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Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)

Welsh Health Specialised  
Services Committee (WHSSC)

# ANNUAL REPORT

## 2010/11

Acting on behalf of Local Health Boards in Wales in the  
Planning and Securing of Specialised Services



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## **MESSAGE FROM THE CHAIR AND DIRECTOR OF SPECIALISED AND TERTIARY SERVICES**

We are very pleased to introduce the first annual report of the Welsh Health Specialised Services Committee (WHSSC). We hope you will find this Annual Report helpful in understanding our role and our progress during 2010/11.

Our first year of operation has been challenging, but satisfying. The focus for the year has been on setting the foundations to ensure the planning of specialised services is better aligned with, and more transparent to, the wider NHS in Wales.

The Joint Committee has brought Local Health Boards in Wales together with the joint responsibility to plan specialised services for the population of Wales. This is a fundamental change and has required the creation of new systems and processes to reflect these new arrangements. These have included completely new corporate and financial reporting arrangements and closer working relationships with the Local Health Boards in Wales.

The report highlights key achievements during 2010/11 and looks forward to the key priorities for 2011/12.

*During 2010/11 notable achievements included :*

- Establishment of the Joint Committee and appointment of Independent Members;
- Agreement of a robust Governance and Accountability Framework;
- Agreement of an Annual Plan for Specialised Services for Wales 2010/11;
- Development of Transcatheter Aortic Valve Implantation (TAVI) services at both UHW, Cardiff and Morriston Cardiac Centre, Swansea and access to services at Liverpool Heart and Chest Hospital;
- Development of a bariatric surgery service at the Welsh Institute of Metabolic and Obesity Surgery, Swansea;
- A new transplant unit opening at University Hospital of Wales, Cardiff, enabling the number of transplants to increase from 90 to 140 per annum;

- A Self-Care Dialysis Unit at Morriston Hospital, Swansea has promoted independence for a growing number of patients as well as increasing the number of patients on Home Haemodialysis;
- Additional investment in Cystic Fibrosis Services;
- Establishment of the Neonatal Network and Transport service which has resulted in a reduction of the number of babies needing neonatal care in England;
- Successful implementation of a second cycle of IVF for all eligible couples; and
- Transfer of PET scan services for the population of South, West and Mid Wales from the Cheltenham Imaging Centre to PETIC, UHW site, Cardiff.

We are grateful to the Members of the Joint Committee and their teams for their contributions to these new arrangements. We would like particularly to thank our staff of the Welsh Health Specialised Services Committee for their help in managing the successful introduction of these changes, while ensuring continued progress with the planning and securing of specialised and tertiary services.



Professor Michael Harmer  
Chair



Dr Cerilan Rogers  
Director of Specialised and  
Tertiary Services

## ABOUT WELSH HEALTH SPECIALISED SERVICES

In 2010, the seven Local Health Boards in Wales established the Welsh Health Specialised Services Committee (WHSSC) to ensure that the population of the Wales has fair and equitable access to the full range of specialised services.

This followed a consultation on specialised services for Wales in 2009, which recommended improvements in how the NHS plans and secures specialised services. In establishing WHSSC to work on their behalf, the seven Local Health Boards (LHBs) recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.

*Our 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***

### The Joint Committee

The Joint Committee is established as a Statutory Sub Committee of each of the Local Health Boards in Wales. It is led by an Independent Chair, appointed by the Minister for Health and Social Services, and membership is made up of three Independent Members, one of whom is the Vice Chair, the Chief Executives of the Local Health Boards, Associate Members and a number of Officers.

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 and tertiary services.

## Sub-committees

There are three sub-committees of WHSSC, Audit, Quality and Patient Safety and the Integrated Governance Committee. The Chair of the Audit Committee is an Independent Member of the Joint Committee, the Quality and Patient Safety Committee is Chaired by an Associate Member and the Integrated Governance Committee is chaired by the Chair of the Joint Committee.

The Welsh Renal Clinical Network has also been established as a sub committee and is chaired by the Lead Clinician for the Network, who is also an Associate Member of the Joint Committee.

*Membership of the Joint Committee and Sub Committees is shown in Appendix 1.*

Formal meetings of the Joint Committee are held in public and are normally held quarterly. The agenda and papers are available on the website : [www.whssc.wales.nhs.uk](http://www.whssc.wales.nhs.uk).

Further information regarding the Joint Committee meetings is available from :

Miss Pamela Wenger  
Committee Secretary

[Pamela.wenger@wales.nhs.uk](mailto:Pamela.wenger@wales.nhs.uk) or 01443 443443 ext. 8126.

## WHAT WE DO

The Welsh Health Specialised Services Committee (WHSSC) plans, secures and monitors the quality of a range of Specialised Services.

Specialised services tend to be expensive because of the nature of the treatments involved, so are a complex and costly element of services provided by the NHS. Particular aspects of specialised services, such as the relatively small number of specialised hospitals and the unpredictable nature of activity, require specific arrangements to make optimal use of scarce resources and mitigate risk through a process of collaboration. It is also important that we develop services experienced in treating patients with the rarest conditions, as it is only through ensuring this critical mass of patients (the smallest number that is considered safe and cost effective to treat by any individual or centre) that such services can be delivered.

Our role is to :

- Plan, procure and performance monitor Specialised Services.
- Develop, negotiate, agree, maintain and monitor contracts with providers of Specialised Services.
- Undertake reviews of Specialised Services and manage the introduction of drugs and new technologies.
- Co-ordinate a common approach to the planning of Specialised Services outside Wales.
- Manage the pooled budget for planning and securing Specialised Services and put financial risk sharing arrangements in place.
- Establish clear processes for the designation of specialised service providers and ensure ongoing clinical quality through a rolling programme of service review.
- Ensure a formal process of public and patient involvement underpins our work.

## **Access to advice**

WHSSC requires access to clinical advice for both strategic and operational purposes. In addition, WHSSC's strategic work requires public health support.

There are a number of sources of potential advice including:

- Individual expert clinicians
- WHSSC clinical leads
- National Specialist Advisory Group (NSAG) and Welsh Professional Advisory Committees
- Professional bodies e.g. Royal Colleges, standing groups etc.
- Clinical leads/advisors for other planning structures e.g. networks
- LHB clinical directors
- All Wales Medicines Strategy Group (AWMSG)/Welsh Medicines Partnership

Links are also maintained with relevant bodies in England, such as the Advisory Group for National Specialised Services (AGNSS), the Specialised Commissioning Group (SCG), Public Health Network (PHN) and NHS National Services Scotland.

## **Planning Framework**

WHSSC's planning framework has a number of key elements where clinical advice is utilised:

- Programme Teams
- Programme Reference Groups
- Planning and Prioritisation Group

The clinical leads are a main conduit for advice to the programme teams, drawing on the sources mentioned above. They are assisted in this by the WHSSC Medical Director, Deputy Medical Director and Lead Nurse.

In addition, there are two networks, renal and cardiac, which have specific arrangements for clinical involvement.



The main focus of the planning framework is strategic. The response to operational issues, particularly those related to individuals, is led by the Lead Nurse and Medical Director, supported by programme team members as appropriate.

The work of the Welsh Health Specialised Services Committee is organised through several programme areas.

In the following we look back at some of the highlights of the last 12 months.

## **Renal Services**

Key achievements in 2010/11 include:

- The new transplant unit opening at University Hospital of Wales, Cardiff, enabling the number of transplants to increase from 90 to 140 per annum;
- The opening of the Self-Care Dialysis Unit at Morriston Hospital, Swansea has promoted independence for a growing number of patients as well as increasing the number of patients on Home Haemodialysis. This will provide a model for equivalent units across Wales;
- Full repatriation of primary care patients to secondary care services for the prescribing of Erythropoietin Stimulating Agents. This produced significant savings, some of which have been reinvested in renal services. A new contract is to be retendered in 2011.

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

Key achievements in 2010/11 include :

- Successfully implemented a second cycle of IVF for all eligible couples and entailed around 300 extra procedures being provided in 2010/11;
- Additional investment in adult and paediatric cystic fibrosis services in South Wales. This was to address both capacity and quality issues for patients with this hereditary disease;
- The establishment of the Neonatal Network in the Autumn of 2010 and the new Transport service commenced in January

2011. The number of babies being cared for in England for neonatal care has decreased since January 2011.

## **Cardiothoracic Services**

Key achievements in 2010/11 include:

- Phase 1 and 2 of the review of Cardiac Services have been completed;
- The development of a new angioplasty service for the Aneurin Bevan population based at the Royal Gwent Hospital;
- The development of Transcatheter Aortic Valve Implantation (TAVI) services at both UHW, Cardiff and Morriston Cardiac Centre, Swansea and access to services at Liverpool Heart and Chest Hospital;
- Local delivery of brady pacing and simple pacemaker implants in Hwyl Dda and Cwm Taf Health Boards;
- The development of a complex device implant service at Cwm Taf Health Board.;
- Improved access rates for transplantation for the Welsh population;
- Development of a bariatric surgery service at the Welsh Institute of Metabolic and Obesity Surgery, Swansea;
- Development of Hyperbaric Oxygen Services (HBOT) in conjunction with the Diving Diseases Research Centre, Plymouth.

## **Cancer and Haemophilia Services**

Key achievements in 2010/11 include :

- The transfer of PET scan services for the population of South, West and Mid Wales from the Cheltenham Imaging Centre to PETIC, UHW site, Cardiff. This is the first publically funded PET scan service located in Wales. The population of North Wales continues to have access to PET scan services from the Christie Hospital NHS Foundation Trust;
- The National Delivery Plan for the implementation of the National Sarcoma Standards was approved by the Joint Committee with implementation taking place during 2011;
- The strengthening of liver surgery services for the population of South Wales at University Hospital of Wales through the

repatriation of liver resection work from Basingstoke and North Hampshire NHS Foundation Trust;

- Commencement of the MRI Surveillance Projects for those at high risk of developing breast cancer;
- Participation in the second National Procurement Contract for blood products for patients with bleeding disorders which delivers significant savings for the UK on the cost of blood products.

## **Mental Health Services**

Key achievements in 2010/11 include:

- Significant progress to improve the monitoring information for secure mental health services, with the development of a new secure services monitoring return and the integration of the WHSSC secure services database with the Welsh low secure database;
- Work has also commenced on developing the planning strategies for Eating Disorders and Gender Dysphoria services, with the development of contracts with NHS providers in England.

## **Neurosciences and Complex Conditions**

Key achievements in 2010/11 include:

- Establishment of the All Wales Posture and Mobility Partnership Board as an Advisory Group to the Joint Committee, engaging representation from service users, education and social services, and Local Health Boards;
- Secured a new contract for the provision of parenteral nutrition at home for patients with intestinal failure which offers improved value for money for NHS Wales;
- The delivery of emergency and elective neurosurgery from a single site at the University Hospital of Wales;
- Establishment of the Neurosciences Project Team, with new membership and terms of reference, to deliver the next phase of implementation of the Axford Review recommendations.

The Programme Teams are supported by a Finance and Information Team and key achievements in 2010/11 have included:

- All activity allocated against WHSSCs Service Level Agreements (SLAs) is validated on a monthly basis to ensure that the organisation only funds appropriate activity. During 2010/11, over £900K worth of challenges were raised under the Payment by Results (PbR) rules resulting in significant recurrent savings;
- Provided information to support the service reviews and supported the programme teams, to facilitate the development of specialised services within Wales;
- Development of Mental Health Information Return to facilitate the planning of Medium and High Secure mental Health Services and to facilitate the transition to a National Secure Service Database;
- Production of Information Statement of Need; and
- Production of Welsh Ambulance Service NHS Trust (WAST) Performance Report to monitor implementation of the Efficiency Review.

## **GOVERNANCE AND QUALITY**

### **Doing Well Doing Better – Healthcare Standards for Wales**

During 2010/11 the WHSSC developed a Healthcare Standards Improvement Plan and this was approved by the Joint Committee and monitored by the Audit Committee and Quality and Patient Safety Committee. WHSSC has started to take steps to integrate *Doing Well, Doing Better: Standards for Health Services in Wales* as its framework for gaining assurance on its ability to fulfil its aims and objectives for the delivery of safe, high quality health services. This involves self assessment of performance against the standards across all activities and at all levels throughout the organisation.

As part of this process, the organisation has completed the Governance & Accountability assessment module and achieved the following level of performance for 2010/11 : *We are developing plans and processes and can demonstrate progress with some of our key areas for improvement.*

### **Patient and Public Engagement**

The Welsh Health Specialised Services Committee is committed to ensuring high quality patient and public engagement (PPE) and that effective communication and involvement will be at the centre of service design.

During 2010/11, the Welsh Health Specialised Services Committee has been involved in a number of public and patient engagement activities including :

- Stakeholder and User Representation on Advisory Groups and Project Boards;
- Appointment of a number of Patient Representatives to support the work of Specialised Services; and
- Community Health Council representation on the Quality and Patient Safety Committee.

A framework will be developed with the LHBs in 2011/12 to work collaboratively with LHB's public and patient involvement leads. This framework will ensure that WHSSC involve stakeholders at all stages of planning Specialised Services, as well as being proactive in ensuring PPE activity is mainstreamed and embedded into all aspects of our work.

## **Individual Patient Funding**

In March 2011, the Joint Committee approved the future arrangements for the Management of Individual Patient Funding Requests (IPFR). An All Wales IPFR Panel for Specialised Services will be sub committee of the Joint Committee and will consist of members of all seven Local Health Boards, an Independent Chair and a nomination from the Community Health Council.

Using the proposed All Wales Policy for making decisions on Individual Patient Funding Requests the panel will consider and make decisions on IPFRs for specialised services. This will ensure a consistent decision making approach across NHS Wales ensuring a fair and equitable approach to IPFR for specialised services for its citizens. It will give all Health Boards the opportunity to be involved in the decision making and identify trends which will help towards influencing new policy and planning decisions.

## **Freedom of Information Act**

Cwm Taf Local Health Board as the Host LHB is responsible for putting in place appropriate arrangements for complying with the Freedom of Information Act 2000.

During the period 2010/11, WHSSC has processed eighteen requests for information under the Act's 'general right of access'.

## **Complaints, Incidents and Compliments**

### *Complaints*

The Welsh Health Specialised Services Committee works with the Local Health Boards to ensure that we provide timely and comprehensive responses to complaints relating to Specialised

Services. The Local Health Board of the complainants residency is responsible for signing off any complaint.

During the year 2010/11, eighteen formal complaints were received. All complaints were acknowledged within two working days and 89% received a formal response within twenty working days.

### *Incident Reporting*

In the year 2010/11, Welsh Health Specialised Services has reported ten incidents, four of which were patient related and six that were staff related, all the incidents have been investigated and where applicable, investigated jointly with the appropriate Health Board. Action has been taken in response to the incidents to ensure lessons are learned and risks are reduced.

WHSSC is evolving the processes for incident reporting and is collaborating with Patient Safety / Risk Managers in the Health Boards for communicating information concerning patient safety incidents that occur to patients receiving services commissioned by WHSSC. This work will also include a similar consultation with services planned outside Wales.

### *Compliments*

The staff have received a number of compliments during the year a few examples are :

"Just a little note to thank you very much for your letter. Very pleased with the panel's decision to fund our IVF treatment". *Patient*

"May I add my thanks, this is excellent news, thank you for responding so quickly". *Patient*

"Thank you for your rapid response, This is truly very much appreciated, Can you pass on thanks for the rest of the team"  
*Consultant*

**SUMMARY FINANCIAL STATEMENTS FOR THE YEAR ENDED  
31<sup>st</sup> MARCH 2011**

**Statement of Comprehensive Net Expenditure  
for Year Ended 31<sup>st</sup> March 2011.**

	2011 £000's	2010 £000's
Expenditure on Healthcare From Other Providers.	592,527	609,098
Administration Expenditure	2,511	2,523
	<b>595,038</b>	<b>611,621</b>
Less: Miscellaneous Income	595,038	71
<b>Net Operating Costs For The Financial Year.</b>	<b>0</b>	<b>611,550</b>

**Statement of Financial Position as at 31 March 2011**

	2011 £000's	2010 £000's
<b>CURRENT ASSETS</b>		
Trade and Other Receivables	3,869	2,457
Cash and Cash Equivalents	1,705	13
<b>Total Current Assets</b>	<b>5,574</b>	<b>2,470</b>
Trade and Other Payables	(17,416)	(14,147)
<b>Net current assets / (liabilities)</b>	<b>(11,842)</b>	<b>(11,677)</b>
Provisions	0	(165)
<b>TOTAL ASSETS EMPLOYED</b>	<b>(11,842)</b>	<b>(11,842)</b>
<b>FINANCED BY:</b>		
General fund	(11,842)	(11,842)



**Stuart Davies**  
Director of Finance



**Dr. Cerilan Rogers**  
Director of Specialised and Tertiary Services



## Statement of Cash flows for the year ended 31 March 2011

	2011	2010
	£000	£000
Net operating costs	0	(611,082)
Movements in working capital	1,692	(4,621)
Other Cash Flow Adjustments		
<b>Net cash outflow from operating activities</b>	<b>1,692</b>	<b>(615,703)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Financing from the Welsh Assembly	0	615,314
Financing from Local Health Boards		
<b>Net Financing</b>	<b>0</b>	<b>615,314</b>
<b>Net Increase/ (decrease) in cash and cash equivalents</b>	<b>1,692</b>	<b>(389)</b>
<b>Cash and cash equivalents at 1<sup>st</sup> April 2010</b>	<b>13</b>	<b>402</b>
<b>Cash and cash equivalents at 31<sup>st</sup> March 2011</b>	<b>1,705</b>	<b>13</b>

## **Director of Finance Report**

The summary financial statements for WHSSC have been incorporated into the financial accounts of the Cwm Taf Health Board, the host body responsible for WHSSC.

### *Income*

WHSSC's income is received from Local Health Boards related to the relative usage of specialised services across Wales. Baseline levels of income have been determined by historic utilisation rates. All changes are subject to a comprehensive risk sharing agreement between Health Boards. Income for the year totalled £595m.

### *Expenditure*

The operating costs of WHSSC are comprised mainly of the cost of procuring healthcare from providers of specialised health care. This accounts for £592.5 (99.58%) of all expenditure.

The majority of expenditure is with Welsh NHS providers with £309.5m provided by Health Boards and £143.9m provided by Welsh Trusts. A significant value of services are provided by specialised NHS providers in England. This represents £112.7m of expenditure and is comprised of tertiary services provided in the cross border areas such as North West England for the Powys population, Birmingham for the Powys and South Wales population and Bristol for the South Wales population together with a range of highly specialised services provided across England on an all Wales basis.

Services are also provided by the Independent Sector and Voluntary Sector totalling £26.5m. This expenditure predominantly relates to specialised mental health services (including medium secure forensic services, child and adolescent mental health services and eating disorder services) and renal dialysis services.

WHSSC operates with a small direct running cost overhead of £2.5m representing 0.4% of expenditure.

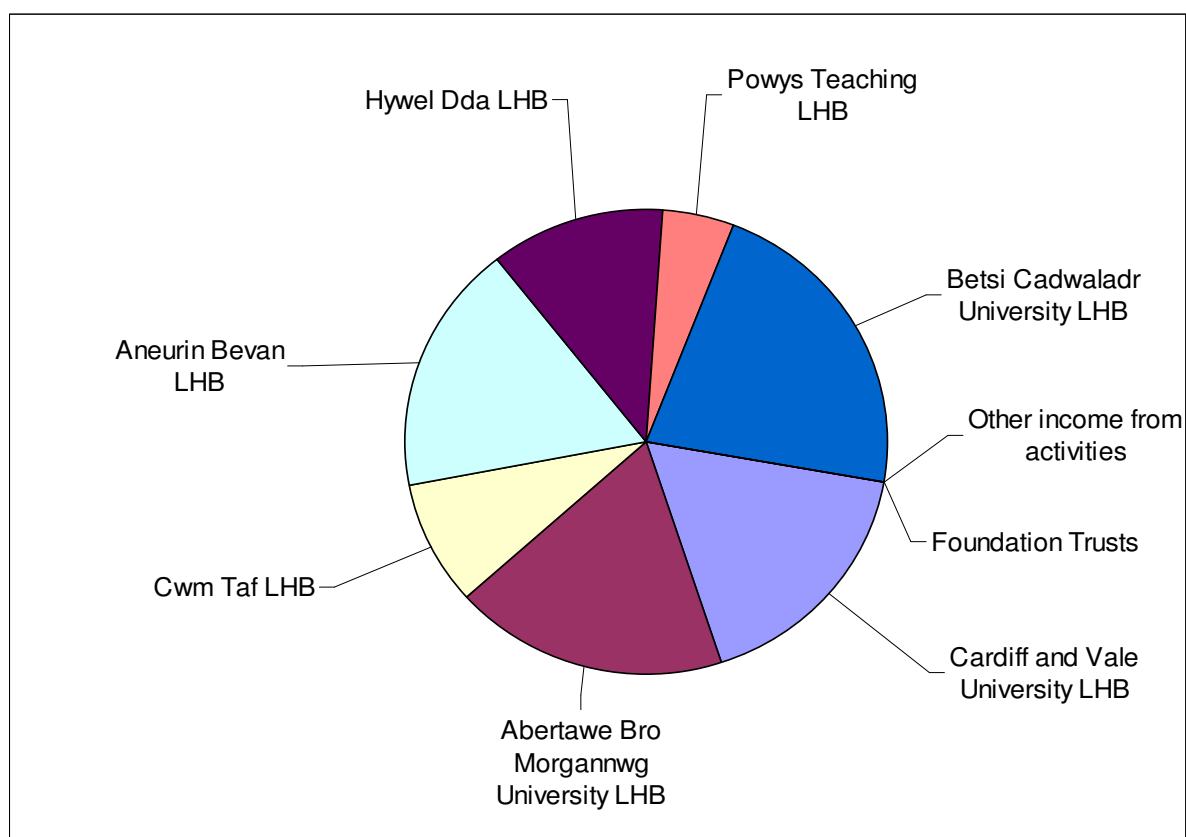


Stuart Davies  
Director of Finance

## Analysis of Income and Expenditure of Cwm Taf Health Board - WHSSC Activities

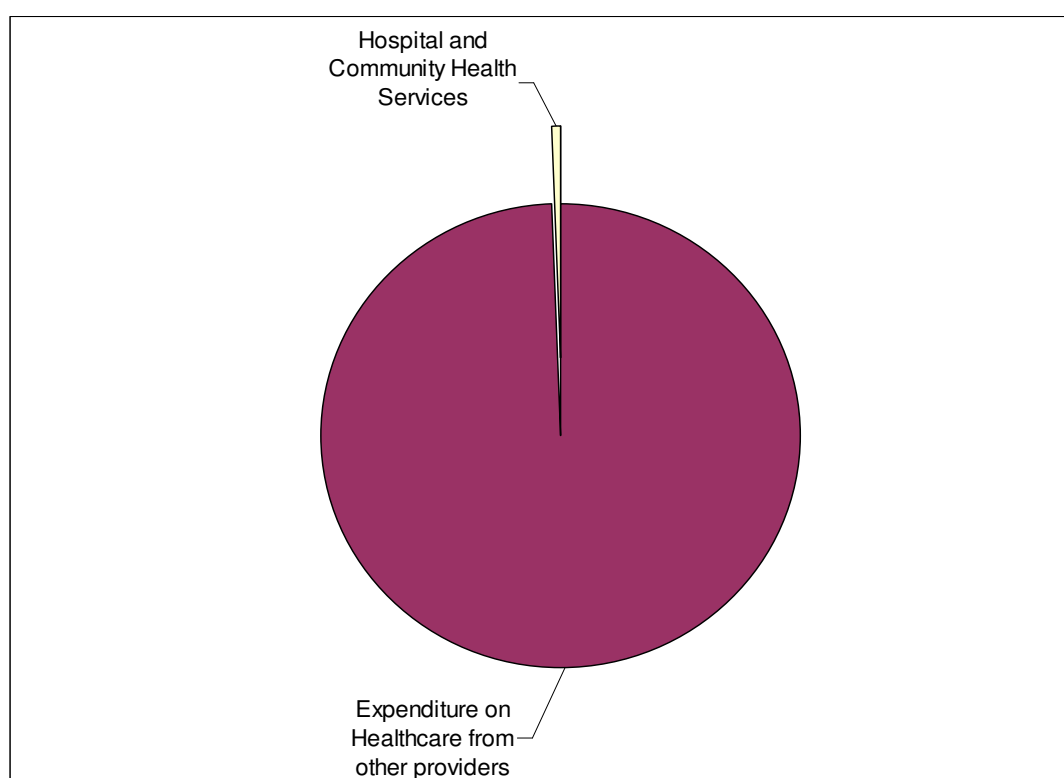
The main source of funding came from Health Boards totalling £594.945 million. In addition, WHSSC had miscellaneous income totalling £93k. Details below.

Income	£000	%
Cardiff and Vale University LHB	101,858	17.12
Abertawe Bro Morgannwg University LHB	109,156	18.34
Cwm Taf LHB	52,144	8.76
Aneurin Bevan LHB	103,275	17.36
Hywel Dda LHB	70,548	11.86
Powys Teaching LHB	26,669	4.48
Betsi Cadwaladr University LHB	131,295	22.06
Foundation Trusts	8	0.00
Other income from activities	85	0.01
Total	595,038	100



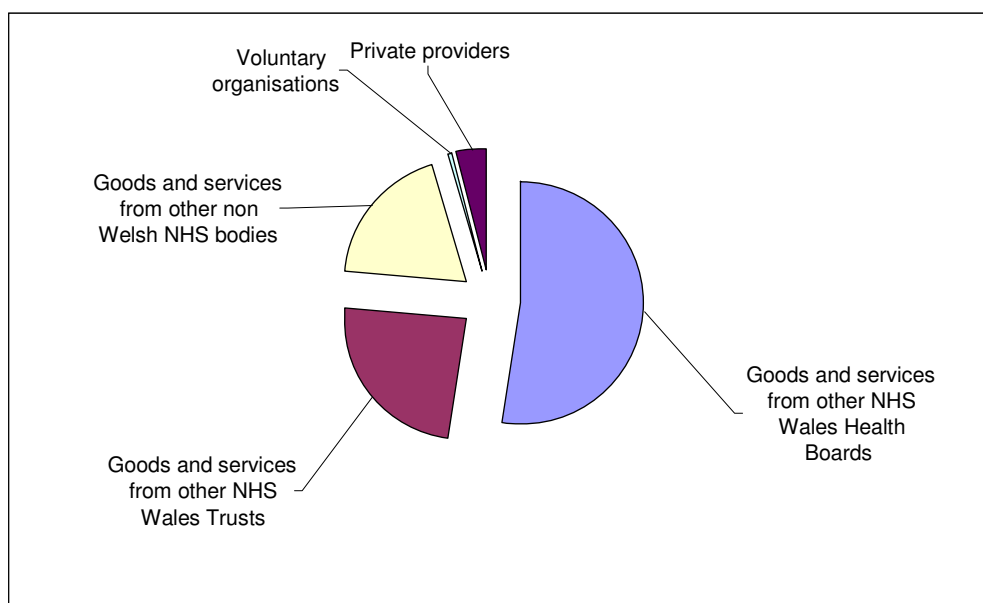
The operating costs of WHSSC were £595.038 million

<b>Operating Expenses</b>	<b>£000</b>	<b>%</b>
Primary Healthcare Services	-	0.00
Expenditure on Healthcare from other providers	592,527	99.58
Hospital and Community Health Services (Direct Running Costs)	2,511	0.42
<b>Total</b>	<b>595,038</b>	<b>100</b>



## Analysis of Operating Expenditure

<b>Expenditure on Healthcare from other providers</b>	<b>£000</b>	<b>%</b>
Goods and services from other NHS Wales Health Boards	309,484	52.23
Goods and services from other NHS Wales Trusts	143,855	24.28
Goods and services from other non Welsh NHS bodies	112,720	19.02
Voluntary organisations	3,575	0.60
Private providers	22,893	3.86
<b>Total</b>	<b>592,527</b>	<b>100</b>



## Expenditure on Hospital and Community Health Services -

### Direct Running Costs

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Staff costs

Consultancy Services

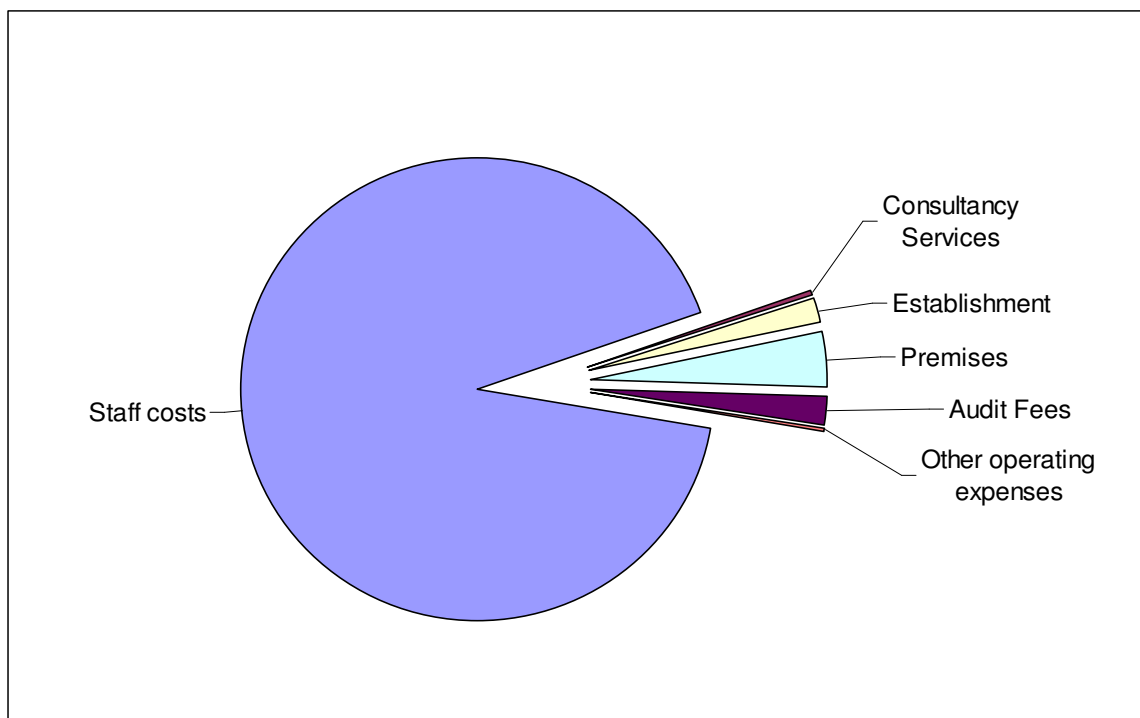
Establishment

Premises

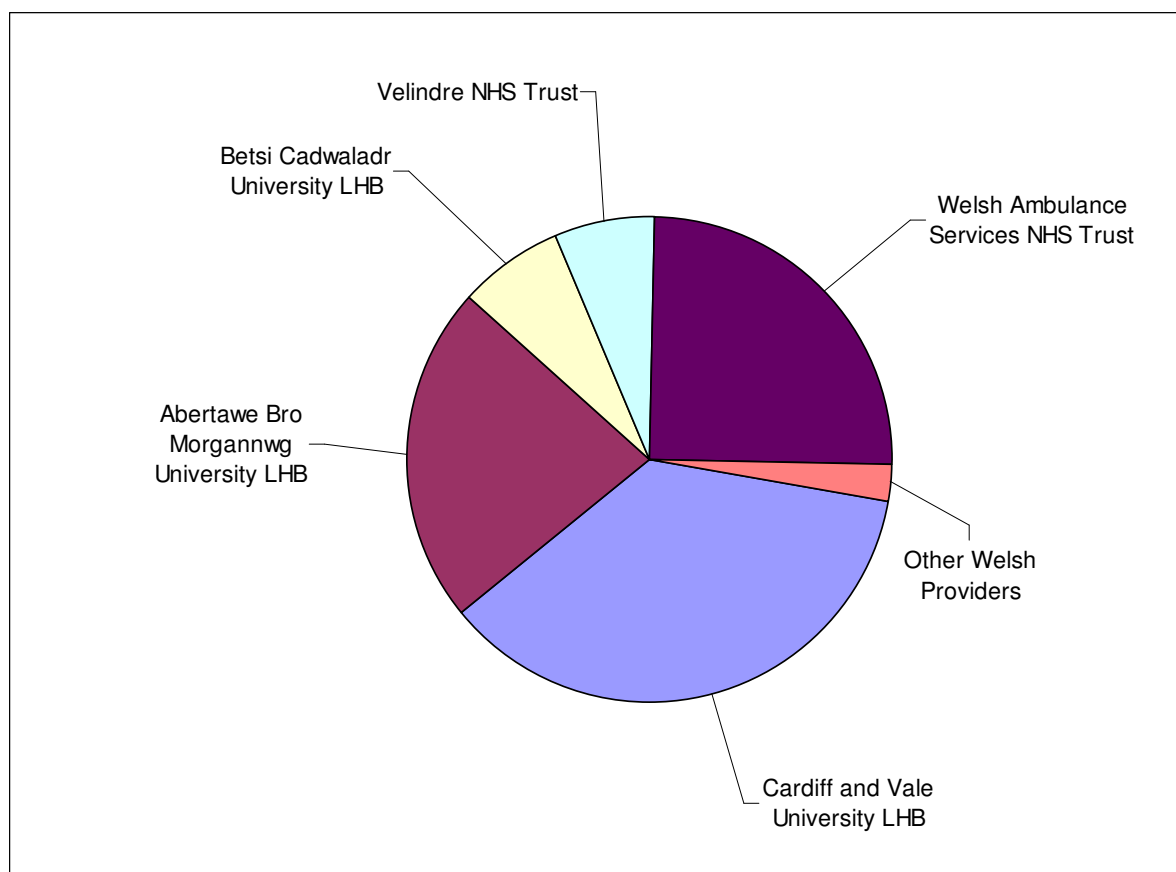
Audit Fees

Other operating expenses

Total



Income	£000	%
Cardiff and Vale University LHB	165,017	36.40
Abertawe Bro Morgannwg University LHB	101,882	22.47
Betsi Cadwaladr University LHB	31,634	6.98
Velindre NHS Trust	29,615	6.53
Welsh Ambulance Services NHS Trust	114,155	25.18
Other Welsh Providers	11,036	2.43
Total	453,339	100



## STATEMENT ON INTERNAL CONTROL

### 1. **Scope of responsibility**

In accordance with the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009 No.35), the LHBs are required to establish a Joint Committee for the purpose of jointly exercising its Delegated Functions and providing the Relevant Services from 1 April 2010.

The Welsh Health Specialised Services Committee (WHSSC) (Wales) Regulations 2009 (SI 2009 No 3097) make provision for the constitution of the "Joint Committee" including its procedures and administrative arrangements.

The Joint Committee is a statutory committee established under sections 12 (1)(b) and (3), 13(2)(c), (3)(c) and (4)(c) and 203(9) and (10) of the Act. The LHBs are required to jointly exercise the Relevant Services.

Cwm Taf LHB has been identified as Host LHB to provide administrative support for the running of the Welsh Health Specialised Services Committee and to establish the Welsh Health Specialised Services Team as per Direction 3(4) and Regulation 3(1) (d) and the interpretation sections of both the Directions and the Regulations and the Joint Committee Standing Orders: Statutory Framework and Joint Committee Framework.

The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make collective decisions on the review, planning, procurement and performance monitoring of agreed specialised and tertiary services (Relevant Services) and in accordance with their defined Delegated Functions. The Joint Committee therefore comprises, and is established by, all the LHBs.

The Joint Committee is accountable for internal control. As Director of Specialised and Tertiary Services for the Joint Committee, I have 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 Chief Executive of Cwm Taf Local Health Board. Under the terms of the establishment arrangements, Cwm Taf Health Board are deemed to be held harmless and have no additional financial liabilities beyond their own population.



## 2. **The purpose of the system of internal control**

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of organisational policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the organisation for the period 1 April 2010 ending 31<sup>st</sup> March 2011.

## 3. **Capacity to handle risk**

I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aim and objectives and need to be satisfied that appropriate policies and strategies are in place and that systems are functioning effectively. The Joint Committee's sub committees have assisted me in providing these assurances and I am supported by the Head of Internal Audit's annual work, report and opinion on the effectiveness of our system of internal control.

An Independent Member of the Joint Committee Chairs the Audit Committee and three other Independent Members from NHS Wales Boards are Members of the Audit Committee. The Director of Finance, Committee Secretary and other Senior Managers (as required) attend the meetings. The links with sub committees have been established by setting up an Integrated Governance Committee which is chaired by the Chair of the Joint Committee and the Members include the Chairs of the sub committees. The minutes of the Joint Committee are circulated to all LHBs and Trusts for reporting to their Boards and the Joint Committee and Integrated Governance Committee receives a copy of all the minutes to ensure that an integrated and efficient approach to risk management is maintained in the organisation.

All staff have some responsibility for risk management and internal control and risk management is integrated into the day-to-day management and planning of our activities. Training is available for all staff on Risk Management and specifically during the year, Local Counter Fraud training has been provided. Other training available to staff includes health and safety, fire safety, information security and data protection.

## 4. **The risk and assurance framework**

The Joint Committee utilises Cwm Taf's Committee arrangements to assist it in discharging its governance responsibilities and has adopted the risk assessing mechanisms of the host subject to appropriate adaptation to take into account the specific functions of the Joint Committee.

The Cwm Taf Health Board has in place a comprehensive Risk Management Strategy, which is reviewed by the Corporate Risk Committee and this document is available to all staff on the intranet site. The Strategy describes Cwm Taf Local Health Board's overall risk management objectives, corporate and Divisional responsibilities for managing risks, the risk management process and the risk identification, evaluation and control system. The strategy includes the risk assessment framework which is used for evaluating and quantifying risks, escalation and de-escalation processes.

Risk Management is embedded in the activities of WHSSC through a number of processes. WHSSC has developed a Corporate Risk Register and all the risks are monitored by the Joint Committee, Sub Committee of the Joint Committee or the Corporate Risk Committee. The Risk Register is monitored at every meeting of the Audit Committee and the Quality and Patient Safety Committee. The Committee Secretary is also a member of the Cwm Taf Corporate Risk Committee.

A robust internal control framework was in place during the year, which includes:

- The adoption by the Joint Committee of the Governance and Accountability Framework which comprises of the Standing Orders, Standing Financial Instructions, Memorandum of Agreement and Hosting Agreement;
- An Audit Committee, Quality and Patient Safety Committee, Integrated Governance Committee and the Welsh Renal Clinical Network;
- Appointment of Internal Auditors; and
- An approved financial plan and regular reporting of financial and performance information to the Joint Committee and LHBs.

### ***Information Governance***

The Committee Secretary is the Lead Officer in relation to Information Governance for the WHSSC and the Director of Specialised and Tertiary Services is the Caldicott Guardian. Both officers are members of the Cwm Taf Local Health Board Information Governance Group. WHSSC has established an internal Information Governance Group which is chaired by the Committee Secretary and ensures appropriate arrangements are embedded into the activities of WHSSC.

### **Health and Safety**

The Committee Secretary is the Lead Officer in relation to Health and Safety for WHSSC. Cwm Taf Local Health Board has a Health and Safety Group and a representative of WHSSC attends these meetings. The Health and Safety Group reports to the Cwm Taf Corporate Risk Committee.

## ***Equality and Diversity***

The WHSSC follows the policies and procedures of the Cwm Taf Local Health Board, as the Host LHB. All staff have access to the Intranet where these are available. The Hosting Agreement includes provision for specific support around Equality and Diversity and the WHSSC has been working with the Equality Officer in the LHB and the NHS Wales Equality Unit to look at ways of integrating equality and diversity issues into our work. The Committee Secretary is a member of the Equality Group within Cwm Taf and therefore any issues are integrated into this process.

### ***"Doing Well – Doing Better"***

During 2010/11 the WHSSC developed a Healthcare Standards Improvement Plan and this was approved by the Joint Committee and monitored by the Audit Committee and Quality and Patient Safety Committee. WHSSC has started to take steps to integrate Doing Well, Doing Better: Standards for Health Services in Wales as its framework for gaining assurance on its ability to fulfil its aims and objectives for the delivery of safe, high quality health services. This involves self assessment of performance against the standards across all activities and at all levels throughout the organisation. Senior Officers have been allocated Leads for each of the Standards and each report considered by the Joint Committee and relevant Sub Committees provides a link to the relevant standard.

WHSSC recognises that the organisation is in the the early stages of the process for embedding the standards into the organisation and performing self assessments against the standards at all levels and across all activities. This is mainly due to the timescale in issuing the guidance and that WHSSC was established as a new body in 2010. Significant work will be taken forward in 2011/12 to embed all the standards across all activities.

As part of this process, the organisation has completed the Governance & Accountability assessment module and achieved the following level of performance for 2010/11 : *We are developing plans and processes and can demonstrate progress with some of our key areas for improvement.*

<b>Governance and Accountability Module</b>	We do not yet have a clear, agreed understanding of where we are (or how we are doing)	We are aware of the improvements that need to be made and have prioritised	We are developing plans and processes and can demonstrate progress	We have well developed plans and processes and can demonstrate	We can demonstrate sustained good practice and innovation that is shared throughout
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	and what / where we need to improve.	them, but are not yet able to demonstrate meaningful action.	with some of our key areas for improvement.	sustainable improvement throughout the organisation /business.	the organisation/ business, and which others can learn from.
<b>Setting the direction</b>			√		
<b>Enabling delivery</b>			√		
<b>Delivering results achieving excellence</b>			√		
<b>OVERALL MATURITY LEVEL</b>			√		

This process has been subject to independent internal assurance by the organisations Head of Internal Audit. This was judged to be a reasonable process.

The organisation has plans in place to achieve the improvement actions identified and within clearly defined timescales proportionate to the risk.

### ***Public and Patient Engagement***

The Joint Committee is committed to effective involvement of stakeholders in the way that services are planned and secured. Each of the Programme Teams has mechanisms in place to engage with stakeholders, a representative of the Community Health Council is a Member of the Quality and Patient Safety Committee.

The Committee Secretary is the lead for Public and Patient Engagement and work is underway to develop a Corporate Framework which is consistent and complements existing arrangements already in place at a Local Health Board level.

## **5. Review of effectiveness**

I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal

control is informed by the work of the internal auditors and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Joint Committee, the Audit Committee, Integrated Governance Committee and Quality and Patient Safety Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

*The role of the Joint Committee is:*

- to determine in conjunction with the Welsh Assembly Government a long-term strategic plan for the development of the Relevant Services in Wales;
- to identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- to develop national policies for the equitable access to safe and sustainable, high quality Relevant Services across Wales, whether planned, funded and secured at national, regional or local level;

The Joint Committee has established the following Sub Committees :

- Integrated Governance Committee
- Audit Committee
- Quality and Patient Safety Committee
- Welsh Renal Clinical Network

**The Integrated Governance Committee** provides assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across WHSSC activities.

The **Audit Committee** advises and assure the Joint Committee on whether effective arrangements are in place – through the design and operation of the Joint Committee’s assurance framework – to support them in their decision taking and in discharging their accountabilities for securing the achievement of the Joint Committee’s Delegated Functions,

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 is planned and developed on an all Wales basis in an efficient, economical and integrated manner and will provide a single decision-making framework with clear remit, responsibility and accountability.

6. **Significant internal control problems (if applicable)**

There are no significant internal control problems that have been identified during the year. The Head of Internal Audit has given moderate assurance on the design adequacy and effectiveness of the system of internal control for WHSSC.

A handwritten signature in black ink, appearing to read 'C. Rogers'.

**7<sup>th</sup> June 2011**

**Signed .....**      **Date .....**

**Director of Specialised and Tertiary Services**

## **LOOKING FORWARD TO 2011/12**

During 2011/12 our focus will be on :

- Delivering the targets within the Annual Quality Framework;
- Develop and agree a Strategic Framework for the planning of Specialised Services for 2011/12 and beyond;
- Developing a Prioritisation Framework for Specialised Services;
- Implementing All Wales Specialised Services Individual Patient Funding Request Panel;
- Complete Phase 3 of the Cardiac Review. This should provide a 'blueprint' to develop:
  - Primary PCI services;
  - Develop new complex implantation services at District General Hospital level in both North and South Wales
- Complete the review of Cystic Fibrosis Services;
- Complete the review of CAMHS;
- Complete the review of the Blood Service for Wales.

## **TELL US WHAT YOU THINK**

We welcome your views about our work, and any comments you may have about this annual report or our website [www.whssc.wales.nhs.uk](http://www.whssc.wales.nhs.uk)

You can contact us by:

Post:

Email:

Via our website: [www.WHSSC.wales.nhs.uk](http://www.WHSSC.wales.nhs.uk)

**JOINT COMMITTEE AND SUB COMMITTEES**

**1. MEMBERSHIP OF THE JOINT COMMITTEE**

**2. SUB COMMITTEES**

Audit Committee

Quality and Patient Safety Committee

Integrated Governance Committee

All Wales Renal Clinical Network



## **MEMBERSHIP OF THE JOINT COMMITTEE 2010/11**

### **Chair**

- Professor Michael Harmer

### **Vice Chair**

- Mr Michael Williams (*Chair of Betsi Cadwaladr ULHB*)

### **Independent Members**

- Mr John Hill-Tout (*Independent Member Cwm Taf Local Health Board* )
- Mr David Jenkins (*Chair of Aneurin Bevan Local Health Board*)

### **Chief Executives of the Local Health Boards**

- Mr David Sissling, Chief Executive, Abertawe Bro Morgannwg University Local Health Board
- Dr Andrew Goodall, Chief Executive, Aneurin Bevan Local Health Board
- Mrs Mary Burrows, Chief Executive, Betsi Cadwaladar Local Health Board
- Mrs Jan Williams, Chief Executive, Cardiff and Vale University Local Health Board
- Mrs Margaret Foster, Chief Executive, Cwm Taf Local Health Board (until 4<sup>th</sup> March 2011)
- Mr Trevor Purt, Chief Executive, Hwyl Dda Local Health Board
- Mr Andrew Cottom, Chief Executive, Powys Teaching Local Health Board
- Mrs Allison Williams, Chief Executive, Cwm Taf Local Health Board (from 7<sup>th</sup> March, 2011).

### **Associate Members**

- Mr Bob Hudson, Chief Executive, Public Health Wales
- Mr Alun Lloyd, Acting Chief Executive, Velindre NHS Trust (Until 30<sup>th</sup> September 2010 )
- Mr Simon Dean, Chief Executive, Velindre NHS Trust (From 1<sup>st</sup> October 2010)
- Professor John Williams, Clinical Lead and Chair of the Welsh Renal Clinical Network

- Professor Simon Smail, (Independent Member, Public Health Wales)

### **Officer Members**

- Dr Cerilan Rogers, Director of Specialised and Tertiary Services
- Mr Stuart Davies, Director of Finance
- Dr Geoffrey Carroll, Medical Director

The following Officer Members attend the meetings of the Joint Committee

- Mr Daniel Phillips, Director of Planning
- Miss Pamela Wenger, Committee Secretary

### **Joint Committee Interests**

Members of the Joint Committee have declared the following interests which may be relevant to the business of the Welsh Health Specialised Services Committee :

#### **Mrs Jan Williams**

Reader – Collaborative Leadership and Strategic Management, Cardiff University

#### **Mr Trevor Purt**

Non Executive Director “Our Life” a social enterprise organisation working with NHS North West on social marketing

#### **Mr David Jenkins**

Chair Wales Co-operative Development and Training Centre Ltd

Member General Medical Council Registration and Fitness to Practice Panel

Member Employment Appeal Tribunal

#### **Mr John Hill Tout**

Trustee Relate Cymru

#### **Professor Simon Smail**

Trustee Leonard Cheshire Disability UK

## **SUB COMMITTEES OF THE JOINT COMMITTEE**

The Joint Committee has established four sub committees and these include :

- Audit Committee
- Quality and Patient Safety Committee
- Integrated Governance Committee
- All Wales Clinical Renal Network

### **Audit Committee**

The Audit Committee was established as a Sub Committee of the Joint Committee on 1<sup>st</sup> April 2010.

The purpose of the Audit Committee is to advise and assure the Joint Committee on whether effective arrangements are in place through the design and operation of the Joint Committee's assurance framework. Where appropriate, the Audit Committee will advise the Joint Committee on where, and how, its assurance framework may be strengthened and developed further.

The Membership of the Audit Committee for the period 2010/11 was as follows:

- Mr John Hill-Tout (Chair) – Independent Member on the Joint Committee and also Member of the Cwm Taf Health Board;
- Mr Gareth Jones – Member of Audit Committee and also Member of Powys Local Health Board;
- Mr Paul Griffiths – Member of Audit Committee and also Member of Velindre NHS Trust; and
- Professor Howard Young, Member of Audit Committee and Member of Cardiff and Vale ULHB.

The following Members are in attendance at Audit Committee Meetings :

- Miss Pam Wenger, Committee Secretary
- Mr Stuart Davies, Director of Finance
- Mr Stephen Harrhy, Board Secretary/Corporate Director Cwm Taf LHB
- Mr David Lewis, Deputy Chief Executive/Director of Finance Cwm Taf LHB;
- Internal Auditors
- External Auditors

## Quality and Patient Safety Committee

The Quality and Patient Safety Committee was established as a Sub Committee of the Welsh Health Specialised Services Committee on 1<sup>st</sup> April 2010.

The purpose of the Quality and Patient Safety Sub Committee is to provide:

- Evidence based and timely advice to the Joint Committee to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare; and
- 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 Membership of the Quality and Patient Safety Committee for the period 2010/11 was as follows:

- Professor Simon Smail (*Chair*), Associate Member of the Joint Committee and Independent Member, Public Health Wales
- Professor Michael Williams , Vice Chair of the Quality and Patient Safety Committee and Independent Member on Abertawe Bro Morgannwg ULHB
- Mr John Morgan, Independent Member and Independent Member on the Welsh Ambulance NHS Trust
- Mrs Andrea Gristock, Clinical Director Representative and Assistant Director of Nursing, Cwm Taf HB
- Dr Paul Hughes, Clinical Director Representative and Assistant Medical Director, Betsi Cadwaldr ULHB
- Dr Graham Shortland, Clinical Director Representative and Medical Director, Cardiff and Vale ULHB
- Mr Andrew Phillips, Clinical Director Representative and Director of Therapies Abertawe Bro Morgannwg ULHB

During the year there has been a change in Membership from the Welsh Ambulance Trust. Mr John Morgan replaced Mr

Phillip James in March 2011. Mr Byron Grubb replaced Mr Ralph James in November 2010.

The following Members are in attendance at Quality and Patient Safety Committee Meetings :

- Dr Cerilan Rogers, Director of Specialised and Tertiary Services
- Dr Geoffrey Carroll, Medical Director
- Miss Pam Wenger, Committee Secretary
- Dr Ashraf Mikail, Clinical Governance Lead, All Wales Clinical Renal Network
- Mrs Judith White, Lead Nurse
- Mr Ralph James, Community Health Council Representative (Until 29<sup>th</sup> October 2010)
- Mr Byron Grubb, Community Health Council Representative (From 1<sup>st</sup> November 2010 )

## **Integrated Governance Committee**

The Integrated Governance Committee was established as a Sub Committee of the Welsh Health Specialised Services Committee on 30<sup>th</sup> November 2010.

The purpose of the Integrated Governance Committee is to scrutinise evidence and information brought before it in relation to activities and potential risks which impact on the services provided and provide assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across.

The Membership of the Integrated Governance Committee for the period 2010/11 was as follows:

- Professor Michael *Harmer* (*Chair*)
- Mr John Hill-Tout, Independent Member and Chair of the Audit Committee
- Professor Simon Smail, Associate Member and Chair of the Quality and Safety Committee
- Professor John Williams, Chair of All Wales Clinical Renal Network

Miss Pam Wenger, Committee Secretary is in attendance at all meetings.

## **All Wales Clinical Renal Network**

The All Wales Clinical Renal Network was established as a Sub Committee of the Welsh Health Specialised Services Committee on 1<sup>st</sup> April 2010.

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

The Membership of the All Wales Renal Clinical Network Committee for the period 2010/11 was as follows:

- Professor John Williams, Lead Renal Advisor for Welsh Assembly Government (*Chair*)
- Dr Richard Moore, Renal Network Lead Clinician (South Wales)
- Dr Peter Drew, Renal Network Lead Clinician (North Wales)
- Dr Kieran Donovan, Network Clinical lead for Information and Planning;
- Dr Ashraf Mikail, Network Lead for Clinical Governance / Quality and Safety;
- Ms Katie Norton, LHB CEO representatives
- Prof Paul Dummer, Independent Member
- Ms Chrissie Hayes, LHB CEO representatives;
- Mr Steve Armstrong, Patients and Carer representative
- Mr Don Brown, Patients and Carer representative
- Mr Bill Morgan, Patients and Carer representative
- A Community Health Council Representative

There are also a wide number of members that are also in attendance at the meetings.