



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

ANNUAL REPORT

2014/15

WHSSC is a joint committee of the seven Local Health Boards in Wales, which has the delegated responsibility for commissioning specialised services on their behalf.



Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Bwrdd Iechyd
Aneurin Bevan
Health Board



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Bwrdd Iechyd
Cwm Taf
Health Board



Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



Bwrdd Iechyd
Hywel Dda
Health Board



Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

CONTENTS

MESSAGE FROM THE CHAIR	3
WELSH HEALTH SPECIALISED SERVICES COMMITTEE AT A GLANCE	4
ABOUT WELSH HEALTH SPECIALISED SERVICES COMMITTEE	5
THE ROLE OF WHSSC	5
THE JOINT COMMITTEE.....	6
THE INTEGRATED COMMISSIONING PLAN	7
KEY FEATURE.....	7
WHSSC VALUES	7
PROGRAMME TEAMS	8
Cancer and Blood	8
Cardiothoracic.....	8
Mental Health.....	8
Neurological and Complex Conditions	8
Welsh Renal Clinical Network	9
Women and Children	9
QUALITY, SAFETY AND PATIENT EXPERIENCE.....	10
KEY ACHIEVEMENTS.....	11
CONCERNS.....	14
SOURCE OF CONCERN	14
NO SURPRISE EVENTS.....	14
NEVER EVENTS.....	14
CONCERNS BY TYPE	15
LEARNING AND ACTION	15
CORPORATE RISK AND ASSURANCE FRAMEWORK.....	17
STRATEGIC RISK PROFILE AND ASSURANCE FRAMEWORK.....	18
CORPORATE GOVERNANCE	24
OUR GOVERNANCE APPROACH.....	25
THE JOINT COMMITTEE	27
STATEMENT OF FINANCIAL POSITION AS AT 31 ST MARCH 2015	32

MESSAGE FROM THE CHAIR

I am pleased to present the Annual Report for Welsh Health Specialised Services Committee (WHSSC) for 2014-15.

This report is an opportunity to both reflect upon the achievements of the last year and also outline the opportunities and challenges ahead.

The past twelve months have continued to be challenging and we have continued to focus on putting in place a full commissioning model to ensure equitable access to safe, effective and sustainable specialised services for the people of Wales, within the constraints of a challenging savings programme, and maintaining financial stability. In order to meet this challenge, we have had to consider carefully all the Specialised Services which we are responsible for planning on behalf of Local Health Boards. Whilst we have made progress in achieving some of the savings required, further work needs to take place to ensure these are delivered in 2015 and beyond.

On a personal note, I wish to express my gratitude to Joint Committee Members stakeholder representatives, staff within the LHBs and above all the individual staff within WHSSC for their hard work and commitment to implement our aim of ensuring equitable access to safe, sustainable specialised services for Wales during 2014-15. Their enthusiasm and commitment is at the heart of everything we aim to achieve.

I would like to take this opportunity to thank Mr John Hill-Tout, who acted as Interim Chair of Welsh Health Specialised Services during and Mr John Palmer, Director of Specialised and Tertiary Services, who left WHSSC to take up a Director post in Cwm Taf UHB.

I hope you will find this report informative.

Mrs Ann Lloyd CBE,
Chair

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) AT A GLANCE

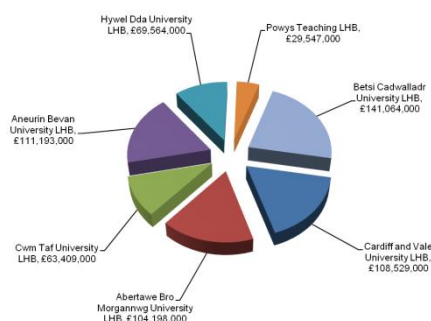
Welsh Health Specialised Services Committee (WHSSC) has responsibility for directly commissioning specialised services on behalf of the seven Local Health Boards (LHBs) in Wales. These are services which are provided for less common disorders and need to be concentrated in centres of excellence where the highest quality care can be provided – care that is clinically effective, safe and offers a positive experience for patients. It is important that these services are connected to research and teaching.

We commission specialised services on behalf of the 7 Local Health Boards from providers in NHS Wales, NHS England and wider afield.

SOURCE OF FUNDING

The main source of funding for specialised and tertiary services comes from the seven Local Health Boards and totals £628 million per annum

The Main Source of Funding Comes From Health Boards and Totals £628 million



EXPENDITURE ON SPECIALISED HEALTHCARE

NHS Wales:

£474,122,000
(76.02%)

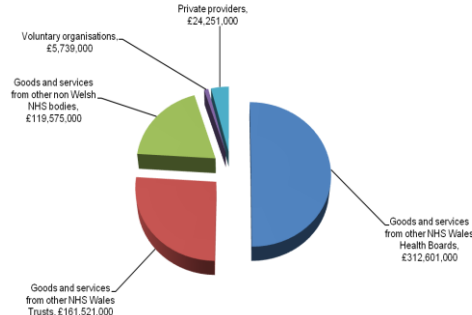
Non-Welsh NHS Bodies:

£119,575,000
(19.17%)

Other:

£29,990,000
(4.81%)

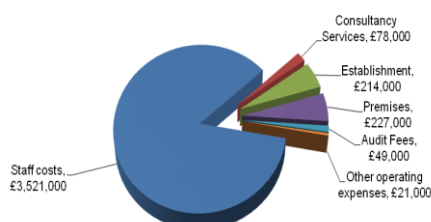
Expenditure on Healthcare From Other Providers



DIRECT RUNNING COSTS

We spent £4,110,000 (1%) of the budget on direct running costs. This includes staff costs, rental of premises, and establishment.

Expenditure on Hospital and Community Health Services - Running Costs

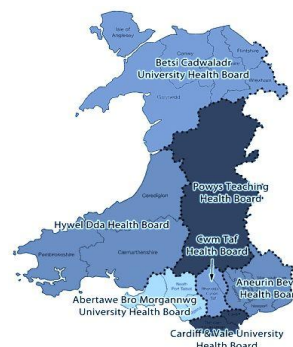
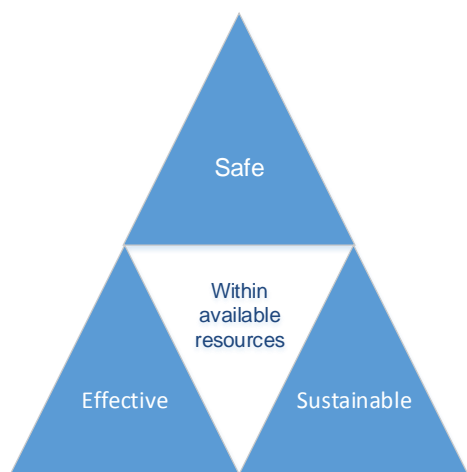


ABOUT WELSH HEALTH SPECIALISED SERVICES COMMITTEE

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

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. 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.

The aim of WHSSC 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 ROLE OF WHSSC

Commission, including plan, procure and performance monitor Specialised Services delegated to WHSSC by the seven Local Health Boards in Wales.

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.

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.

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.

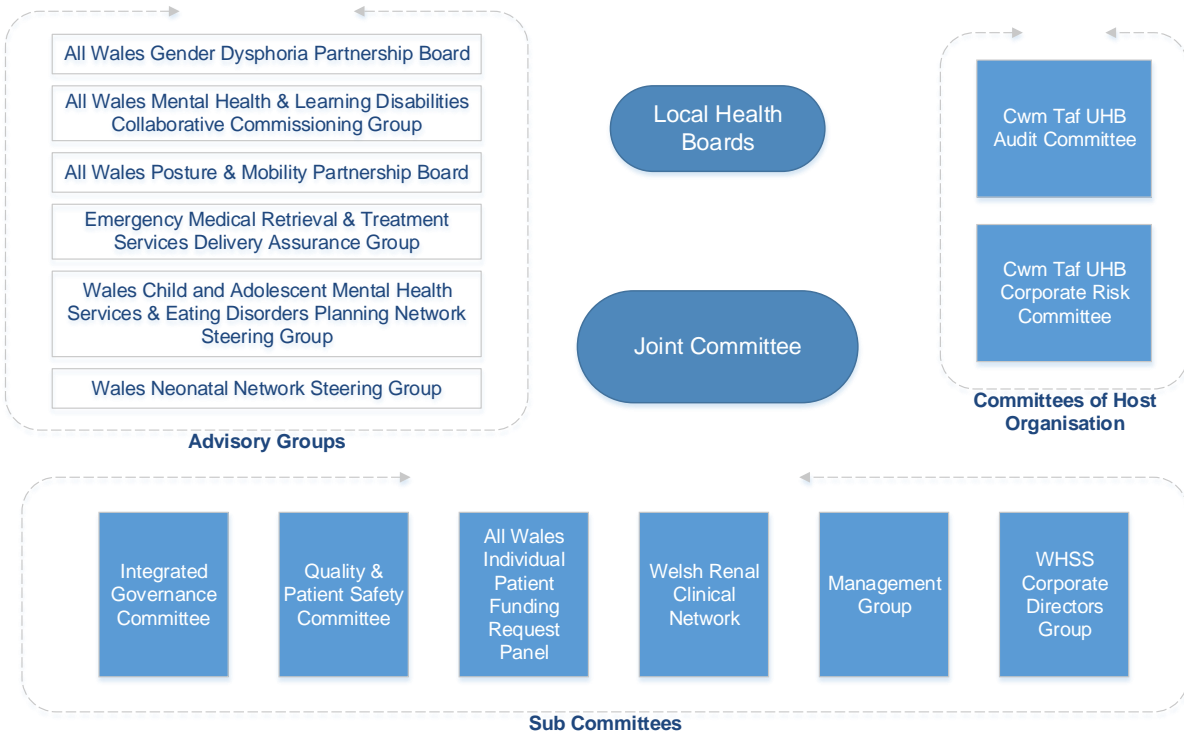
THE JOINT COMMITTEE

The Joint Committee is a Statutory Sub Committee of each of the Local Health Boards in Wales.

Formal decisions about the commissioning of services are made by the Joint Committee. The Joint Committee is 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.

To assist the Joint Committee in its work several sub-committees and advisory groups have been established.



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.

Further information regarding the Joint Committee meetings is available from:

Miss Pamela Wenger
 Committee Secretary
whssc.generalenquiries@wales.nhs.uk
 or 01443 443443 ext. 8100

THE INTEGRATED COMMISSIONING PLAN

The *Integrated Plan for Commissioning Specialised Services for Wales 2015 - 18* (the integrated commissioning plan) has been structured to support the organisation's purpose:

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

and to ensure that the planning of specialised services is consistent with the principles of prudent healthcare.



KEY FEATURE

A key feature of the integrated commissioning plan is the integration with each of LHB plans, which is underpinned by the following planning principles set out in the 2015/16 NHS Wales Planning Framework.

Planning:

- to improve population health outcomes;
- and service delivery that are patient-focused;
- for quality services;
- for sustainable services;
- for safe & accessible services; and
- for needs of specific groups.

WHSSC VALUES

In developing and delivering the integrated commissioning plan, WHSSC has and will observe the following core values / behaviours:

- Patient focused;
 - Clinically engaged;
 - Evidence based;
 - Prudently managed;
 - Open and honest; and
 - Highly networked, connected and communicative.
-

PROGRAMME TEAMS

The organisation’s commissioning work is focused on six broad programme areas. This work is administered by a suite of programme teams. Each team includes a clinical lead, a WHSSC Director in the role of strategic lead and a specialist planner amongst other colleagues. The Welsh Renal Clinical Network is hosted by WHSSC and leads the planning of care for patients with renal conditions.

Cancer and Blood

<p>Key Stakeholders</p> <ul style="list-style-type: none"> • South Wales Cancer Network • North Wales Cancer Network • All Wales Cancer NSAG Steering Group • Northern Burn Care ODN • South West Burn Care ODN 	<p>Networks and Subgroups</p> <ul style="list-style-type: none"> • Inherited Bleeding Disorders Advisory Group
---	--

Cardiothoracic

<p>Key Stakeholders</p> <ul style="list-style-type: none"> • Welsh Cardiovascular Society • Welsh Thoracic Society • Welsh Government Heart Disease Implementation Group 	<p>Networks and Subgroups</p> <ul style="list-style-type: none"> • Cardiac Network
--	--

Mental Health

<p>Key Stakeholders</p> <ul style="list-style-type: none"> • National & Local Partnership Boards • Children’s Commissioner • CAMHS National Expert Reference Group (NERG) 	<p>Networks and Subgroups</p> <ul style="list-style-type: none"> • All Wales CAMHS & Eating Disorders Network • MH & LD Collaborative Group • Quality Assurance Team (QAT)
---	--

Neurological and Complex Conditions

<p>Key Stakeholders</p> <ul style="list-style-type: none"> • Wales Neurological Alliance • Spinal Injuries Association • UK Primary Immunodeficiency Network • Immune Deficiency Patient Group Wales 	<p>Networks and Subgroups</p> <ul style="list-style-type: none"> • All Wales Posture and Mobility Partnership Board <ul style="list-style-type: none"> ○ Stakeholder working group ○ Technical working group • North Wales Neurosciences Network
---	--

- Northern Burn Care ODN
- South West Burn Care ODN
- BLESMA
- Limbless Association

Welsh Renal Clinical Network

Key Stakeholders

- Kidney Wales Foundation
- Welsh Kidney Patients Association
- National Kidney Federation
- Dialysis Transport Patient Advocates

Networks and Subgroups

- All Wales Vascular Access Group
- Home Therapies Group
- Chronic Kidney Disease
- Acute Kidney Injury Steering Group
- Quality & Patient Safety Sub-group

Women and Children

Key Stakeholders

- Cystic Fibrosis Trust
- Children's Commissioner
- Genetics Alliance
- All Wales Specialist Fertility Advisory Group

Networks and Subgroups

- Infertility Network UK
- Neonatal Network

QUALITY, SAFETY AND PATIENT EXPERIENCE

In the Quality, Safety and Governance section, you will find:

Key Achievements

Concerns

Corporate Risk and Assurance Framework

KEY ACHIEVEMENTS

This year, and in the future, WHSSC will continue its mission to ensure fair access and to drive innovation in specialist healthcare, all for the benefit of Wales and its people.

MILITARY PERSONNEL

In line with the Armed Forces Covenant, the Welsh Health Specialised Services Committee has worked with the Welsh Government and healthcare partners to implement a referral pathway for Ministry of Defence (MOD) personnel based in Wales who require treatment to be expedited.

The MOD Fast-track process for Wales prioritises access to treatments for Armed Service personnel who are actively serving but are currently graded as medically non-deployable (MND). The process aims to facilitate earlier return to a medically fully deployable (MFD) status.

The process has been in place for 12 months. Feedback received on behalf of Commander Defence Primary Health Care, indicates that timescales for individuals returning to military operational deployability has significantly improved as a direct consequence of this initiative.



HAEMOPHILIA SERVICES

A Ministerial Review of Haemophilia services in Wales in 2011 urged improvements in the level of physiotherapy and psychological support for patients across the country.

WHSSC led on the implementation of these recommendations and these improvements were completed over the course of last year. The improvement to the experience of patients has been highlighted by the positive responses recorded in a patient feedback questionnaire.

STEREOTACTIC BODY RADIOTHERAPY

With WHSSC support a new targeted radiotherapy (stereotactic body radiotherapy) has been introduced at the Velindre Cancer Centre. The therapy offers hope to some patients with inoperable lung cancer.

MENTAL HEALTH SERVICES

In 2014/15, there have been a number of positive developments in Mental Health, with a particular focus on the Child and Adolescent Mental Health Service (CAMHS).

The last year has witnessed plans for the expansion of Community Intensive Treatment Teams (CITT)/Assertive Outreach Teams come to fruition. Newly constituted teams have been in operation since the 1st April 2015 in the Aneurin Bevan University Health Board, Hywel Dda University Health Board and Powys Teaching Health Board areas. Support is now available, from a dedicated, local team, in every health board area across the country.

With financial support from Welsh Government totalling £250,000, the Eating Disorder Service in south Wales was expanded in 2014/15. As a result, there is now an enhanced level of Eating Disorder support for inpatients at the Ty Llidiard Unit and also for outreach clinics in the community. This is a hugely positive development which will hopefully prove to be beneficial to vulnerable young people across the region.

ARTIFICIAL LIMB AND APPLIANCE SERVICE

A new website for the Artificial Limb and Appliance Service (ALAS) has been live since February 2015. This innovation offers an improved level of support to patients across Wales. The website can be found at:

<http://www.alas.wales.nhs.uk/home>



ALL WALES POSTURE AND MOBILITY PARTNERSHIP BOARD

Over the last year, a new stakeholder group has been formed to support and inform the work of the All Wales Posture and Mobility Partnership Board.

IMPROVEMENTS TO THE DIALYSIS UNITS

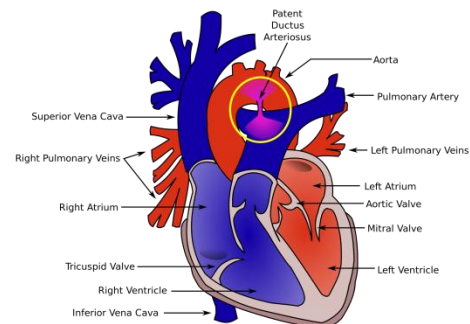
The Welsh Renal Clinical Network (WRCN), which is a sub-committee of WHSSC, has been instrumental in driving improvements to the dialysis units at Bronglais Hospital in Aberystwyth and at Withybush Hospital in Haverfordwest.

Before the recent work, lack of space at both units meant that some patients were required to travel to Carmarthen for treatment. The number of stations in Aberystwyth and in Haverfordwest has increased. Both units can now boast additional rooms which have made available an enhanced range of services which include anaemia treatments, outpatient review and home therapy training.

These changes are making a very real difference to the lives of patients and their families. The need to travel for essential treatment impacts profoundly on the quality of patients' lives. The work that has been done in west Wales simply means that, in the case of Withybush alone, more than twenty extra patients no longer need to travel to Carmarthen and are able to receive their treatment closer to home.

CONGENITAL HEART DISEASE

In 2014/15, WHSSC helped to develop an improved level of service to assist adults coping with congenital heart disease. With the assistance of WHSSC, new clinics, led by specialist consultants are being set-up within each Welsh health board. These clinics will ensure that appropriate monitoring and high quality, life-long care is provided for these patients



CARDIAC SURGERY

A great deal of work has been carried out by WHSSC and its partners over the last year to reduce the time that patients in south Wales have had to wait for cardiac surgery. A total of two hundred extra cardiac surgery operations have been funded by NHS Wales, an intervention which has had a significant effect on waiting times.

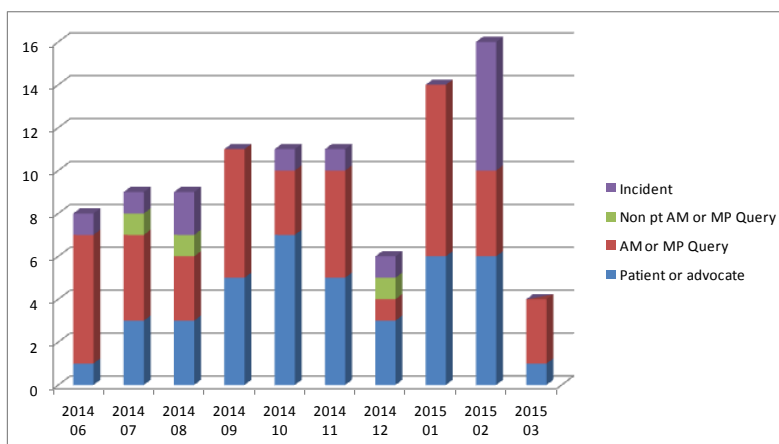
CONCERNS

Concerns are comprised of the reports of incidents, complaints and claims received by WHSSC. Complaints about providers made, in the first instance, to providers or other commissioners are not currently collated by WHSSC. Work to develop a means of collecting this information will continue with providers in order to ensure that such an indicator can be embedded in the Quality Assurance Framework.

WHSSC works with the Local Health Boards in the management of concerns to ensure that service users and patients, who notify either the Local Health Board or WHSSC, are provided with a prompt, systematic and consistent response. Concerns are dealt with in line with the all-Wales Putting Things Right arrangements and in line with the WHSSC Concerns Protocol.

Concerns received by WHSSC can be split into four categories; concerns raised regarding care and treatment, concerns raised regarding individual patient funding decisions¹, concerns raised regarding function of the Joint Committee, its staff or its performance and patient safety incidents.

SOURCE OF CONCERN



COMPLAINTS

83

INCIDENTS

13

NON PATIENT AM/MP ENQUIRIES

3

received by WHSSC
between 1 June² and 31
March 2015

NO SURPRISE EVENTS

2 No Surprise Events have been reported by WHSSC to Welsh Government between 1 April and 31 March 2015.

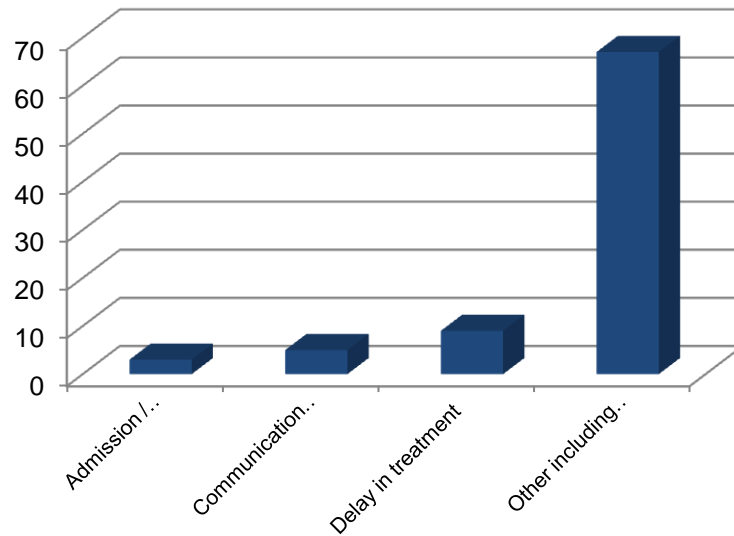
NEVER EVENTS

1 Never Event has been reported to WHSSC by a provider between 1 April and 31 March 2015.

¹ Concerns regarding individual patient funding decisions are technically outside of the all-Wales *Putting Things Right* arrangements. However, WHSSC uses the same processes for managing these concerns.

² Due to a change in staffing and systems the information for April and May 2014 was not readily available at the time of preparing this report

CONCERNS BY TYPE



LEARNING AND ACTION

GENDER IDENTITY SERVICES

YOU TOLD US

That there are capacity and waiting list issues in the current designated provider for specialist assessment of individuals with gender dysphoria.

ACTION WE ARE TAKING

A review of the current *Specialised Services Policy: Specialised Adult Gender Identity Services* is underway. As part of the review we are considering whether additional designated providers can be commissioned.

GENDER DYSPHORIA is a recognised medical condition in which the distress caused by a mismatch between biological sex (birth assigned sex) and the gender a person feel them self to be, causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Funding was agreed for

87

Welsh patients to be assessed at a Gender Identity Clinic (GIC) during the financial year 2014/15

AVAILABILITY OF SELECTIVE DORSAL RHIZOTOMY (SDR) FOR WELSH PATIENTS

YOU TOLD US

That SDR should be available to children with cerebral palsy who would benefit from this surgery

ACTION WE ARE TAKING

Welsh Government on behalf of the Minister asked WHSSC to commission access to Selective Dorsal Rhizotomy and Selective Internal Radiation Therapy for Welsh patients as part of the NHS England Commissioning through Evaluation (CtE) arrangements.

Members of the Joint Committee supported a recommendation to commence recruitment to the CtE programme for one year using the SDR criteria for treatment centres and patient selection as utilised by NHS England. This criteria is available on the NHS website <http://www.england.nhs.uk/wp-content/uploads/2014/03/ce-sdr-guide2.pdf>

As commissioners, we applied our gate-keeping arrangements for managing specialised services to identify a lead in Wales for SDR. With Cardiff and Vale UHB as the sole provider as specialised paediatric neurosciences services within Wales, the Lead was identified within this team.

8 patients were approved by the panel during 2014/15 for treatment at Bristol Royal Children's Hospital.

SELECTIVE DORSAL RHIZOTOMY (SDR)

is a surgical procedure which aims to reduce spasticity and to improve mobility in children with cerebral palsy. Cerebral palsy is a condition that can result from a number of different disease processes affecting the brain in pregnancy or early childhood. Approximately 75% of patients with cerebral palsy have lower limb spasticity. The SDR procedure aims to achieve a long-term reduction in sensory input to the sensory-motor reflex arcs responsible for increased muscle tone (which produces spasticity) by dividing some of the lumbar sensory nerve roots.

The **COMMISSIONING THROUGH EVALUATION (CtE)** programme is testing an innovative approach to evaluating potentially promising specialised treatments, but for which there is currently insufficient evidence available to support routine commissioning within the NHS. Each scheme has been developed with the support of national clinical experts and patient representatives. The scheme enables a small number of procedures to be funded, within a limited number of selected centres, and within a limited time-frame, while evidence on the relative clinical and cost effectiveness of the procedures is gathered, compared to other treatments already available in the NHS.

CORPORATE RISK AND ASSURANCE FRAMEWORK

Understanding and responding to risks in commissioning means we can make informed decisions and ensure that services are safe and sustainable.

CORPORATE RISK AND ASSURANCE FRAMEWORK (CRAF)

The Corporate Risk and Assurance Framework (CRAF) forms part of the Welsh Health Specialised Services Committee approach to the identification and management of strategic risks. The Assurance Framework is a 'living' document and should be in state of constant change to reflect increases, decreases and the elimination of risks. The framework is subject to continuous review by the Executive Director lead, Executive Board, Management Group, Joint Committee and sub committees.

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

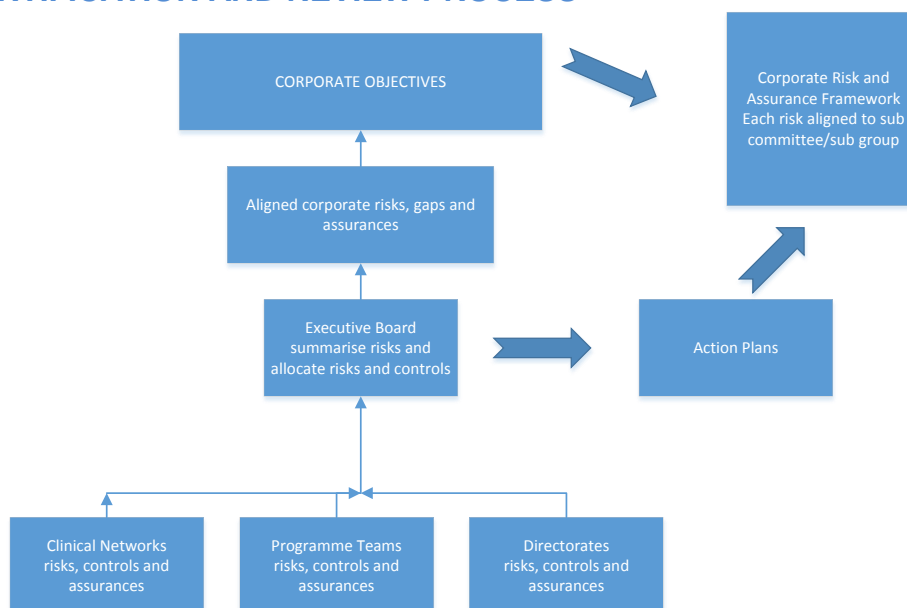
Each Directorate and Programme Team has in place a risk register which is reviewed monthly.

We made great strides in the way we manage risks throughout WHSSC. Introduction of CRF

The processes and systems around managing risk are being reviewed as a result of the initial feedback from the Good Governance Institute, Management Group, Health Boards and the Clinical Networks.

The process and procedures are being strengthened to reflect the needs of a commissioning organisation and will include escalation levels for the management of risks and further clarity in terms of the responsible risk owner.

RISK IDENTIFICATION AND REVIEW PROCESS



STRATEGIC RISK PROFILE AND ASSURANCE FRAMEWORK

Welsh Health Specialised Services is working toward an 'open' risk appetite.

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

Impact/Consequence	5			• 1 • 2 • 3		
	4			• 10 • 11 • 12	• 4 • 5 • 6 • 7 • 8 • 9	
	3				• 13 • 14 • 15	
	2					
	1					
		1	2	3	4	5
		Likelihood				

1. Ensure that the specialised services provided to patients are of an appropriate quality

Risk description

Failure to commission BMT services for North Wales from a JACIE accredited centre

Actions taken

Concern regarding timescale for submission for JACIE accreditation formally escalated to provider Medical Director by WHSSC Medical Director

Assurance requested and received from Clinical Director regarding operational difficulties

Historical and current outcomes examined - no issues identified

Letter written to provider CEO setting our expectation that service will have JACIE accreditation by end March 2016 or WHSSC will be unable to continue to commission the service.

2. Service disruption

Risk description

Failure of the Water Treatment Plant (WTP) at South Wales Hospital

Actions taken

A separate dialysis annex is available that can be used to provide dialysis for the most urgent patients. This however extends the disruption to the full cohort of unit dialysis patients treated at the South Wales Hospital. This is therefore likely to reduce the impact of a limited period of service failure i.e. < 24hrs

The provider LHB has produced a business case for the refurbishment of the main dialysis unit including the replacement of the WTP. A new WTP will significantly reduce the likelihood of a service failure. However this is reliant on

capital funding.

3. Service disruption

Risk description

Failure to provide safe dialysis facilities for patients at North Wales Hospital

Actions taken

A business case for the refurbishment of the unit was approved by Welsh Government and work is underway to complete the refurbishment by December 2014.

Interim arrangements including decanting of space ongoing.

The new unit will have new modern water treatment plants and systems. Sufficient space will be included to alleviate / mitigate the H&S risks.

4. Ensure that the specialised services provided to patients are of an appropriate quality

Risk description

Failure of provider (South Wales) to deliver 26wk/ 36 wks RTT for plastic surgery

Actions taken

Monitor against latest delivery plan provided by provider. Latest plan would not deliver a maximum 36 week RTT position by 31st March 2015 and performance is off plan.

Weekly monitoring of waiting time performance and activity against delivery plan/ revised delivery plan.

Failure by provider to deliver against the delivery plan which has led to escalation of correspondence between WHSSC and HB requesting revised delivery plan and assurance that 36 week RTT will be delivered in this financial year.

5. Service disruption

Risk description

Failure to meet waiting times for assessment and delivery of wheelchairs not meeting public expectations

Actions taken

All Wales Posture and Mobility Review recommendations to improve waiting times.

Waiting time data reported to Welsh Government on a monthly basis.

All Centres reporting RTT for whole pathway to WG and WHSSC.

WHSSC has now been asked to performance manage the three centres in Wales.

A report has been requested (Oct '14) from each centre with details of they plan to improve performance.

Performance management between WHSC and Health

Boards has been escalated to Chief Executive to seek assurance that agreed targets will be delivered by 31/03/15.

Public Health Wales Service Improvement leading work on development of service website including the publication of waiting times.

Performance Management has been further escalated, and meetings are now held with the three centres and Welsh Government on a quarterly basis.

6. Service disruption

Risk description	Actions taken
Failure to deliver the commissioned HPN Service due to compounding capacity of homecare provider is reduced	<p>A meeting has been arranged with representation from WHSSC, NHS Procurement, UHW Clinical team, and provider on the 10th December to work through the issues.</p> <p>UHW team monitoring the situation closely, and communication between all parties to be heightened to support the safeguarding of existing patients.</p>

7. Service disruption

Risk description	Actions taken
Failure to deliver a sustainable Interventional Radiology service	<p>Scoping document to be developed to include the development of a service specification and an overall strategy.</p> <p>Meeting with service leads to be held to understand full impact on services.</p> <p>Position will continue to be monitored by Specialist Planner and the programme team.</p>

8. Ensure that the specialised services provided to patients are of an appropriate quality

Risk description	Actions taken
Failure to meet the tier 1 referral to treatment waiting times targets i.e. 26 weeks primarily in relation to plastic surgery, neurosurgery and cardiac surgery in Welsh Provider LHBs	<p>Waiting times monitored and reported on a monthly basis.</p> <p>Performance management discussions with providers based on delivery plans.</p> <p>Delivery of RTT is a standing agenda item for discussion at SLA meetings.</p> <p>Outsourcing of cardiac surgery patients.</p> <p>Performance management between WHSSC and Health Boards has to be escalated to Executive Director level for plastic surgery, neurosurgery and paediatric surgery seeking</p>

confirmation that agreed target will be achieved by 31/03/15.

9. Service disruption

Risk description	Actions taken
Failure to provide safe dialysis facilities for patients at South Wales Hospital	<p>The risks are linked to design and only refurbishment or re-provision will resolve.</p> <p>The service is in the initial stages of a strategy that will see increased subsidiary capacity and capability. This will reduce demand on the main unit and allow refurbishment of the unit.</p> <p>Long term plans are being drawn up to consider the re-provision of a new renal facility including dialysis, inpatient and outpatient services.</p>

10. Ensure that the specialised services provided to patients are of an appropriate quality

Risk description	Actions taken
Increase in out of area placements for patients that require Tier 4 CAMHS services with current units in Wales not able to take patients either due to clinical need or no capacity	<p>Ongoing review and monitor of repatriation plans of all out of area placements.</p> <p>Development of referral pathways and proforma for all out of area placement requests.</p> <p>Review and agree the optimal bed target occupancy for the tier 4 units.</p> <p>£250k new investment secured from WG to enhance and extend specialist CAMHS ED services</p> <p>Expansion of community intensive treatment teams to cover all areas of Wales. Business cases received and in final approval stages. This will support further reductions of out of area placements and lead to shorter lengths of stay</p> <p>New commissioning proposals agreed in principle for South Wales services including increase in bed capacity (2nd ward) and move to cost & volume contract to drive efficiency</p>

11. Ensure that the specialised services provided to patients are of an appropriate quality

Risk description	Actions taken
Failure to provide appropriate transport to and from dialysis for patients	Renal Transport team are continuing to work with WAST to mitigate circumstances where journeys cannot be undertaken as planned. This only assists a small number of individuals.

At a higher level there still remains a disconnect between commissioning requirements and provider capacity / capability.

12. Service disruption

Risk description	Actions taken
Failure to provide sufficient nephrology inpatient capacity in South East Region	The regional renal centre has introduced a tracking system and a medical advice system for the peripheral services to support (i) prioritisation of transfers and (ii) optimise local management

13. Ensure that the specialised services provided to patients are of an appropriate quality

Risk description	Actions taken
Failure to commission adequate levels of lung resection across Wales	Current actions include working with the two providers to implement the recommendations for joint arrangements for second opinion and increasing cover for MDT meetings, and developing proposals to increase activity to raise resection rates towards the upper quartile for England.

14. Ensure that the specialised services provided to patients are of an appropriate quality

Risk description	Actions taken
Failure to maintain operational performance for patients listed for cardiac surgery	<p>Commissioning plans in place to deliver the current RTT target.</p> <p>Funding of further capacity through outsourcing to named centres in England agreed by Joint Committee to reduce waiting times to the current Welsh Government targets.</p> <p>Implementation of outsourcing plan is in progress and WHSSC are monitoring all cardiac surgery mortality on a monthly basis.</p> <p>Cardiac surgery project plan developed and agreed. Medical Director</p> <p>Papers presented to provide an update on progress to Management Group Joint Committee and Quality and Patient Safety Committee</p> <p>Late referrals will be monitored on a monthly basis and an exception report will be developed and shared with the referring Health Board.</p>

15. Ensure that the specialised services provided to patients are of an appropriate quality

Risk description	Actions taken
Failure to deliver neuro-rehabilitation service at an appropriate quality	Service currently participating in WHSSC multi centre audit meetings.

CORPORATE GOVERNANCE

In the Governance section, you will find:

An overview of our governance principles
An overview of the work of the Joint Committee
An overview of the roles and responsibilities of the sub-committee
Statement of Financial Position as at 31 st March 2015

OUR GOVERNANCE APPROACH

Welsh Health Specialised Services Committee (WHSSC) is a Joint Committee of the seven Local Health Boards.

The Joint Committee’s role is to:

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Government;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an annual plan for agreement by the Committee following the publication of the Delivery Framework by the Welsh Government;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Government;
- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of specialised and tertiary services for residents within their area.

The Joint Committee has been established for the purpose of jointly exercising those functions relating to commissioning of certain specialised and tertiary services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

OUR GOVERNANCE APPROACH

How is the Joint Committee made up?

The Membership of the Joint Committee is:
 Chair (appointed by the Minister for Health and Social Services)

Vice Chair (appointed by the Joint Committee from existing non-officer members (NOMs) of the seven LHBs)

2 NOMS (drawn from the of the existing NOMs within the seven LHBs)

7 Chief Executives of the Local Health Boards in Wales

Managing Director of Specialised and Tertiary Services Commissioning

Medical Director of Specialised and Tertiary Services

Director of Finance of Specialised and Tertiary Services

Director of Nursing and Quality of Specialised and Tertiary Services

OUR STRUCTURE AND GOVERNANCE ARRANGEMENTS



OUR GOVERNANCE APPROACH *continued*

The Chair

The Chair of the Joint Committee is appointed by and is responsible to the Minister for Health and Social Services.

Managing Director of Specialised Commissioning

The Managing Director of Specialised Commissioning, NHS Wales, is appointed by the Chair of Joint Committee and the Chief Executive of Cwm Taf University Health Board.

The Managing Director is responsible for maintaining a sound system of internal control that supports achievement of the Joint Committee's policies, aims and objectives and to report on the adequacy of these arrangements to the Chief Executive of Cwm Taf University Health Board.

The Managing Director is supported by the Executive Directors.

THE JOINT COMMITTEE

In accordance with WHSSC Standing Order 3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint sub-Committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).

Sub-Committees and Advisory Groups

The **Audit Committee** of Cwm Taf UHB, as host organisation, advises and assures 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 relevant officers from WHSSC are in attendance for the WHSSC components of the Cwm Taf Audit Committee.

Sub-Committees

The Joint Committee has also established 5 sub-committees in the discharge of its functions:

- All Wales Individual Patient Funding Request (IPFR) Panel (WHSSC)
- Welsh Renal Clinical Network
- Integrated Governance Committee

- Management Group
- Quality and Patient Safety Committee

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

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 improving the quality and safety of specialised healthcare services within the remit of the Joint Committee.

The **Welsh Clinical Renal Network** is a vehicle through which specialised renal services 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.

Advisory Groups and Networks

The Joint Committee has also established 6 advisory groups in the discharge of functions

- All Wales Gender Dysphoria Partnership Board
- All Wales Mental Health and Learning Disability Collaborative Commissioning Group (formally Wales Secure Services Delivery Assurance Group)
- All Wales Posture and Mobility Service Partnership Board
- Emergency Medical Retrieval and Treatment Service Delivery Assurance Group
- Wales Child and Adolescent Mental Health Services (CAMHS) and Eating Disorders (ED) Planning Network Steering Group
- Wales Neonatal Network Steering Group

The **All Wales Gender Dysphoria Partnership Board**, established in July 2013, supports the development of a future NHS Wales Strategy for Gender Dysphoria services within current NHS Wales funding parameters and to review the audit of assessment and surgical services against the quality indicators and key performance indicators. The scope of the Partnership Board extends beyond the services currently commissioned by WHSSC.

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.

In year, at the request of Welsh Government, the group's name was changed from the Secure Service Delivery Group to the Mental Health & Learning Disabilities Collaborative Commissioning Group to ensure there is no confusion between this NHS Group and the Welsh Government's Secure Service Advisory Group.

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.

The **Emergency Medical Retrieval and Treatment Service Delivery Assurance Group** was established in year. The purpose of the EMRTS Delivery Assurance Group is to co-ordinate the delivery, performance and direction of the EMRTS across Wales and to ensure that the benefits of working collaboratively are realised.

The **Wales Child and Adolescent Mental Health Services (CAMHS) and Eating Disorders (ED) Planning Network Steering Group** was established in year. The Steering Group remit is to plan CAMHS and ED services in order to improve access, effectiveness and quality of services from a patient perspective.

The **Wales Neonatal Network Steering Group** advises the Joint Committee on issues regarding the development of neonatal services in Wales. The Steering Group ensures that there is a co-ordinated approach to Neonatal care across Wales and that the benefits of working collaboratively are realised.

OUR GOVERNANCE APPROACH *continued*

The members of the Joint Committee and their attendance at meetings during 2014/15 were as follows:

Name	Role	Organisation
Mr John Hill-Tout	Interim Chair (until January 2015)	Welsh Health Specialised Services Committee and Independent Member, Cwm Taf UHB
Mrs Ann Lloyd	Chair (from February 2015)	Welsh Health Specialised Services Committee
Mrs Sian Marie James	Member and Vice Chair	Independent Member, Hywel Dda UHB
Mr David Jenkins	Member (until September 2014)	Independent Member, Aneurin Bevan UHB
Mrs Maria Tomas	Member and Audit Lead (from September 2014)	Independent Member, Cwm Taf UHB
Dr Chris Tillson	Member (from September 2014)	Independent Member, Betsi Cadwaladr UHB
Mr Paul Roberts	Member	Chief Executive, Abertawe Bro Morgannwg UHB
Dr Andrew Goodall	Member (until May 2014)	Chief Executive, Aneurin Bevan UHB
Mrs Judith Paget	Member (from May 2014)	Chief Executive, Aneurin Bevan UHB
Mr Geoff Lang	Member (until June 2014))	Acting Chief Executive, Betsi Cadwaladr UHB
Professor Trevor Purt	Member (from July 2014)	Chief Executive, Betsi Cadwaladr UHB
Professor Adam Cairns	Member	Chief Executive, Cardiff and Vale UHB
Mrs Allison Williams	Member	Chief Executive, Cwm Taf UHB
Professor Trevor Purt	Member (until June 2014)	Chief Executive, Hywel Dda UHB
Mrs Karen Howell	Member (from June 2014 until January 2015)	Interim Chief Executive, Hywel Dda UHB
Mr Steve Moore	Member (from January 2015)	Chief Executive, Hywel Dda UHB
Mr Bob Hudson	Member (until March 2015)	Chief Executive, Powys Teaching HB
Mrs Carol Shillibeer	Member (from March 2015)	Interim Chief Executive, Powys Teaching HB
Mr John Palmer	Officer Member (from April 2014 until February 2015)	Director of Specialised and Tertiary Services, Welsh Health Specialised Services

Name	Role	Organisation
Mrs Karen Howell	Officer Member (from February 2015)	Managing Director of Specialised and Tertiary Services Commissioning, NHS Wales, Welsh Health Specialised Services Committee
Dr Geoffrey Carroll	Officer Member	Medical Director, Welsh Health Specialised Services
Mr Stuart Davies	Officer Member	Director of Finance, Welsh Health Specialised Services
Miss Eiri Jones	Officer Member (from September 2014 until March 2015)	Interim Director of Nursing and Quality, Welsh Health Specialised Services Committee
Dr Tracey Cooper	Associate Member (from June 2014)	Chief Executive, Public Health Wales NHS Trust
Mr Simon Dean	Associate Member	Chief Executive, Velindre NHS Trust
Mr Steve Ham	Associate Member	Interim Chief Executive, Velindre NHS Trust
Mr Huw George	Associate Member (until June 2014)	Interim Chief Executive, Public Health Wales NHS Trust
Professor Simon Smail	Associate Member	Non Executive Member of Public Health Wales and Chair of the Quality and Patient Safety Committee
Professor John Williams	Associate Member	Chair of the Welsh Clinical Renal Network

STATEMENT OF FINANCIAL POSITION AS AT 31ST MARCH 2015

	2015	2014
	£000's	£000's
CURRENT ASSETS		
Trade and Other Receivables	12,851	12,013
Cash and Cash Equivalents	801	163
Total Current Assets	13,652	12,176
Trade and Other Payables	(25,494)	(24,018)
Net current assets / (liabilities)	(11,842)	(11,842)
Provisions	0	0
TOTAL ASSETS EMPLOYED	(11,842)	(11,842)
FINANCED BY:		
General fund	(11,842)	(11,842)