therapy
Stereotactic radiosurgery

<b>Cancer and Blood</b>
Clinical genetics
Laboratory genetics
<b>Paroxysmal Nocturnal Haemoglobinuria</b>
Haemophilia, rare bleeding and thrombotic disorders
Welsh Blood Services
<b>Plastic Surgery</b>
Plastic surgery
Cleft lip and palate
<b>Thoracic surgery</b>
Surgery on the lungs and thoracic cavity and walls excluding cardiac surgery.

<b>Neurosciences and Long Term Conditions</b>
Neurosurgery Emergency and elective neurosurgery (including stereotactic radiosurgery)
Neuroradiology (diagnostic and interventional undertaken by neuroradiologists)
Neurorehabilitation
Spinal rehabilitation
Neuropsychiatry
<b>Artificial Limbs and Appliances Service</b>
Wheelchair and special seating
Prosthetics
Orbital prosthetics
Electronic assistive technology
Alternative Augmentative Communication (AAC)
<b>Intestinal Failure and Home Parenteral Nutrition</b>
<b>Immunology for Primary Immuno Deficiency only</b>
<b>Long term invasive ventilation in the community</b> (provision of equipment and consultant support)
<b>Long term Ventilation Unit</b> being established in University Hospital Llandough
<b>Hyperbaric Oxygen Therapy</b>
<b>Burns services</b>
<b>Paediatric neurosciences</b> (including neurosurgery, paediatric neurology, complex disability and rehabilitation)

<b>Women's and Children's services</b>
Neonatal intensive care and high dependency services
Paediatric intensive care and retrieval
Paediatric nephrology, including renal replacement therapy
Paediatric gastroenterology/ hepatology/ nutritional support
Paediatric oncology
Paediatric haematology
Paediatric immunology

<b>Women's and Children's services</b>
Paediatric pathology
Paediatric endocrinology and diabetes
Paediatric rheumatology
Paediatric specialised dermatology
Paediatric surgery
Paediatric burns & plastic surgery
<b>Inherited Metabolic Disease (IMD) Service (Adult and Paediatric)</b>
<b>All Wales Medical Genomic Service</b>
<b>Women's Health</b>
Pre- implantation genetic diagnosis
Specialist infertility services involving in-vitro techniques
Fetal Medicine
<b>Cochlear Implants</b>
<b>Cleft lip and palate</b>
<b>Neotal transprt</b>
<b>Renal</b>
Haemodialysis
Home Haemodialysis
Home Peritoneal Dialysis
Transplantation
Dialysis Transport
Vascular Access
Renal Transport

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

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

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

The following provides an overview of the WHSSC commissioning teams' key achievements during 2018-19:

### ***Cancer and Blood***

- New indications for PET CT (All Wales): Funding was approved within the WHSSC 2018-21 ICP to ensure that commissioned PET capacity was put in place to meet the expected underlying growth in demand, ensure waiting times target for PET-CT (10 days) and cancer treatment (62/31 day targets) continue to be achieved and ensure equity in access to PET-CT for Welsh patients compared with patients elsewhere in the UK.

### ***Cardiac Services***

- Cardiac Ablation for Atrial Fibrillation and Ventricular Tachycardia (south Wales): Funding was approved for both SBUHB and C&VUHB for Cardiac Ablation in order to reduce inequity and improve access to the procedure.
- Percutaneous Balloon Pulmonary angioplasty for chronic thromboembolic pulmonary hypertension (All Wales): Funding was approved which has enabled Welsh patients with chronic thromboembolic pulmonary hypertension to access this treatment at Papworth Hospital.
- Cystic Fibrosis: Funding was approved for Multi-disciplinary staff to undertake satellite Cystic Fibrosis clinics across south Wales and support the current inpatient ward.

## ***Neurosciences and Long term Conditions***

- Alternative Augmentative Communication (AAC) Aids (All Wales): Funding was approved which allowed for the all Wales service to recurrently provide specialised communication aids for patients.
- Replacement of Obsolete Wheelchairs programme (south Wales): Funding was approved to allow the south Wales wheelchair service to instigate a planned replacement programme for two types of wheelchairs that had been deemed obsolete by the manufacturer and would not have parts available for it within the next few years.
- Introduction of 5ALA (south Wales) -5-Amino-levulinic Acid (5-ALA) is a treatment taken orally by patients with high grade tumours several hours ahead of surgery. During surgery the surgical team use ultraviolet light to identify cancerous tumour cells which glow pink as a result of 5-ALA. This enables the surgeon to resect more cancerous tissue and less healthy tissue which can have a positive effect on the symptoms and side effects that a person experiences after treatment. Following NICE final guidance being published on 11<sup>th</sup> July 2018, funding for the treatment was made available in the Neurosurgical Centre in Cardiff for patients across south and mid Wales (it was already available in all of the English Neurosurgical centres).

## ***Women and Children***

- Porphyria (All Wales): Porphyrias are a group of 8 inherited metabolic disorders that affect the production of haem (used in haemoglobin and cytochrome P450 enzymes in the liver) which can lead to patients experiencing acute attacks that lead them to be hospitalised. Funding was provided in the 2018-21 ICP for the out of hours Porphyria service, ensuring that clinicians caring for patients experiencing an acute Porphyria attack, admitted to any hospital across Wales, have consistent access to specialist advice and treatment and access to the haem arginate, which is the specific treatment for such an attack.

## ***Renal***

- Collaboration with BCUHB to redesign service model for UHD and complete 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.
- Collaboration with Cardiff and Vale to develop the service model redesign and complete refurbishment of the UHD main unit.
- Collaboration with Powys LHB to expand 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.
- Contract refresh of national home therapies framework to ensure service consistency and VFM opportunities across Wales.
- Development and agreement of service standards for transport for dialysis patients and collaboration with EASC to develop new commissioning model for NEPTs.
- Continuous service improvements to IT national systems for automated reporting and audit across Wales.
- Installation of Electronic Prescribing and Medicines Management (EPMA) in all Dialysis Units in South West Wales.
- Collaboration with Swansea University to deliver Degree/Master level Renal Nursing module on an annual basis.
- Design and implementation of Quality Assurance Framework for monitoring dialysis service position across Wales.
- Establishment of Health and Wellbeing Reference Group to provide Allied Health Professionals, Psychology and Research input into the WRCN Board.
- In order to ease the pressure on dialysis capacity, the Wales Renal Clinical Network has funded initiatives to increase access to renal transplant services. By listening to patient needs, funding has been made available to enhance specialist dietetic and psychology provision for both pre and post-transplant patients.
- During 2018-19, there has been significant growth in the numbers of renal transplants undertaken, with the unit in Cardiff providing 119 transplants during this time against a planned baseline of 100, while for North Wales residents, the unit in the Royal Liverpool and Broadgreen Trust undertook 32 transplants against a baseline of 29. Both centres have been able to maintain very low waiting lists

throughout this period and can evidence that access to, and availability of, renal transplant services is equitable across Wales.

- In collaboration with Welsh Government and Cardiff and Vale, the development of protocols and assurance framework to enable Wales to be the first of the home nations to stand ready to accept Hepatitis C+ kidney donations to transplant into Hepatitis C- recipients.
- Deputy Clinical Lead and Lead Nurse assumed leadership role following award of research funds to gain fuller understanding into the shared decision making processes relating to patient choice of dialysis modality.
- Delivery of Advanced Care Planning training for Nurses and other members of the MDT.
- Delivery of Serious Illness Conversations training for Nurses and other members of the MDT.
- Delivery of 'Living Well with Kidney Disease' Roadshow in BCUHB, ABMU and CVUHB areas and at the Transplant Games in Newport.

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

IPFRs are requests to a Health Board or WHSSC to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a Health Board has arranged to routinely provide or commission.

IPFR requests received by WHSSC are considered by the All Wales Panel. The Panel normally meet in person on a monthly basis.

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

## **5. WORKFORCE AND ORGANISATION DEVELOPMENT**

The Joint Committee has again acknowledged that the organisation has expertise in commissioning and in 2018-19, 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 are 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 is reviewing 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**

The WHSS Team WTE has remained the same as in 2017-18.

#### ***Recruitment of the Quality Assurance Team***

In December 2018, WHSSC set about recruiting a Quality Assurance Team. A recruitment drive took place and the final member of the Team took up post in March 2019. The team is made up of five members who bring with them a wealth of professional experience and clinical knowledge. They come from a range of different backgrounds, such as Mental Health, Neurological Research, Care Assessments, Midwifery, Women and Children.

The team includes a Head of Quality and Patient Care, a Quality Lead for Mental Health, two Quality Leads working with the Commissioning teams, and an administration support worker. The Quality Assurance team will strengthen the focus on quality monitoring and improvement in all commissioned services, to further enhance and support the Patient experience.

The Quality Assurance team is being supported and further developed by WHSSC's Director of Nursing and Quality Assurance with whom they all work closely.

### **5.2 Staff Engagement**

Over the course of the last year, the WHSS team has undertaken work to strengthen staff engagement throughout the organisation. Staff meetings are held at least every two months. These provide employees at all levels in the organisation opportunities to be updated and share information.

Encouragingly, the recent All Wales NHS Staff Survey had an excellent response rate within the organisation with 78% of non-medical staff (with



the medical staff taking part in their primary employer HB) taking part. This showed high levels of staff satisfaction with their jobs:

- More people in WHSSC look forward to going to work than in NHS Wales in general (76% compared with 60%)
- More people in WHSSC are enthusiastic about their job than NHS Wales in general (85% compared with 73%)
- More people in WHSSC are proud to work for WHSSC than the NHS in general (80% compared with 72%). This was a big improvement from 2016 when only 40% of staff reported they were proud to work for the organisation.
- No-one felt that their role doesn't make a difference to patients

The survey did also identify some dissatisfaction with team working and an action plan is currently being developed with staff. A lower percentage of staff reported having experienced bullying than the NHS in Wales average (13% compared with 17%) although we still wish for this percentage to reduce further.

### **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 CTMUHB to ensure that they are aware of the changes to the All Wales Sickness policy and have the skills to implement them.

### **5.5    *Development of Clinical Leadership***

Both the Good Governance Institute and Health Inspectorate Wales reviews (2015) included the need to strengthen clinical leadership, clinical credibility and clinical engagement within the WHSS Team. This has been core to our strategic focus and significant steps have already been undertaken to deliver this. The five Associate Medical Directors aligned to the commissioning teams 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, challenging the way in which Neonatal

services are delivered in south Wales and addressing clinical and performance concerns in one of our CAHMS units.

Part time Medical and Deputy Medical Directors took up post in the first quarter of 2018-19. These are key appointments in taking forward the WHSS Team strategy. The Deputy post focuses on the prioritisation, evidence evaluation and rare diseases portfolio and the Medical Director on the performance management, quality outcomes and strategic review.

## **5.6 Training Opportunities**

The organisation has made a number of training opportunities available to staff. These include the Healthcare Financial Management Association (HFMA) modules for non-finance staff which are being undertaken by staff within the Clinical and Planning team and the Academi Wales Senior Leadership course which is being undertaken by staff at Assistant Director level. We also have a number of staff undertaking master's level qualifications. At Director level we are providing executive coaching and have provided professional development opportunities in Value Based Healthcare. One of our Associate Medical Directors is due to undertake a coaching qualification to allow us to provide an "in-house" resource for future staff development.

## **5.7 External Training and Development**

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

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

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

The WHSS Team was successful in its bid for a Welsh Clinical Leadership Fellow who took up post in August 2018 and is leading on a review of Pulmonary Hypertension Services. This is a complex initiative looking at an extremely high cost service of around £6m involving English providers and challenging patient pathways. WHSSC has also achieved training status for Public Health trainees. We are also actively engaged 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 fourteen Graduate Managers undertaking placements with us and gaining an understanding of Specialised Services and how they are commissioned. Trainees from the NHS Wales Graduate Training Scheme have also undergone placements with WHSSC from both a General Management and Finance perspective. In addition the Finance Directorate has established apprenticeship posts.

## 6. QUALITY

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

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

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

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

Ensuring that the patient is at the heart of all aspects of the commissioning cycle is fundamental to the delivery of a safe and effective service and is essential in supporting the delivery of prudent health care. Capturing patient experience and using it in conjunction with quality indicators is key to informing quality improvements and establishing key relationships with commissioners and providers. Further support and development in this area is recognised as an essential aspect of care and service delivery.

The Quality Assurance Team aims to capture patient experiences and to share these with Clinical staff in order to inform and improve service delivery. The team will also look to establish clear forums on ways in which services can showcase examples of best practice which in turn will help inform and support commissioners, other clinical areas, and the Joint Committee.

The team are establishing closer links with LHBs and developing key working relationships with providers, Quality, Safety and Experience Assurance Committees (QSEACs) and with teams both internal and external to WHSSC. Existing measures used to maintain performance standards in and around service delivery and monitoring, such as the Quality Assurance Framework and escalation processes, are being revisited with the aim of improving standardisation, transparency, and understanding with LHBs and their QPS Committees.

The QPS Committee goes from strength to strength with membership garnering support from the LHBs, and Independent Members from each QSEAC attending meetings alongside Community Health Council representatives who provide guidance and assurance.

## 7. CONCERNS

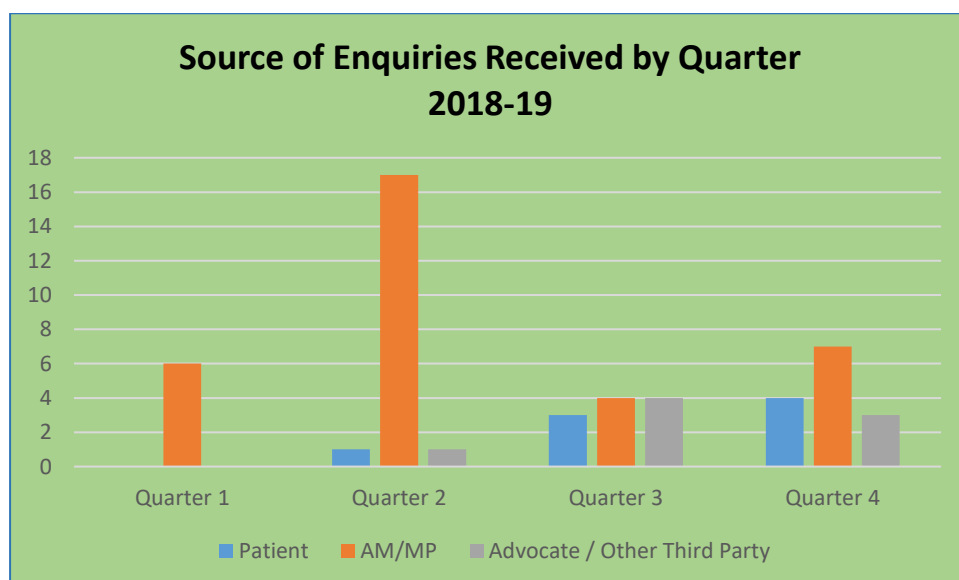
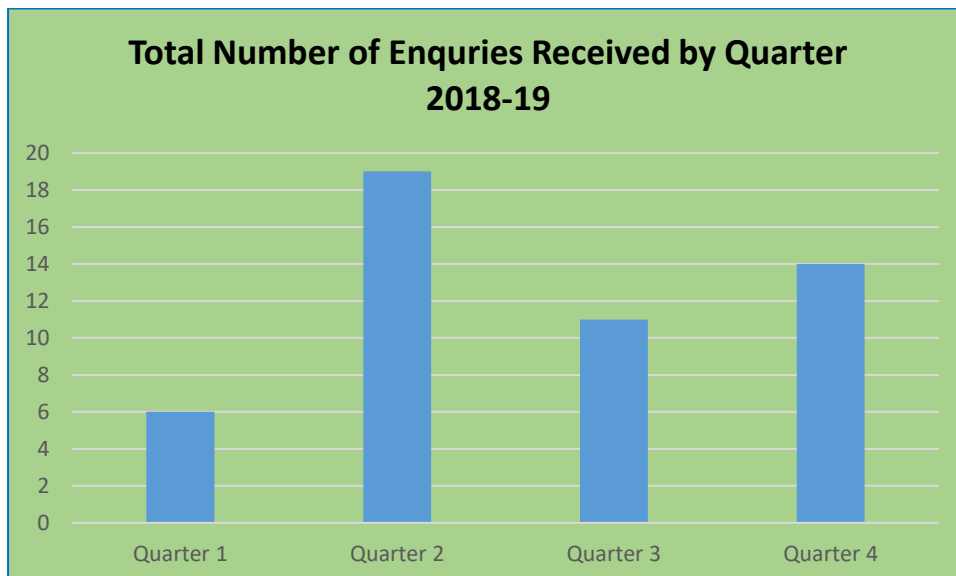
Concerns are comprised of the reports of incidents, complaints and claims received by WHSSC. WHSSC collates a range of complaints information that directly or indirectly relates to WHSSC commissioned services. For example, we routinely store case information shared with us by the Public Services Ombudsman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

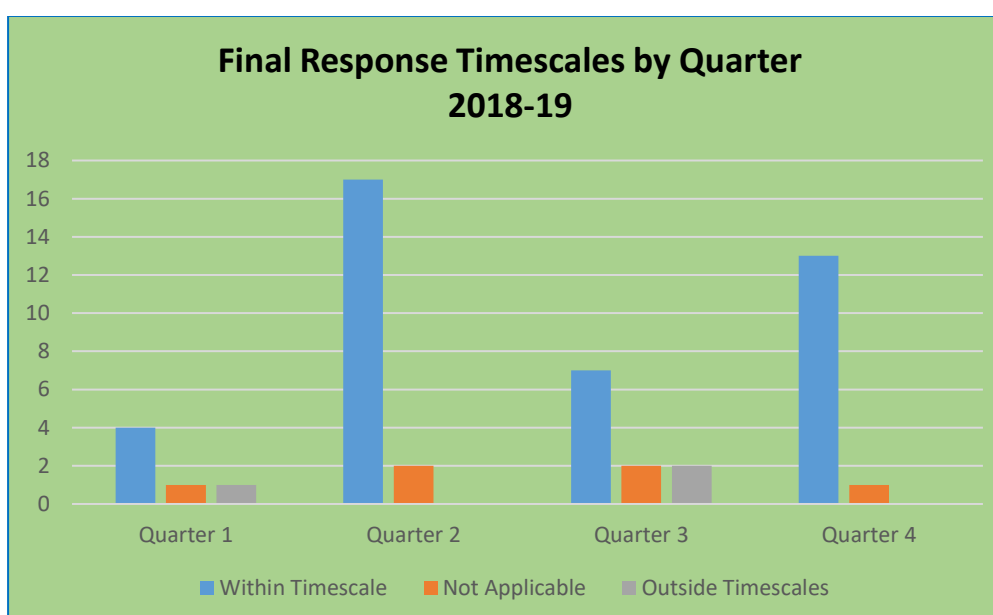
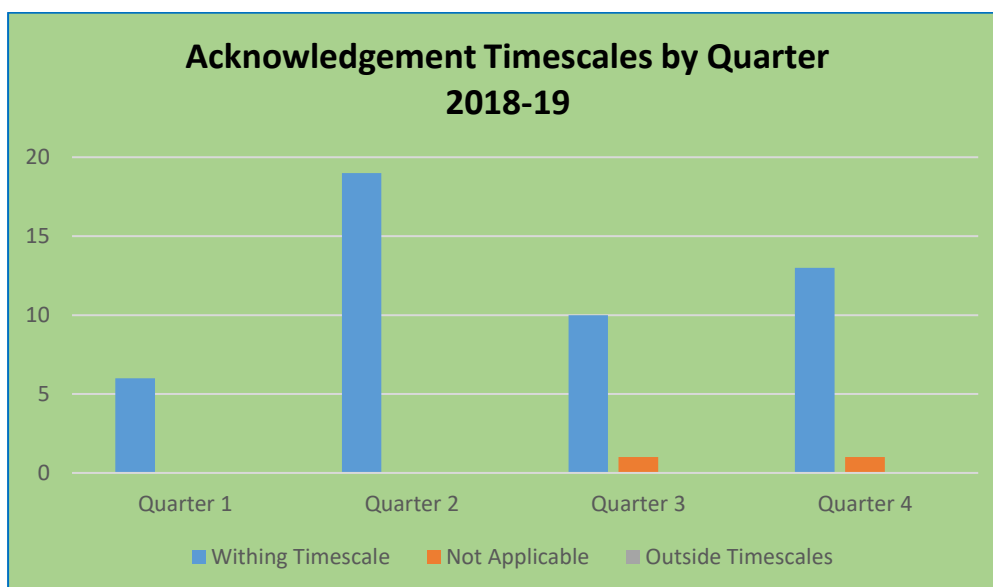
WHSSC works with the LHBs in the management of concerns to ensure that service users and patients, who notify either the LHB or WHSSC, are provided with a detailed response. Concerns are dealt with in line with the all-Wales Putting Things Right arrangements and in line with the WHSSC Concerns Protocol.

During the course of 2018-19, 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 2018-19 were both acknowledged and fully responded to within the required timescales.

The charts below provide an illustration of this information:







## **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 CTMUHB, 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.

### **8.2 The Risk and Assurance Framework**

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

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

It is for the Joint Committee, through the joint sub-committees, 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 strategic objectives.

The CRAF is informed by risks identified at a Programme, Network, Directorate and Executive level. Each risk is allocated to an appropriate committee for assurance and monitoring purposes, i.e. Joint Committee, Audit Committee, Quality and Patient Safety Committee, and the CTMUHB

Quality, Safety and Risk Committee. The CRAF is received by the joint sub-committees as a standing agenda item. The Joint Committee receives the CRAF twice yearly.

Under the hosting agreement with CTMUHB, WHSSC complies with the Health Board's Risk Management Policy and Risk Assessment Procedure for health and safety risk.

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.

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

WHSSC has established an Internal Risk Group which monitors the organisations internal risk processes and where necessary makes recommendations to strengthen systems and gain a consistent understanding across the senior management team and improve the way in which risks are reported and managed within the organisation. The Internal Risks Group continues to lead the ongoing work to develop a system of triangulation between the Corporate Risk and Assurance Framework, the Integrated Commissioning Plan Risk Management Framework (as detailed in section 8.2), the WHSSC Escalation Process and Quality reporting.

The WHSS Team continues to review and test its Business Continuity Plan.

## **9. CORPORATE GOVERNANCE**

In this section you will find the following:

- A link to the Annual Governance Statement
- Summary of Financial Position for the year ended 31 March 2019.

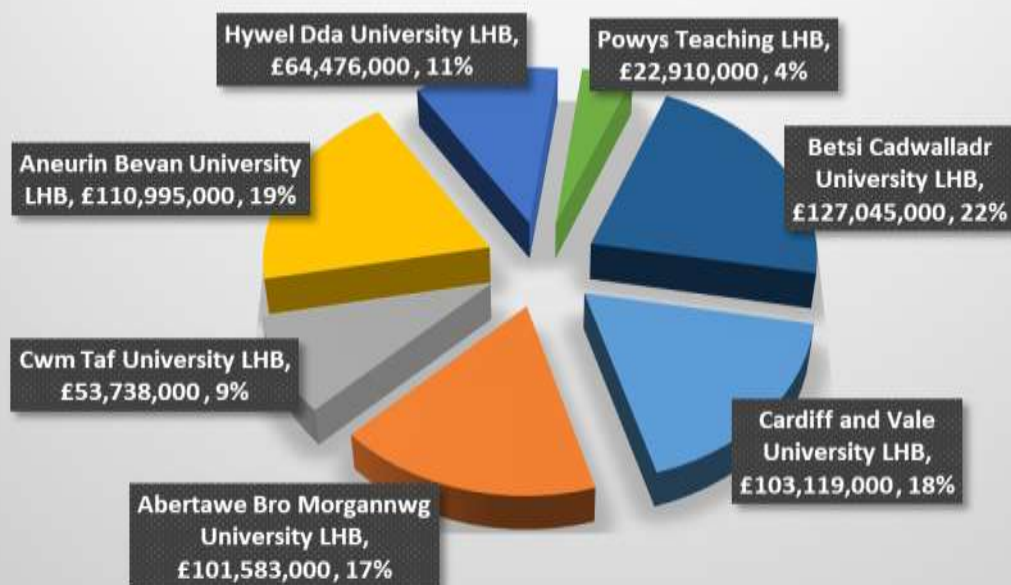
### **9.1 Annual Governance Statement (AGS)**

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>

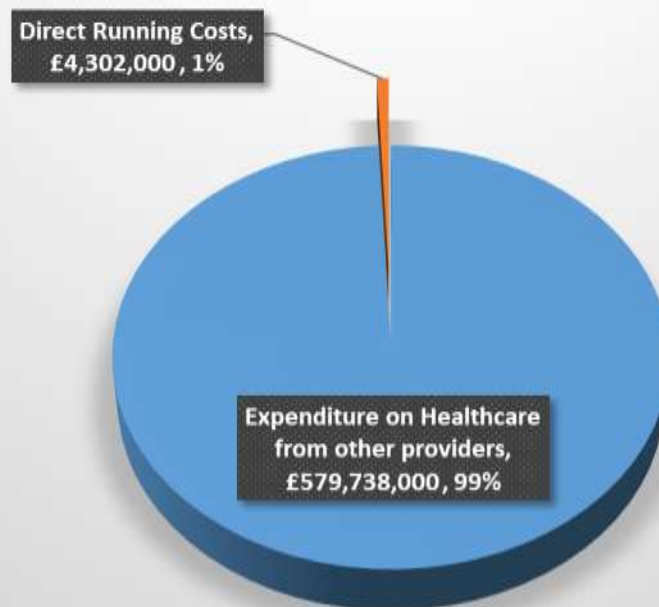
### **9.2 Summary of Financial Position**

The WHSSC Summary Financial Position is set out in the illustrations on the following few pages.

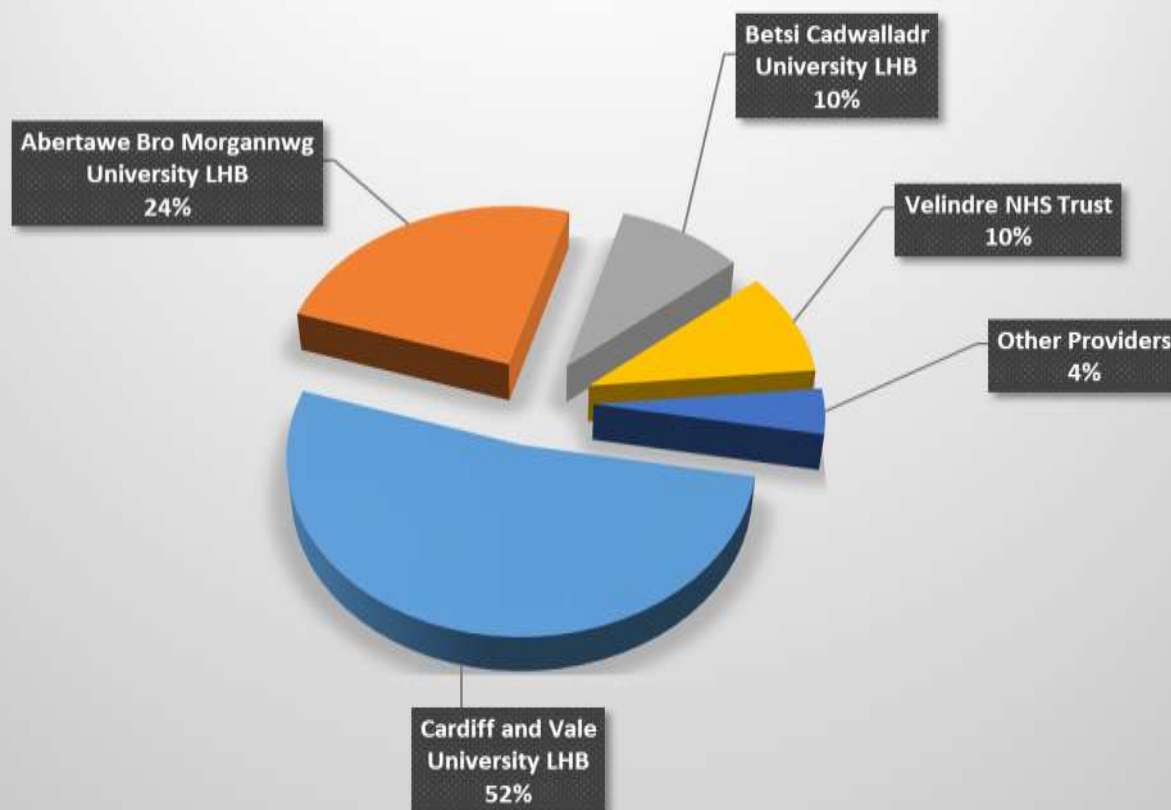
**The Main Source of Funding Comes  
From Health Boards and Totals £584 million**



**The Operating Costs of WHSSC were £584 million**



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



### Expenditure on Healthcare From Other Providers

