



GIG  
CYMRU  
NHS  
WALES

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

# ANNUAL REPORT

## 2015/16



Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



Bwrdd Iechyd  
Anafurh Betsan  
Health Board



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



Bwrdd Iechyd  
Cwm Taf  
Health Board



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



Bwrdd Iechyd  
Hywel Dda  
Health Board



Bwrdd Iechyd  
Ardalysu Pwys  
Powys Teaching  
Health Board

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

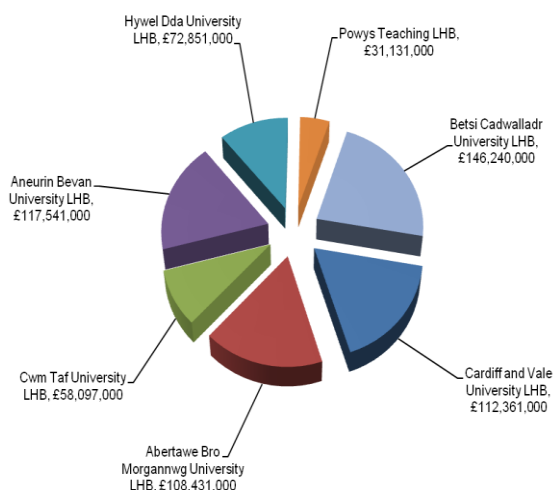
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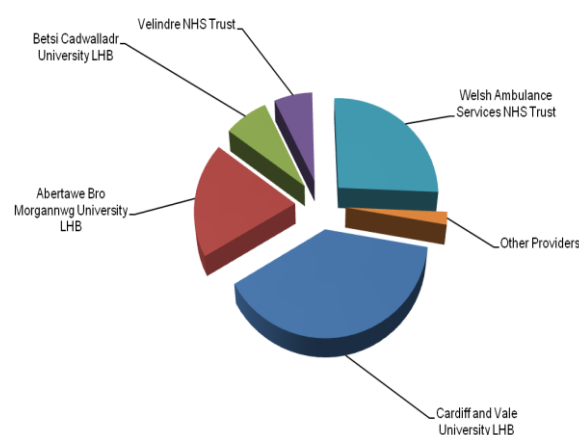
## WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) AT A GLANCE

The Welsh Health Specialised Services Committee has responsibility for directly commissioning specialised services on behalf of the seven Local Health Boards 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.

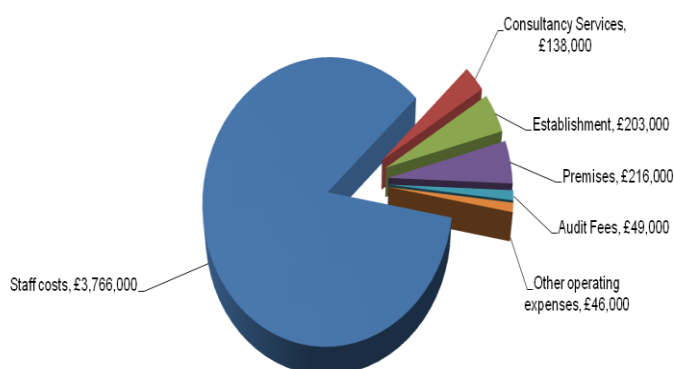
The Main Source of Funding Comes From Health Boards and Totals £647 million



WHSSC Spent £494.545m on Specialist Services Provided Within Wales



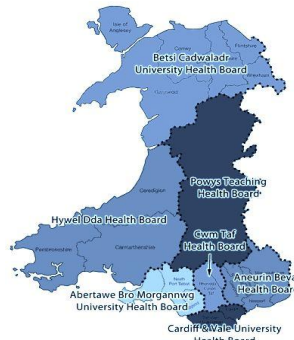
Expenditure on Hospital and Community Health Services - Running Costs



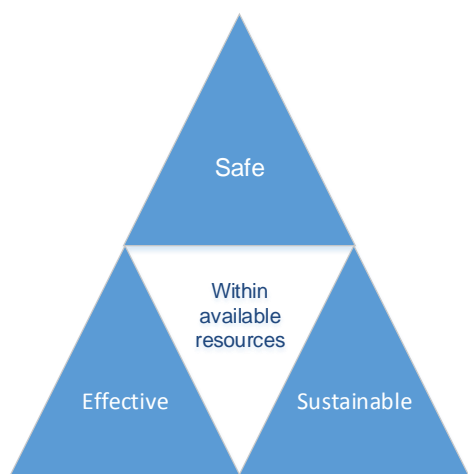
## ABOUT WELSH HEALTH SPECIALISED SERVICES COMMITTEE

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 to ensure that the population of the Wales has fair and equitable access to the full range of specialised services. In establishing the Welsh Health Specialised Services Committee (WHSSC) to work on their behalf, the seven Local Health Boards 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

- Plan, procure and monitor the performance of specialised services;
- Establish clear processes for the designation of specialised service providers and the specification of specialised services;
- Ensure there is assurance regarding clinical quality and outcomes through the contract mechanisms and a rolling programme of service review;
- Develop, negotiate, agree, maintain and monitor contracts with providers of specialised services;
- Undertake 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; and,
- Ensure a formal process of public and patient involvement underpins our work.

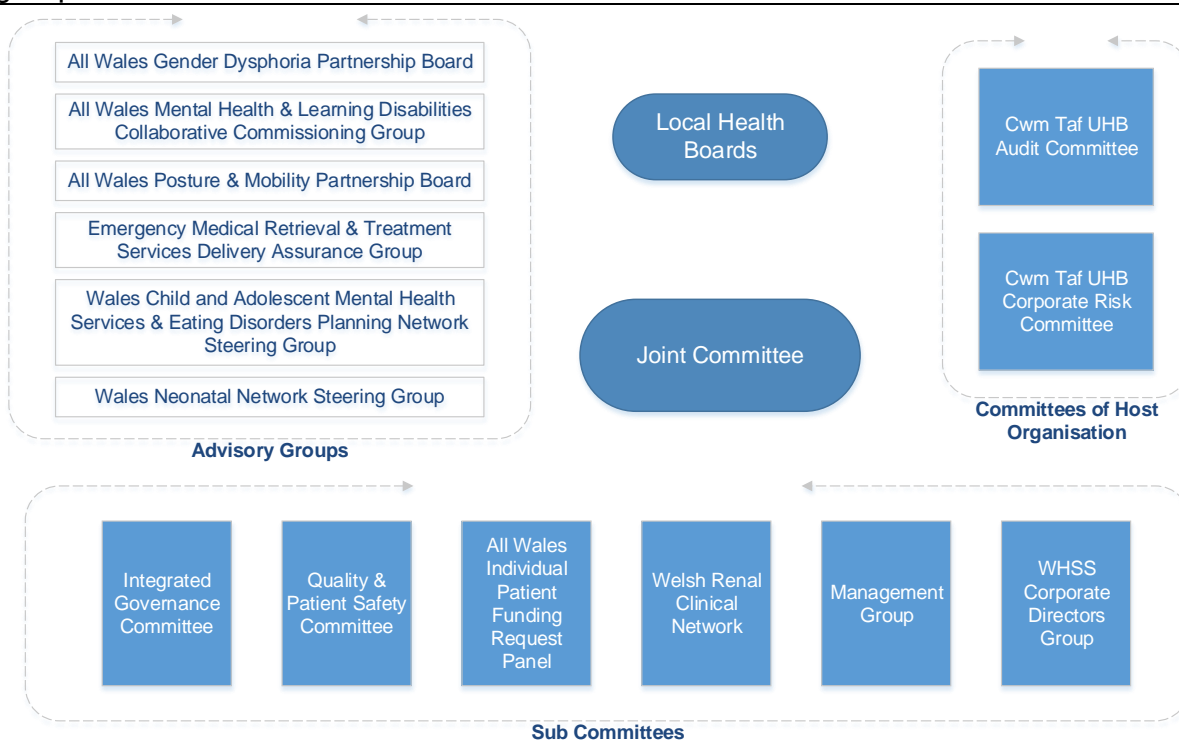
## THE JOINT COMMITTEE

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 (LHBs) 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 LHBs, 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 joint sub-committees and advisory groups have been established.



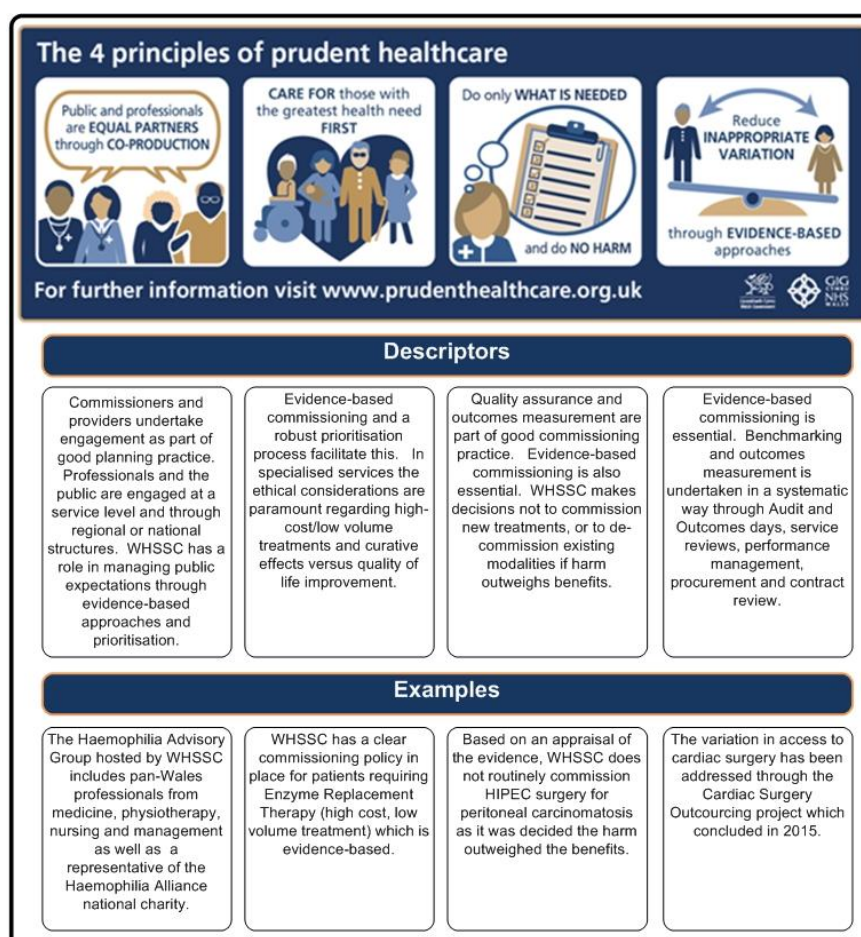
Formal meetings of the Joint Committee are held in public and are normally held quarterly. The agenda and papers are available on the website: [www.whssc.wales.nhs.uk](http://www.whssc.wales.nhs.uk).

Further information regarding the Joint Committee meetings is available from the Committee Secretary [whssc.generalenquiries@wales.nhs.uk](mailto:whssc.generalenquiries@wales.nhs.uk) or 01443 443443 ext. 8100

## THE INTEGRATED COMMISSIONING PLAN

The Integrated Commissioning Plan for Specialised Services for Wales 2016-19 is a commissioner-led Plan which seeks to balance the requirements to assure quality, reduce risk and improve health outcomes for the people of Wales with the challenging financial pressure that is evident in specialised services within both Wales and England. The Plan describes the work WHSSC will do in 2016-19 to commission safe, effective and sustainable specialised services for Wales and to continue to develop the organisation.

In developing the Integrated Commissioning Plan for 2016-19, WHSSC took opportunities to consider the practical application of Prudent Healthcare to the commissioning of specialised services, including building in Prudent Healthcare as the theme of one of the engagement Workshops with Health Board commissioners. The overarching practical application of prudent healthcare was considered and a summary of this, with examples is shown below.



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

## THE STRUCTURE OF THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

In order to explain the relative scale of WHSSC compared to the services that it commissions on behalf of the LHBs the diagram below sets out the key statistics for the staffing budget and contracts.



\*WTE = Whole Time Equivalents

As the host organisation for WHSSC the following areas are included within the Cwm Taf UHB Annual Report:

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



## COMMISSIONED SERVICES AND PROGRAMMES

Specialised services generally have a high unit cost as a result of the treatments involved. They are a highly complex and costly element of patient care and are usually provided by the NHS. The particular features of specialised services, such as the relatively small number of centres and the unpredictable nature of activity, require robust planning and assurance arrangements to make the best use of scarce resources and reduce risk.

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 range of services commissioned by WHSSC is shown in the table below.

Programme	Commissioned Services
Cancer and Blood	Rare cancers Specialised services for all cancers Inherited bleeding disorders Blood and Marrow transplant Hepatobiliary surgery Thoracic surgery Plastic surgery
Cardiac	Cardiac surgery Adult Congenital Heart Disease Specialised cardiology services Bariatric Surgery
Women and Children	Specialised paediatric services Paediatric intensive care Neonatal intensive care Specialised Fertility Services Inherited metabolic diseases Genetics
Mental Health	High and medium secure forensic services Tier 4 and forensic Child and Adolescent Mental Health Services (CAMHS) Gender identify services Specialised adult eating disorder services Specialised perinatal services Other specialised Mental Health Services
Neurological and chronic conditions	Neurosurgery Neuro-rehabilitation Neuropathology Interventional neuro-radiology Neuropsychiatry Environmental controls Communication Aids Prosthetic services Posture and mobility services Spinal injury rehabilitation Clinical immunology
Renal	Renal dialysis Renal transport



## ANNUAL QUALITY STATEMENT

In this section you will find:

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Quality Framework

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Evidence Assessment and Prioritisation

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Our key achievements in 2015/16 by Programme Area

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Concerns

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## Quality Framework

Quality care is defined as a product of the three dimensions of clinical effectiveness, patient safety and patient experience.

One of the aims of WHSSC is to strive to improve the quality of specialised services provided and ensure that the highest possible standards are achieved. This is achieved through a commissioning process which:

- Is patient centred and outcome based? The patient must be placed at the centre of planning and delivery.
- Is fair and consistent ensuring that patients have equal access to services regardless of where they live?
- Improves productivity and efficiency

As a commissioning organisation WHSSC is responsible for ensuring that providers deliver services of the highest possible standards of quality and safety. Through the contracting and monitoring processes providers can be held to account for the quality of the service they provide and the escalation process implemented when care falls short of the required standard.

One of the priorities of the organisations Integrated Commissioning Plan is to implement the Quality Assurance Framework that was agreed by the Joint Committee in 2015. The Quality Assurance Framework provides an overarching framework for quality assurance of the specialised services commissioned. This will ensure a systematic approach to assuring quality, good patient experience and good health outcomes in the specialised services that the Welsh population uses.

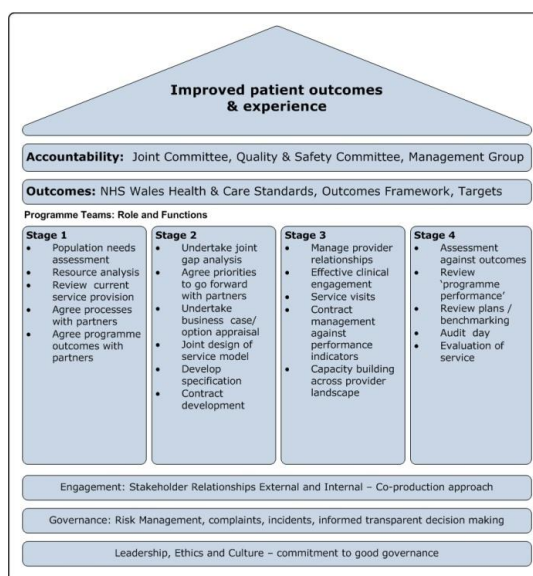
Following the appointment of a substantive Executive Director of Nursing and Quality a detailed implementation plan for the Quality Assurance Framework was approved by the Joint Committee in January 2016.

Quality care is defined as a product of the three dimensions of clinical effectiveness, patient safety and patient experience.



The revised approach is made up of four stages as follows and is demonstrated in the diagram below:

- Quality Data Analysis
- Triangulation
- Service Visits
- Supporting Improvements



The Quality Assurance Framework will ensure that the contracting process utilises quality schedules, standards and clinical quality indicators to support effective healthcare delivery, quality improvement and innovation across the health system for specialised services. It is designed to facilitate collaborative working and to enable clear and effective communication between WHSSC and providers to provide quality assurance and support quality improvement by focusing on patient outcomes and experience. For many specialised services, policy and service specifications are developed by the programme teams, using both clinical expertise and patient engagement. Providers are required to routinely report how well their service delivers the service indicators jointly agreed.

Over the course of 2015/16, WHSSC has continued to develop its programme of annual Audit and Outcome Days. The Audit and Outcomes Days have a number of benefits accrued from bringing together specialists from centres in Wales and England, including the:

- provision of assurance through the review of quality and performance indicators;
- promotion of learning through the sharing of best practice;
- networking; and
- identifying specific topics for future audit.

A monthly quality assurance report is presented internally and a quarterly report to the Quality and Patient Safety Committee with exception reporting to the Joint Committee. WHSSC is currently in the process of collating an integrated quality assurance report to provide assurance against the contracted services.

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. A chairs report is provided to the Joint Committee for consideration within each Local Health Board. It has been agreed that the chairs of each of the Local Health Board Quality and Patient Safety Committees will meet with the chair of the WHSSC Quality Patient Safety Committee chair twice a year.

## Evidence Assessment and Prioritisation

A prioritisation process was undertaken to consider a number of new interventions for potential funding in 2016/17. The work involved an evidence evaluation of each area and subsequent assessment by an independent panel of lay and expert advisors. The methodology was based on that from the 2014/15 process but with refinements based on an evaluation by the Swansea School of Health Care Economics.

The process produced a ranked table of interventions which was then incorporated into a further risk based prioritisation step where they were considered against existing service pressures and interventions. This process successfully identified the 2016/17 funding priorities on which our Integrated Commissioning Plan was based.

# Cancer and Blood Programme

## Programme Overview

### Highly specialist services include:

- Rare cancers

### Specialised services include:

- Specialised services for all cancers
- Inherited bleeding disorders
- Blood and marrow transplant
- Hepatobiliary surgery
- Thoracic surgery

### Non specialised services include:

- Plastic surgery

### Major Providers

- Cardiff and Vale UHB
- Abertawe Bro Morgannwg UHB
- Betsi Cadwaladr UHB

### Key Stakeholders

- South Wales Cancer Network
- North Wales Cancer Network
- All Wales Cancer NSAG Steering Group
- Northern Burn Care ODN
- South West Burn Care ODN
- Welsh Thoracic Society
- Welsh Cardiothoracic Society

### Networks and Subgroups

- Inherited Bleeding Disorders Advisory Group

## Key Statistics about the Programme

Increasing investment in blood and marrow transplant (BMT) to improve outcomes for patients with blood disorders.

	2014/15	2015/16
No. of patients receiving BMT in Wales	147	162

Increasing investment in thoracic surgery to increase the number of patients receiving curative treatment for lung cancer.

	2013	2015
Number of patients receiving operations in South Wales	146	227

Information taken from the National Lung Cancer Audit

## Achievements in 2015/16

<ul style="list-style-type: none"> <li>• Increase in the number of patients receiving thoracic surgery to treat lung cancer;</li> <li>• Agreement for further investment in thoracic surgery over the next 2 to 3 years; and</li> <li>• Increase in the number of patients receiving blood and marrow transplants to treat blood disorders.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the number of patients accessing PET scans to inform treatment for cancer;</li> <li>• Establishment of PET scan service in Wrexham for patients in North Wales so they no longer have to travel to Manchester; and</li> <li>• Establishment of service for Neuroendocrine Tumours.</li> </ul>
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## Priorities for 2016/17

<p>Delivery of Referral to Treatment Time (RTT) targets for the South Wales Plastics Surgery Service.</p> <p>Review plastic surgery commissioning policies</p>	<ul style="list-style-type: none"> <li>• Implementing the increase in investment in thoracic surgery to treat lung cancer;</li> <li>• Undertaking a service review of thoracic surgery; and</li> <li>• Implement phase 3 of the blood and marrow transplantation commissioning plan.</li> </ul>
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## Cardiac Programme

*“My life has changed dramatically since having surgery... I no longer have diabetes type 2, and I am waiting for my new hip operation which should be in the summer. So the operation has changed my life for the better.”*

### Patient Story

WHSSC undertook a comprehensive patient experience survey with patients who had cardiac surgery in England as part of the initiative in 2014/15 to reduce cardiac surgery waiting lists. The following comments formed part of the wider patient experience reports collated as part of the survey.

*“I’m very pleased with the hospital. The consultant and staff were excellent. The hospital was very excellent, warm welcome. The doctors and consultant and nurses and staff at the hospital - very very nice. I was very pleased from beginning to my recovery. I am feeling much better now. I have no complaint about anything.”*

*“First of all I would like to thank the Welsh Health Service. Thank you so much for sending me to the hospital for my surgery. All Doctors, Nurses and staff were excellent in all ways. Also I must say I spent 2.5 weeks before my surgery at the Local Hospital and again all Doctors, Nurses and all staff were excellent once again. Thank you so much.”*

The following story was presented by a patient at the bariatric surgery audit day.

*“Since having the operation I have lost approximately 7 stone. My life has changed dramatically since having surgery. I go to the gym, walk with my family using disabled aids. My aggression is non existent: no more road rage and no more getting nasty with most things.*

*My blood pressure is OK now. Still on tablets but half the dose since my operation.*

*I no longer have diabetes type 2, and I am waiting for my new hip operation which should be in the summer. So the operation has changed my life for the better.”*

### Programme Overview

#### Highly specialist services include:

- Heart transplant
- Pulmonary hypertension

#### Specialised services include:

- Cardiac surgery
- Adult congenital heart disease
- Specialised cardiology services (inc. complex implantable cardiac devices and cardiac ablation)
- Bariatric surgery

#### Major Providers

- Cardiff and Vale UHB
- Abertawe Bro Morgannwg UHB
- Liverpool Heart and Chest Hospital

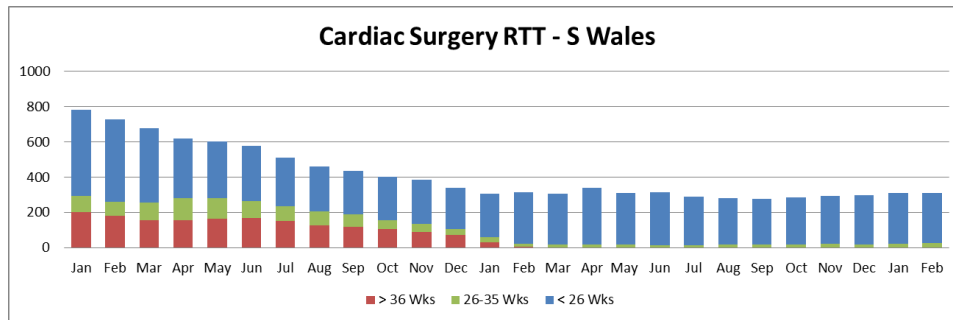
#### Key Stakeholders

- Welsh Cardiovascular Society
- Welsh Cardiothoracic Society
- Welsh Government Heart Disease Implementation Group



## Key Statistics about the Programme

- The significant reductions in waiting times for cardiac surgery in South Wales have been sustained in 2015/16.



- Numbers of patients treated with complex cardiac devices continues to increase

## Patient Outcomes

National Cardiac Audit and Outcomes Day, November 2015.

- Data presented showed relatively low access to complex cardiac ablation in South Wales. This informed the development of proposals for increasing investment in cardiac ablation within the WHSSC Commissioning Plan 2016/19.

Survival after cardiac surgery:

- Published data (National Institute for Cardiovascular Outcomes Research) showed that survival after cardiac surgery in the main hospitals for Wales compared well with the rest of the UK. Survival at Cardiff and Swansea was amongst the highest in the UK.

## Achievements in 2015/16

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Establishment of additional clinics for adults with congenital heart disease.</li> <li>• Implementation of Primary Percutaneous Coronary Intervention service (9am-5pm, Monday to Friday) in North Wales.</li> </ul> | <ul style="list-style-type: none"> <li>• Maintaining reductions in waiting times for cardiac surgery in South Wales.</li> <li>• Infrastructure investment to increase cardiac intensive care capacity at Morriston Hospital, Swansea.</li> </ul> |
|---|--|

## Priorities for 2016/17

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Improving access to bariatric surgery.</li> <li>• Implementing 24/7 Primary Percutaneous Coronary Intervention service in North Wales.</li> </ul> | <ul style="list-style-type: none"> <li>• Developing plans for further development of clinics for adults with congenital heart disease.</li> </ul> |
|--|---|

- Improving access to complex cardiac ablation.

## Mental Health Programme

### Programme Overview

#### Highly specialist services include:

- Forensic secure Child and Adolescent Mental Health Services (CAMHS)
- Gender Services for Children and Adolescents

#### Specialised services include:

- High and Medium secure forensic services
- Tier 4 CAMHS
- Gender Identity services
- Tier 4 Adult Eating Disorder services
- Specialised Perinatal services
- Other specialised MH services

#### Non specialised services include:

- CAMHS Community Intensive Treatment Teams

#### Major Providers

- Merseycare NHS Trust
- Abertawe Bro Morgannwg, Betsi Cadwaladr and Cwm Taf UHBs
- Nottinghamshire Healthcare FT
- Oxford Healthcare FT
- West London Mental Health Trust
- Independent sector providers

#### Key Stakeholders

- National and Local Partnership Boards
- Children's Commissioner
- CAMHS National Expert Reference Group
- Children and Young People Delivery Assurance Group

#### Networks and Subgroups

- All Wales CAMHS and Eating Disorders Network
- All Wales Perinatal Steering Group
- Gender Partnership Board
- Mental Health and Learning Disabilities Commissioning Group
- Quality Assurance Team (QAT)

### Key Statistics about the Programme

Significant reduction in use of High Secure services from 48 to 35 over last 5 years (27% reduction) without increasing numbers in Medium Secure

National Frameworks in place for non NHS Wales Medium Secure and CAMHS Tier 4 placements

New Welsh independent sector CAMHS provider on Framework leading to increase in patients placed closer to home in Wales.

Large increases in Gender Identity referrals over last 5 years

Year on year reduction in programme spend achieved despite demand pressures.

## Patient Outcomes

Peer review of all Tier 4 placements for 2013/14 and 2014/15 undertaken by SHED consultants.

Change in gatekeeping policy to streamline referral process

## Achievements in 2015/16

Expansion of enhanced community support teams for CAMHS to full coverage across Wales.

Significant reduction in CAMHS out of area placements from 22 to 12 during 2014/15 (45% reduction).

More than 50% of remaining patients in out of area placements are now in services in Wales.

## Priorities for 2016/17

Revised gatekeeping arrangements for Medium Secure referrals including Learning Disabilities including case monitoring team.

Expansion of FACTS team to increase support for Criminal Justice services

Review of Gender variance pathway including primary care support

## Renal Services Programme

“I can eat and drink what I like, I feel better, I have more energy and my tablets have been reduced.”

### Patient Story

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*“I have been on Nocturnal dialysis for 2 ½ years, previously I dialysed three times a week at Morriston Hospital. Nocturnal dialysis is the best treatment, I feel more comfortable in my own home, once connected I don’t even know that I’m on the machine because I’m asleep. The machine is my alarm clock, it wakes me up in the morning, this is a wonderful feeling as my days are free. I can eat and drink what I like, I feel better, I have more energy and my tablets have been reduced. I never want to go back to unit dialysis because I don’t want my life restricted again”.*

### Programme Overview

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#### Highly specialist services include:

- Renal Transplantation
- Prescribing of Eculizumab for Atypical Haemolytic Uraemic Syndrome.

#### Specialised services include:

- Haemodialysis
- Peritoneal Dialysis
- Supportive ‘conservative’ management of End Stage Renal Disease

#### Non specialised services include:

- Unit Haemodialysis Transport

#### Major Providers

- Abertawe Bro Morgannwg UHB
- Betsi Cadwaladr UHB
- Cardiff and Vale UHB
- Royal Liverpool and Broadgreen Foundation NHS Trust
- University Hospitals Birmingham NHS Foundation Trust
- Shrewsbury and Telford NHS Foundation Trust

#### 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 and Patient Safety Sub-group
- National Clinical Information Group

## Key Statistics about the Programme

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Extract of data from the latest UK Renal Registry Report (2014) shows the following key data.

### Incidence / Prevalence of Home Nations for Renal Replacement Therapy

	Wales	England	Scotland	Northern Ireland
Incidence of Renal Replacement Therapy (pmp)	117	111	94	98
Dialysis prevalence (pmp)	901	892	857	845
Unit haemodialysis (%)	79.3	82.3	86.6	84.7
Home Haemodialysis (%)	6.3	4.1	2.6	4.2
Peritoneal Dialysis (%)	13.9	13.5	10.8	10.7
Renal transplants (pmp)	492	460	465	445

*pmp = per million population*

Wales, therefore, offers treatment for End Stage Renal Failure to more of its population each year and has more patients being treated by dialysis or transplantation. In addition Wales has a higher proportion of patients with functioning transplants and on home therapies, both of which in general are seen to offer the best 'value for money' as well as a number of social and clinical advantages.

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## Patient Outcomes

The Welsh Renal Clinical Network holds a national audit event annually in September. This runs over two days with the first day open to patients, patient groups and other stakeholders.

For 2015/16 the event included number of national and local audits including:

- Prevention of blood born virus infection in dialysis units in Wales
- Renal Transplantation in Chronic Kidney Disease patients with high Body Mass Index
- All Wales Dialysis Access Audit

Details of the audit event are available from the following website:

<http://www.wales.nhs.uk/sites3/home.cfm?orgid=773>

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## Achievements in 2015/16

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### Unit Haemodialysis Transport

As part of the redesign of non emergency patient transport, the Welsh Renal Clinical Network secured national agreement to include the 303030 standards for transport to and from unit haemodialysis:

- Standard 1 – Patients are to have a journey time of 30 minutes or less to and from unit haemodialysis
- Standard 2 - Patients are to arrive at the renal unit within 30 minutes of their appointment time but not late
- Standard 3 - Patients should be picked up within 30 minutes of their ready time following dialysis

As agreed by the Minister for Health, these are to be implemented by September 2016.

### Service Specifications

Produced in collaboration with service users and clinicians, the Welsh Renal Clinical Network led the development of a range of service specifications covering the care pathway across Chronic Kidney Disease, from pre-dialysis care through to end of life care.

These set out the minimum requirements of a service, measures of good practice and the national audit requirements and are central to delivering renal services in Wales.

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### Priorities for 2016/17

Implementation of the new South East Wales Unit Haemodialysis Contract including the delivery of three new dialysis units.	Completion of the service reviews to identify the priorities for service change and development in 2017 onwards against the national service specifications
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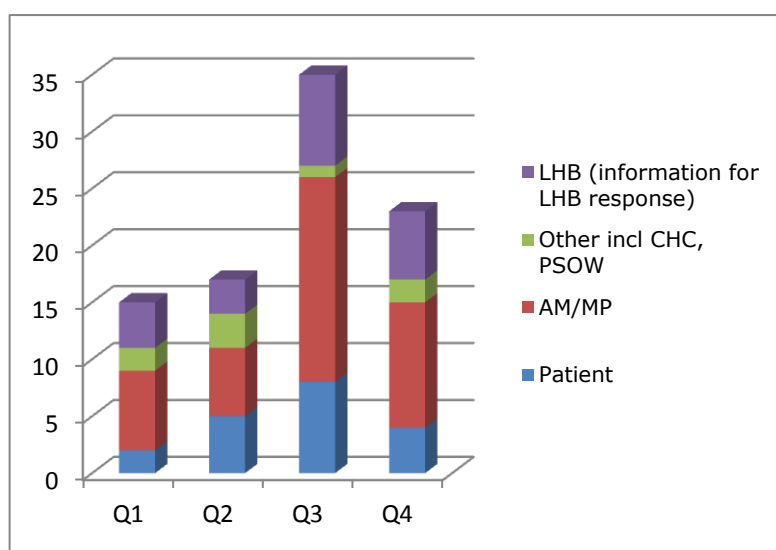
## Concerns

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

Concerns received by WHSSC can be split into four categories; concerns raised regarding care and treatment, concerns raised regarding individual patient funding decisions<sup>1</sup>, concerns raised regarding function of the Joint Committee, its staff or its performance and patient safety incidents.

### SOURCE OF CONCERN



#### COMPLAINTS

90

#### INCIDENTS

13

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



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## NO SURPRISE EVENTS

2 No Surprise Events have been reported by WHSSC to Welsh Government between 1 April 2015 and 31 March 2016.

## NEVER EVENTS

1 Never Event has been reported to WHSSC by a provider between 1 April 2015 and 31 March 2016.

## LEARNING AND ACTION

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### ACCESS TO FERTILITY TREATMENT

#### YOU TOLD US

That the criteria within the Specialised Fertility Services Policy should be reviewed

#### ACTION WE ARE TAKING

A review of the specialised services policy will be undertaken in 2016. The specific areas of review include Body Mass Index and access to treatment times.

**933** Welsh patients received fertility treatment during 2015/16.

## CORPORATE RISK AND ASSURANCE FRAMEWORK

In this section you will find:

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Overview of Risk Management

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Strengthening the Risk Management Framework

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Risk Appetite

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Corporate Risk and Assurance Framework Annual Report

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

## Overview

Risk Management systems underpin the system of internal control and the assurance framework which enables WHSSC to fulfil its corporate governance responsibilities. The assurance framework facilitates reporting key information to the Joint Committee and its joint sub-committees.

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

Effective risk management can positively influence organisational performance in a number of ways:

- Ensuring efficient use of resources
- Promoting improvements in service delivery
- Encouraging innovation within defined parameters
- Providing assurance that information is accurate and systems are robust

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

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

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

## Strengthening of the Risk Management Framework

Throughout 2015/16 there have been continuous efforts to strengthen the risk management framework at both a corporate and a directorate level.

An onus has been placed on ensuring a consistency of approach across the directorates and networks. It has been emphasised that risks should always be assessed from the perspective of WHSSC as a commissioner of healthcare services. The way in which risks are therefore assessed may result in a very different score to that produced by an assessment of the same situation by a service provider. This nuanced approach is fundamental to the effective understanding of risk. In acknowledgement of this approach, over the course of the year, a number of extant risks, which had previously been escalated to the CRAF, were re-assessed in order to ensure that their potential impact on WHSSC as a commissioning organisation was properly understood.

In October 2015 the Corporate Directors' Group reviewed the CRAF and de-escalated a number of risks and therefore there was a significant change in the position reported in September 2015 to the position reported to the committees in November 2015.

## Risk Appetite

During 2015/16, the Joint Committee agreed to adopt the Good Governance Institute Model Matrix on defining Risk Appetite for Specialised Services. The Joint Committee agreed the Risk Appetite Statement in July 2015 and agreed to receive reports twice a year in relation to the significant risks.

### RISK APPETITE STATEMENT

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

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

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

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

The risk appetite statement will become the driver for implementing our priority areas. It provides staff with clear expectations on how risks should be managed and a common acceptance of the importance of continuous management of risk.

## Corporate Risk and Assurance Framework Annual Report

The Corporate Risk and Assurance Annual report is available on the WHSSC website at <http://www.whssc.wales.nhs.uk/publications>

## CORPORATE GOVERNANCE

In the Governance section, you will find:

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Our Governance Approach

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Our Structure and Governance Arrangements

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Annual Governance Statement

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Statement of Financial Position as at 31<sup>st</sup> March 2016

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## OUR GOVERNANCE APPROACH

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 Welsh Health Specialised Services Team (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.

<p><b>How is the Joint Committee made up?</b></p> <p>The Membership of the Joint Committee is: Chair (appointed by the Minister for Health and Social Services)</p> <p>Vice Chair (appointed by the Joint Committee from existing Independent Members of the seven LHBs)</p> <p>2 Independent Members (drawn from the of the existing Independent Members within the seven LHBs)</p> <p>7 Chief Executives of the Local Health Boards in Wales</p> <p>Managing Director of Specialised and Tertiary Services Commissioning</p> <p>Medical Director of Specialised and Tertiary Services</p> <p>Director of Finance of Specialised and Tertiary Services</p> <p>Director of Nursing and Quality of Specialised and Tertiary Services</p> <p>Associated members are invited to attend Joint Committee meetings on an ex-officio basis, but do not have any voting rights.</p>	<p><b>OUR STRUCTURE AND GOVERNANCE ARRANGEMENTS</b></p> <p><b>The Chair</b></p> <p>The Chair of the Joint Committee is appointed by and is responsible to the Minister for Health and Social Services.</p> <p><b>Managing Director of Specialised Commissioning</b></p> <p>The Managing Director of Specialised Commissioning, NHS Wales, is appointed by the Chair of the Joint Committee and the Chief Executive of Cwm Taf UHB.</p> <p>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 UHB, as host.</p> <p>The Managing Director is supported by the Executive Directors.</p>
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## Annual Governance Statement

The Annual Governance Statement is available on the WHSSC website at <http://www.whssc.wales.nhs.uk/publications>



## 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 joint 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).

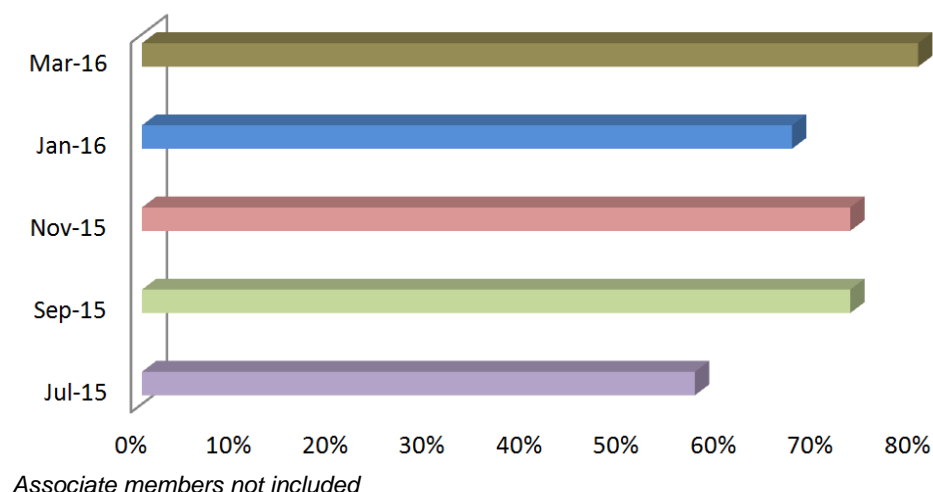
The members of the Joint Committee during 2015/16 were as follows:

<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Mrs Ann Lloyd	Chair	Welsh Health Specialised Services Committee
Mrs Sian Marie James	Member and Vice Chair	Independent Member, Hywel Dda UHB
Mrs Maria Thomas	Member and Audit Lead	Independent Member, Cwm Taf UHB
Dr Chris Tillson	Member (Until March 2016)	Independent Member, Betsi Cadwaladr UHB
Mr Trevor Purt	Member (Until June 2015)	Chief Executive, Betsi Cadwaladr UHB
Mr Simon Dean	Member (Until end February 2016)	Interim Chief Executive, Betsi Cadwaladr UHB
Mr Gary Doherty	Member (from end February 2016)	Chief Executive, Betsi Cadwaladr UHB
Mr Paul Roberts	Member	Chief Executive, Abertawe Bro Morgannwg UHB
Mrs Judith Paget	Member	Chief Executive, Aneurin Bevan UHB
Professor Adam Cairns	Member	Chief Executive, Cardiff and Vale UHB
Mrs Allison Williams	Member	Chief Executive, Cwm Taf UHB
Mr Steve Moore	Member	Chief Executive, Hywel Dda UHB
Mrs Carol Shillabeer	Member	Chief Executive, Powys Teaching HB
Mrs Karen Howell	Officer Member (Until August 2015)	Managing Director of Specialised and Tertiary Services Commissioning, NHS Wales, Welsh Health Specialised Services Committee
Mr Daniel Phillips	Officer Member (From September 2015)	Acting Managing Director of Specialised and Tertiary Services Commissioning, NHS Wales, Welsh Health Specialised Services Committee

Name	Role	Organisation
Dr Geoffrey Carroll	Officer Member (Until December 2015)	Medical Director, Welsh Health Specialised Services Committee
Dr Sian Lewis	Officer Member (From January 2016)	Acting Medical Director, Welsh Health Specialised Services Committee
Mr Stuart Davies	Officer Member	Director of Finance, Welsh Health Specialised Services Committee
Mrs Carole Bell	Officer Member (from August 2015)	Director of Nursing and Quality Assurance, Welsh Health Specialised Services Committee
<b>Associate Members</b>		
Dr Tracey Cooper	Associate Member	Chief Executive, Public Health Wales NHS Trust
Mr Steve Ham	Associate Member	Chief Executive, Velindre NHS Trust
Professor Simon Smail	Associate Member (Until March 2016)	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 Renal Clinical Network

## Attendance at Joint Committee Meetings during 2015/16

The graph below provides an overview of the overall attendance rate of members for Joint Committee meetings during 2015/16.



## Joint 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.

### Joint Sub-Committees

The Joint Committee has also established 5 joint 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

Further information on our joint sub-committees can be found at

<http://www.whssc.wales.nhs.uk/our-subcommittees>

The full Annual Governance Statement can be found at

<http://www.whssc.wales.nhs.uk/sitesplus/documents/1119/G%26A%20Framework%20full.pdf>

## Statement of Financial Position as at 31 March 2016

	31 March 2016	31 March 2015
	£000's	£000's
Current Assets		
Receivables	15,469	12,851
Cash in Bank	901	801
<b>Total Current Assets</b>	<b><u>16,370</u></b>	<b><u>13,652</u></b>
Current Liabilities		
Payables	<u>28,212</u>	<u>25,494</u>
Net Assets less Liabilities	<b><u>(11,842)</u></b>	<b><u>(11,842)</u></b>
Total taxpayers' equity	<b><u>(11,842)</u></b>	<b><u>(11,842)</u></b>

## Statement of Cash Flows for Year Ending 31 March 2016

	31 March 2016	31 March 2015
	£000's	£000's
Cash in Bank at 1 April 2015	801	163
Movement in working Capital	100	638
<b>Cash in Bank at 31 March 2016</b>	<b><u>901</u></b>	<b><u>801</u></b>