

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

## **ANNUAL REPORT**

**2019-20**

*"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.

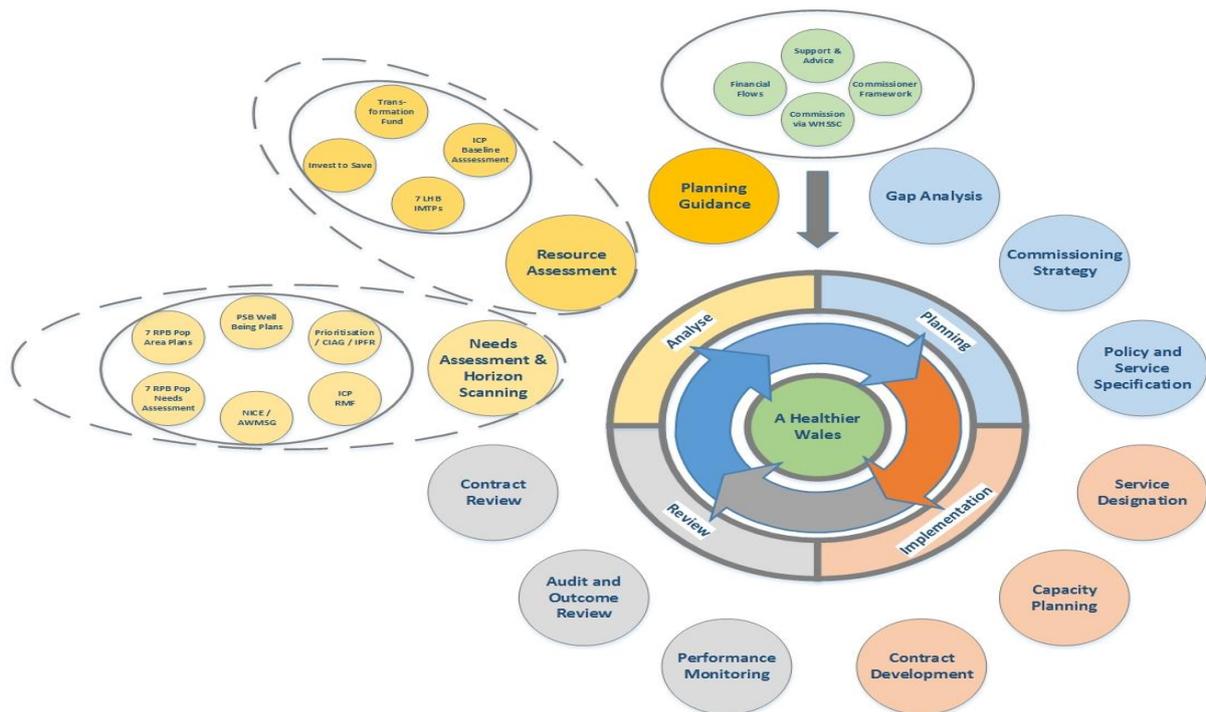
### **1.1 The Role of WHSSC**

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 Quadruple Aim.

## 1.2 Our Values

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

Figure 1: Values of WHSSC launched in July 2018



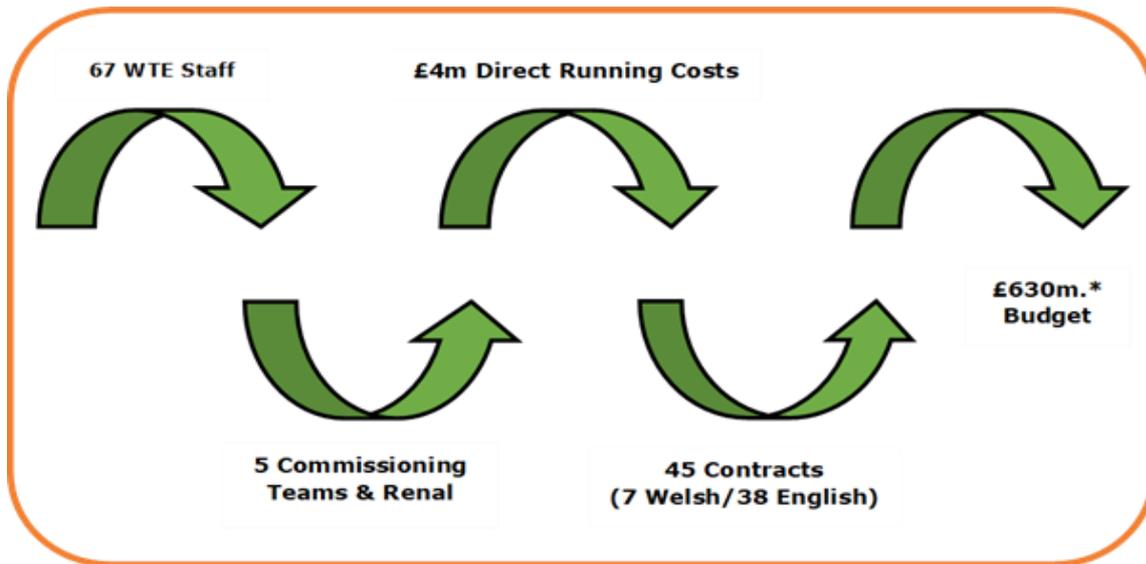
We know that it's sometimes difficult to live up to values. To this end, we will try to hold ourselves to account and invite those who work with us, or for whom we work, to measure us against these values.

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 2* below sets out the key statistics for the staffing levels, direct running cost budget, commissioning budget and contracts.

**Diagram 2: 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 Morgannwg University Health Board Annual Report:

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

Recognising that to commission effective services we need to organise around the needs of patients, operationally we use a commissioning team structure which cuts across these directorates categorised in the following areas:

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

## **1.4 Our 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 at WHSSC.

Before 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.

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

Having held Director level positions for both the NHS and Welsh Government for over 15 years, Stuart has extensive experience of commissioning specialised health services in Wales. He has a career spanning over 30 years 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 WHSSC 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 set 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.

### **2.2 Joint Committee Members**

#### **Independent Members**

Chair – Professor Vivienne Harpwood  
Vice Chair – Emrys Elias (joined as Independent Member in December 2019 and appointed Vice Chair in May 2020)  
Vice Chair - Charles Janczewski (until September 2019)  
Paul Griffiths (from April 2019)  
Ian Phillips (from April 2019)

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

Simon Dean – **Betsi Cadwaladr University Health Board** (from 10 February 2020)  
Gary Doherty - **Betsi Cadwaladr University Health Board** (until 7 February 2020)  
Dr Sharon Hopkins – **Cwm Taf Morgannwg University Health Board** (from 24 June 2019)  
Steve Moore – **Hywel Dda University Health Board**  
Tracy Myhill– **Swansea Bay University Health Board**  
Judith Paget – **Aneurin Bevan University Health Board**  
Len Richards – **Cardiff and Vale University Health Board**  
Carol Shillabeer - **Powys Teaching Health Board**  
Alison Williams - **Cwm Taf Morgannwg University Health Board** (until 20 August 2020)

## WHSSC 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 – **Chief Executive - Velindre University NHS Trust**  
Jason Killens – **Chief Executive - Welsh Ambulance Service NHS Trust**

## Affiliate Member

Kieron Donovan – **Chair - Welsh Renal Clinical Network**

### 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

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 Renal Clinical 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.

## **2.4 Advisory Groups and Networks**

The Joint Committee also established three advisory groups in the discharge of its functions.

- NHS Wales Gender Identity Partnership Group
- All Wales Mental Health and Learning Disability Collaborative Commissioning Group
- All Wales Posture & Mobility Partnership Board

The **NHS Wales Gender Identity Partnership Group (AWGIPG)**, established in July 2013, supports the development of a future NHS Wales Strategy for Gender Dysphoria services within current NHS Wales' funding parameters. The AWGIPG was set up to advise the Joint Committee on the development of a model and pathway for Gender Identity Services in Wales, to identify gaps in local services and advise on quality of care and patient experience. The AWGIPG provides a forum for meaningful engagement with service users, support groups and providers. The scope of the Group extends beyond the services currently commissioned by WHSSC. In 2019, WHSSC commissioned the Adult Gender Identity Service (non-surgical). The remit of the AWGIPG group is under review following this development. Recommendations will be made to Joint Committee in 2020-21.

The **All Wales Mental Health and Learning Disability Collaborative Commissioning Group** advises the Joint Committee on issues regarding the development of secure mental health services for Wales. The Group ensures that there is a co-ordinated approach to secure services across Wales and that the benefits of working collaboratively are realised. The purpose of this Group has been subject to review during 2019-20 because of changes to the structure of mental health advisory function. It is anticipated that the learning disability aspects previously incorporated in the function of the Group will be incorporated elsewhere during 2020-21.

The **All Wales Posture and Mobility Services Partnership Board** monitor the service's delivery against the key performance and quality indicators, in order to provide assurance to the Joint Committee that the service is delivering in line with the All Wales Service Specification and advises the Joint Committee on the commissioning strategy for Posture

and Mobility services, including identification of, and supporting opportunities for embedding coproduction as a core principle of the commissioning strategy. This advisory group has not met since 5<sup>th</sup> March 2018 and during 2020-21 it is anticipated that this group will be formally dis-established. This is due to it achieving the main objectives of the group, namely to ensure that there is equitable access to safe and effective Posture and Mobility services across Wales.

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

The ICP for 2019-22 was approved by the Joint Committee in January 2019. It was a commissioner-led plan, which sought to balance the requirements to assure quality, reduce risk and improve health outcomes for the people of Wales.

The ICP for 2020-23 was approved by the Joint Committee in January 2020. It was developed in greater collaboration LHBs than previous plans and was centred on a robust risk assessment model which sought to balance the requirements for quality assurance, reduced risk and improvement to health outcomes for the people of Wales within the constraints of challenging financial pressures.

The ICPs are available via the Integrated Commissioning Plan section of our publications page on the WHSSC website:

<http://www.whssc.wales.nhs.uk/integrated-commissioning-plan-icp->

Following the outbreak of the COVID-19 pandemic we reviewed our ICP for 2020-23 and paused all non-essential work programmes for Q1 and Q2 2020-21, and where relevant have refocused appropriate work programmes to support the COVID-19 response. We have also reduced our work in a number of core functions. This has enabled us to redirect resources and capacity both internally and externally.

The key changes include:

- Cessation of all service level agreement meetings;
- Cessation of all routine performance meetings; and
- Cessation of plan delivery including service developments.

The actions and plans that are being put in place and the impact of the COVID-19 pandemic will and have created new risks to specialised services and WHSSC. We have a live risk register assessment to understand the impact of providers not being able to continue to deliver specialised services. This is being continually updated and reviewed. We are developing our methodology for monitoring and managing these risks.

We have changed our contracting basis to block contract payments which are subject to review as the situation develops. This is to ensure that there

is reduced financial uncertainty concerning how specialised service providers are funded.

A new commissioning framework has been presented to and supported by Joint Committee at its meeting in May 2020. This will guide the commissioning work of specialised services during the next phase of the pandemic.

#### **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 2019-20:

### ***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 assisted devices)
Cardiac electrophysiology and ablation services
Congenital heart disease – Paediatric and Adult
Interventional Cardiology (TAVI, Complex Devices, Primary Percutaneous Coronary Intervention, Primary Coronary Intervention and Electrophysiology, cardiac ablation and Complex Cardiac Ablation)
Pulmonary Hypertension
Fetal Cardiology
ECMO (Respiratory)
Cardiac Surgery (Coronary Artery Bypass Graft, Heart Valve repair, Heart Valve replacement, Aortic Root repair)
Paediatric cardiology and cardiothoracic surgery
Cystic fibrosis (Paediatric and Adult)
Bariatric Surgery

<b>Cancer and Blood</b>
Specialist services for Sarcoma
BMT
Extra corporeal photopheresis for graft versus host disease
CAR-T therapy for lymphoma and acute lymphoblastic leukaemia
All Wales Medical Genomic Service
Liver cancer surgery
Brachytherapy
PET scanning
Specialist service for Neuroendocrine Tumours
Peptide Receptor Radionuclide Therapy (PRRT) for Neuroendocrine Tumours
All Wales Lymphoma Panel
Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Pseudomyxoma Peritonei.
Proton Beam Therapy
Clinical genetics
Laboratory genetics
Specialist service for Paroxysmal Nocturnal Haemoglobinuria
Inherited Bleeding Disorders
Welsh Blood Service
Plastic surgery
Thoracic surgery
<b>Neurosciences and Long Term Conditions</b>
Neurosurgery Emergency and elective neurosurgery (including stereotactic radiosurgery and Deep Brain Stimulation)
Neuroradiology (diagnostic and interventional undertaken by neuroradiologists)
Neurorehabilitation

<b>Cancer and Blood</b>
Spinal rehabilitation
Neuropsychiatry
Artificial Limbs and Appliances Service <ul style="list-style-type: none"> <li>• Wheelchair and special seating</li> <li>• Prosthetics</li> <li>• Orbital prosthetics</li> <li>• Electronic assistive technology</li> <li>• Alternative Augmentative Communication (AAC)</li> </ul>
Intestinal Failure and Home Parenteral Nutrition
Immunology for Primary Immuno Deficiency only
Long term invasive ventilation in the community (provision of equipment and consultant support)
Long term Ventilation Unit being established in University Hospital Llandough
Hyperbaric Oxygen Therapy
Burns services
Paediatric neurosciences (including neurosurgery, paediatric neurology, complex disability and rehabilitation)
<b>Women 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
Paediatric endocrinology
Paediatric rheumatology
Paediatric specialised dermatology
Paediatric surgery

<b>Cancer and Blood</b>
Paediatric burns & plastic surgery
Inherited Metabolic Disease (IMD) Service (Adult and Paediatric)
Women's Health
Children and Young people's
Pre- implantation genetic diagnosis
Specialist infertility services involving in-vitro techniques
Fetal Medicine
Cochlear Implants
Cleft lip and palate
Neonatal transport
<b>Renal</b>
Haemodialysis
Home Haemodialysis
Home Peritoneal Dialysis
Transplantation
Vascular Access

#### **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 2019-20:

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

- **Genomics (All Wales):** Funding was approved within the WHSSC 2019-22 ICP to ensure access to the additional tests within the new NHS England Genetic Test Directory is available for the population of Wales. This will ensure the benefits for health of genetic test information and deliver equity with the rest of the UK.
- **Inherited Bleeding Disorders (IBD):** Further to a review of the IBD service in Wales 2018-19, funding was approved within the WHSSC 2019-22 ICP to implement a new service model to ensure a sustainable, equitable and high quality service is provided for people affected by Inherited Bleeding Disorders across Wales.
- **PET Indications:** Further investment was made in 2019-20 to increase both the number and range of conditions for PET scans. This extended PET scans to patients with conditions such as pancreatic cancer, bladder cancer, ovarian cancer or cardiac disease. The information from the PET scans will help to inform treatment decisions and improve outcomes for patients with these conditions.
- **Chimeric Antigen Receptor T Cell (CAR-T) Therapy:** CAR-T therapy is a type of Advanced Therapy Medicinal Product (ATMP) which works by helping the body's immune system to recognise and attack cancer cells. CAR-T therapy was funded in 2019-20 for patients in Wales in accordance with the criteria for treatment recommended by NICE (for adults with B cell lymphoma and children and young people with acute lymphoblastic leukaemia). In addition, Cardiff & Vale UHB was commissioned by WHSSC to be a treatment centre for CAR-T therapy for lymphoma and commenced treating patients during 2019-20.

### ***Cardiac and Specialised Services***

- **Transcatheter Aortic Valve Replacement (TAVI):** Publication and implementation of a revised policy for TAVI. Funding was approved for SBUHB and CVUHB to increase TAVI activity, enabling improved and equitable access for patients.
- **Cystic Fibrosis:** Publication and implementation of a new policy for Cystic Fibrosis Modulator Therapies. Funding was approved for the use of Cystic Fibrosis Modulator Therapies.

Funding was approved for the implementation of a home delivered Intravenous antibiotic service and multidisciplinary staffing to support satellite clinics in other Health Boards outside of Cardiff.

- **Inherited Retinal Dystrophies:** Publication and Implementation of a policy for Voretigene Neparvovec (An Advanced Therapeutic Medicinal Product for patients with Inherited Retinal Dystrophies).

### ***Mental Health and Vulnerable Groups***

- **Gender:** A new Welsh Gender Team has been established and operational from September 2019 allowing patients to access Gender services in Wales. The Team is based at St David's Hospital in Cardiff and has strong links with the Tavistock's Gender Identity Clinic. A network of local Gender Teams has been agreed.

NHS England completed a procurement exercise for all gender reassignment surgery. WHSSC were invited to take part in this process as a key stakeholder and Welsh patients will have access to a full range of preferred providers.

- **Perinatal:** Approval for a new mother & baby unit was agreed by Joint Committee and supported by Welsh Government capital funding. The new interim unit at Tonna Hospital is expected to open in early 2021 and an options appraisal for a permanent solution is being progressed.
- **CAMHS:** Completion of environmental improvements at Ty Llidiard and both NHS units have allowed them to be back operating at commissioned capacity. There has been a continued reduction in out of area placements, with numbers below target throughout the financial years.
- **Medium Secure:** Ty Llewelyn works have reached completion and the unit is back to a 25 bed capacity provided over 3 wards, including a 5 bed Intensive Care Unit.

### ***Neurosciences and Long Term Conditions***

- **Alternative Augmentative Communication (AAC):** Funding for equipment was made available by Welsh Government in April 2018 to the service, to establish a high quality sustainable service model to allow for a fuller assessment of demand for complex communication aids. This was successfully achieved.
- **North Wales Replacement Wheelchair Programme:** Funding was approved within the WHSSC 2019-22 ICP to allow the North

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.

- **Neuro-Oncology Multi-Disciplinary Team (MDT):** Recurrent funding was approved within the WHSSC 2019-22 ICP to address the serious concerns raised within the Neuro-oncology peer review. The funding release supported an increase in strengthening the MDT to deliver a safe and equitable service for the South Wales population.
- **Neurosurgery Referral to Treatment Targets (RTT):** Recurrent funding was approved within the WHSSC 2019-22 ICP in order to sustain increased capacity for Neurosurgery to achieve and maintain RTT targets of no patients waiting longer than 36 weeks.
- **Neuro-Rehabilitation:** Funding was approved within the WHSSC 2019-22 ICP to establish sufficient levels of staffing in the Rookwood, Cardiff Neuro-rehabilitation service for patients in south and mid Wales to achieve and optimally manage the needs of the complex patients who access the service and will enable the service to work towards achieving national neurorehabilitation standards.

### ***Women and Children's Services***

- **Paediatric Endocrinology:** Funding was approved within the WHSSC 2019-22 ICP to ensure the formal commissioning of the paediatric endocrinology services. The funding release supported a significant increase in the multidisciplinary team to meet the needs of the population.
- **Paediatric Rheumatology:** Funding was approved within the WHSSC 2019-22 ICP to commission a fully dedicated multidisciplinary paediatric rheumatology service for paediatric patients in south and mid Wales.
- **Cleft Lip and Palate - MDT and RTT funding:** Two streams of funding were approved within the WHSSC 2019-22 ICP.
- **Referral to Treatment Targets:** Additional funding was approved to reduce the adult waiting list.
- **Multi-Disciplinary Team:** Additional funding was approved to develop and strengthen the MDT in order to meet population needs.
- **Bone Anchored Hearing Aids (BAHAs) and Cochlear Implants:** Funding was provided to implement the NICE Technology Appraisal

(TA) guidance on Cochlear implants for adults and children with severe to profound deafness (TA566).

- **Neonatal Transport:** A review of the South Wales Neonatal Transport service was carried out in 2019-20 and the recommendations supported by Joint Committee.

## **Renal**

- Collaboration with Betsi Cadwaladr University Health Board to implement redesign of the service model for unit haemodialysis (UHD) following a successful tender exercise. This has increased regional capacity for UHD and reinvigorated the Home Therapies services to enable more patients to access dialysis at home.
- Collaboration with Cardiff and Vale University Health Board to complete refurbishment of the UHD main unit.
- Collaboration with Powys Teaching Health Board to deliver expansion of the Llandrindod Wells UHD Unit to ensure provision of more local UHD capacity.
- Work continuing to deliver a renewed national home therapies framework to ensure service consistency and value for money opportunities across Wales.
- Partnership approach embedded in monitoring agreed service standards for transport for dialysis patients and collaboration with Emergency Ambulance Service Committee to inform process of service development.
- Continuous service improvements to IT national systems for automated reporting and audit across Wales.
- Embedded ongoing delivery of Degree/Masters level Renal Nursing module through Swansea University.
- Successful recruitment to posts of Clinical Lead and Network Manager and approved appointment of Chair.
- 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.
- Lead Nurse awarded Renal Nurse of the Year 2019.
- Delivery of Advanced Care Planning and Serious Illness Conversations training for nurses and other members of the Multi-disciplinary Team.
- Establishment of Health and Wellbeing Professionals Reference Group to ensure all commissioning decisions affecting patients are considered holistically.
- Development of activity dashboard to gain real-time understanding of demand and capacity to inform commissioning decisions.
- Delivery of Peer Review of all Vascular Access services in Wales.
- Establishment of real time nurse to patient ratio monitoring to ensure standards are being met.
- Collaboration with Health Inspectorate Wales exploring long term plan for inspecting dialysis units.

- Development of system of embedding health care standards within dialysis units in Wales.
- Award of Welsh Government Transformation Fund monies (£1.4m) for Collaborative Kidney care for a Healthier Wales Programme which aims to digitalise kidney care and deliver Electronic Prescribing and Medicine Administration (EPMA) across Wales.
- Erythropoietin Stimulating Agents (ESA drugs) re-tendered avoiding significant cost pressure.
- Immunosuppressant re-tendered – securing value for money prices for a further two years.
- NHS Wales Award finalist for EPMA.
- Prudent Health Care principles through the lens of value CMO report 2019 <https://gov.wales/sites/default/files/publications/2019-05/chief-medical-officer-for-wales-annual-report-2018-2019.pdf>
- Established strong clinical and managerial infrastructure to coordinate challenges to continuous delivery of essential renal services presented by COVID-19 pandemic.
- Established linkage with other devolved nations renal networks and UK wide professional advisory groups to learn and share service delivery models during COVID-19 pandemic and beyond.

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

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

IPFR requests received by WHSSC are considered by the All Wales Panel. The Panel meet in person on a monthly basis. However, urgent decisions can be made by a Panel Chair action.

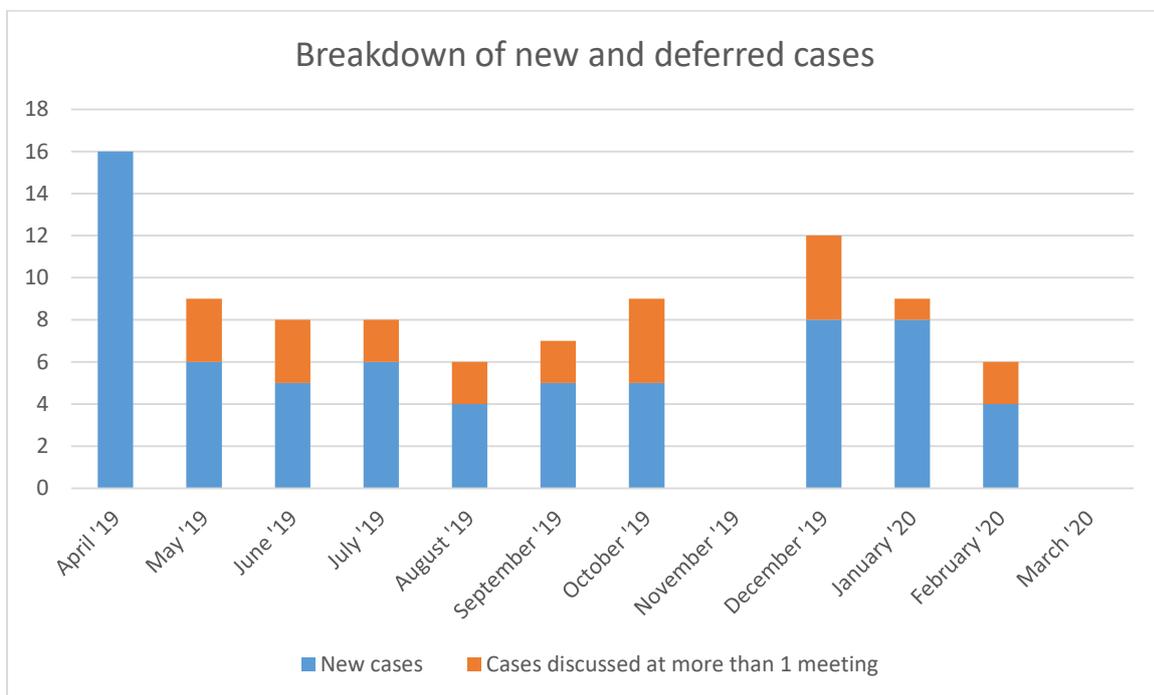
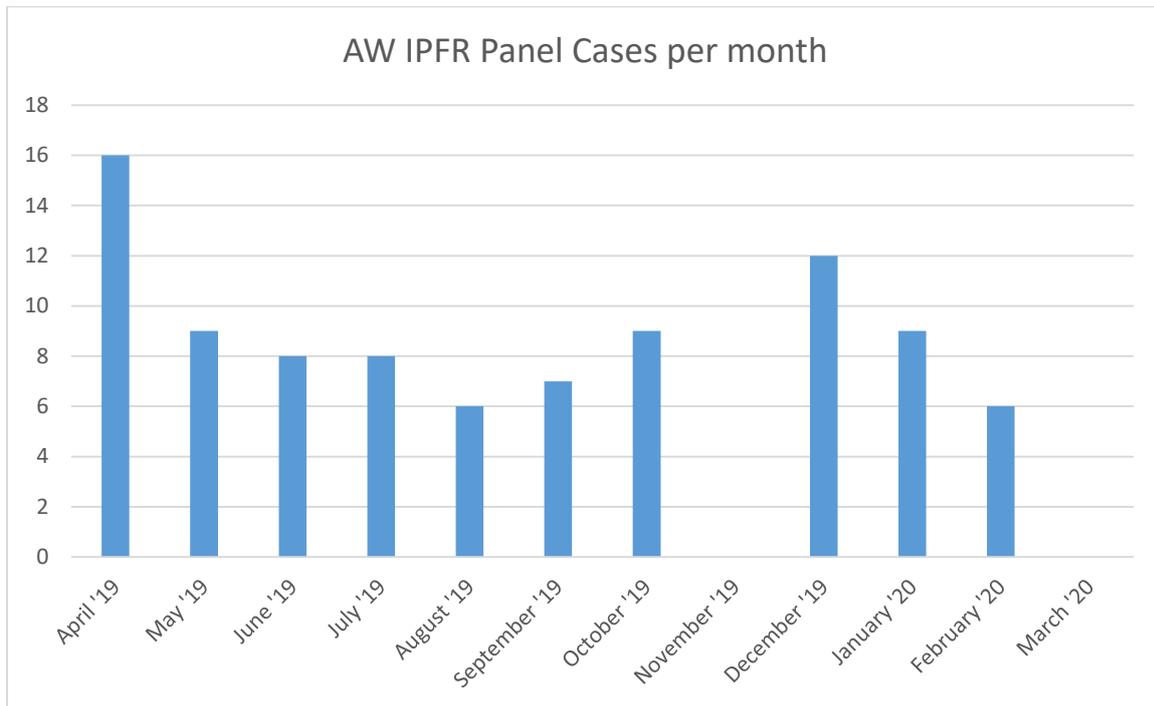
IPFR decisions are determined on the information provided by the referring clinician to demonstrate the significant clinical benefit expected from the treatment for that particular patient and whether the cost of the treatment is in balance with the expected clinical benefit.

### **Key Achievements and Patient Outcomes**

WHSSC continues works closely with the LHBs and the All Wales Medicines Therapeutics and Toxicology Centre to share and promote consistency of best practice.

In 2019-2020 the All Wales Panel considered 76 new requests. 14 of these requests were deferred and discussed at more than one meeting. The Panel considered on average 8 requests per Panel. The Panel meeting in November 2019 was cancelled and the cases rescheduled for the December meeting. The meeting in March 2020 was cancelled due to the COVID-19

pandemic. At the time of writing, a process has been put in place enabling IPFR Panels to hold virtual meetings.



Where funding has been approved, clinical outcomes are routinely requested and the Panel is updated. These outcomes inform future decision as well as the revision and development of WHSSC commissioning policies.

## 5. WORKFORCE AND ORGANISATION DEVELOPMENT

The Joint Committee has again acknowledged that the organisation has expertise in commissioning and in 2019-20, 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 High Level Overview

Objective	Action taken, by when
Strengthening of Executive team	All Executives posts are filled substantively, with the newest Director being in post since Jan 2019
Improving recruitment and retention	A Finance Manager post for north Wales is still open following unsuccessful recruitment. There are two vacancies within the Quality Assurance team due to external promotion. Our vacancy rate is currently 5% (a vast improvement from 30% in 2017).
Expanding the workforce to lead on specific projects	Developing new posts to increase commissioning effectiveness. Recent appointments include a Referral Manager Post and a PET Project Manager. Medicines Management and Blueteq Project Manager posts are out to recruitment. Development of a Vulnerable Group work-stream supported by WG funding is underway. This includes a planning role and a part time Associate Medical Director

<p>Developing and implementing organisational development and learning programmes across the organisation</p>	<p>Regular OD sessions are taking place for the Executive team.  Roll out of an organisation wide OD programme is planned for 2020-21.  A number of staff are receiving assistance to study toward Masters Degrees and/or relevant professional qualifications.  Lunch and learn sessions are being provided by members of the WHSS Team.  Participation in the Embrace on-line Health and Wellbeing public sector pilot.</p>
<p>Ensure HR policies are appropriately applied to manage sickness and absence and that this is audited</p> <p>Ensure &gt;85% of staff have completed PDRs</p>	<p>We are continuing to work to improve compliance for seconded staff and ensure there is high performance on core skills training for all staff following in-year changes to the programme content and recruitment of new staff.</p>

## 5.2 Extracurricular Staff Activities

In addition to the core work carried out at WHSSC, our staff are also involved in a wide range of extracurricular activities:

**Adele Roberts** (Head of Quality and Patient Care) is a Midwifery Peer Reviewer with Health Inspectorate Wales (HIW), a position that supports her WHSSC role in better understanding the service from a Quality perspective.

**Andy Champion** (Assistant Director – Evidence, Evaluation and Effectiveness) is Co-Chair of the Wales Cancer Research Strategy Executive Writing Group and co-author of the Wales Cancer Research Strategy. He is also a member of NICE Technology Appraisal Committee A (UK role), a member of the NICE Stakeholder Insight Working Group (UK role), and Vice Chair of the Welsh Health NICE Network.

Andy is also Vice Chair of the Interim Pathways Commissioning Group (IPCG), a member of the AWMMSG New Medicines Group (NMG), a member of the HTW Assessment Group, and a member of the SMTL Evidence Review Group.

**Carole Bell** (Director of Nursing and Quality Assurance) has previously been recruited as a confidential enquiry assessor for Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE-UK) which is national collaborative programme of work involving the

surveillance and investigation of maternal deaths, stillbirths and infant deaths, including the Confidential Enquiry in Maternal Deaths (CEMD).

Carole is also part of the Healthcare Quality Improvement Partnership Maternal, Perinatal and Infant Independent Advisory Group which contributes to the National Maternity and Perinatal Audit (NMPA). The NMPA is a large scale audit of the NHS maternity services across England, Scotland and Wales aimed at supporting improvements in the care for women and babies by providing national figures and enabling comparison between maternity services.

**Helen Fardy** (Assistant Medical Director – Women and Children’s Services) sits on the Royal College of Paediatrics and Child Health (RCPCH).

Helen also sits on the Certificate of Eligibility for Specialist Registration (CESR) Committee. This committee supports the process that doctors follow if they wish to join the Specialist Register, and whose specialist training, qualifications or experience is partly or completely acquired outside of an approved CCT (certificate of completion of training) programme.

### **5.3 Personal Development Reviews (PDR)**

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 Cwm Taf Morgannwg University Health Board 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**

The five Associate Medical Directors (AMD) appointed during 2017-18, aligned to the commissioning teams, have continued to raise the profile of the WHSS Team amongst clinical colleagues. There continue to be part time Medical and Deputy Medical Directors and a full time Director of Nursing & Quality Assurance in the WHSS Executive team. A sixth AMD joined us for the duration of a project to establish a Welsh gender service during 2019-20. AMD appointments were made for 3 years and WHSSC will review the effectiveness of the current model in anticipation of the 2020-21 recruitment round.

An additional Clinical Leader post is being developed to support the new Vulnerable Groups' portfolio which has a strong focus on mental health and seeks to meet the ministerial priorities of reducing inequalities and improving timely access.

An important development during 2019-20 was a review of the Clinical Gatekeeper role. WHSSC has 47 Clinical Gatekeepers covering 107 services and interventions who are key in ensuring patients receive the most appropriate and timely treatment. This work is being taken forward as part of the development of our referral management processes and culminated in a workshop in January 2020 aimed at helping better define the role and identifying the support and training needs of gatekeepers.

### **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 teams 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 led on a review of Pulmonary Hypertension Services. This was 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.

The organisation has participated in CTMUHB's Graduate Trainee Scheme since April 2016. This has led to three 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 post.

### **5.8 WHSSC Business Continuity Plan**

In September 2019, WHSSC relocated to new premises on the Treforest Industrial Estate. The transition resulted in an IT outage.

The organisation was also deprived of access to its office following flooding in February 2020.

In March 2020 the COVID-19 pandemic resulted in the temporary closure of the WHSSC office with staff predominantly working from home.

On all three occasions the Business Continuity Plan (BCP) was activated and WHSSC was able to continue its core activities without significant delay or disruption to service.

### **5.9 COVID-19**

At the time of writing this report the organisation and the NHS in Wales is facing unprecedented pressure in planning and providing services to meet the needs of those who are affected by COVID-19. The need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, the wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities and risks. The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2020-21 and beyond.

## 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.

The 'Quality Team,' which was established in 2019, helps ensure that the patient is at the heart of all aspects of the commissioning cycle as this is fundamental to the delivery of a safe and effective service and is essential in supporting the delivery of prudent health care.

The Quality Team aims to capture patient experiences, using it in conjunction with quality indicators to inform quality improvements and establish key relationships with commissioners and providers and to share these with Clinical staff in order to inform and improve service delivery.

The Quality Team looks 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 Quality Team play a pivotal role in the co-ordination of operational quality monitoring and interventions within commissioned services and help build upon the work of the specialised commissioning *Quality Assurance Framework (QAF)* (July 2014).

The QAF was designed to establish the basic infrastructure to support driving assurance and improvement of quality for specialised commissioned services. As such it sets out the systems and processes that needed to be in place, the roles and responsibilities of key staff in delivering these systems and processes and the tools that would be developed to support staff to deliver their responsibilities. Specialised commissioning can now move beyond the basic infrastructure to the next stage of driving quality assurance and improvement in our specialised commissioned services. The work on developing the QAF is underway and being undertaken jointly with Health Boards and the QPS Committee through a series of development days which commenced in October 2019, with the second held in August 2020.

The Quality Team work closely with the Medical Directorate and Commissioning Teams and have a pivotal role in monitoring the quality of commissioned services.

The Quality Team is 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.

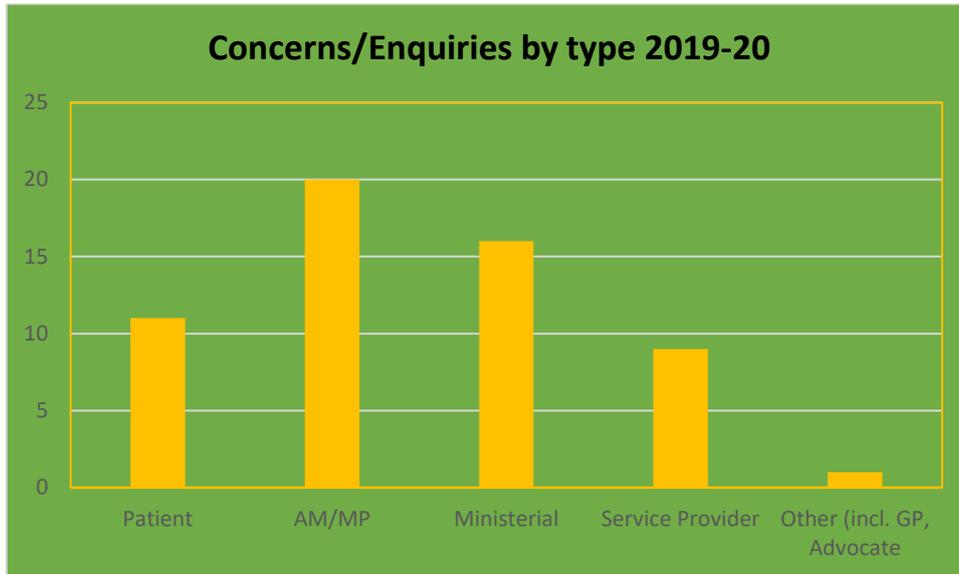
The QPS Committee goes from strength to strength, and Independent Members from each of the LHBs attend meetings alongside Community Health Council representatives who provide guidance and scrutiny.

## **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.

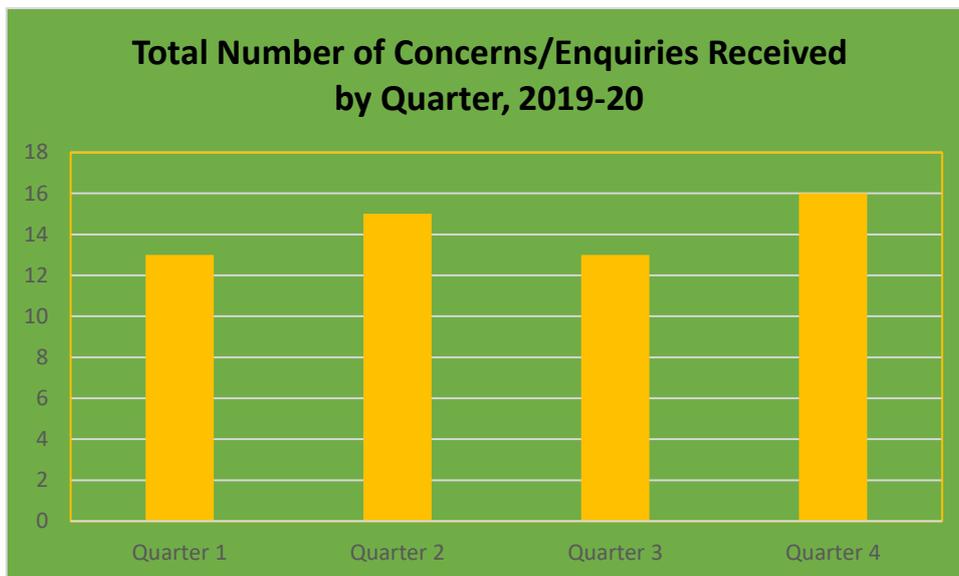
WHSSC works with the LHBs in the management of concerns to ensure that service users and patients, who notify either the LHB or WHSSC, are provided with a detailed response. Concerns are dealt with in line with the all-Wales Putting Things Right arrangements and in line with the WHSSC Concerns Protocol.

During the course of 2019-20, WHSSC received a total of 57 concerns/enquiries. Concerns were raised by a variety of sources and were broken down as follows:



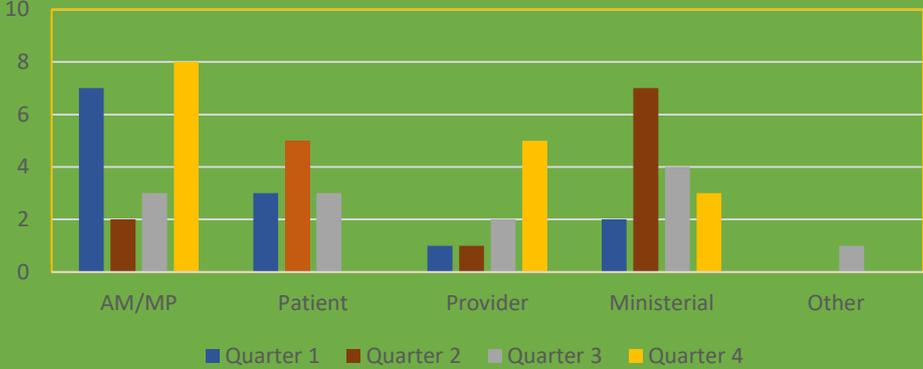
Of the 57 concerns/enquiries raised during the period 2019-20, only 2 were acknowledged outside the predetermined timescale of 2 working days. 96.5%<sup>1</sup> of all concerns received in 2019-20 received a final response within the required timescale of 30 working days.

The charts below provide an illustration of this information:

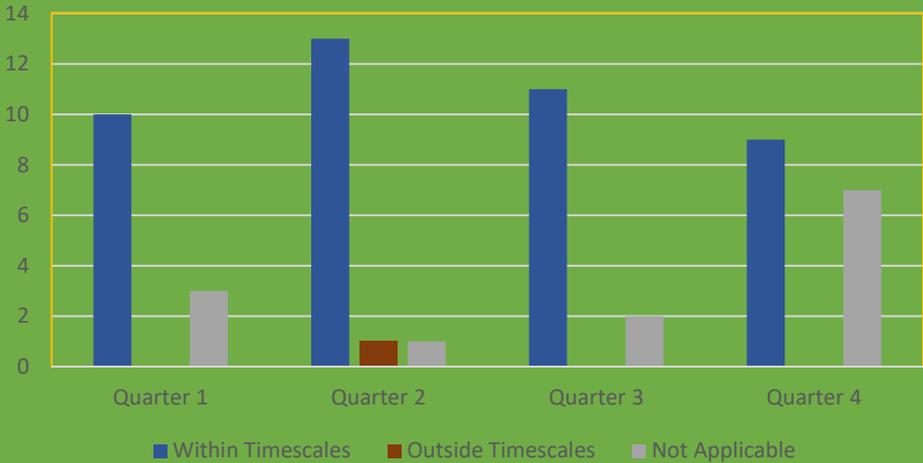


<sup>1</sup> Of the 57 concerns/enquiries raised in 2019/20, 2 were provided responses outside the 30 working day timescale. In both instances (additional correspondence received from an enquirer and a delay in receipt of information from an external source) WHSSC has identified the reasons for delay and taken measures to mitigate repetition.

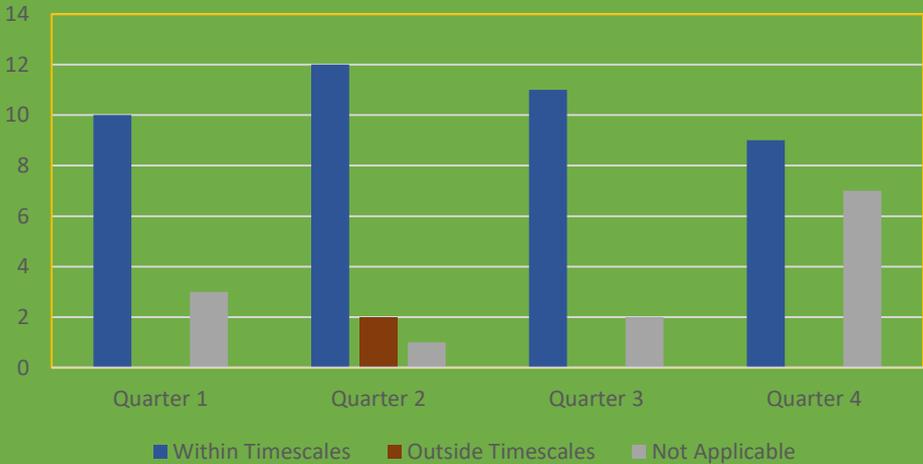
### Source of Concerns/Enquiries Received by Quarter 2019-20



### Acknowledgement Timescales



### Final Response Timescales



## **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 Cwm Taf Morgannwg University Health Board, WHSSC complies with the Health Board's Risk Management Policy and Risk Assessment Procedure for Health and Safety Risks.

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 Group, Joint Committee and joint sub-committees.

WHSSC's capacity to manage risk is set out in Section 4 of the Annual Governance Statement. The latest version of the Annual Governance Statement can be found via the link in section 9.1 below.

## 9. CORPORATE GOVERNANCE & FINANCIAL POSITION

In this section you will find the following:

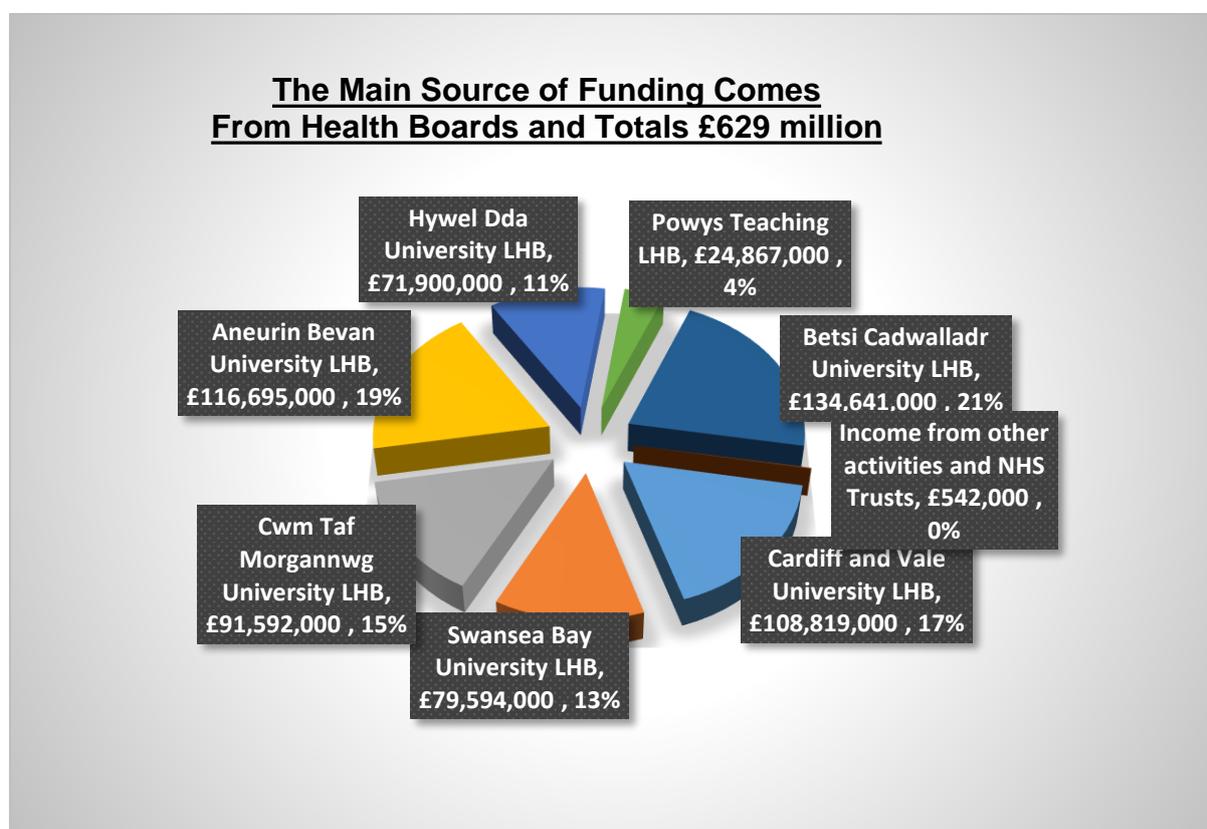
- A link to the Annual Governance Statement
- Summary of Financial Position for the year ended 31 March 2020.

### 9.1 Annual Governance Statement (AGS)

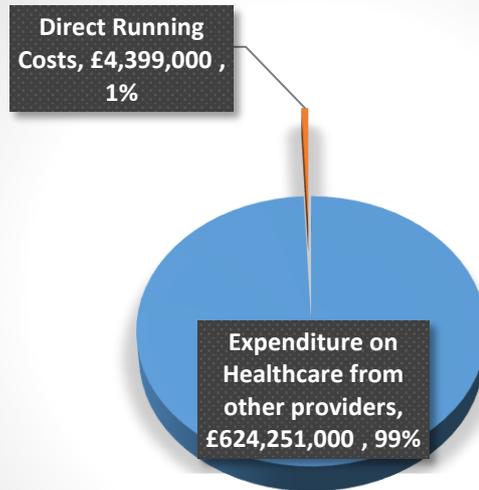
The AGS is a document explaining the processes and the procedures in place to enable WHSSC to carry out its functions effectively. The latest version of the AGS can be found in the publications section of the WHSSC website at: <http://www.whssc.wales.nhs.uk/annual-governance-statements>

### 9.2 Summary of Financial Position

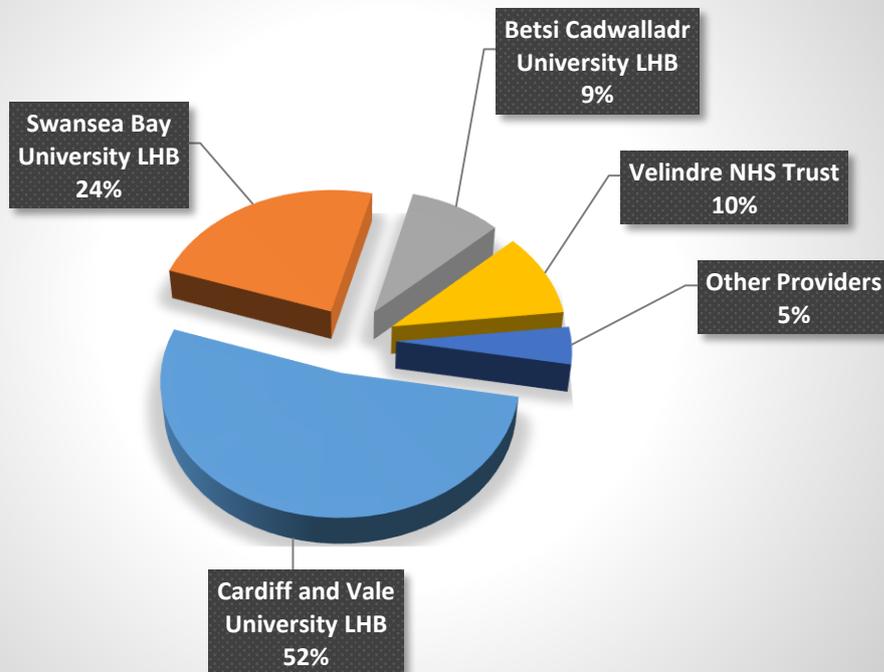
The WHSSC Summary Financial Position 2019-20 is set out in the charts below:



**The Operating Costs of WHSSC were £629 million**



**WHSSC Spent £457.316m on Specialist Services Provided Within Wales**



### Expenditure on Healthcare From Other Providers

