



WHSSC Joint Committee Meeting

Tuesday 28 June 2016

Welsh NHS Confederation, Ty Phoenix, 8 Cathedral
Road, Cardiff, CF11 9LJ

Video Conferencing Number: 52 7435

Agenda

Members

Ann Lloyd	(AL)	Chair
Sian Maria James	(SMJ)	Independent Member
Maria Thomas	(MT)	Independent Members and WHSSC Audit Lead
Daniel Phillips	(DP)	Acting Managing Director of Specialised and Tertiary Services Commissioning, WHSSC
Paul Roberts	(PR)	Chief Executive, Abertawe Bro Morgannwg UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Gary Doherty	(GD)	Chief Executive for Betsi Cadwaladr UHB
Adam Cairns	(AC)	Chief Executive, Cardiff and Vale UHB
Allison Williams	(AW)	Lead Chief Executive for WHSSC and Chief Executive, Cwm Taf LHB
Steve Moore	(SM)	Chief Executive, Hywel Dda LHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Carole Bell	(CB)	Director of Nursing and Quality, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Sian Lewis	(SL)	Acting Medical Director, WHSSC

Apologies

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Associate Members

Tracey Cooper	(TC)	Chief Executive, Public Health Wales
Steve Ham	(SH)	Interim Chief Executive, Velindre NHS Trust
Chris Koehli	(CK)	Interim Chair of Quality and Patient Safety Committee
John Williams	(JW)	Chair of Welsh Renal Clinical Network

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Item	Lead	Paper/ Oral
Preliminary Matters		
1. Welcome, Introductions and Apologies <ul style="list-style-type: none"> To open the meeting with any new introductions and record any apologies for the meeting 	Chair	Oral



Item	Lead	Paper/ Oral
2. Declarations of Interest <ul style="list-style-type: none"> Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for the meeting. 	Chair	Oral
3. Accuracy of Minutes of the meeting held 22 March 2016 <ul style="list-style-type: none"> To agree and ratify the minutes 	Chair	Att.
4. Action Log and Matters Arising <ul style="list-style-type: none"> To review the actions for the members and pick up on any matters arising 	Chair	Att
Items for Decision and Consideration		
5. Thoracic Surgery Commissioning <ul style="list-style-type: none"> To receive the paper and support the actions Contact: - Acting Director of Planning – Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.
6. Developing a Commissioning Plan for Specialised Neurosciences <ul style="list-style-type: none"> To receive the paper and approve the project initiation document Contact: - Acting Director of Planning – Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.
7. Commissioning of Organ Donation Services from NHS Blood & Transplant <ul style="list-style-type: none"> To receive the paper and note the content of the report Contact - Director of Finance - stuart.davies6@wales.nhs.uk	Director of Finance, WHSSC	Att.
8. Update on the Implementation of the Plan <ul style="list-style-type: none"> To receive the paper and consider any issues raised Contact: - Acting Director of Planning – Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.
9. Transfer of Networks <ul style="list-style-type: none"> To receive the paper and consider any issues raised 	Acting Committee Secretary, WHSSC	Att.
Routine Reports		
10. Chair's Report <ul style="list-style-type: none"> To receive the report and consider any issues raised Contact: Acting Committee Secretary – Cathie.Steele@wales.nhs.uk	Chair	Att.
11. Acting Managing Director's Report <ul style="list-style-type: none"> To receive the report and consider any issues raised Contact: Acting Managing Director – Daniel.Phillips@wales.nhs.uk	Acting Managing Director, WHSSC	Att.



Item	Lead	Paper/ Oral
12. Concerns Report - To receive the report and consider any issues raised Contact: Director of Nursing and Quality – Carole.Bell@wales.nhs.uk	Director of Nursing and Quality Assurance	Att.
13. Performance Dashboard - To receive the report and consider any issues raised Contact: Acting Director of Planning – Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.
14. Finance Report - To receive the report and consider any issues raised Contact: Director of Finance – stuart.davies6@wales.nhs.uk	Director of Finance	Att.
Items for Information		
15. Reports from the Sub-committees and Advisory Group Chairs' - To receive the report and consider any issues raised a) Management Group b) Quality and Patient Safety Committee c) Welsh Renal Clinical Network	Chairs	Att.
16. Annual Accounts and Annual Governance Statement - To note the annual accounts and annual governance statement for WHSSC	Director of Finance & Acting Committee Secretary, WHSSC	Att.
17. Annual Corporate Risk and Assurance Report - To receive the report.	Acting Committee Secretary, WHSSC	Att.
Concluding Business		
18. Date of next meeting - 27 September 2016, 1.30pm, Welsh NHS Confederation, Cardiff.	Chair	Oral

The Joint Committee is recommended to make the following resolution:

"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".



Minutes of the Joint Committee Meeting held in Public

22 March 2016

Central South Consortium, Tŷ Dysgu, Cefn Coed,
Parc Nantgarw, Cardiff, CF15 7QQ

Members Present:

Ann Lloyd	(AL)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance
Adam Cairns	(AC)	Chief Executive, Cardiff and Vale University Health Board
Stuart Davies	(SD)	Director of Finance, WHSSC
Gary Doherty	(GD)	Chief Executive Officer, Betsi Cadwaladr University Health Board
Sian Lewis	(SL)	Acting Medical Director, WHSSC
Steve Moore	(SM)	Chief Executive, Hwyl Dda Health Board
Daniel Phillips	(DP)	Acting Managing Director, WHSSC
Paul Roberts	(PR)	Chief Executive, Abertawe Bro Morgannwg University Health Board
Carole Shillibear	(CS)	Chief Executive, Powys Teaching Health Board
Chris Tillson	(CT)	Independent Member
Alison Williams	(AW)	Chief Executive, Cwm Taf University Health Board

Associate Members

Simon Smail	(SS)	Chair Quality and Patient Safety Committee, and Gender Dysphoria Partnership Board
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In Attendance

Alan Brace	(AB)	Deputy Chief Executive & Director of Finance & Procurement, on behalf of Judith Paget, <i>Chief Executive, Aneurin Bevan LHB</i>
Ian Langfield	(IL)	Acting Director of Planning, WHSSC
Pamela Wenger	(PW)	Committee Secretary, WHSSC
Juliana Field	(JF)	Corporate Governance Officer, WHSSC (Minutes)

The meeting opened at 1.26pm

WHSSC15/74	<p>Welcome and Introductions</p> <p>The Chair welcomed all to the Joint Committee meeting.</p>	
WHSSC15/75	<p>Apologies for Absence</p> <p>Apologies for absence were received from Steve Ham, Sian-Marie James, Judith Paget, Maria Thomas, and John Williams.</p> <p>Members noted that Alan Brace was attending on behalf of Judith Paget.</p>	
WHSSC15/76	<p>Declarations of Interest</p> <p>There were no declarations of interest other than those already declared on the Register of Interests.</p>	
WHSSC15/77	<p>Patient Story</p> <p>AL welcomed Mr Peter George to the Joint Committee and invited him to tell his story.</p> <p>Members of the Joint Committee listened to Peter's story of his experiences when he received a Bone Marrow Transplant 13 years ago in UHW.</p> <p>Peter expressed his thanks and gratitude to the medical team and all staff that have treated him and supported him through his treatment. Whilst recognising the difficult environment in which he received the treatment, the kindness and care he received by the NHS was outstanding.</p> <p>AL thanked Mr George on behalf of the Joint Committee for attending the meeting and sharing his experiences.</p> <p>Members RESOLVED to :</p> <ul style="list-style-type: none"> • Note the patient story 	
WHSSC15/78	<p>Minutes of the meeting held on 26 January 2016</p> <p>The Minutes of the last meeting were agreed as a true and accurate record.</p>	

WHSSC15/79	<p>Action Log</p> <p>Members noted the updates against the action log by exception. AL confirmed that she had written to Healthcare Inspectorate Wales following the last meeting and had received an apology over the delays in providing the statements to those interviewed. However, the statements were yet to be received.</p> <p>Members RESOLVED to</p> <ul style="list-style-type: none"> • Note the action log 	
WHSSC15/80	<p>Chair's Report</p> <p>The Chair introduced the report highlighting the following key points.</p> <p>Members noted that nominations have been sought from Health Boards for the Chair of the Quality and Patient Safety Committee and Chair of the All Wales Individual Patient Funding Panel.</p> <p>Members ratified the urgent action taken on 10 February 2016 in respect of the decisions of the meeting held on 26 January 2016, in consultation with SM.</p> <p>Members ratified the urgent action taken on 22 February 2016, in consultation with SM in respect of the following:</p> <ul style="list-style-type: none"> • To approve the Terms of reference for the Adult Mental Health and Learning Disability Commissioning Group; and • To approve the funding release for UKGTN tests. <p>AL raised the issue of the implementation of Welsh Language Act and the commissioning responsibilities. It was noted that work would need to be progressed to ensure the full implementation of the Welsh Language Standards.</p> <p>AL confirmed that she had requested a briefing to ensure that there were no commissioner initiated delays for treatment, and in particular in relation to Providers in NHS England.</p>	

	<p>AL confirmed that there were a small number of complaints in relation to the delays in decision making by the IPFR Panel. Members noted that the process was currently being reviewed and she would attend a future meeting of the All Wales Panel.</p> <p>Members RESOLVED to :</p> <ul style="list-style-type: none"> • Note the contents of the report; and • Ratify the Chairs Action taken on 10 February 2016 and 22 February 2016 in respect of the above items. 	
WHSSC15/81	<p>Acting Managing Director's Report</p> <p>Members noted the updates provided in the Acting Directors report.</p> <p><i>Neuro Endocrine Tumour Service (NETs)</i></p> <p>Members noted that a draft business case has been received from Cardiff and Vale UHB for the NETs Service Model as agreed by the Joint Committee in July 2015. CB updated the Joint Committee in relation to the work being progress with the NETs patient groups.</p> <p><i>Gender Dysphoria Services</i></p> <p>Members noted the progress to lead the collaborative commissioning work, in partnership with Health Boards services, to review the gender dysphoria services pathway. DP confirmed that project funding has been made available by Welsh Government.</p> <p>Members agreed to receive the outcome of the review in September 2016 following consideration by the Gender Partnership Board.</p> <p><i>Development of New Strategy for Specialised Services</i></p> <p>Members received an update on the development of the strategy and noted that the workshops were being planned for both North and South Wales in May/ early June. AW raised the issue of the support in taking forward the Strategy and whether external support was required. Following discussion, it was agreed that AW and DP would agree a way forward to escalate the timescales for the development of</p>	

	<p>the strategy.</p> <p>Action: DP and AW to agree a plan for escalating the development of the strategy.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Note the contents of the report; and • Receive an update on the Strategy for Specialised Services at the next meeting of the Joint Committee. 	<p>Acting Managing Director, WHSSC</p>
WHSSC15/82	<p>Risk Sharing Review</p> <p>Members received an update on the Risk Sharing Review and noted the detailed work that had been undertaken. Members noted that a clear set of recommendations had been considered by the Chief Executives in February 2016 but they were not able to agree a way forward.</p> <p>SD outlined the current position and highlighted the views of Cardiff and Vale UHB regarding their view of the need to make changes to the wider resource allocation process; such changes were not within the remit of the Joint Committee. Members discussed at some length the difficulties regarding the current allocation process and the impact in particular this had on CV UHB and the UHB's population.</p> <p>Members discussed the further proposal from BCUHB to consider how in year risks are shared and agreed that this required further work to understand the impact. Members noted that this was proposal would be of benefit for the in year exceptional issues which could not be planned for.</p> <p>Action: SD agreed to lead the work with the Directors of Finance to work through the consequences of the proposal from BCUHB to consider how in year risks are shared.</p> <p>AC explained the difficulties in relation to being a Provider of Specialised Services and year on year the Health Board has been taken diverted money</p>	<p>Director of Finance, WHSSC</p>

	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Note the contents of the report; and • Approved the principles of the Risk Sharing Review; • Agree to a pricing review for Specialised Services; • Support the Chair writing to WG outlining the difficulties in agreeing the risk sharing on the basis of the current allocation methodology and asking for arbitration. 	
WHSSC15/83	<p>Integrated Commissioning Plan 2016-19</p> <p>Members received a presentation in terms of the development of the ICP 2016-19. Members noted the adverse movement in the NHS England position and that the ICP 2016-19 had been updated to reflect this.</p> <p>Members approved the proposed collective commissioning arrangements for the following services for 2016/17:</p> <ul style="list-style-type: none"> • Cardiac MRI – Advice and Support; • Gender Dysphoria (Non specialised) – Advice and Support; • Interstitial Lung Disease MDT – Full Commissioning; • Augmentative and Alternative Communication-Full Commissioning; and • Neonatal Intensive Care – Financial Flows <p>Members supported further scoping work to be undertaken throughout the course of the year, to assess proposed services for collective commissioning in 2017/18, and to identify the workforce and resource implications.</p> <p>Members agreed to delegate the responsibility of implementing these schemes with economic benefits to NHS Wales, on the basis that they will be progressed if the business case can be demonstrate the economic benefits to Health Boards to the Management Group.</p> <p>Members approved the plan, and confirmed financial assumptions consistent with Health Board's IMTPs. However, following discussion in relation to years 2 and 3 of the ICP, it was recognised that further growth beyond that already included in the</p>	

	<p>plan would prove to be challenging.</p> <p>AC raised his concerns in relation to the high risk amber schemes and that these were very fragile services which would undoubtedly require investment within the ICP. Members discussed at some length these schemes and agreed that these needed to be progressed in light of the significant risk issues, however, the issue of funding and prioritisation of other key risks within the ICP would need to be discussed. AC confirmed that he would need to take action locally and this was a matter for the Cardiff and Vale UHB Board to consider.</p> <p>Members agreed that the higher risk amber schemes (£2.3m) would not be included within the approved plan, but would require further discussion on how to manage the risks. It was agreed that the Acting Managing Director would have further conversations with WG, to identify whether or not they would be able to direct any central resources to support specialised services including any central funding available to support delivery of RTT targets , delivery plans, new High Cost Drugs and the Health Technology Fund.</p> <p>Action: DP to meet with the Welsh Government to discuss how the high risk amber rated schemes would be funded; and</p> <p>Action: Write to the Management Group thanking them for their hard work in the development of the ICP 2016-19.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Agree that the Health Boards ensure that the financial assumptions in the plan were consistent with their IMTPs; • Support the commissioning intentions within the approved plan; • Agree that business cases to support investment for the schemes approved within the plan should be subject to scrutiny and approval by the Management Group; • Agree that approval of the economic benefit schemes would be delegated to the 	<p>Acting Managing Director, WHSSC</p> <p>Acting Managing Director, WHSSC</p>
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	<p>Management Group, subject to their scrutiny of those economic benefits;</p> <ul style="list-style-type: none"> • Agree that further discussions should to take place with Welsh Government in terms of additional sources of funding; • Agree that the Neurosurgery schemes should be considered as a whole, and that implementation will need to be managed in line with the wider review of Specialised Neurosciences Services; and • Thank the Management Group for their work in the development of the ICP. 	
WHSSC15/84	<p>Delivery of the Integrated Commissioning Plan 2015/16</p> <p>IL introduced the report which provided an update on the delivery of the plan and provided an update in relation to the audit and outcomes days which had been held in 2015/16.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Note the funding release proforma schedule; • Note the progress against the work plan for 2015/16; and • Note the risk management summary. 	
WHSSC15/85	<p>Alternative and Augmentative Communication Aids (AAC) Project</p> <p>IL presented the report highlighting the progress made by the Project to oversee the development of the service hub. Members received and approved the commissioning policy (CP93a) and service specification (CP93b) for Hub level AAC services.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Note the contents of the report; • Note the recommendations made in the EQUIA, which will be taken forward as part of the project; and • Approve CP93a AAC Hub service policy and CP93b service specification. 	
WHSSC15/86	<p>Annual Business Cycle</p> <p>PW presented the report and confirmed that the Business Cycle had been developed in collaboration with the Board Secretaries. AW suggested it would</p>	

	<p>be helpful to include a formal report to each Health Board twice a year.</p> <p>Members approved the Annual Business Cycle and reporting arrangements subject to this addition.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Note the contents of the report; • Note the schedule of meetings as listed; • Approve the Annual Business Cycle for the Joint Committee; and • Approve the reporting timetable to the Health Boards. 	
WHSSC15/87	<p>Emergency Medical Retrieval Transport Service Legacy Report</p> <p>Members received and approved the legacy report for the transfer of the commissioning responsibility to the Emergency Ambulance Services Committee (EASC).</p> <p>Members agreed that as no resources were provided to WHSSC in order to commission the service that there is no resource that can be transferred from WHSSC to EASC.</p> <p>Members noted the two outstanding risks that would be passed over to EASC as part of the commissioning of the service. Members noted that the issue in relation to the each Health Board having Night Helicopter Landing Sites remains outstanding.</p> <p>Members agreed that the issue of hosting costs would need to be contained within the costs of the service and there would be no additional funding from the Health Boards.</p> <p>Members agreed that the commissioning responsibility will transfer to EASC from 1 April 2016.</p> <p>Action: To write to the Chief Ambulance Commissioning Officer confirming the agreed commissioning responsibility from April 2016.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Note the contents of the report; 	Chair

	<ul style="list-style-type: none"> • Note the outstanding issues that will potentially be carried forward under the new EASC commissioning arrangements; • Approve the transfer of the commissioning of EMRTS to the Emergency Ambulance Committee with effect 1 April 2016. 	
WHSSC15/88	<p>Quality Update & Interim High Level Quality Assurance Report</p> <p>Members received the report. CB confirmed that the plan would be to integrate the data into a single performance report.</p> <p>AL welcomed the interim report and suggested as the report was developed further subject to the issues of confidentiality, more information on serious concerns would be reported.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Note the content of the report; and • Support the direction of travel. 	
WHSSC15/89	<p>Performance Dashboard</p> <p>Members received the report and noted that the dashboard had been scrutinised by the Management Group. Members noted the updates in relation to Cardiac Surgery, Bariatric Surgery, Plastic Surgery and Paediatric Surgery.</p> <p>Members discussed the deteriorating position in a number of the targets and sought assurance that action was been taken to improve the performance. Members noted that discussions were ongoing with the Provider to address the performance issues.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Note the use of the new interim 2015/16 performance dashboard; • Support the progress in developing the commissioning teams and quality framework to further input into the dashboard; and • Note current performance and the action being undertaken to address areas of non-compliance. 	
WHSSC15/90	<p>Finance Report</p> <p>Members noted the report and that the overall</p>	

	<p>financial position at Month 10 was an overspend of £2.542m (0.48%). Members noted that the forecast outturn position is an overspend of £4.219m (0.56%).</p> <p>SD confirmed that the distribution of the reported position had been shown using updated 2015/16 risk shares based on 2014/15 utilisation as requested by the WHSSC Management Group.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Note that the underlying financial risks detailed in the IMTP process remain, in particular the risks regarding the activity and financial trends in English contracts; • Note the residual commitment in relation to cardiac surgery outsourcing and the likely level of financial liability for 2015/16; and • Note the updated financial position against the approved ICP for 2015/16. 	
WHSSC15/91	<p>Reports from Committee/Sub Group Chairs</p> <p>a) Management Group Members noted the update from the meeting held 25 February 2016 and received the confirmed minutes of the meeting held in November 2015 and January 2016.</p> <p>b) Quality and Patient Safety Committee Members noted that the meeting scheduled for 24 February 2016 was cancelled due to the number of apologies. Members received an update on the papers from the February 2016 and noted that the next meeting was scheduled for June 2016.</p> <p>c) Welsh Renal Clinical Network (WRCN) Members noted the update from the meeting held 9 February 2016 and received the confirmed minutes of the meeting held 8 December 2015.</p> <p>d) Gender Dysphoria Partnership Board Members noted the update from the meeting held 9 February 2016 and received the confirmed minutes of the meeting held 22 September 2015.</p> <p>e) Children and Adolescent Mental Health Service (CAMHS) Network</p>	

	<p>Members noted the update from the meeting held 1 February 2016.</p> <p>f) Neonatal Network Members noted the update from the meeting held 4 February 2016 and received the confirmed minutes of the meeting held 10 November 2015.</p>	
WHSSC15/92	<p>Any other urgent business</p> <p>AL thanked SS and CT for their contribution to the work of the Joint Committee over the years and wished them well for the future.</p> <p>AL thanked PW for her work since the establishment of WHSSC and wished her well in her new role.</p>	
WHSSC15/93	<p>Date of Next Meeting:</p> <p>It was confirmed that the next meeting of the Joint Committee will take place on Tuesday 28 June at 9.30am venue to be confirmed.</p>	

The Chair **CONCLUDED** the Joint Committee Session held in public at 4.00pm and the Committee **AGREED** the following resolution:

"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1 (2) Public Bodies (Admission to Meetings) Act 1970."

Signed (Chair)

Date



2016/17 Action Log (MASTER) Joint Committee Meeting

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
22.03.16	JC001	WHSSC15/81 – Specialised Services Strategy DP and AW to agree a plan for escalating the development of the strategy.	Acting Managing Director	April 2016	Workshops arranged Agenda Item 9	OPEN
22.03.16	JC002	WHSSC15/82 – Risk Sharing Review SD agreed to lead the work with the Directors of Finance to work through the consequences of the proposal from BCUHB to consider how in year risks are shared.	Director of Finance	April 2016	Completed	CLOSED
22.03.16	JC003	WHSSC15/82 – Risk Sharing Review SD to lead a pricing review of Specialised Services.	Director of Finance	April 2016	Verbal update to be provided at the meeting to be held 28 June 2016.	OPEN

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
22.03.16	JC004	WHSSC15/82 – Risk Sharing Review AL to write to Welsh Government, outlining the difficulties in agreeing the risk sharing on the basis of the current allocation methodology.	Chair	April 2016	Letter sent to Welsh Government setting out the agreement at the Joint Committee.	CLOSED
22.03.16	JC005	WHSSC15/33 – Integrated Commissioning Plan 2016-19 To discuss the high risk amber schemes with Welsh Government in terms of additional sources of funding;	Acting Managing Director	April 2016	Completed	CLOSED
22.03.16	JC006	WHSSC15/33 – Integrated Commissioning Plan 2016-19 Write to the Management Group for their work in the development of the ICP	Chair	April 2016	Letter sent to Members.	CLOSED
22.03.16	JC007	WHSSC15/87 – Emergency Medical Retrieval Service To write to the Chief Ambulance Commissioner confirming the agreed commissioning responsibility from April 2016.	Acting Director of Planning	April 2016	Letter sent to Chief Ambulance Commissioner confirming the transfer.	CLOSED



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WALES

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

		Agenda Item	05
Meeting Title	Joint Committee	Meeting Date	28/06/2016
Report Title	Thoracic Surgery Commissioning		
Author (Job title)	Specialised Planner		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	To update Joint Committee on thoracic surgery commissioning, in particular: <ul style="list-style-type: none"> - Implementation of the ICP schemes to invest in the quality and capacity of thoracic surgery in South Wales in 2016/17; - Project to review the current service model to inform the development of a thoracic surgery commissioning plan to ensure long term service sustainability. 			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Management Group	Meeting Date	26/05/2016
Recommendation(s)	<ul style="list-style-type: none"> • NOTE the agreement to release funding from the ICP for the thoracic surgery schemes to improve rates of resection and service quality in 2016/17; • SUPPORT the use of the Royal College of Surgeons Invited Review process for expert clinical advice on the model of provision for thoracic surgery; • SUPPORT the project to review the thoracic surgery service model to inform the development of a commissioning plan for long term service sustainability. • NOTE that the final recommendation on the future service model for thoracic surgery for Wales will be presented for approval to Joint Committee in January 2017. 		

Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓			✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓		✓				✓

1. Situation

The WHSSC ICP 2016-19 includes schemes to commission an increase in thoracic surgery to improve patient access and outcomes, both on urgent cancer pathways and those waiting for elective surgery for non cancer indications. Alongside this immediate investment, the ICP also includes the commitment to undertake a review of thoracic surgery to inform the development of a commissioning plan to ensure the long term sustainability and quality of the service.

The purpose of this paper is to:

- Advise Joint Committee that the release of funding from the ICP for the thoracic surgery schemes has been agreed by Management Group;
- Briefly outline the key elements of the schemes and what they aim to achieve for patients;
- To outline the proposed aims, objectives, products and timeline for the thoracic surgery review;
- To note that external expert advice to the review will be provided through the Royal College of Surgeons Invited Review process;
- To seek confirmation of Joint Committee's support for the proposed approach to the review.

2. Background

Low resection rates for lung cancer are one of the highest risks on the WHSSC risk register. Commissioning sufficient thoracic surgery activity to improve resection rates and lung cancer outcomes in Wales is a top priority within the WHSSC ICP.

Through approving the WHSSC ICP 2016-19, the Joint Committee agreed to invest in thoracic surgery capacity in South Wales to improve patient access in the short term, while a review is undertaken to inform the long term sustainable service model. The ICP investment is designed to provide the capacity required to improve surgical resection rates for lung cancer to the agreed target rate in 2016/17. This investment is part of the wider strategy to improve lung cancer outcomes in Wales through the Lung Cancer Initiative of the Cancer Delivery Plan Implementation Group. This initiative includes a public awareness campaign to improve early presentation and diagnosis, and a project to implement models of pre-habilitation and enhanced recovery to improve patient outcomes, patient experience and service efficiency. The WHSSC ICP investment is a vital element in this overall initiative to improve outcomes for lung cancer patients.

The ICP investment will stabilise the current service but will not impact on or influence the outcome of the service review. Once the review has concluded, and there is agreement on the future model of provision for South Wales, all of the current investments will be reviewed in order to ensure that it aligns with the future service model and demand for thoracic surgery.

3. Assessment

3.1 Agreement for release of funding for ICP schemes

The Management Group has agreed in principle to the release of funding for the ICP schemes for thoracic surgery. Further work is currently being undertaken to define the contractual arrangements for implementing the schemes and to confirm the demonstration of value for money.

The schemes will:

- Provide capacity to achieve the target resection rate of 20%;
- Provide capacity for a proportional increase in non cancer activity;
- Surgical cover for lung cancer MDTs, theatre lists and out-patient clinics;
- Invest in quality and efficiency improvements through pre-habilitation and enhanced recovery services at both centres;
- Invest in infrastructure including an additional surgeon on each site (from 2 to 3 on each site).

3.2 Service Review

The Project Initiation Document has been approved by the Management Group. It sets out the following aim, scope, objectives and timescales for the thoracic surgery review:

Aim

The aim of the project is to develop a commissioning plan for thoracic surgery in Wales.

Scope

The scope of the project is thoracic surgery provision for all Wales. However, the main focus is on South Wales where there are alternative potential models of service delivery and where the providers are Health Boards within Wales.

Objectives

The project has 2 phases:

- Phase 1: service review and recommendations on preferred service model
- Phase 2: develop implementation plan

Phase 1 objectives

- To commission external expert advice, through the Royal College of Surgeons Invited Review process, to make recommendations to WHSSC to inform and shape the commissioning plan for thoracic surgery.
- On receiving the recommendations from the external advisory team, to develop principles and framework to inform options appraisal for the service model for South Wales.
- To develop options and undertake full options appraisal.

- To make recommendations to the Joint Committee on the preferred option.
- To undertake financial appraisal.

Phase 2 objectives

- To work with stakeholders to develop a robust and detailed plan for implementing the agreed commissioning plan, and service model, for thoracic surgery.
- To consider the requirement for a formal public consultation and, if required, build this into the implementation plan.
- To obtain Joint Committee approval for the implementation plan.

Key Milestones

Table 1 below outlines the key milestones for the project. The project is planned to complete over a 12 month period from initiating the external review in May 2016 to final report and implementation plan in April 2017.

The external review is expected to complete within 5 months by October 2016. This will enable the options appraisal to be undertaken between November and December. The final recommendation on the future service model for thoracic surgery for Wales will be presented for approval to Joint Committee in January 2017. The implementation plan will be reported to Joint Committee in March 2017.

In January, the Joint Committee asked that the original timeframe for the project (final report in September 2017) be brought forward if possible. The timeframe in table 1 is shorter than the original timeframe, condensing the project by 6 months to March 2017.

Table 1: Key Milestones

	Milestone	Completion Date
1.	Commission external advice (RCS Invited Review process)	May 2016
2.	External advice: final report received by WHSSC	Oct 2016
3.	Undertake options appraisal	Nov - Dec 2016
4.	Report to Joint Committee to set out the recommendations regarding the commissioning plan for thoracic surgery	Jan 2017
5.	Report to Joint Committee to set out the implementation plan.	Mar 2017

3.3 Royal College of Surgeons Invited Review Process

It is proposed that external advice, expertise and support for the development of the commissioning plan, is commissioned through the Royal College Society Invited Review process.

The Acting Director of Planning has held discussions with the President of the Society for Cardiothoracic Surgery and the local clinical representative for the Royal College of Surgeons (RCS), to seek their advice on obtaining external support for the review of thoracic surgery in Wales. Both advised that WHSSC considers taking this forward through the RCS Invited Review mechanism which has been established to provide independent, external review of surgical services in the UK. Support commissioned through this process will benefit from independent appointment of the external advisors, providing assurance of the independence and robustness of the resulting recommendations.

The RCS Invited Review process has the following main stages and timeline:

- To initiate the process, a formal letter to Royal College of Surgeons to request support via the Invited Review process, setting out terms of reference for the work required.
- RSC engagement with Society for Cardiothoracic Surgery to appoint 2 clinicians and 1 lay person to undertake the work (review team appointed within 8 weeks of receipt of the formal request).
- Review team gather information to inform their report. This would be expected to include site visits and interviews with key stakeholders (inc. surgeons, Medical Directors, managers, Network, the Collaborative, etc), as well as review of relevant service information and data. Timescales for completion of this phase are expected to be within 6 to 8 weeks.
- Production of final report (within a further 8 week period).

The external advisory team would provide advice to inform the development of the commissioning plan. Its remit is expected to include:

- Service specification
 - Best practice guidelines and service standards;
 - Clinical and patient outcomes (inc. patient experience);
 - Range of surgery provided (sub-specialisation);
- Service model
 - Key interdependencies and co-dependencies
 - Referral linkages with other services (inc. relationship with major trauma services);
 - The wider thoracic surgery MDT;
- Service sustainability
 - Including recruitment and retention,
 - training requirements;
- Equity in access;
- Future developments in thoracic surgery.

During the first 8 weeks, while the advisory team is appointed, WHSSC would commence the work to define and collate the information required by the advisory team, including:

- Current service organisation and resources
- Activity by casemix
- Sub specialisation
- training
- Underlying population need and epidemiology
- Patient outcomes (inc. experience)
- Service efficiency
- Service performance
- Co-located services and referral linkages

4. Recommendations

Members are asked to:

- **NOTE** the agreement to release funding from the ICP for the thoracic surgery schemes to improve rates of resection and service quality in 2016/17;
- **SUPPORT** the use of the Royal College of Surgeons Invited Review process for expert clinical advice on the model of provision for thoracic surgery;
- **SUPPORT** the project to review the thoracic surgery service model to inform the development of a commissioning plan for long term service sustainability.
- **NOTE** that the final recommendation on the future service model for thoracic surgery for Wales will be presented for approval to Joint Committee in January 2017.



Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan Choose an item. Choose an item.	
Link to Integrated Commissioning Plan	The thoracic surgery review is a key priority in the WHSSC ICP 2016-19.	
Health and Care Standards	Effective Care Timely Care Choose an item.	
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience	The thoracic surgery review aims to make recommendations on how to ensure the thoracic surgery services in Wales are of the highest quality, are safe, and offer the best possible patient experience.	
Resources Implications	The financial resource implications of commissioning an external review are outlined in the paper.	
Risk and Assurance	Risks to the project have been outlined in the draft PID.	
Evidence Base	The review will draw on best practice and evidence of the context in Wales, to inform its recommendations.	
Equality and Diversity	Equality impact assessment will be integral to the review and implementation process.	
Population Health	The review is focused on improving health outcomes for people who require thoracic surgery.	
Legal Implications	None identified.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Management Group	26/05/16	Support for PID for review; agreement in principle of funding release for ICP schemes.



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		Agenda Item	06
Meeting Title	Joint Committee	Meeting Date	28/06/2016
Report Title	Developing a Commissioning Plan for Specialised Neurosciences		
Author (Job title)	Assistant Specialised Planner, Neurosciences		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	This paper asks members to approve the draft initiation document for developing a commissioning plan for specialised neurosciences.			
RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Management Group	Meeting Date	26/05/2016
	Corporate Directors Group	Meeting Date	16/05/2016

Recommendation(s)	<ul style="list-style-type: none"> • APPROVE the proposed project initiation document for developing the commissioning plan for neurosciences; and • NOTE the establishment of the Project Management Group and Working Groups, and the intention to seek nominations for membership.
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Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓			✓		✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓				✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓			✓			✓



1.0 Situation

- 1.1 There are a number of issues within specialised neurosciences services that have emerged recently, including sustainability issues for functional neurosurgery and spinal surgery, which would indicate the need to develop a clear commissioning plan.
- 1.2 It is proposed that that a commissioning plan is developed to set the direction for specialised services, and this paper includes the proposed methodology to develop a commissioning plan for specialised neurosciences.
- 1.3 The Project Initiation Document has been approved by Management Group and nominations for membership for the working groups are currently being requested.

2.0 Background

- 2.1 WHSSC is responsible for commissioning a range of specialised neuroscience services including:
 - Neurosurgery;
 - Interventional Neuro-Radiology;
 - Neuro-Rehabilitation; and
 - Spinal Injuries Rehabilitation
- 2.2 Following the conclusion of the strategic reviews of neurosciences services in the North and South Wales, not all of the recommendations have been implemented:
 - Establishment of an integrated spinal and Neuro-Rehabilitation network;
 - Appointment of a consultant in Rehabilitation Medicine to lead the development of a North Wales Neuro-Rehabilitation service and specialist in-patient service;
 - Establishment of specialised community outreach teams for acquired brain injury and spinal injury;
 - Establishment of a network to plan and deliver neurology services; and
 - Integration of Neuro-Radiology services across Abertawe Bro Morgannwg UHB and Cardiff and Vale UHB.
- 2.3 In addition over the intervening period, a number of issues have presented following the consolidation of neurosurgery services onto a single site at UHW, including:
 - Failure to deliver the 26 week RTT for inpatient neurosurgery;
 - Temporary loss of functional neurosurgery programme; and
 - Sustainability of interventional Neuro-Radiology programme.



Neurological Conditions Delivery Plan

- 2.4 Welsh Government published the Neurological Conditions Delivery Plan in 2014, which required each of the Health Boards and NHS Trusts to develop an action plan. The WHSSC Neurological Conditions Action Plan has been developed in response to the Delivery Plan, and sets out a series of actions for commissioning specialised neurosciences services. It has been agreed that the WHSSC Action Plan will be included in each of the HB plans.
- 2.5 The Action Plan identified the following key challenges for WHSSC in taking forward the delivery plan:
- Long waiting times for neurosurgery for patients in South Wales;
 - Long waiting times for complex wheelchairs – adult and paediatric;
 - Sustainability of current medical staffing arrangements for the Welsh Spinal Injuries Centre; and
 - Lack of provision for paediatric Neuro-Rehabilitation in South Wales and limited uptake of out of area referrals.

3.0 Assessment

- 3.1 The overall aim of the project is to undertake an assessment of the current provision of specialised neurosciences services for patients in Wales.
- 3.2 This will include an evaluation of progress against the recommendations from the previous reviews of neurosciences services conducted between 2007 and 2010, assessing whether recommendations that were not implemented remain outstanding issues that require addressing and will help to inform the development of a commissioning plan for specialised neurosciences services.
- 3.3 We will set up three specialty working groups looking at Neurosurgery and all its subspecialties, Neuro-diagnostics and Neuro-Rehabilitation alongside a Finance and Information Group.
- 3.4 We have asked Public Health Wales to assist with an assessment of health needs for Wales including predicted demand for Neuroscience services over the next 5 and 10 years.
- 3.5 We will develop a vision for Neurosciences Services in Wales and commissioning intentions including quality and performance indicators, Audit requirements and contract volumes.

4.0 Recommendations

- 4.1 Members are asked to:

- **APPROVE** the proposed project initiation document for developing the commissioning plan for neurosciences; and
- **NOTE** the establishment of the Project Management Group and Working Groups, and the intention to seek nominations for membership.

5.0 Appendices / Annexes

There are no appendices or annexes to this document.

Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan Governance and Assurance Organisation Development	
Link to Integrated Commissioning Plan	There are a number of neurosciences schemes on the 2016-19 ICP.	
Health and Care Standards	Governance, Leadership and Accountability Effective Care Staff and Resourcing	
Principles of Prudent Healthcare	Reduce inappropriate variation Public & professionals are equal partners through co-production	
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Improving Patient Experience (including quality and Satisfaction)	
Organisational Implications		
Quality, Safety & Patient Experience	The Review aims to improve the quality, safety and patient experience of the Neurosciences services provided to Welsh patients.	
Resources Implications	Additional resource will be required to support the project, including from Public Health Wales.	
Risk and Assurance	The purpose of the project will be to identify and address all known and potential future risks within the specialised Neurosciences services/	
Evidence Base	Will be built up throughout the Review.	
Equality and Diversity	There are no equality and diversity implications within this paper.	
Population Health	There are no implications for Population Health within this paper.	
Legal Implications	There are no legal implications associated with this paper.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group	16/05/2016	Approved
Management Group	26/05/2016	Approved



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Welsh Health Specialised
Services Committee (WHSSC)

		Agenda Item	07
Meeting Title	Joint Committee	Meeting Date	28/06/2016
Report Title	Commissioning of Organ Donation Services from NHS Blood & Transplant		
Author (Job title)	Manager, Welsh Renal Clinical Network		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Public

Purpose	To provide background to the transfer of commissioning responsibilities from Welsh Government to Welsh Health Specialised Services Committee for NHSBT Organ Donation and Transplantation.			
RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee		Meeting Date	
		Meeting Date	
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Approve the transfer of commissioning responsibility from Welsh Government to WHSSC on behalf of Health Boards. • Approve the allocation of funding to WHSSC consistent with the increase in allocation already received from Welsh Government. • Inform the allocated budget is consistent with the requirements of the NHSBT income plan and that there are no immediate or anticipated cost pressures. There is an agreed process with Home Nation commissioners for any further innovation or development. • Inform the planned development of a Memorandum of Understanding or similar process which will be agreed between Welsh Government and WHSSC which will set out respective responsibilities. 		

Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓				✓		✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓		✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓				✓			✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓		✓				✓

1.0 Situation

- 1.1 Welsh Government has confirmed that it intends to transfer the commissioning responsibility for the services provided by NHS Blood & Transplant (NHSBT) for Organ Donation and Transplantation to WHSSC. The transfer is intended to take immediate effect for the whole of 2016/17. The purpose of this report is to regularise the transfer through the agreed WHSSC Governance processes.

2.0 Background

- 2.1 NHS Blood and Transplant is a Special Health Authority that provides a Blood and Transplant service to the NHS. This includes supplying enough safe blood to hospitals in England, tissues and solid organs to hospitals across the UK. Each year, donors give around two million donations of blood and 3,500 organs.
- 2.2 Safeguarding blood supply and increasing the number of donated organs involves collecting, testing, processing, storing and delivering blood, plasma and tissue to every NHS Trust in England. It also matches, allocates, audits and analyses organ donation across the whole of the UK.
- 2.3 Prior to 1 April 2016, Welsh Government directly commissioned services from NHSBT for Organ Donation and Transplantation linked to the above activities. It has been previously proposed that WHSSC should take over this responsibility, creating alignment between the central activities of NHSBT and the commissioning of the transplant programmes for Welsh residents. In addition, the allocation of the funds to the Health Boards rather than central allocations will provide an appropriate degree of protection from changes in departmental allocations.
- 2.4 The sum allocated to Health Boards is £3.8m and this is to be directed to WHSSC as part of the specialised services budget allocation from each Health Board.

3.0 Assessment

- 3.1 The budget of £3.8m is recurrently available and matches the NHSBT financial plan requirements up until 2020/21. This is part of the Transplant 2020 plan agreed by the four Home Nations.
- 3.2 The management of the NHSBT plan has delivered non-recurrent under spend in the past two years which have been retained by NHSBT on agreement with the Home Nations to reinvest into parts of their programme. The Welsh share of this will remain available through agreement with WHSSC.
- 3.3 Appendix 1 provides the detail of the income requirements for the NHSBT plan. This confirms that the transferred funding from Welsh Government to WHSSC is sufficient to meet the plans for the next five years.

- 3.4 NHSBT are also clear that any other additional requirements such as potential novel technology will require separate discussions with the Home Nation commissioners.
- 3.5 The Sustainable Funding for Organ Donation Group meets Bi-monthly as well as the quarterly Transplant 2020 Implementation Group.
- 3.6 WHSSC is already represented at both groups by the WRCN Manager (as the Solid Organ Donation and Transplantation lead for WHSSC).
- 3.7 It should be noted that the commissioning responsibility will be with WHSSC not the WRCN as its remit extends beyond the renal portfolio.
- 3.8 Horizon scanning – A trial is underway regard Heart Transplants which come with potentially increased consumable costs but this is to be fully evaluated in 2016 before further discussions are to take place about implementation (if agreed); Organ donation and transplantation is slightly under target and there have been some delays in part of the transformation project including IM&T investments which are likely to continue to contribute to annual non-recurrent under spend.
- 3.9 NHSBT remains accountable to Welsh Ministers for its activities and hence there are some areas where Welsh Government retains a direct involvement. In order to manage any risk of uncertainty, a Memorandum of Understanding or similar agreement will be put in place between Welsh Government and WHSSC setting out respective roles and responsibilities. Examples of areas where Welsh Government retain responsibility include input into the appointment of a Chair (and non-executive directors) and attendance at quarterly/six monthly accountability and executive meetings with the Department of Health.

4.0 Recommendations

- 4.1 Members are asked to:
 - **Approve** the transfer of commissioning responsibility from Welsh Government to WHSSC on behalf of Health Boards.
 - **Approve** the allocation of funding to WHSSC consistent with the increase in allocation already received from Welsh Government.
 - **Note** the allocated budget is consistent with the requirements of the NHSBT income plan and that there are no immediate or anticipated cost pressures. There is an agreed process with Home Nation commissioners for any further innovation or development.
 - **Note** the planned development of a Memorandum of Understanding or similar process which will be agreed between Welsh Government and WHSSC which will set out respective responsibilities.

5.0 Appendices / Annex

- 5.1 Appendix A provides a summary of NHSBT Income Plan up to 2020/21 and provides confirmation of Welsh funding level.



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance	
Link to Integrated Commissioning Plan	Not applicable	
Health and Care Standards	Effective Care Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations	
Organisational Implications		
Quality, Safety & Patient Experience	Not applicable	
Resources Implications	Net funding provided by Welsh Government via Health Board allocations.	
Risk and Assurance	Not applicable	
Evidence Base	Not applicable	
Equality and Diversity	Not applicable	
Population Health	Not applicable	
Legal Implications	NHSBT remains accountable to (Welsh) Ministers.	
Report History:		
Presented at:	Date	Brief Summary of Outcome



Income Plan

Income Plan	Committed Funding		2015/16 Plan	2016/17 Plan	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
Deceased Donors				1,440	1,620	1,728	1,776	1,776
Deceased Transplants				3,900	4,404	4,716	4,872	4,872
	£M's	£M's	£M's	£M's	£M's	£M's	£M's	£M's
Annual Expenditure Plan				-73.8	-71.3	-73.6	-73.6	-75.9
Funding Requirement								
England - 83.90%	61.8		61.8	61.8	59.8	61.7	61.8	63.7
Scotland - 8.38%	6.1		5.5	6.1	6.0	6.2	6.2	6.4
Wales - 4.85%	3.8		4.6	3.8	3.5	3.6	3.6	3.7
Northern Ireland - 2.87%	2.1		2.1	2.1	2.0	2.1	2.1	2.2
Total	73.8		74.1	73.8	71.2	73.6	73.6	75.9

Notes:

Income adjusted for New Organ Donor register and Opt-Out in line with agreed funding formula
Behaviour Change Campaign funding attributed to England only

Additional Funding Requirement (above baseline)								
England - 83.90%				0.0	2.1	0.1	0.0	(1.9)
Scotland - 8.38%				0.0	0.1	(0.1)	(0.1)	(0.3)
Wales - 4.85%				0.0	0.3	0.2	0.2	0.1
Northern Ireland - 2.87%				0.0	0.1	(0.0)	(0.0)	(0.1)
Surplus / (Deficit)				0.0	2.6	0.3	0.2	(2.1)



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		Agenda Item	08
Meeting Title	Joint Committee	Meeting Date	28/06/2016
Report Title	Update on the Implementation of the Plan		
Author (Job title)	Acting Director of Planning		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	To inform members of opportunities for funding higher risk 'amber' schemes, and to notify members of the timeline for considering economic benefit amber schemes.			
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RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Corporate Directors Group Board	Meeting Date	16/05/2016
	Management Group	Meeting Date	26/05/2016

Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the current position of the Amber Higher Risk Schemes • Approve the consideration of slippage from new developments and funding released through other sources to fund Amber Higher Risk Schemes on a case by case basis. • Approve the delegation of the Neurosurgery scheme to the WHSSC Management Group for decision. • Note that recommendations on the remaining schemes will be made to the Joint Committee scheduled for September. 			
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Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓			✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
	✓			✓				✓

1.0 Situation

- 1.1 The Integrated Commissioning Plan 2016-19 (ICP) was approved by the Joint Committee on the 22nd March.

2.0 Background

- 2.1 The ICP includes an additional £9M for mandatory new service developments, unavoidable demand and delivery of RTT.
- 2.2 The ICP does not include funding for a number of schemes which have been categorised as higher risk. These schemes are listed in the table below, and are currently valued at £2.3M.

Provider	Risk Rated Amber Schemes for consideration by JC	Risk Score	2016/17	2017/18	2018/19
			£m	£m	£m
Cardiff	Neurovascular	56	0.243	0.280	0.280
Cardiff	Neuropathology	49	0.050	0.100	0.100
Cardiff	Neurosurgery	45	0.258	1.000	1.000
Cardiff	Interventional neuroradiology	40	0.155	0.207	0.207
Cardiff	NICU	44	0.255		
Cardiff	Fetal Medicine	44	0.060	0.120	0.120
Unallocated Developments	Proton Beam Therapy - Child	44	0.550	1.100	1.100
Unallocated Developments	Proton Beam Therapy - TYP	44	0.330	0.550	0.550
Cardiff	Paediatric Cardiology Standards	41	0.091	0.182	0.182
Cardiff	Clinical Immunology (infrastructure)	40	0.225	0.300	0.300
ABM	CLP service	40	0.054	0.107	0.107

- 2.3 In addition the ICP does not include funding for a series of schemes which would require funding at a tertiary level, but which are highly likely to result in an economic benefit to primary and secondary care services.
- 2.4 The Joint Committee requested that the Managing Director for Specialised and Tertiary Services Commissioning explore further opportunities for funding these schemes, and to report back on progress to the next meeting of the committee.
- 2.5 This paper sets out the current position, and identifies potential options for funding the higher risk schemes.



3.0 Assessment

- 3.1 Preliminary discussions with Welsh Government have confirmed that there is no additional funding available for RTT; however there is a recognition of the issues relating to Proton Beam Therapy, and a further meeting to discuss this issue has been arranged.
- 3.2 In addition it is possible that the new Government may introduce a new fund covering new drugs and technologies. The WHSSC Medical Director and Finance Director have provided ideas to Welsh Government colleagues to help inform access to such a fund based on WHSSC experiences. The WHSSC plan currently included as mandatory new service developments which the Joint Committee has agreed to fund. Some of these new drugs appear to fit well within the initial concept for the new fund and hence it may be possible to could release funding currently committed in the plan towards the residual risks described in this report.
- 3.3 Whilst the current plan includes an allowance for planned slippage, it is likely that within the ICP there will be an element of recurrent and non recurrent slippage associated with the mandatory new service developments, unavoidable demand and delivery of RTT. Whilst this is most likely to manifest as non recurrent slippage, and would present the Joint Committee with further options for funding the first year of the higher risk schemes.
- 3.4 The table below sets out the current slippage for Amber Schemes:

Table 9c Scheme	2016/17 £m	2017/18 £m
PET	-	(0.108)
Fetal and Paediatric Cardiology	(0.100)	(0.065)
Thoracic Surgery	(0.003)	(0.593)
Total Slippage	(0.103)	(0.766)

- 3.5 In addition to the slippage for new schemes, it is evident that there is an discrete element of slippage relating to the cardiac surgery in South Wales. Whilst the three year arrangement is still in place in order to support both units achieving the 36 week RTT, the current level of demand is lower than previously planned. As a consequence it will not be necessary to commission the proposed additional activity in 2016/17, and as such it should be possible to release this funding to support the higher risk schemes. Further work is ongoing with both Health Boards to quantify this, but at the current level of demand this is likely to between £0.75M and £1M.
- 3.6 Following a review of the higher risk schemes with the Management Group, a further level of categorisation has been proposed as set out below.

- 3.7 Potential funding through WG Innovation** – It is recommended that further discussions are held with Welsh Government regarding innovation funding for the Proton Beam Therapy schemes for Children and Teenagers and Young People. In the interim it is proposed that any referrals are managed through the IPFR process.
- 3.8 Other sources of funding** – It is recommended that any slippage identified on new developments, together with possible offset contributions from a high cost drugs fund should be used to fund the following high risk schemes:
- Neurovascular and Interventional Neuroradiology
 - Neurosurgery
 - Fetal Medicine
- 3.9 Ongoing Dialogue with Provider** – There are specific provider based issues with a number of schemes, which may be possible to resolve through dialogue with the provider:
- NICU
 - Neuropathology
 - Paediatric Cardiology Standards
- 3.10 Review Priority with Management Group** – It is recommended that the lowest risk rated schemes are reviewed in order to assess whether they are a still a priority for this year, and if so whether they can be managed through commissioner provider dialogue:
- Clinical Immunology
 - Cleft Lip and Palate

3.11 This is summarised in the table below:

Scheme	Risk Score	2016/17 £m	2017/18 £m	Management
Proton Beam Therapy - Child	44	0.550	1.100	Potential funding through WG Innovation
Proton Beam Therapy - TYP	44	0.330	0.550	Potential funding through WG Innovation
Sub Total		0.880	1.650	
Neurovascular	56	0.243	0.280	Potential funding through: 1. Slippage on new developments 2. Possible contributions from High Cost Drugs Fund
Neurosurgery	45	0.258	1.000	
Interventional neuroradiology	40	0.155	0.207	
Fetal Medicine	44	0.060	0.120	
Sub Total		0.716	1.607	
NICU	44	0.255		Ongoing dialogue with Provider
Neuropathology	49	0.050	0.100	

Paediatric Cardiology Standards	41	0.091	0.182	
Sub Total		0.396	0.282	
Clinical Immunology (infrastructure)	40	0.225	0.300	Review priority with Management Group
CLP service	40	0.054	0.107	
Sub Total		0.279	0.407	

3.12 It is proposed that, subject to the completion of this work to identify slippage and other potential sources of funding, the higher risk schemes will be presented to the September meeting of the Joint Committee for decision. In the interim progress reports and risk assessments of these schemes will be submitted on a monthly basis to the Management Group. However, as the Neurosurgery scheme (annex i) has been identified as the highest risk within the ICP for the provider, it is proposed that this scheme is delegated to the Management Group for decision.

3.13 **Write-back Opportunity** – As the financial years progresses there will be greater certainty regarding the value of any write-back of financial provision from last year. Whilst the scale of this potential differs significantly by Health Board it could present a potential source of non-recurrent funding for higher risk schemes, subject to the overall financial position.

4.0 Recommendations

4.1 Members are asked to:

- **Note** the current position of the Amber Higher Risk Schemes
- **Approve** the consideration of slippage from new developments and funding released through other sources to fund Amber Higher Risk Schemes on a case by case basis.
- **Approve** the delegation of the Neurosurgery scheme to the WHSSC Management Group for decision.
- **Note** that recommendations on the remaining schemes will be made to the Joint Committee scheduled for September.

5.0 Appendices / Annexes

Annex (i) Core Neurosurgery



Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan Governance and Assurance	
Link to Integrated Commissioning Plan	The ICP identifies a number of schemes which are recognised as higher risk but are currently affordable.	
Health and Care Standards	Effective Care Safe Care Staff and Resourcing	
Principles of Prudent Healthcare	Care for Those with the greatest health need first Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Reducing the per capita cost of health care	
Organisational Implications		
Quality, Safety & Patient Experience	Without investment there is a risk that a number of these services will not be sustainable within Wales and therefore patients will be required to travel to alternative centres.	
Resources Implications	If the service is provided outside of Wales the cost will increase substantially.	
Risk and Assurance	There is risk to patient safety as the current services are not sustainable.	
Evidence Base	There are separate evidence bases for each of the schemes covered in this paper.	
Equality and Diversity	Investment in these services would reduce the inequitable access across Wales	
Population Health	None	
Legal Implications	None	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	1605.2016	
Management Group	26.05.2016	



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Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

		Agenda Item	08 Annex (i)
Meeting Title	Joint Committee	Meeting Date	28/06/2016
Report Title	Core Neurosurgery		
Author (Job title)	Assistant Specialised Planner, Neurosciences		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	To notify members of the current concerns and safety issues around the on-call and out of hours core neurosurgical service at Cardiff and Vale UHB. The paper also sets out what action and funding is required to ensure a robust model of care.			
RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	16/05/2016
	Management Group	Meeting Date	26/05/2016

Recommendation(s)	<ul style="list-style-type: none"> • NOTE the current position and immediate medical concerns of core Neurosurgery at Cardiff and Vale UHB; • NOTE that without additional investment there is a significant risk that the neurosurgery service will no longer be sustainable in Cardiff; • NOTE the immediate risks to the sustainability and deliverability of the service and the implications for the care of individual patients and viability of other associated specialist neurosciences services for the population of South Wales; and • APPROVE the proposed increase in staffing in order to address the immediate safety concerns of the on call and overnight service.
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Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓			✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
	✓			✓				✓

1.0 Situation

- 1.1 The current Neurosurgery service at Cardiff and Vale UHB is experiencing significant pressures due to:
 - Deanery changes and medical training requirements affecting the sustainability of the rotas and clinical safety;
 - An insufficient nurse practitioner complement inhibiting the implementation of prudent and efficient patient pathways;
 - The ability to manage an increasingly complex patient cohort without the resources to do so; and
 - An inability to repatriate patients no longer requiring tertiary Neurosurgical intervention in line with protocols.
- 1.2 In light of these pressures the Specialist Services Clinical Board at Cardiff and Vale UHB have advised that Neurosurgery is an urgent priority due to the immediate risks to the sustainability and deliverability of the service.
- 1.3 The scheme has been rated as Amber on the Integrated Commissioning Plan (ICP) and although it is currently unaffordable, it has been identified by the WHSSC Management Group as high risk. The pressures to the service are due to be heightened with the Deanery changes being introduced in August 2016 and therefore the service is vulnerable and at high risk of collapse. This has been reflected in the WHSSC risk register as a red risk. In the event of collapse, patients would need to be seen and treated in England. It is not yet clear whether, in this instance, alternative providers in England would be in a position to accommodate the level of activity required if the service at Cardiff was no longer viable.
- 1.4 There is also an inequitable gap in the Neurosurgery provision provided for the population of the Mid and South Wales at Cardiff and Vale UHB. A gap analysis was undertaken in 2014 on the provision of Neurosciences in South Wales compared to NHS England Service Specification and benchmarked against English centres. This highlighted a shortfall in access to and the provision of Neurosciences services for patients in South Wales. The gap analysis also recognised the existing inequity in Wales, given North Wales patients' access to the Walton Centre in Liverpool.

2.0 Background

- 2.1 The Neurosurgical department at Cardiff and Vale UHB is a tertiary neurosurgical centre, serving a population of approximately 2.3million people across Mid and South Wales. Following the transfer of the Swansea service to Cardiff, Cardiff now provides the only adult and paediatric neurosurgery service in Wales.
- 2.2 Neurosurgery has a heavy on call commitment, dealing with complex neurosurgical conditions and currently as much as 70% of the activity is emergency or unplanned work. This has a major impact on the number of in-

patient breaches, beds and resources are being used to treat emergency cases which in turn results in non-urgent and more routine treatments being delayed. Since the transfer of service to Cardiff, the service has not been able to sustain the 36 week referral to treatment target.

- 2.3 The on-call arrangement for neurosurgery currently consists of three tiers – consultant, middle grade (SpR) and junior grade (SHO). At the junior grade, there has been a reduction in Core Surgical Training (CST) numbers allocated to Neurosurgery by the Deanery from five to three. Whilst these posts have been allocated within Cardiff to the medical rota, no funding has been released from increasing the number of doctors on this rota to fund the gap of 4 slots left on the surgical rota.
- 2.4 In addition, the weekly training requirements only allow for 3 sessions of the CST post to undertake ward based duties in order to comply with Deanery requirements, which causes difficulty with the provision of adequate ward cover. The current out of hours ward based cover is often delivered at junior grade level as the middle grade and increasingly the consultants are in the operating theatre.
- 2.5 The current nurse practitioner resource is 3.66WTE and this structure has been in place for a number of years. No additional resource has been put in place since the transfer of service to one provider, which saw the department's footprint double in size. The physical space of the neurosurgical area is spread over three wards; taking this in to account and the WTE there is only ever one nurse practitioner covering the whole area (65 beds).
- 2.6 The current nurse practitioner cover is 7am to 7pm, Monday to Friday, therefore there is no out of hours cover provided. This pattern requires SHO's to complete the clerking duties of all admissions, any pre-operative assessments that are required as well as covering the 65 beds during out of hours.
- 2.7 The current structure has no capacity to carry out any pre-operative assessments until admission. This has resulted in a number of on the day/day before cancellations of elective surgeries for patients with more complex anaesthetic needs or those deemed unfit for surgery.
- 2.8 The duties of the nurse practitioner varies in this setting; there are traditional duties such as ward rounds however there are more time consuming but essential duties such as patient referrals and the repatriation of patients to their original Health Board once specialised treatment is no longer required. There is also a weekly nurse led pain clinic led by the nurse practitioner.

3.0 Assessment

- 3.1 Cardiff and Vale UHB submitted a business case as part of the WHSSC 2016/17 IMTP to address the current sustainability issues in the Neurosurgical department. Positive work has already been undertaken to maximise the efficiency and training standards as a step to the wider solution. The plan provided a breakdown of what was needed to address the immediate issues in order to provide a robust model of care.
- 3.2 From August 2016 the on-call commitment changes will be brought in, which changes the commitment to 1 in 11. This is in addition to the reduction of CST's allocated to Neurosurgery from five to three. Such changes make the junior service non-viable as it reduces the rota to 1:7. The business case sets out the need for an increase of 3WTE clinical/clinical research fellows to address the shortfall following these changes. This will provide sufficient cover for on-call and overnight arrangements and will ensure the appropriate level of medical cover is provided and that trainees have the required capacity and opportunity to train.
- 3.3 The service is conscious of the recent situation in Cardiff and Vale UHB where middle grade doctors in Paediatric Surgery were pulled from the Health Board by the Deanery in November 2015 due to insufficient training opportunities. There are few, if any Neurosurgery centres in the UK who do not also provide training. Inability to provide trainees could therefore have a detrimental effect on recruiting to substantive Consultant and other specialist Neurosciences posts.
- 3.4 Neurosurgery has key links with other sub-specialties within Neurosciences, including Interventional Neuro-radiology and Neuro-rehabilitation. The loss of training within Neurosurgery is likely to affect these sub-specialties which we know due to their size are already fairly vulnerable. A resignation of a Consultant Neuro-Interventional Radiologist last year led to elements of the service having to be temporarily provided by Bristol. Although we were grateful for Bristol's support, it is not a situation that we wish to find ourselves in again.
- 3.5 The case also includes an increase of 4 WTE nurse practitioners this will ensure that the service has consistency of care 7 days a week, and will provide support during out of hours. This will allow for the clerking of patients that arrive out of hours to be carried out by the nurse practitioner freeing the clinical fellow resource of this task.
- 3.6 The intention is, that with appropriate training the nurse practitioners will be responsible for carrying out a pre-operative assessment model for elective patients with additional anaesthetic needs to be clerked, worked up and to ensure patient consent prior to admission. This will in time allow for day of surgery admissions which will improve the patient experience as well as

patient flow. This is a much more efficient approach and will reduce the number of cancellations due to patients not being fit for surgery.

- 3.7 The increase in nurse practitioner resource will also allow for better pathway planning with other health boards ensuring patients are transferred to the specialist unit and repatriated back to their health board once specialist care is no longer required. This will not only reduce the burden and time of staff at UHW but also of those at all health boards. Having a nurse practitioner available 7 days a week will allow more resource to ensure the timely discharge of patients which will reduce patients' length of stay. This will have a positive impact on the patient and their experience and will improve the flow and number of patients using the service.
- 3.8 The table below sets out the financial implications of the plan. The part year effect element is anticipated for 2016/17 in order to allow for the decision and recruitment process:

Staff Group	WTE	PYE (£k)	FYE (£k)
Pay:			
Clinical Fellows/Clinical Research Fellows	3.00	125	200
Nurse Practitioners	4.00	149	255
Anaesthetics Support		20	26
Sub-total	7.00	293	481
Non-pay:			
Other non-pay e.g Training		7	19
Total		300	500

This model provides the best value for money option to ensure the quality and sustainability of the service. The new complement of staff will ensure a streamlined service that is efficient and viable.

4.0 Recommendations

4.1 Members are asked to:

- **NOTE** the current position and immediate medical concerns of core Neurosurgery at Cardiff and Vale UHB;
- **NOTE** that without additional investment there is a significant risk that the neurosurgery service will no longer be sustainable in Cardiff;
- **NOTE** the immediate risks to the sustainability and deliverability of the service and the implications for the care of individual patients and viability of other associated specialist neurosciences services for the population of South Wales; and
- **APPROVE** the proposed increase in staffing in order to address the immediate safety concerns of the on call and overnight service.



Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan Governance and Assurance Choose an item.	
Link to Integrated Commissioning Plan	The scheme is rated at Amber but unaffordable on the plan however due to the changes in Deanery requirements in August 2016, the service is at significant risk of collapse.	
Health and Care Standards	Effective Care Safe Care Staff and Resourcing	
Principles of Prudent Healthcare	Care for Those with the greatest health need first Reduce inappropriate variation Choose an item.	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Reducing the per capita cost of health care	
Organisational Implications		
Quality, Safety & Patient Experience	If this service is not in place patients will be required to travel further for treatment, which in an emergency dramatically increases the risk.	
Resources Implications	If the service is provided outside of Wales the cost will increase substantially.	
Risk and Assurance	There is risk to patient safety as the current service is not sustainable.	
Evidence Base	A gap analysis was undertaken on the South Wales service compared to the English service specification which highlighted deficits in the provision of Neurosurgery compared to English counterparts such as the Walton Centre.	
Equality and Diversity	Investment in this service would reduce the inequities with the service received by patients in North Wales in the Walton Centre.	
Population Health	None	
Legal Implications	None	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	16/05/2016	Supported following additional information from Cardiff.
Management Group	26/05/2016	Supported



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Welsh Health Specialised
Services Committee (WHSSC)

		Agenda Item	09
Meeting Title	Joint Committee	Meeting Date	28/06/2016
Report Title	Transfer of Networks		
Author (Job title)	Committee Secretary		
Executive Lead (Job title)	Acting Committee Secretary	Public / In Committee	Public

Purpose	The purpose of this report is to confirm the current governance arrangements following the transfer of the Neonatal and CAMHS & ED Networks to Public Health Wales.		
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RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Corporate Directors Group	Meeting Date	03/05/2016
	Integrated Governance Committee	Meeting Date	08/06/2016

Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the contents of the report; • NOTE the delay to the planned TUPE transfer; • APPROVE the continuation of the governance and reporting arrangements for the Neonatal and CAMHS/ED Networks; and • SUPPORT a review of the Network Steering Groups terms of reference, as advisory groups to the Joint Committee, to strengthen governance arrangements. 		
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Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓				✓			✓
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓			✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓			✓		✓	

1.0 Situation

- 1.1 The purpose of this report is to confirm the current governance arrangements following the transfer of the Neonatal and CAMHS & ED Networks to Public Health Wales.

2.0 Background

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

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.

- 2.2 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).

- 2.3 The Joint Committee has established 5 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
- Wales Child and Adolescent Mental Health Services (CAMHS) and Eating Disorders (ED) Planning Network Steering Group
- Wales Neonatal Network Steering Group

- 2.4 The **Wales Child and Adolescent Mental Health Services (CAMHS) and Eating Disorders (ED) Planning Network Steering Group** was established in 2015/16. 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.

- 2.5 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.

- 2.6 Local Health Boards are accountable for the delivery of neonatal services. The Wales Neonatal Network will help develop and monitor plans, but the ultimate responsibility will remain with the HBs. The Network will monitor implementation of individual Local Health Board plans and report progress to the Joint Committee and the Chief Executive of NHS Wales.

The Terms of Reference for the Networks are available on the WHSSC website <http://www.whssc.wales.nhs.uk/our-subcommittees> .

- 2.7 The Wales CAMHS & ED Network Steering Group is accountable to the Health Boards through WHSSC and provides advice to the Joint Committee on issues regarding the development of CAMH & ED services in Wales.

To role of the Network is to develop and deliver a unified approach to the Planning CAMHS and ED for the population of Wales

The Terms of Reference for the Network are attached at Annex (ii).

- 2.8 In May, Chief Executives agreed the final recommendations on the future arrangements for Clinical Networks in Wales and their implementation.

3 Assessment

- 3.1 In September 2015, in the spirit of all Wales collaboration, the Public Health Wales Board agreed to act in support of the NHS Wales Chief Executives' recommendation the NHS Wales Health Collaborative (the Collaborative) would host and manage clinical networks in the future. This decision was made on the basis that risks associated with the required transfer would be shared by all NHS Wales organisations. The support of Public Health Wales is required as the host body of the Collaborative and the employer of Collaborative staff. All CEOs in Wales retain a collective responsibility to support collaborative working and in the context of clinical networks, this paper sets out how they can contribute to this.
- 3.2 A project has been established to enact the transfer of network staff (excluding the Renal Network) into the Collaborative (Public Health Wales as the employing body). The project team, including the Collaborative and Public Health Wales is working closely with relevant health boards to achieve this and progress is, in general, according to plan. The project team were working towards a planned transfer date of 1 July 2016. A decision was made on 17 June 2016 to delay the transfer. A new date for planned transfer is to be set.

- 3.3 Although the TUPE transfer of staff is planned, most network staff will remain physically located in their current health board locations in the short term.
- 3.4 It is recognised that the NHS Collaborative will be reviewing their governance and reporting structures following the transfer. However, given that these networks advise the Joint Committee, it is recommended that the terms of reference are revised to strengthen the governance arrangements.

4 Recommendations

Members are asked to:

- **NOTE** the contents of the report;
- **NOTE** the delay to the planned TUPE transfer;
- **APPROVE** the continuation of the governance and reporting arrangements for the Neonatal and CAMHS/ED Networks; and
- **SUPPORT** a review of the Network Steering Groups terms of reference, as advisory groups to the Joint Committee, to strengthen governance arrangements.

5 Appendices / Annexes

There are no appendices or annexes to this paper.



Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Implementation of the Plan Development of the Plan Organisation Development
Link to Integrated Commissioning Plan	
Health and Care Standards	Governance, Leadership and Accountability Staff and Resourcing Safe Care Effective Care
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production
Institute for HealthCare Improvement Triple Aim	
Organisational Implications	
Quality, Safety & Patient Experience	No negative issues have been identified.
Resources Implications	The resource implications are currently being considered and worked through jointly by WHSSC and Public Health Wales. This work includes budget transfer, assets and equipment.
Risk and Assurance	<p>Mitigating actions are being taken to ensure that risks are managed appropriately. This includes TUPE, disruption to work and communication with those individuals affected by the transfer.</p> <p>It is recognised that the NHS Collaborative will be reviewing their governance and reporting structures following the transfer. It is recognised that the NHS Collaborative will be reviewing their governance and reporting structures following the transfer. However, given that these networks advise the Joint Committee, it is recommended that the terms of reference are revised to strengthen the governance arrangements.</p>
Evidence Base	<ul style="list-style-type: none"> • NHS (Wales) Act 2006; • NHS Wales Core Principles (2016); • NHS Equality Act 2010; and • The Welsh Language Act 1993
Equality and Diversity	No equality or diversity issues have been identified.

Population Health	No issues impacting on population health have been identified.	
Legal Implications	The is a risk of legal challenge if appropriate arrangements are not put in place, for example TUPE of staff and resources.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	03/05/2016	Noted
Integrated Governance Committee	08/06/2016	Supported. Reconsideration of organisational implications requested



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Welsh Health Specialised
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		Agenda Item	10
Meeting Title	Joint Committee	Meeting Date	28/06/2016
Report Title	Chair's Report		
Author (Job title)	Acting Committee Secretary		
Executive Lead (Job title)	Chair	Public / In Committee	Public

Purpose	The purpose of this paper is to provide Members with an update of the issues considered by the Chair since the last report to Joint Committee.		
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee This links to additional information provided on last page	Choose an item.	Meeting Date	Click here to enter a date.
	Choose an item.	Meeting Date	Click here to enter a date.

Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> Note the contents of the report. 		
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Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓				✓		✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓			✓			✓
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓				✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓			✓			✓

1.0 Situation

- 1.1 The purpose of this paper is to provide Members with an update of the issues considered by the Chair since the last report to Joint Committee.

2.0 Background

- 2.1 The Chair's report is a regular agenda item to Joint Committee.

3.0 Assessment

3.1 WHSSC Executive Director Appointments

The Host Health Board is continuing to progress the permanent appointments of the Managing Director and the Medical Director.

Work is underway to progress the permanent appointment of the Committee Secretary. I hope that the post will be advertised shortly.

3.2 Chairs to Sub Committees of the Joint Committee

I previously reported that I was seeking nominations for the Chair of the Quality and Patient Safety Committee and Chair of the All Wales Individual Patient Funding Request (IPFR) Panel.

I can confirm that Professor Vivienne Harwood has been appointed to the role of Chair of the All Wales IPFR Panel.

There were no nominations received for the Chair of the Quality and Patient Safety Committee and therefore I have agreed with Mr Chris Koehli, who is currently the Vice-Chair, that he will act as Chair in the interim.

3.3 Neonatal Service Reconfiguration

The Programme Board, as agreed at the last In Committee of the Joint Committee has been established.

3.4 NHS Wales Collaborative Commissioning

Discussions regarding the funding for the NHS Wales Collaborative Commissioning are ongoing. I expect to be able to take Chair's action, as agreed at the last In Committee of the Joint Committee, shortly.

3.5 Finance Risk Sharing Framework

The proposed changes to the risk sharing framework were discussed at the last Joint Committee. As there was not agreement from all Health Boards I have written to Welsh Government to seek advice on the matter and am awaiting a formal response.

3.5 Chair's Action

I have not taken Chair's action since the last meeting of the Joint Committee.

4.0 **Recommendations**

Members are asked to:

- **NOTE** the contents of the report

5.0 **Appendices / Annex**

There are no appendices or annexes to this report.



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.	
Link to Integrated Commissioning Plan	None	
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.	
Principles of Prudent Healthcare	Choose an item. Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Choose an item. Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience	No implications identified at this time.	
Resources Implications	Recruitment of the substantive Managing Director, Medical Director and Committee Secretary will have a resource implication to the organisation e.g. advertising of posts.	
Risk and Assurance	The Quality and Patient Safety Committee provides assurance to the Joint Committee. The vacancy of substantive Chair to this committee may impact on the ability of the committee to provide assurance. This risk has been mitigated by the Vice Chair covering the role in the interim.	
Evidence Base	No implications identified at this time.	
Equality and Diversity	No implications identified at this time.	
Population Health	No implications identified at this time.	
Legal Implications	No implications identified at this time.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Choose an item.		
Choose an item.		



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Welsh Health Specialised
Services Committee (WHSSC)

		Agenda Item	11
Meeting Title	Joint Committee	Meeting Date	28/06/2016
Report Title	Report from the Acting Managing Director		
Author (Job title)	Acting Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales		
Executive Lead (Job title)	Acting Managing Director, Specialised And Tertiary Services Commissioning	Public / In Committee	Public

Purpose	The purpose of this report is to provide the Joint Committee with an update on key issues that have arisen since the last meeting.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	

Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> Note the contents of this report.
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Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓			✓		✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
		✓		✓				✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓		✓				✓

1.0 Situation

- 1.1 The purpose of this report is to provide the Joint Committee with an update on key issues that have arisen since the last meeting.

2.0 Updates

2.1 **NAO Report: The Commissioning of Specialised Services in NHS England**

The National Audit Office recently published a report on the commissioning of specialised services in NHS England. Many of the key issues and findings are equally relevant to WHSSC and NHS Wales and a report is being prepared for the July Integrated Governance Committee meeting to highlight these and recommend actions, including what analysis could helpfully be repeated for NHS Wales, to help inform the development of the new strategy for specialised services for Wales.

2.2 **Specialised Services Commission**

The report of the independent *Specialised Services Commission*, an expert working group convened and chaired by Lord Warner, the former Health Minister, was published on 24th May. The Managing Director of WHSSC was an observer at the later meetings of the group. While the commission and its report understandably focus on NHS England, there are a number of themes which are relevant to NHS Wales. A report highlighting the key themes relevant to WHSSC will be submitted to the Integrated Governance Committee meeting in July and will help inform the development of the new strategy for specialised services for Wales.

2.3 **Strategy for Specialised Services**

Due to staffing constraints, the workshops to engage stakeholders in the development of the new strategy for specialised services for Wales planned for both north and south Wales have had to be deferred. Dates are currently being canvassed and an update will be provided at the Joint Committee meeting

The workshops will be informed by preparatory work underway, including the work referred to above. Each of the workshops will address both:

- Defining the scope of new strategy; and
- Agreeing how stakeholders can best be engaged in shaping the development of the new strategy and future plans for specialised services.

2.4 **Impact of the Deanery Decision on Specialist Service Provision**

The all Wales Medical Directors and Directors of Finance have been asked to undertake a piece of work to agree common principles on how the impact of Deanery decisions on the allocation of training posts between health boards

Wales should be managed and to make recommendations to the Chief Executives. WHSSC have been invited to contribute to make sure that the impact of decisions on specialised services are considered as part of this work.

2.5 **Independent Review of Children's Cardiac Services in Bristol**

The report following the Independent Review of Children's Cardiac Services in Bristol is expected to be published on 30 June 2016. WHSSC gave evidence to the review and, while the report will focus on NHS England, it may have implications for patients from Wales and children's cardiac services commissioned by WHSSC. On receipt of the report the findings and recommendations will be considered by the Corporate Directors Group and remedial actions agreed.

The report and WHSSC actions will be presented to the Quality and Patient Safety Committee scheduled for 30 August 2016.

2.6 **Quality Implementation Plan and Quality Assurance Report**

The Director of Nursing and Quality is continuing to progress the Quality Framework Implementation Plan and has developed proposals for the Executive Team to consider on the quality team and how it will complement the programme teams to provide assurance on specialised services.

An update on progress against Quality Framework Implementation Plan along with the Quality Assurance Report for quarter 1 of this financial year will be presented to the Quality and Patient Safety Committee scheduled for 30 August 2016 and an update provided to the September Joint Committee meeting.

2.7 **Cardiac MRI Training**

The Management Group, at the meeting held on 26 May 2016 received a paper advising on risks to cardiology training accreditation in Wales and the actions proposed to mitigate the risk. Following a discussion on the impact and on wider solutions required to target the specific issue and to mitigate the risks, it was agreed that this should be included on the both the Health Boards' and WHSSC risk registers.

2.8 **Neonatal Service and Staffing Model Reconfiguration**

The Programme Board has been established under the leadership of Dr Siân Lewis, Acting Medical Director, and has met on three occasions to date.

The programme board consists of clinicians from all 3 providers, clinical representatives from the Wales Neonatal Network and planning leads who have a detailed understanding of the service and underpin the work on which WHSSC leads. The Royal College of Paediatrics and Child health have confirmed that they are and are happy to work with us in taking forward these changes. They stressed that our challenges are no different to the rest

of the UK; that there are other units developing innovative models and that our work will be of interest to many other centres.

A project plan has been developed to ensure the recommendations will be presented to the Joint Committee meeting in September.

2.10 **Gender Variance Clinical Pathway Task and Finish Group**

The Gender Variance Clinical Pathway Task and Finish Group has met on two occasions to progress improvements to the pathways and service model in Wales. It is jointly chaired by Voirrey Manson Interim Director, NHS Centre for Equality and Human Rights and Jenny- Anne Bishop, Lay representative. The terms of reference and work plan have been agreed, two stakeholder events have taken place in North and South Wales and a series of workshops are planned.

2.11 **Neuro Endocrine Tumour Service (NETs)**

A draft business case has been received from Cardiff and Vale UHB for the NETs Service Model as agreed by the Joint Committee in July 2015. Confirmation has been received from Cardiff & Vale UHB that the mapping of this against the UKNET's specification will be completed by the end of this month. Once completed this along with the business case will be shared with the stakeholder groups.

The Director of Nursing and Quality Assurance remains in touch with the NETs patient groups and she or her deputy attends both the Macmillan Project group and the NETS natter group to provide a regular update on progress.

2.12 **Bariatric Services at Abertawe Bro Morgannwg University Health Board (ABMUHB)**

A revised proposal has been received from ABM UHB to address the service constraints and deliver the agreed volumes in WHSSC's 5 year phased commissioning plan to increase access to bariatric surgery.

A meeting between executive directors at WHSSC and ABMUHB is scheduled shortly to assure the proposals are robust and achievable, and a report on the way forward will be submitted to the WHSSC Management Group.

3.0 **Recommendations**

3.1 Members are asked to:

- **Note** the contents of the report



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance	
Link to Integrated Commissioning Plan	This report provides an update on key areas of work linked to Commissioning Plan deliverables.	
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Not applicable	
Institute for HealthCare Improvement Triple Aim	Not applicable	
Organisational Implications		
Quality, Safety & Patient Experience	The information summarised within this report reflect issues relating to quality of care, patient safety, and patient experience.	
Resources Implications	There is no direct resource impact from this report.	
Risk and Assurance	The information summarised within this report reflect financial, clinical and reputational risks. WHSSC has robust systems and processes in place to manage and mitigate these risks.	
Evidence Base	Not applicable	
Equality and Diversity	There are no specific implications relating to equality and diversity within this report.	
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.	
Legal Implications	There are no specific legal implications relating within this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Not applicable		



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

		Agenda Item	12
Meeting Title	Joint Committee	Meeting Date	28/06/2016
Report Title	Concerns Overview Report		
Author (Job title)	Business Support Officer		
Executive Lead (Job title)	Director of Nursing	Public / In Committee	Public

Purpose	This purpose of this report is to provide Members with an overview of complaints received by WHSSC and serious incidents reported to WHSSC by provider organisations.			
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Corporate Directors Group	Meeting Date	16/05/2016
	Quality and Patient Safety Committee	Meeting Date	02/06/2016

Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> Note the report; and Receive assurance that there is appropriate concerns management procedures in place within WHSSC 			
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Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓				✓		✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓		✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
		✓		✓				
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓			✓		✓	

1.0 Situation

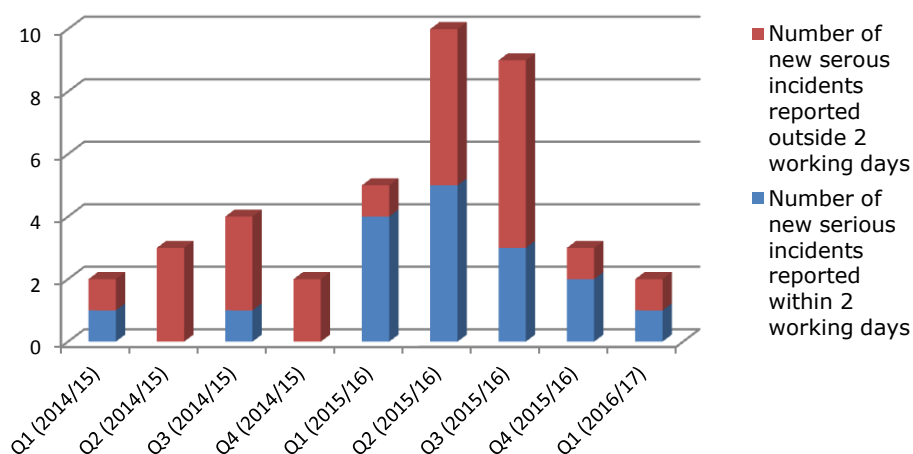
- 1.1 This purpose of this report is to provide Members with an overview of complaints received by WHSSC and serious incidents reported to WHSSC by provider organisations.

2.0 Background

- 2.1 A concern is defined as a complaint, a notification of an incident concerning patient safety or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation.
- 2.2 As part of the contract arrangements with providers Serious Incidents occurring in specialised services commissioner by WHSSC where the victim is a Welsh patient must be reported to WHSSC within 2 working days of the incident occurring.

3.0 Serious Incidents

- 3.1 The following table provides an overview of the serious incidents reported to WHSSC.
- 3.2 As part of the contract arrangements with providers Serious Incidents occurring in specialised services commissioner by WHSSC where the victim is a Welsh patient must be reported to WHSSC within 2 working days of the incident occurring.
- 3.3 4 new serious incidents have been reported since the last report to Members.
- 3.4 The following table provides an overview of reporting activity.



3.5 The following table provides the number of serious incidents open and closed during the last full financial quarter.

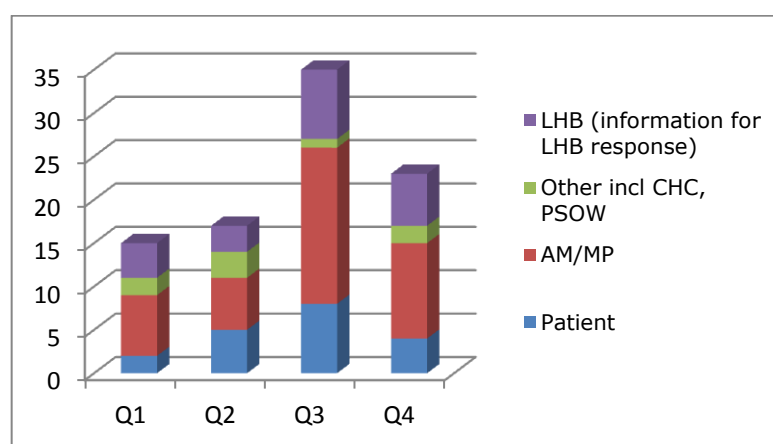
	Q1 (2015/16)	Q2 (2015/16)	Q3 (2015/16)	Q4 (2015/16)
Serious Incidents open	4	8	16	12
Serious incidents closed	1	6	1	7

4.0 Source of complaints

4.1 This section refers to complaints received by NHS Wales Commissioning (Specialised Services). Complaints about providers received by providers or other commissioners are not currently available or collated by WHSSC. Whilst there has been some increase in reporting in the year, this is an important area of focus to take forward. As part of the Quality Framework, this will be developed to enhance assurance about the quality of patient experience and care.

4.2 58 complaints and non patient related AM/MP enquiries have been received by WHSSC between 1st January 2016 and 30th April 2016. The figures provided include enquiries received from AM or MPs relating to individual patient enquiries or relating to Individual Patient Funding Requests. The diagram below provides a pictorial overview of source.

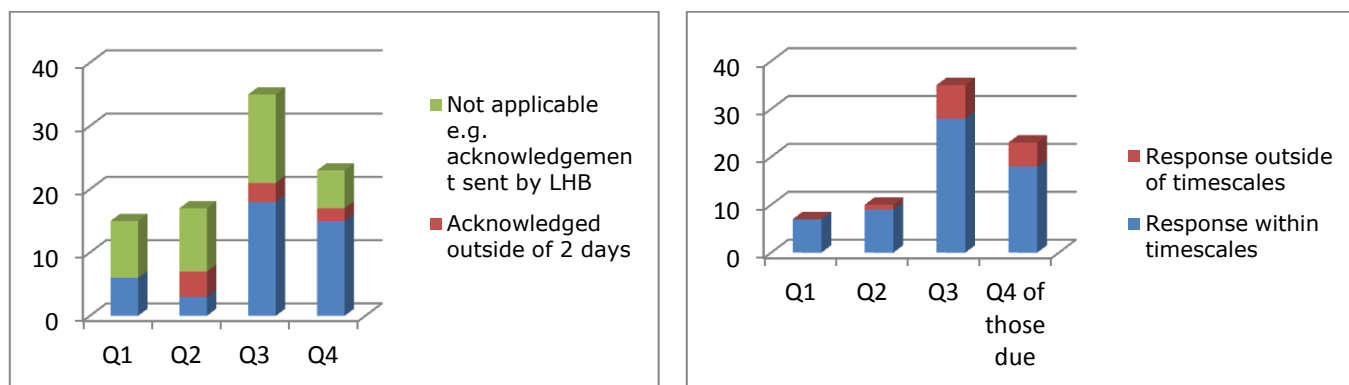
4.3 The increase in the number of AM/MP enquires in Q3 is likely to be as a result of the elections and the decrease in Q4 is likely to be as a result of purdah.



5.0 Compliance with complaints handling timescales

5.1 Under the Putting Things Right Regulations all complaints should be acknowledged within 2 working days and the final response sent within 30 working days (unless due to complexity a different timescale has been agreed with the complainant).

5.2 The following tables provide an overview of the timescales for acknowledgment letters being sent and the overview of compliance for final responses.



6.0 Lessons Learnt

6.1 A review of the issues would suggest that further action/discussion is needed in the following areas; this has previously been fed back to the relevant Programme Teams:

- Amendments to be considered on review of the Specialised Services Policy: Specialist Fertility Treatment
 - Same sex couples IVF

7.0 Recommendations

7.1 Members are asked to:

- **Note** the report; and
- **Receive** assurance that there is appropriate concerns management procedures in place within WHSSC

8.0 Appendices / Annex

8.1 There are no appendices or annexes to this report.



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance	
Link to Integrated Commissioning Plan		
Health and Care Standards	Safe Care Governance, Leadership and Accountability	
Principles of Prudent Healthcare		
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction)	
Organisational Implications		
Quality, Safety & Patient Experience	Some impact on way / manner in which some services are planned in order to meet quality standards and expectation.	
Resources Implications	There are no WHSSC financial implications associated with the contents of this report.	
Risk and Assurance	Aims to provide assurance that WHSSC is monitoring the quality of commissioned services and seeking assurance in relation to Serious Concerns from providers.	
Evidence Base		
Equality and Diversity	No equality issues identified.	
Population Health	To contribute improvements to Specialised Services for the residents for the residents of Wales and to learn lessons from complaints.	
Legal Implications	Compliance with Putting Things Right (PTR) regulations.	
Report History:		
Presented at:	Date	Brief Summary of Outcome



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

		Agenda Item	13
Meeting Title	Joint Committee	Meeting Date	28/06/2016
Report Title	March 16 Performance Report		
Author (Job title)	Performance Analyst		
Executive Lead (Job title)	Director of Planning / Director of Finance	Public / In Committee	Public

Purpose	The attached report provides members with a summary of the key issues arising from the March 2016 Performance Report and details the action being undertaken to address areas of non-compliance.			
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Not Applicable	Meeting Date	Click here to enter a date.
	Not Applicable	Meeting Date	Click here to enter a date.

Recommendation(s)	<ul style="list-style-type: none"> • NOTE the use of the new interim 2015/16 performance dashboard; • SUPPORT the progress in developing the commissioning teams and quality framework to further input into the dashboard; and • NOTE current performance and the action being undertaken to address areas of non-compliance. 			
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Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓			✓		✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
		✓			✓			✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
	✓			✓				✓

1.0 Situation

The attached report provides members with a summary of the key issues arising from the March 2016 Performance Report and details the action being undertaken to address areas of non-compliance.

A copy of the revised performance dashboard is included with an exception report following.

2.0 Background

This report and the attached integrated performance dashboard represent the latest iteration of progress. The objective of the dashboard and the supporting performance report is to provide WHSSC Corporate Directors Group, Management Group and Joint Committee with a summary of performance across a range of key quality and performance indicators. The report for Management Group will focus on the exceptions identified in the dashboard only with a full report available on request. Appendix 1 outlines the submission timetable for each monthly performance report to these groups.

2.1 Development of the Performance Dashboard

The dashboard presented in this report represents the latest iteration following the process of continuous review and improvement to ensure that both range and content of indicators meets the needs of WHSSC.

The WHSSC Nurse Director is currently reviewing the Quality Framework, approved by Joint Committee in January 2015, which will inform further recommended changes to the dashboard and range of indicators used to assess performance. Also under consideration will be the impact of the new Health and Care Standards and NHS Outcomes Framework.

In terms of governance, changes to the performance dashboard and report content are approved by the WHSSC Corporate Directors Group and ratified by Management Group.

2.2 WHSSC Quality Framework

Following the publication of the Welsh health Specialist Services Committee Quality Assurance Framework work has been undertaken to develop the implementation plan, this has included a piece of work to consider the framework in light of the publication of the Welsh Government Health and Care Standards and the NHS Outcomes Framework (April 2015) as well as cross referencing standards within the English healthcare system to ensure equity and consistency whilst providing assurance and preventing duplication.

To turn the vision outlined within the Quality Framework into a tangible reality, data will be gathered throughout 2016/17 and used as a baseline to evidence improvement in 2017/18. To assist in achieving this, the following objectives will be implemented:

- Engage with all partners, public, patients and carers to encourage their involvement in improving the quality of care provided; actively seeking feedback on their experiences of healthcare and using this information to improve services.
- Work in partnership with our providers to ensure that they deliver safe, effective, accessible services and secure continuous improvements.

Within the framework there are two levels of indicators, level 1 are generic to all providers and level 2 are specific to the specialist service. It is critical that we work with individual providers to agree the right indicators to monitor within level 2. These key indicators will be specified within contracts and built into a quality dashboard and monitored throughout the year.

The next steps include further testing of the proposed model on a range of commissioned services, undertaking a series of workshops within the organisation including the management team and programme team members and developing a communication plan to all key stakeholders.

2.3 Executive Lead

In line with the risk assurance framework, an Executive Director lead has been identified for each performance indicator and work is taking place to develop links between the Integrated Performance Report and the Corporate Risk and Assurance Framework.

3.0 Assessment

3.1 Interim WHSSC Performance Dashboard 2015/16 – Provider Report

Indicator Ref.			Measure	Target	Responsible Director	Commissioner or Provider Indicator	Tolerance Levels																		Comments
							Red	Amber	Green	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Latest Movement			
Safety	S01	Quarterly	Number of new Serious Incidents reported to WHSSC by provider within 48hours	100%	Corporate	Provider	<50%	50-99%	100%	80%			50%			33%			50%			Reported Quarterly			
	E01	Monthly	No cardiac surgery patient to be waiting > 36 weeks	100% within 36 weeks	Planning	Provider	Positive variance	N/A	Zero or negative variance	3	2	4	5	7	2	4	5	6	3	9	9	Reported Quarterly			
Effectiveness	E02	Monthly	No plastic surgery patient to be waiting > 36 weeks	100% within 36 weeks	Planning	Provider	Positive variance	N/A	Zero or negative variance	387	397	377	345	302	302	270	260	259	227	141**	108*	commission this service with CoCH. BCUHB does not commission this service from BCUHB.			
	E03	Monthly	No paediatric surgery patient to be waiting > 36 weeks	100% within 36 weeks	Planning	Provider	Positive variance	N/A	Zero or negative variance	124	122	132	166	201	199	186	179	176	186	180	152**	commission this service with CoCH. 9 paediatric surgery patients breaching in BCUHB. WHSSC does not commission this service from BCUHB.			
	E04	Monthly	No neurosurgery patient to be waiting > 36 weeks	100% within 36 weeks	Planning	Provider	Positive variance	N/A	Zero or negative variance	40	41	44	48	66	40	42	37	42*	65	71	66*	*** Now includes ABM Thoracic Surgery (6 >36 weeks)			
	E05	Monthly	No bariatric surgery patient to be waiting > 36 weeks	100% within 36 weeks	Planning	Provider	Positive variance	N/A	Zero or negative variance	25	32	42	46	49	40	28	37	39*	39*	31	22*	**** Still Awaiting ABMU Submission			
	E06	Monthly	No thoracic surgery patients to be waiting > 36 weeks	100% within 36 weeks	Planning	Provider	Positive variance	N/A	Zero or negative variance	0	2	5	10	4	2	2	4	7***	3****	1	1	Submission			
	E07	Monthly	Cancer patients to receive a PET scan within 10 days from referral to electronic receipt of image and report by the referring clinician - South Wales	95% within 10 days	Planning	Provider	<90% within 10 days	90-95% within 10 days	=,>95% within 10 days	N/A	N/A	N/A	97%	86%	93%	97%	98%	99%	97%	96%	100%	Comparable data unavailable previous to July 2015			
	E08	Monthly	Cancer patients to receive a PET scan within 10 days from referral to electronic receipt of image and report by the referring clinician - North Wales	95% within 10 days	Planning	Provider	<90% within 10 days	90-95% within 10 days	=,>95% within 10 days	N/A	N/A	N/A	N/A	N/A	N/A	100%	97%	100%	100%	100%	99%	Comparable data unavailable previous to October 2015			
	E09	Monthly	Delivery of 26 week RTT target for adult posture & mobility service in Cardiff	90% within 26 weeks	Planning	Provider	<85% Within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	83%	84%	86%	87%	87%	87%	88%	90%	89%	87%	88%	89%				
	E10	Monthly	Delivery of 26 week RTT target for adult posture & mobility service in Swansea	90% within 26 weeks	Planning	Provider	<85% Within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	95%	100%	100%	100%	97%	97%	100%	100%	100%	100%	100%	100%				
	E11	Monthly	Delivery of 26 week RTT target for adult posture & mobility service in North Wales	90% within 26 weeks	Planning	Provider	<85% Within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	81%	84%	85%	88%	87%	88%	89%	90%	89%	89%	89%	87%				
	E12	Monthly	Delivery of 26 week RTT target for paediatric posture & mobility service in Cardiff	90% within 26 weeks	Planning	Provider	<85% Within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	97%	94%	95%	95%	95%	96%	96%	97%	95%	94%	96%	97%				
	E13	Monthly	Delivery of 26 week RTT target for paediatric posture & mobility service in Swansea	90% within 26 weeks	Planning	Provider	<85% Within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	96%	91%	91%	96%	84%	95%	94%	100%	100%	100%	100%	100%				
	E14	Monthly	Delivery of 26 week RTT target for paediatric posture & mobility service in North Wales	90% within 26 weeks	Planning	Provider	<85% Within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	100%	99%	100%	99%	99%	97%	99%	99%	98%	97%	99%	100%				
	E15	Monthly	Reduce CAMHS out of area admissions through strengthened local services	14	Mental Health	Provider	>16	>14, <15	=,<14	19	15	12	14	13	14	16	15	14	10	12	11				

* March 2016 data for indicators ref. E02 to E06 inclusively contain Welsh RTT data only. English data to be updated in the April report.

** 9 Paediatric Surgery breaches in BCUHB, this is not a WHSSC commissioned service. The Plastics Figure for February includes 10 breaches in CoCH



3.2 Performance Report Executive Summary

The following section of the performance report is intended to provide a high level summary of the services commissioned by WHSSC that are identified on the performance dashboard as being either of major concern or have experienced a significant change within month. A more detailed description of each service is available section 3.3 of this report.

3.2.1 Cardiac Surgery

Waiting Times Performance

There is one breach in C&VUHB for March 2016, and four 36 week breaches in ABMUHB. In North Wales, there were four 36 week breaches reported at LHCH in March 2016 compared to seven breaches for February 2016.

Activity Performance

CVUHB

The activity figures for March 2016 demonstrate that the service has fallen behind target by 88 cases against the revised profile. The Health Board has forecast outturn of between 820 and 830 cases. However, as noted above, the waiting list remains stable. The underperformance is mainly due to cancellations due to theatre staff availability. There is currently a recruitment initiative in progress for additional cardiac theatre staff. The Health Board has advised WHSSC that the Surgical and Specialised Services Clinical Boards are working closely to minimise future cancellations and maximise utilisation of theatre capacity. Performance continues to be monitored through the monthly performance management meetings.

ABMUHB

To March 2016, activity at ABMUHB is cumulatively 64 cases behind the delivery plan. This is a further deterioration of 27 cases compared with the February position of 37 cases below plan. There has been a small increase in the total waiting list, due to increases in patients waiting less than 10 weeks. Performance continues to be monitored through the monthly performance management meetings.

North Wales – Liverpool Heart and Chest

LHCH March provider reported position shows that there was a decrease in the number of over 36 week breaches compared to February. These breaches are due to waits for minimally invasive mitral valve surgery.

Patients requiring mitral valve surgery are offered a choice between conventional surgery and minimally invasive surgery, and are aware of the longer waiting times for the minimally invasive procedure.

3.2.2 Plastic Surgery

The plastic surgery service in South Wales is provided by ABMUHB. A maximum 36 week RTT position was not achieved in 2014/15. The HB submitted a sub speciality level RTT delivery plan and profile for 2015/16 which , if delivered, will result in zero 36 week breaches by the end of March 2016.

The 2015/16 delivery plan was not achieved. The position at the end of March was 104 breaches of 36 weeks. WHSSC and ABMUHB currently undertake bi weekly audio conference meetings to review the RTT position.

Over the course of 2015/16 ABMUHB has made significant progress in reducing the number of patients waiting over 36 weeks RTT. The HB has identified two main reasons why the RTT delivery plan was not achieved in 2015/16, specifically the long term sick leave of a consultant with a particular sub specialty interest and emergency pressures which lead to the cancellation of all elective, urgent and cancer cases for the majority of the month of March.

There are no concerns with plastic surgery RTT for North Wales patients at St Helens and Knowsley NHS Trust. There are breaches for Plastic Surgery at the Countess of Chester which is a BCUHB managed provider. Updates are being sought on these patients.

3.2.3 Paediatric Surgery

The paediatric surgery RTT position in South Wales at CVUHB remains a concern in March 2016. The service forecast in the monthly Executive Performance meetings a year end position of 150 patients breaching 36 weeks of which 85 patients would be waiting over 52 weeks and a further 10 waiting over 70 weeks. The case-mix is made up of in volume order - General Surgery, Gastroenterology and Urology.

Additional funding has been released by WHSSC to allow the service to maximise the backfilling of theatre lists and run an additional all day theatre list. Unfortunately, due to lack of theatre staff, it has not been possible to introduce an additional weekly list. C&V also looked into the possibility of outsourcing to the Nuffield Vale Clinic which would enable them to treat an additional 31 patients but the Vale have advised that they do not have any capacity until the new financial year.

C&V have advised of a revised profile for year end of 160 and following discussions at a performance meeting on the 2nd March are on track to meet this.

Enhanced performance management of the service is in place with fortnightly meetings with the service and monthly meetings with the CVUHB Deputy COO and the Children and Women's Clinical Board.

Alder Hey Children's Hospital has reported a number of patients that have been waiting over 36 weeks however, due to the complexity of these cases, these have

not been reported as breaches. Further information has been requested from the provider.

3.2.4 Neurosurgery

The neurosurgery position for South Wales patients is of concern as the profile is showing 66 patients waiting in excess of 36 weeks at year end. The service was hoping to work to a zero waiting list position but an inability to introduce weekend theatre lists due to unavailability of theatre nursing staff – an issue for Cardiff across its specialties and high cancellation rates due to emergency pressures has prevented this.

There are no concerns with neurosurgery for North Wales patients at The Walton Centre NHS Foundation Trust.

3.2.5 Bariatric Surgery

Underperformance over the last 18 to 24 months in the bariatric surgery service at ABMUHB has led to the accumulation of patients with long waiting times. At the end of February 2016, there were 31 patients waiting in excess of 36 weeks, accounting for 48% of the total waiting list; however, the figure has decreased in March to 22 patients.

In addition to underperformance, 26 cases undertaken to March have been for band removal rather than surgery for new patients.

ABMUHB has forecast an outturn of 64 to 70 cases.

February and March has seen two North Wales patients breaching the 26 week waiting time at Salford Royal.

3.2.6 Thoracic Surgery

The thoracic surgery service in South Wales is provided by CVUHB and ABMUHB. Over the last few months there have been a small number of patients waiting over 36 weeks in CVUHB which has not previously occurred in this service. This has been decreasing each month.

WHSSC is now receiving thoracic data from ABMUHB via NWIS as of February 2016.

The cancer waiting times data has been received from ABMUHB and the Cancer and Blood Team are liaising with the service to confirm the exact position before this is included in the report. Cardiff and Vale UHB are yet to submit their cancer waiting times position despite recent discussions.

The service in North Wales is provided by LHCH, there are currently no issues with the RTT position.

3.2.7 PET Scans

There has been improvement in the PETIC service with the percentage of scans reported within the target throughout 15/16 hitting 99% in December. The January and February positions slightly deteriorated, with 97% compliance and 96% compliance, respectively; however, March had 100% compliance.

The North Wales service commenced at the beginning of October 2015 and information is being submitted by the service. The March 16 position shows that the service has decreased slightly to 99% compliance compared to 100% in February 16.

3.2.8 ALAS

Reporting Referral to Delivery for adult complex wheelchairs

In January's report onwards, there has been a change to the performance figures reported for adult complex wheelchairs when compared with previous months' reporting. In previous months, the reported figures for adult wheelchairs included all pathways rather than complex pathways only. This means that the performance calculation included both people waiting for a complex chair and people waiting for a standard chair. The report now reflects the corrected figures for all previous months. It should be noted that the corrected figures tend to lower the performance against the target by between 1% and 2%.

Adult complex wheelchairs

The change in reporting has had no impact on ABMUHB's successful achievement of hitting over 90% target each month in 2015/16.

The revised data shows that BCUHB and CVUHB achieved the 90% target in November. However, performance deteriorated in December and January. In March, CVUHB performance increased marginally to 88.66% compared to 88.42% in February. BCUHB performance saw a decrease in March 86.79%, compared to 88.99% in February.

3.2.9 CAMHS

The number of out of area cases from North Wales improved significantly between April to August in line with local capacity and repatriation plans. This was not sustained and an increase in patients occurred in September and October. There have been improvements since October with the number of patients decreasing significantly in January for both North and South to a total of 10 (including FACTS), however, there has been a slight increase to 11 in March 2016.

3.2.10 Adult Medium Secure

The number of adult medium secure patients placed in out of area placements has fallen throughout the year. At the 1st April 15 there were 72 OoA placements funded by WHSSC and this has reduced to 63 patients as at 31st January 2016. There has been a small increase in February/March 2016 and there are 66 patients in out of area placements.

3.2.11 Serious Incidents Reported to WHSSC

The current target aims for 100% of new serious incidents to be reported to WHSSC by providers within 48 hours. The 2015/16 quarter 4 data is currently below target, however, it is an improvement quarter 3's 33%.

Providers have been reminded of the requirement to report serious incidents within 2 working days.

4.0 Recommendations

4.1 Members are asked to:

- **NOTE** the use of the new interim 2015/16 performance dashboard;
- **SUPPORT** the progress in developing the commissioning teams and quality framework to further input into the dashboard; and
- **NOTE** current performance and the action being undertaken to address areas of non-compliance.

5.0 Appendix / Annex

5.1 There are no appendices or annexes to this report



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Implementation of the Plan Choose an item.	
Link to Integrated Commissioning Plan	This report monitors the delivery of the key priorities outlined within WHSSCs Integrated Commissioning Plan.	
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.	
Principles of Prudent Healthcare	Choose an item. Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Choose an item. Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience	The report will monitor quality, safety and patient experience.	
Resources Implications	There are no resource implications at this point	
Risk and Assurance	There are no known risks associated with the proposed framework There are reputational risks to non-delivery of the RTT standards.	
Evidence Base	N/A	
Equality and Diversity	The proposal will ensure that data is available in order to identify any equality and diversity issues.	
Population Health	The core objective of the report is to improve population health through the availability of data to monitor the performance of specialised services.	
Legal Implications	There are no legal implications relating to this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Choose an item.		



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

		Agenda Item	14
Meeting Title	Joint Committee	Meeting Date	28/06/016
Report Title	Financial Performance Report – Month 1 2016/17		
Author (Job title)	Finance Manager – MH, DRC, IPFR & MMR		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Public

Purpose	<p>The purpose of this report is to set out the estimated financial position for WHSSC for the first month of 2016/17. There is no corrective action required at this point.</p> <p>The financial position is reported against the agreed 2016/17 baselines following approval of the 2016/17 IMTP by the Joint Committee in March 2016.</p>			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Corporate Directors Group	Meeting Date	16/05/2016
	Management Group	Meeting Date	26/05/2016
Recommendation(s)	<ul style="list-style-type: none"> • NOTE the current financial position and forecast year-end position; and • AGREE any specific corrective action to reduce any forecast overspending. 		

Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓				✓
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓			✓			✓
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓				✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓			✓			✓

Finance Performance Report – Month 1

1. Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the first month of 2016/17 together with any corrective action required.

This excludes the financial position for EASC, which includes the WAST contracts, the EASC team costs and the QAT team costs, and will have a separate Finance Report.

	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Current EOYF
	£'000	£'000	£'000	£'000	£'000
WHSSC	530,115	44,176	43,782	(394)	(694)
Sub-total WHSSC	530,115	44,176	43,782	(394)	(694)
WAST	132,053	11,004	11,004	0	0
EASC team costs	350	29	25	(4)	(41)
QAT team costs (tbc following June JC)	750	63	55	(8)	15
Sub-total WAST / EASC / QAT	133,153	11,096	11,084	(12)	(26)
Total as per Risk-share tables	663,268	55,272	54,866	(407)	(720)

Please note that as LHB's cover any WHSSC variances, any over/under spends are adjusted back out to LHB's. Therefore, although this document reports on the effective position to date, this value is actually reported through the LHB monthly positions, and the WHSSC position as reported to WG is a nil variance.

2. Background / Introduction

The financial position is reported against the agreed 2016/17 baselines following approval of the 2016/17 – 2017/18 IMTP by the Joint Committee in March 2016. The remit of WHSSC is to deliver a plan for Health Boards within an overall financially balanced position. However, the composite individual positions are important and are dealt with in this financial report together with consideration of corrective actions.

The overall financial position at Month 1 is an underspend of £394k, with a forecast year-end underspend of £694k.

The financial position for this month is largely based on the final 2015/16 reported out-turn or final activity as provided by providers.

Once the year progresses into future months, NHS England will be reported in line with the previous month's activity returns. WHSSC continues to commission in line with the contract intentions agreed as part of the Annual Plan and standard Pbr rules, and declines payment for activity that is not compliant with the business rules related to out of time activity. WHSSC does not pay CQUIN payments for the majority of the English activity.

The inherent increased demand led financial risk exposure from contracting with the English system remains but it is planned that this will have been mitigated to a greater extent in 2016/17 from uplifting financial baselines to more realistic levels based on historic activity.

3. Governance & Contracting

All budgets have been update to reflect the 2016/17 agreed IMTP, including the full year effects of 2015/16 Developments. CITT team funding and income have been returned to LHB's, and Clinical Immunology has been transferred into WHSSC. Inflation has been allocated to the Month 1 position, but work on this will be ongoing in future months. The IMTP sets the baseline for all the 2016/17 contract values. This will be translated into the new 2016/17 contract documents shortly and sent to providers.

Distribution of the reported position has been shown using the 2015/16 risk shares based on 2014/15 utilisation. This will be progressed into the 2015/16 utilisation shares as soon as possible over the coming months. The Finance Working Group is working on validating the risk-sharing process, and any update will be shared with Management Group for agreement. Until there is formal agreement from Joint Committee on a change to the risk sharing process the current system will remain in operation but with updated activity shares based in 2015/16 outturn where appropriate.

4. Summary of Key Movements and Issues

The reported position is based on the following basis:

- NHS Wales activity – 1/12th of 15/16 out-turn as reported last year
- NHS England activity – 1/12th of 15/16 activity as per the final Month 12 returns received
- IPFR – reported to budget levels; it is not appropriate to report any variance at this point due to the delay between funding approvals and treatment/invoicing
- Mental Health – live patient data as at the end of the month, plus current funding approvals
- Developments – variety of bases, including agreed phasing of funding
- Other – various elements including activity reporting, 15/16 activity/out-turn etc

The only material movement at Month 1 relates the NHS England reported position, which shows an underspend of £67k to date and £899k forecast for year-

end. The contract positions are based on the actual Month 12 reports for 15/16, so thereby already include the growth pressure reported in 2015/16. As 2016/17 progresses, more detail will be explained in this section.

5. Actual Year To Date and Forecast Over/Underspend (Provider positions)

Table 2 – Financial Summary

	Annual Budget £'000	Budgeted to Date £'000	Actual to Date £'000	Variance to Date £'000	Current EOYF £'000
NHS Wales					
Cardiff & Vale University Health Board	185,663	15,472	15,422	(50)	0
Abertawe Bro Morgannwg University Health Board	91,381	7,615	7,618	3	0
Cwm Taf University Health Board	5,500	458	420	(39)	0
Aneurin Bevan Health Board	2,967	247	232	(15)	0
Hywel Dda Health Board	34	3	3	(0)	0
Betsi Cadwaladr University Health Board Provider	36,186	3,015	3,024	8	0
Velindre NHS Trust	32,453	2,704	2,752	48	0
Sub-total NHS Wales	354,183	29,515	29,470	(45)	0
Non Welsh SLAs	106,219	8,852	8,785	(67)	(899)
IPFR	24,346	2,029	2,029	0	0
Mental Health & IVF	22,996	1,916	1,838	(78)	72
Renal	5,431	453	432	(21)	108
Prior Year developments	4,128	283	245	(38)	0
2016/17 Plan Developments	9,059	99	0	(99)	0
Direct Running Costs	3,752	313	266	(47)	25
Phasing adjustment for Developments not yet implemented	0	717	717	0	0
Total Expenditure	530,115	44,176	43,782	(394)	(694)

5.1 NHS Wales contracts:

- No material variance reported at this point; further detail will be included in future months

5.2 English contracts: £67k underspend to Month 1, £899k underspend forecast for year-end:

- This primarily relates to North Wales activity, with BCU collecting £875k of the forecast underspend. The contract positions are based on the actual Month 12 reports for 15/16, so thereby already include the growth pressure

reported in 2015/16. As 2016/17 progresses, more detail will be explained in this section. WHSSC continues to work closely with BCU regarding the patient activity and commissioning.

5.3 IPFR:

- Position reported to budget level; further detail will be included in future months once actual activity begins to be submitted

5.4 Mental Health & IVF:

- Position reported using live patient data; no material variance reported at this point.

5.5 Renal:

- Position reported to budget level, with some minor adjustments; further detail will be included in future months once actual activity begins to be submitted

5.6 Developments and Savings Reserve:

- No material variance reported at this point.
- Phasing for planned Developments as per the IMPT agreement has been reported to exclude £717k for future funding as of Month 1. This is shown as a separate line on the risk-sharing, with an equivalent "spend" simply for the purpose of allocating the spend to the Income, which is collected in equal 12ths.

5.7 Direct Running Costs (Staffing and non-pay):

- The running cost budget is currently £47k underspent, with a forecast overspend of £25k. This is due to the significant staffing vacancies the organisation is currently running with; most should be appointed to shortly. The underspend includes some minimal Agency spend due to the high current vacancies.
- Please note that the CAMHS/ED and Neonatal networks are due for transfer to Public Health Wales shortly, but do not have a material bearing on the reported position.
- Pay award funding allocated to Cwm Taf for 2016/17 includes the element for WHSSC staff; the value has yet to be determined and passed over.

6. Actual Year to Date Over/(under)spend 2016/17 (Commissioner positions)

The financial arrangements for WHSSC do not allow WHSSC to either over or underspend, and thus any variance is distributed to LHB's based on a clearly defined risk sharing mechanism. The following table provides details of how the current variance is allocated and how the movements from last month impact on LHB's.



Table 3 – Year to Date position by LHB

	Allocation of Variance							
	Total	Cardiff and Vale	ABM	Cwm Taf	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Variance M1	(394)	(35)	(111)	(32)	(25)	(36)	(18)	(138)
Variance last month	0							
Movement	(394)	(35)	(111)	(32)	(25)	(36)	(18)	(138)

Table 4 – End of Year Forecast by LHB

	Allocation of Variance							
	Total	Cardiff and Vale	ABM	Cwm Taf	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
EOY forecast M1	(694)	34	26	18	30	16	(22)	(796)
EOY forecast last month	0							
EOY movement	(694)	34	26	18	30	16	(22)	(796)

6.1 Betsi Cadwaladr:

- All movements due to the reported and forecast position on NHS England; please see section 5.2 for more detail.

7. Income / Expenditure Assumptions

7.1 Income from LHB's

The table below shows the level of current year outstanding income from Health Boards in relation to the IMTP and in-year Income adjustments. There are no notified disputes regarding the Income assumptions related to the IMTP.

Invoices over 13 weeks in age will be detailed in future months to aid LHB's in clearing them before WG Arbitration date deadlines.



	2016/17 Planned Income	Income Expected to Date	Actual Income Received to Date	Accrued Income	Total Income Accounted to Date	EOY Forecast Position	Other (recharges etc)	EOY total expected income
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cardiff and Vale	115,302	9,609	9,303	306	9,608	33	0	115,335
ABM	111,109	9,259	8,997	262	9,259	24	0	111,133
Cwm Taf	60,441	5,037	4,793	244	5,037	16	0	60,457
Aneurin Bevan	120,445	10,037	9,616	421	10,037	25	0	120,470
Hywel Dda	74,560	6,213	6,026	188	6,213	11	0	74,571
Powys	31,595	2,633	2,474	159	2,633	(24)	0	31,571
Betsi Cadwaladr	149,816	12,485	11,500	985	12,485	(804)	0	149,012
Total	663,268	55,272	52,709	2,563	55,272	(720)	0	662,549

7.2 Expenditure with LHB's

This section will be expanded in future months to show the detail behind the WHSSC expenditure totals in the WG I&E assumptions table; this will reconcile contract spends with other spend such as Renal/IPFR and staffing secondments.

8. Overview of Key Risks / Opportunities

The key risks remain consistent with those identified in the annual plan process to date.

The additional risk and opportunities highlighted in this report are:

- Phasing of Development funding as projects start; possible slippage in start dates may lead to non-recurrent in-year savings.
- Write back funding related to prudent accruals for performance in 2015/16; this will be assessed once most of the final payments have been agreed.
- Growth in all activity above that projected in the Annual Plan.
- Please note that at this early stage none of these are felt to be significant; the Annual Plan was agreed in March and assumptions remain the same.
- Dealing with in year service risks associated with amber rated schemes which are yet to be funded.

9. Public Sector Payment Compliance

The WHSSC payment compliance target is consolidated and reported through the Cwm Taf monitoring process.

10. Responses to Action Notes from WG MMR responses

No queries from the Month 12 15/16 return.

11. Confirmation of position report by the MD and DOF:

Stuart Davies,
Director of Finance, WHSSC

Daniel Phillips,
Acting Managing Director, WHSSC

12. Recommendations

Members are asked to:

- **Note** the current financial position and forecast year-end position; and
- **Agree** any specific corrective action to reduce any forecast overspending.



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Development of the Plan	
Link to Integrated Commissioning Plan	This document reports on the ongoing financial performance against the agreed IMTP	
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Only do what is needed	
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care	
Organisational Implications		
Quality, Safety & Patient Experience	Not applicable	
Resources Implications	This document reports on the ongoing financial performance against the agreed IMTP	
Risk and Assurance	This document reports on the ongoing financial performance against the agreed IMTP	
Evidence Base	Not applicable	
Equality and Diversity	Not applicable	
Population Health	Not applicable	
Legal Implications	Not applicable	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	16/05/2016	Supported
Management Group	26/05/2016	Supported

Reporting Committee	Management Group
Chaired by	Daniel Phillips
Lead Executive Director	Acting Managing Director of Specialised and Tertiary Services Commissioning
Date of last meeting	26 May 2016 and 28 April 2016

Summary of key matters considered by the Committee and any related decisions made on 26 May 2016

1. Matters Arising and Action Log

The Management Group (the Members) agreed the minute of the previous meeting and received an update on the actions of agreed at the meeting. Members discussed, as part of the action log, MG008 Outsourcing Framework, Members **agreed** receive an update at the next meeting.

2. Collective Commissioning Framework

Members **received** a paper providing additional information regarding the services identified in WHSSC 2016-19 ICP for Collective Commissioning.

Members **resolved** to:

- **Note** the preliminary information provided for schemes for Collective Commissioning identified in the 2016 -19 ICP; and
- **Approve** completion of further scoping work with recommendations to Joint Committee in November 2016.

3. Thoracic Surgical Services Commissioning

Members **received** a report outlining the proposed process and PID for the project to develop the thoracic surgery commissioning plan.

Members **agreed** that if they had any additional comments they would provide these before 2nd June 2016 to allow appropriate changes to the paper before Joint Committee. Members **supported** the paper being taken to Joint Committee.

Members **agreed** to support work to consider engaging with clinicians and also a further piece of work relating to wider stakeholder engagement.

Members **resolved** to:

- **Support** the proposal to commission expert external advice and support to the project via the Royal College of Surgeons invited review process; and
- **Approve** the project initiation document for the plan to develop the thoracic surgery commissioning plan.

4. Thoracic Surgery Funding Release

Members **received** a paper requesting funding release approval to implement the Amber rated ICP schemes for Thoracic Surgery:

- ICP16-001 thoracic surgery infrastructure;
- ICP16-001a growth in marginal activity.

Members discussed the paper further and also the issues that affect access to thoracic surgery. Members **did not** unanimously support the funding release; however five out of seven LHBs did support the funding release. It was noted that the paper was circulated late to Members and therefore the two LHBs who did not support the funding release requested additional time to consider the paper fully, including where necessary seeking clinical advice. Members **agreed** that they would provide further comment on the paper within four working days (2nd June 2016), and subject to there being no new fundamental issues, the majority decision of the Group would stand which was that Members **agreed** to support the funding release scheme.

It was **agreed** that further detail would be brought to the next meeting on the benefits, and outside of the meeting a small group would meet to discuss the further information on the Value for Money.

It was confirmed that the aim of the funding releases were to ensure service sustainability and delivery until a clear commissioning plan has been agreed for Thoracic Surgery, and these will not prejudice the outcome of the review.

Members **resolved** to

- **Approve** the funding release for the above thoracic surgery schemes subject to the clarifications agreed and subject to no new fundamental issues being highlighted within the comments to be received within four working days.

5. Commissioning Plan for Specialised Neurosciences

Members **received** a report to approve the draft project initiation document for developing a commissioning plan for specialised neurosciences.

Members **resolved** to:

- **Approve** the draft project initiation document for developing the commissioning plan for neurosciences: and
- **Provide**, following receipt of the letter to Chief Executives, nominations for the membership of the working group.

6. Revision of PET-CT Policy

Members **received** the revised PET-CT Policy. Members discussed the implications to the policy and the performance/capacity of the service.

Members **resolved** to:

- **Note** that further evidence appraisal is being undertaken in relation to Choline PET;
- **Approve** the revised PET policy; and
- **Note** the financial implications of the revised PET-CT policy are included in the ICP 2016/17 as an amber scheme.

7. PET-CT Funding Release

Members **received** a paper on the PET-CT Funding Release scheme. Members **received** further explanation on the value for money.

Members **resolved** to

- **Approve** the funding release for the amber rated ICP scheme to extend the indications for PET-CT (ICP16-009).

8. Neonatal Service Reconfiguration (NICU Staffing)

Members **received** an oral update on the neonatal service reconfigurations. It was **noted** that a briefing that had previously been shared with the Chief Executives had been shared with Members for their information.

9. Fetal Cardiology: Funding Release

Members **received** a paper requesting funding release approval to implement the Amber rated ICP scheme for the Fetal Cardiology, ultrasound service (ICP16-050).

Members **resolved** to:

- **Approve** the funding release.

10. Paediatric Cardiology: Funding Release

Members **received** a paper requesting funding release approval to implement the Amber rated ICP scheme for the paediatric cardiology, service (ICP16-052).

It was **agreed** that further detail would be provided to Members outside of the meeting on activity of the service funded by WHSSC.

Members **resolved** to:

- **Approve** the funding release.

11. Proposed Funding Release Schedule 2016-17 for Amber Rated Schemes in the Integrated Commissioning Plan 2016-19

Members **received** a paper providing the proposed funding release schedule for 2016-17.

Members **resolved** to:

- **Approve** the proposed Funding Release schedule 2016-17 for Amber Rated Schemes in the Integrated Commissioning Plan 2016-19.

12. Management of High Risk Amber Schemes

Members **received** a presentation on the management of high risk amber schemes. It was noted that a paper on this item would be taken to the Joint Committee.

Members proposed elements to be considered in preparation of the paper for Joint Committee.

Members **recommended** that a high level paper be developed for consideration and discussion at Joint Committee regarding the wider impact of deanery decisions on

delivery of specialised services.

13. Report from the Acting Managing Director

Members **received** the regular report from the Acting Managing Director. The report included updates on the Bristol Paediatric Surgery Review, Specialised Services Commission, the development of a new Strategy for Specialised Services, the Bariatric Surgery audit day outcome and escalation, and the finance risk sharing and contract framework.

14. Cardiac MRI

Members **received** a paper advising on the risks to cardiology training accreditation in Wales and action required to mitigate the risk.

Members **agreed** to review the LHB risk assessments and ensure that the risk is held on each LHB risk registers

Members **resolved** to:

- **Note** the concerns raised by the Welsh Cardiovascular Society and Chair of Speciality Training Committee for Higher Training in Cardiology, regarding cardiology training in Wales and the urgent requirement to provide core training in CMRI in Wales; and
- **Note** implementation of the CMRI commissioning intentions (year 2) would enable a CMRI core training programme to be provided in Wales and effectively mitigate the current risk to the overall cardiology training programme.

15. Performance Report

Members **received** for assurance the performance report which provided a summary of the key issues arising from the March 2016 Performance Report and details of actions being undertaken to address areas of non-compliance. Members **supported** the progress in developing the commissioning teams and quality framework to further input into the dashboard.

16. Finance Report

Members **received** for assurance the finance report that set out the estimate financial position for WHSSC for the first month of 2016/17.

17. Corporate Risk and Assurance Framework Annual Report

Members **received** for information the corporate risk and assurance framework. Members **received** further information regarding the work underway to map escalation of risks between commissioners and providers. Members **agreed** to share detail on how individual LHBs are managing high risk issues relating to individual patients receiving high cost treatments.

18. NWIS/WHSSC Project

Members **received** for information an update on the work WHSSC is undertaking with NWIS in relation to the flow of and validation of patient level data relating to

Welsh patients treated in England.

19. Review of Post Renal Transplant Immunosuppression Project

Members **received** a summary of the impact of the national contract for post renal transplant immunosuppression national contract and project.

20. Inherited Metabolic Disease

Members **received** an update on the outputs of the Inherited Metabolic Disease (BC008) scheme at the 6 month interval following approval.

Summary of key matters considered by the Committee and any related decisions made on 28 April 2016

21. Matters Arising and Action Log

The Management Group (the Members) agreed the minute of the previous meeting and received an update on the actions of agreed at the meeting. Members discussed, as part of the action log, MG15/226 - Cardiac MRI Policy. Members **noted** that the MRI Commissioning Policy would be circulated under Chair's action as previously agreed. Members **agreed** that they would receive a briefing from WHSSC Officers, regarding cardiology training accreditation, when the further advice has been received. Members from South East Wales LHBs also **agreed** that they would meet outside of the WHSSC arrangements to discuss the current capacity plans.

22. Outsourcing Framework

Members **received** a paper outlining the responses received during consultation on the outsourcing framework. After discussion, Members **agreed** additional changes including the need to distinguish between primary and outsource providers, emphasis early in the document on the commissioner retaining overall accountability regarding assurance and cross referencing this framework with other documents such as the escalation framework currently being developed. LHB Members **agreed** to share secondary care private provider outsourcing framework with WHSSC Officers ahead of submission to WG.

Members **approved** the framework subject to the above changes.

23. Savings Plan

Members **received** a report providing assurance in relation to the schemes identified for review and confirming that appropriate further clinical evaluation is in place. Members also **received** a presentation on the future approach to identify cost savings including horizon scanning, prioritising of work and development of a work plan, monitoring and review.

Members **agreed** that a proposal on the systematic approach to identifying cost savings would be developed and circulated in advance of the next meeting. This approach will include how actions arising following audit days are taken forwarded and monitored.

Members **supported** the work led by the WCRN continue existing work around audit and the promotion of clinical pathway compliance, **supported** that the WCRN report the 2016/17 audit findings to WHSSC feed into cost management processes for 2017/18, **supported** that the Audit Day outcomes for banding techniques in bariatric surgery are used by the medical directorate in WHSSC to promote cost effective practice, and **agreed** that in future a systematic approach to identifying cost savings is undertaken in collaboration with Management Group members.

24. Report of the Acting Managing Director

Members **received** the regular report from the Acting Managing Director which included paediatric surgery performance, selective dorsal rhizotomy, lymphovenous anastomosis (LVA), unit dialysis transport, and out of hours neonatal transport.

Members **agreed** to receive a report on cardiac MRI training at the next meeting.

25. Integrated Commissioning Plan 2016-19

Members **received** an oral update and **noted** that the integrated commissioning plan had been approved by Joint Committee and submitted to Welsh Government. Members **agreed** to receive a short briefing in the next two weeks on the schemes which would be considered at the next meeting. Members also **agreed** to received at the next meeting a paper on the amber high risk schemes, implementing the plan and timing of business cases for the year.

26. Delivery of the Integrated Commissioning Plan

Members **received** a report which provided an update on the delivery of the Integrated Commissioning Plan for Specialised Services 2015/16 at the end of March 2016, the progress against the work plan, and the risk management summary.

27. Performance Report

Members **received** for assurance the performance report which provided a summary of the key issues arising from the February 2016 Performance Report and details of actions being undertaken to address areas of non- compliance. Members **supported** the progress in developing the commissioning teams and quality framework to further input into the dashboard.

28. Finance Report

Members **received** for assurance the finance report that set out the estimate financial position for WHSSC for the 12 months of 2015/16 together with the corrective action required. Members **agreed** to receive, outside of the meeting, the latest version of the new information report which is under development.

29. Annual Business Reporting

Members **received** a report which presented the current terms of reference for the Management Group as part of the annual business reporting process. Members **agreed** to receive and comment on the current terms of reference. Members also **agreed** to complete the committee annual self assessment questionnaire, which had been circulated outside of the meeting.

30. Corporate Risk and Assurance Framework Annual Report

Members **received** for information the corporate risk and assurance framework annual report.

Confirmed Minutes for the meeting held 24 March 2016 and 28 April 2016 are available on request and can also be found on the website at <http://www.whssc.wales.nhs.uk/management-group-sub-committee>

Date of next meeting	Tuesday 30 th August 2016
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Reporting Committee	Quality and Patient Safety
Chaired by	Chris Koehli
Lead Executive Director	Director of Nursing & Quality Assurance
Date of last meeting	2 nd June 2016
Summary of key matters considered by the Committee and any related decisions made.	
<p>The Committee received assurance on progressing actions on:</p> <ul style="list-style-type: none"> • The Cancer and Haematology and Specialist Cardiac Programmes, including an update following the BMT audit day and the proposed Joint Accreditation Committee (JACIE) assessment at the BCUHB unit on 14 and 15 September 2016. • The Thoracic surgery funding release and noted that the project initiation document was presented to the Management Group in May 2016. Two Health Boards requested further information and these discussions are ongoing. • WHSSC Acting Medical Director's joint piece of work with the clinicians on the cost and clinical effectiveness of long term ventricular assisted devices. • Project work being undertaken to consider the provision of Tier 4 mother & baby placements. 	
Key risks and issues/matters of concern and any mitigating actions	
<p>A development day is to be arranged in response to feedback from the QPS Self-assessment 2015/16 feedback.</p> <p>Renal Network to provide report to QPS at next meeting</p> <p>The Committee requested further reports on identified risk areas at future meetings:</p> <ul style="list-style-type: none"> • Thoracic surgery outcomes • Serious incidents and concerns • JACIE Accreditation of the Bone Marrow Transplant unit in North Wales • Specialist Mental Health provision for Mother and Baby units • The eating disorder pathway and in particular referral arrangements to Tier 4 services • Gender Identity services 	
Matters requiring Committee level consideration and/or approval	
Chris Koehli has taken up the role of The Chair of the WHSSC Quality and Patient Safety Committee from April 2016	
Matters referred to other Committees	
There are no matters that have been referred to other committees.	
Confirmed Minutes for the meeting held 14 January 2016 are available on request and can also be found on the website at http://www.whssc.wales.nhs.uk/quality-and-patient-safety-committee	
Date of next meeting	Tuesday 30 th August 2016

Reporting Committee	Welsh Renal Clinical Network Board
Chaired by	Professor John Williams
Lead Executive Director	Director of Finance
Date of last meeting	19 April 2016
Summary of key matters considered by the Committee and any related decisions made.	
<ul style="list-style-type: none"> • Development of five year financial plan. To be updated at the July 2016 Board; • Dialysis Unit expansion programme and progress with the South East Wales contract implementation. • Consultation responses to the Renal Delivery Plan. • Notice of review and preliminary discussions of WRCN Terms of Reference • Notice of consultation and preliminary discussion for All Wales Policy for Routine Visitors to Haemodialysis Units • Notice of consultation and preliminary discussion on the All Wales (Holiday) Haemodialysis Away from Base Policy • National Renal Audit event to be held 16-17 September 2016 • Chronic Kidney Disease audit (HQUIP) to start reporting mid 2016. 	
Key risks and issues/matters of concern and any mitigating actions	
<ul style="list-style-type: none"> • Unit Haemodialysis Transport performance against reduce treatment and delayed travel home continues with an improving trend. Further monitoring as potential plateau of improvement. • Delivery of planned refurbishment of the Morriston main unit is delayed. Working with ABMUHB to understand mitigation and risk management implications. 	
Matters requiring Committee level consideration and/or approval	
None	
Matters referred to other Committees	
None	
Confirmed Minutes and papers for the WRCN meetings are available on request and can also be found on the website at http://www.whssc.wales.nhs.uk/welsh-renal-clinical-network	
Date of next meeting	12 July 2016



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

		Agenda Item	16
Meeting Title	Joint Committee	Meeting Date	28/06/2016
Report Title	WHSSC Annual Accounts and Annual Governance Statement		
Author (Job title)	Acting Committee Secretary		
Executive Lead (Job title)	Acting Committee Secretary	Public / In Committee	Public

Purpose	The purpose of this report is present to Members the Annual Accounts and the Annual Governance Statement for the Welsh Health Specialised Services Committee (WHSSC).			
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Audit Committee	Meeting Date	01/06/2016
		Meeting Date	

Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the report; and • Receive for assurance the annual governance statement. 		
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Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓				✓		✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓			✓			✓
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
		✓		✓			✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓			✓		✓	

1.0 Situation

The purpose of this report is to receive for assurance purposes the Annual Accounts and Annual Governance Statement (AGS) for the Welsh Health Specialised Services Committee (WHSSC).

The Annual Report and Accounts for NHS organisations will include an Annual Governance Statement which details the risk management, control and review processes in place for the financial year. The AGS and all systems of internal control should be considered, not just financial systems and the systems of quality governance are now included in the statement. The AGS includes a statement report that the Joint Committee has conducted a review of the effectiveness of the system on internal controls.

2.0 Background

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

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.

Cwm Taf University Health Board (UHB) is the identified host organisation. It provides administrative support for the running of WHSSC and has established the Welsh Health Specialised Services Team (WHSST) as per Direction 3(4), Regulation 3(1) (d) and the interpretation sections of both the Directions and the Regulations and the Joint Committee Standing Orders: Statutory Framework and Joint Committee Framework.

3.0 Assessment

The Annual Accounts and the Annual Governance Statement for WHSSC was received and approved by the Cwm Taf UHB Audit Committee held on 1 June 2016. The Annual Accounts is attached as Annex (i) and the Annual Governance Statement is attached at Annex (ii).

The Governance Statement has been assembled from work through the year to gain assurance about performance and insight into the organisation's risk profile, its responses to the identified and emerging risks and its success in tackling them. As a statutory committee of the seven Health Boards, it is important that each Health Board receives the Annual Accounts and the Annual Governance Statement for assurance purposes.

4.0 Recommendations

This report provided members with the Annual Accounts and the Annual Governance Statement which was approved at the Cwm Taf University Health Board meeting on 1 June 2016.

Members are asked to:

- **Note** the report; and
- **Receive** for assurance as a statutory committee of the Health Board the Annual Accounts and the Annual Governance Statement.

5.0 Appendices / Annex

The Annual Accounts is attached as Annex (i) and the Annual Governance Statement is attached at Annex (ii).



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance. Choose an item. Choose an item.	
Link to Integrated Commissioning Plan		
Health and Care Standards	Choose an item. Choose an item. Choose an item.	
Principles of Prudent Healthcare	Choose an item. Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Choose an item. Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience	Governance: to be a well-governed organisation with high standards of assurance, responsive to members and stakeholders in transforming services to improve patient outcomes.	
Resources Implications	No impact in this area was identified.	
Risk and Assurance	Governance: to be a well-governed organisation with high standards of assurance, responsive to members and stakeholders in transforming services to improve patient outcomes.	
Evidence Base		
Equality and Diversity	There may be an adverse effect on the organisation if there are no arrangements to publish the Annual Governance Statement.	
Population Health	No impact in this area was identified.	
Legal Implications	There may be an adverse effect on the organisation if there are no arrangements to publish the Annual Governance Statement.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Audit Committee	01/06/2016	Supported and approved

Welsh Health Specialised Services and Emergency Ambulance Services Committees

FOREWORD

These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

Statutory background

Welsh Health Specialised Services Committee

The Welsh Health Specialised Services Committee was established on 1 April 2010 and is hosted by Cwm Taf University Local Health Board. It is responsible for the joint planning of Specialised and Tertiary Services on behalf of Local Health Boards in Wales.

Performance Management and Financial Results

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

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

In accordance with the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014 no 8), LHBs are required to establish a Joint committee for the purpose of jointly exercising its Delegated Functions and providing Relevant Services from 1st April 2014.

The Emergency Ambulance Services Committee (Wales) Regulations 2014 make provision for the constitution of the "Joint Committee" including its procedures and administrative arrangements.

The delegated functions of the Emergency Ambulance Services Committee include the planning and commissioning of Emergency Ambulance Services across Wales, as provided by the Wales Ambulance Services NHS Trust.

The Committees do not hold any statutory responsibility for a resource limit. Services are funded from income from Local Health Boards and accounts for all expenditure on agreed services against the income received.

The Committees must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable. As a result the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure. This shows the net operating cost incurred by the Committees which is funded by Local Health Boards in Wales.

Statement of Comprehensive Net Expenditure for the year ended 31 March 2016

	Note	2015-16 £'000	2014-15 £'000
Expenditure on Primary Healthcare Services	3.1	0	0
Expenditure on healthcare from other providers	3.2	642,440	623,687
Expenditure on Hospital and Community Health Services	3.3	4,418	4,110
		646,858	627,797
Less: Miscellaneous Income	4	646,858	627,797
LHB net operating costs before interest and other gains and losses		0	0
Investment Income	8	0	0
Other (Gains) / Losses	9	0	0
Finance costs	10	0	0
Net operating costs for the financial year		0	0

The notes on pages 8 to 62 form part of these accounts

Other Comprehensive Net Expenditure

	2015-16 £'000	2014-15 £'000
Net gain / (loss) on revaluation of property, plant and equipment	0	0
Net gain / (loss) on revaluation of intangibles	0	0
Net gain / (loss) on revaluation of available for sale financial assets	0	0
(Gain) / loss on other reserves	0	0
Impairment and reversals	0	0
Release of Reserves to Statement of Comprehensive Net Expenditure	0	0
Other comprehensive net expenditure for the year	<u>0</u>	<u>0</u>
Total comprehensive net expenditure for the year	<u><u>0</u></u>	<u><u>0</u></u>

Statement of Financial Position as at 31 March 2016

	Notes	31 March 2016 £'000	31 March 2015 £'000
Non-current assets			
Property, plant and equipment	11	0	0
Intangible assets	12	0	0
Trade and other receivables	15	0	0
Other financial assets	22	0	0
Total non-current assets		0	0
Current assets			
Inventories	14	0	0
Trade and other receivables	15	15,469	12,851
Other financial assets	22	0	0
Cash and cash equivalents	21	901	801
		16,370	13,652
Non-current assets classified as "Held for Sale"	11	0	0
Total current assets		16,370	13,652
Total assets		16,370	13,652
Current liabilities			
Trade and other payables	16	28,212	25,494
Other financial liabilities	23	0	0
Provisions	17	0	0
Total current liabilities		28,212	25,494
Net current assets/ (liabilities)		(11,842)	(11,842)
Non-current liabilities			
Trade and other payables	16	0	0
Other financial liabilities	23	0	0
Provisions	17	0	0
Total non-current liabilities		0	0
Total assets employed		(11,842)	(11,842)
Financed by :			
Taxpayers' equity			
General Fund		(11,842)	(11,842)
Revaluation reserve		0	0
Total taxpayers' equity		(11,842)	(11,842)

The financial statements on pages 2 to 7 were approved by the Joint Committees on 1st June 2016 and signed on its behalf

Acting Managing Director of Specialised Services.....Date
for balances relating to WHSSC

Chief Ambulance Services Commissioner.....Date
For balances relating to EASC

The notes on pages 8 to 62 form part of these accounts

Statement of Changes in Taxpayers' Equity For the year ended 31 March 2016

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Changes in taxpayers' equity for 2015-16			
Balance at 1 April 2015	(11,842)	0	(11,842)
Net operating cost for the year	0		0
Net gain/(loss) on revaluation of property, plant and equipment	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Movements in other reserves	0	0	0
Transfers between reserves	0	0	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs		0	0
Total recognised income and expense for 2015-16	0	0	0
Net Welsh Government funding	0		0
Balance at 31 March 2016	(11,842)	0	(11,842)

The notes on pages 8 to 62 form part of these accounts

Statement of Changes in Taxpayers' Equity For the year ended 31 March 2015

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Changes in taxpayers' equity for 2014-15			
Balance at 1 April 2014	(11,842)	0	(11,842)
Net operating cost for the year	0		0
Net gain/(loss) on revaluation of property, plant and equipment	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Movements in other reserves	0	0	0
Transfers between reserves	0	0	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	0	0	0
Total recognised income and expense for 2014-15	0	0	0
Net Welsh Government funding	0		0
Balance at 31 March 2015	(11,842)	0	(11,842)

The notes on pages 8 to 62 form part of these accounts

Statement of Cash flows for year ended 31 March 2016

		2015-16 £'000	2014-15 £'000
Cash Flows from operating activities	notes		
Net operating cost for the financial year		0	0
Movements in Working Capital	30	100	638
Other cash flow adjustments	31	0	0
Provisions utilised	17	0	0
Net cash outflow from operating activities		100	638
Cash Flows from investing activities			
Purchase of property, plant and equipment		0	0
Proceeds from disposal of property, plant and equipment		0	0
Purchase of intangible assets		0	0
Proceeds from disposal of intangible assets		0	0
Payment for other financial assets		0	0
Proceeds from disposal of other financial assets		0	0
Payment for other assets		0	0
Proceeds from disposal of other assets		0	0
Net cash inflow/(outflow) from investing activities		0	0
Net cash inflow/(outflow) before financing		100	638
Cash flows from financing activities			
Welsh Government funding (including capital)		0	0
Capital receipts surrendered		0	0
Capital grants received		0	0
Capital element of payments in respect of finance leases and on-SoFP		0	0
Cash transferred (to)/ from other NHS bodies		0	0
Net financing		0	0
Net increase/(decrease) in cash and cash equivalents		100	638
Cash and cash equivalents (and bank overdrafts) at 1 April 2015		801	163
Cash and cash equivalents (and bank overdrafts) at 31 March 2016		901	801

The notes on pages 8 to 62 form part of these accounts

Notes to the Accounts

1. Accounting policies

The accounts have been prepared in accordance with the 2015-16 Local Health Board Manual for Accounts and 2015-16 Financial Reporting Manual (FReM) issued by HM Treasury. These reflect International Financial Reporting Standards (IFRS) and these statements have been prepared to show the effect of the first-time adoption of the European Union version IFRS. The particular accounting policies adopted by the Local Health Board are described below. They have been applied in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3 Income and funding

Neither WHSSC nor EASC hold any statutory responsibility for a resource limit. Services are funded by income from Local Health Boards and based on an agreed financial plan. The committees account for all expenditure on agreed services against the income received as part of their plans. All variances from plan are allocated to Health Boards on the basis of an agreed risk sharing framework and matched by income adjustments consistent with this framework. The net operating cost for the financial year is therefore zero.

Under the establishment agreements for the committees, the host body, Cwm Taf Local Health Board, is held harmless for all costs with the exception of their own share which reflects their population usage of specialised and emergency ambulance services.

All allocations for services flow from the Welsh Assembly Government through the Local Health Boards. There are no direct allocations to either WHSSC or EASC. Income received from LHBs transacting with other NHS Wales bodies is always treated as miscellaneous income.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred. Only non-NHS income may be deferred

1.4 Employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the LHB commits itself to the retirement, regardless of the method of payment.

No employees are members of the Local Government Superannuation Scheme.

NEST Pension Scheme

The committees have to offer an alternative pensions scheme for employees not eligible to join the NHS Pensions scheme. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5 Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

The committees DO NOT HOLD ANY ASSETS. The following is to outline the principles that may be used in this situation.

1.6 Property, plant and equipment Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the LHB;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales bodies have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2012-13 a formal revaluation exercise was applied to land and properties. Land and buildings have been indexed with indices supplied by the District Valuation Office. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that that impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure.

From 2015-16, there must be full compliance with IFRS 13 Fair Value Measurement. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential.

In accordance with the adaptation of IAS 16 in table 6.2 of the FREM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the entity or the asset which would prevent access to the market at the reporting date. If organisations could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated, NHS bodies are required to get all All Wales Capital Schemes that are completed in a financial year revalued during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

1.7 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the LHBs business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8 Depreciation, amortisation and impairments

Freehold land and assets under construction and properties held for sales are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the organisation expects to obtain economic benefits or service potential from the asset. This is specific to the organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

1.9 Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits therefrom can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Net Expenditure. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.11.1 The committee as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to the Statement of Comprehensive Net Expenditure.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.11.2 The committee as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the LHB net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the LHB's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.12 Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the [first-in first-out/weighted average] cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cashflows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14 Provisions

Provisions are recognised when there is a present legal or constructive obligation as a result of a past event, it is probable that the committees will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

The Welsh Risk Pool operates a risk pooling scheme which is paid for by top sliced allocations based on direct invoicing to the Welsh Government. The Welsh Risk Pool is hosted by Velindre NHS Trust.

1.15 Financial assets

Financial assets are recognised on the Statement of Financial Position when the organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

1.15.1 Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.15.2 Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.15.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.15.4 Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

1.15.5 Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the Statement of Financial Position date, the committees assess whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Net Expenditure and the carrying amount of the asset is reduced directly, or through a provision for impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the Statement of Comprehensive Net Expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.16 Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when the organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.16.1 Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the Statement of Comprehensive Net Expenditure or other financial liabilities.

1.16.2 Financial liabilities at fair value through the Statement of Comprehensive Net Expenditure

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.17 Value Added Tax

Most of the activities of the committees are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.18 Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the Statement of Comprehensive Net Expenditure. At the Statement of Financial Position date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.19 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the organisation has no beneficial interest in them. Details of third party assets are given in Note 25 to the accounts.

1.20 Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had LHBs not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The committees account for all losses and special payments gross (including assistance from the WRP). The committees accrue or provide for the best estimate of future payouts for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is below 50%, the liability is disclosed as a contingent liability.

1.21 Pooled budget

Neither WHSSC nor EASC have any pooled budgets.

1.22 Critical Accounting Judgements and key sources of estimation uncertainty

In the application of these accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

For WHSSC, the critical accounting judgements and estimates within these accounts are contained within the cross border tertiary and quaternary contractual agreements with NHS England organisations. This involves a financial evaluation of the uncertainties surrounding the end of year contract flow of funds. In doing so management is required to predict performance trends for a number of low volume but exceptionally high cost procedures and treatments.

Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.23 Private Finance Initiative (PFI) transactions

The committees DO NOT HOLD ANY PFI ASSETS. The following is to outline the principles that may be used in this situation.

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. Therefore, the PFI asset is recognised as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the approach for each relevant class of asset in accordance with the principles of IAS 16.

PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Net Expenditure.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Net Expenditure.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the LHBs criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Statement of Financial Position.

Other assets contributed to the operator

Assets contributed (e.g. cash payments, surplus property) to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the organisation, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received through the asset being made available to third party users.

1.24 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

1.25 Carbon Reduction Commitment Scheme

Carbon Reduction Commitment Scheme allowances are accounted for as government grant funded intangible assets if they are not realised within twelve months and otherwise as current assets. The asset should be measured initially at cost. Scheme assets in respect of allowances shall be valued at fair value where there is evidence of an active market.

WHSSC and EASC are exempt from the requirements of the Carbon Reduction Scheme as the capacity of the premises occupied and the numbers of staff employed are below the de minimis threshold.

1.26 Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where transfer of function is between LHBs the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

1.27 Accounting standards that have been issued but not yet been adopted

The Treasury FReM does not require the following Standards and Interpretations to be applied in 2015-16. The application of the Standards as revised would not have a material impact on the accounts for 2015-16, were they applied in that year:

IPSAS 32 - Service Concession Arrangement - subject to consultation
IFRS 15 - Revenue Recognition

1.28 Accounting standards issued that have been adopted early

During 2015-16 there have been no accounting standards that have been adopted early.
All early adoption of accounting standards will be led by HM Treasury.

2. Financial Duties Performance

As the committees do not receive a direct allocation, the achievement of overall operational financial balance is disclosed in the Statement of Comprehensive Net Expenditure on page 2 of these accounts.

2.1 Revenue Resource Performance

	2015-16 £'000	2014-15 £'000
Net operating costs for the year	0	0
Less general ophthalmic services expenditure and other non-cash limited expenditure	0	0
Less revenue consequences of bringing PFI schemes onto SoFP	0	0
Total operating expenses	0	0
Revenue Resource Allocation	0	0
Under /(over) spend against Allocation	0	0

2.2 Capital Resource Performance

	2015-16 £'000	2014-15 £'000
The LHB is required to keep within its Capital Resource Limit :		
Gross capital expenditure	0	0
Add: Losses on disposal of donated assets	0	0
Less NBV of property, plant and equipment and intangible assets disposed	0	0
Less capital grants received	0	0
Less donations received	0	0
Charge against Capital Resource Allocation	0	0
Capital Resource Allocation	0	0
(Over) / Underspend against Capital Resource Allocation	0	0

2.3 Duty to prepare a 3 year plan

An Integrated Medium Term Plan for the period 2015/16 - 2017/18, prepared in accordance with the planning directions issued by the Welsh Ministers, was presented to the Joint Committees for approval and inclusion into the financial plans submitted by each LHB to the Welsh Government.

The Joint Committee approved the plan submitted for the period 2015/16 in its meeting of July 2015 and prospectively approved the plan for 2016/17 to 2018/19 .

3. Analysis of gross operating costs

3.1 Expenditure on Primary Healthcare Services

	Cash limited £'000	Non-cash limited £'000	2015-16 Total £'000	2014-15 £'000
General Medical Services	0		0	0
Pharmaceutical Services	0	0	0	0
General Dental Services	0		0	0
General Ophthalmic Services	0	0	0	0
Other Primary Health Care expenditure	0		0	0
Prescribed drugs and appliances	0		0	0
Total	0	0	0	0

3.2 Expenditure on healthcare from other providers

	2015-16 £'000	2014-15 £'000
Goods and services from other NHS Wales Health Boards	332,349	312,601
Goods and services from other NHS Wales Trusts	162,196	161,521
Goods and services from other non Welsh NHS bodies	122,657	119,575
Goods and services from WHSCC / EASC	0	0
Local Authorities	0	0
Voluntary organisations	5,215	5,739
NHS Funded Nursing Care	0	0
Continuing Care	0	0
Private providers	20,023	24,251
Specific projects funded by the Welsh Government	0	0
Other	0	0
Total	642,440	623,687

3.3 Expenditure on Hospital and Community Health Services

	2015-16 £'000	2014-15 £'000
Directors' costs	0	0
Staff costs	3,766	3,521
Supplies and services - clinical	0	0
Supplies and services - general	0	0
Consultancy Services	138	78
Establishment	203	214
Transport	0	0
Premises	216	227
External Contractors	0	0
Depreciation	0	0
Amortisation	0	0
Fixed asset impairments and reversals (Property, plant & equipment)	0	0
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	49	49
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	0	0
Research and Development	0	0
Other operating expenses	46	21
Total	4,418	4,110

3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

	2015-16 £'000	2014-15 £'000
Increase/(decrease) in provision for future payments:		
Clinical negligence	0	0
Personal injury	0	0
All other losses and special payments	0	0
Defence legal fees and other administrative costs	0	0
Gross increase/(decrease) in provision for future payments	0	0
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	0	0
Less: income received/ due from Welsh Risk Pool	0	0
Total	0	0

During 2015/2016 WHSSC did not make any payments against personal injury claims or benefits

Additional consultancy costs incurred in 2015/16 relate to services approved by the Joint Committees and relate to:

- The Good Governance Institute
- The re-tender of the West Wales Independent Sector Renal Dialysis contracts
- Benchmarking services undertaken on behalf of the EASC
- Legal fees incurred in defending a cross border invoicing dispute

4. Miscellaneous Income

	2015-16 £'000	2014-15 £'000
Local Health Boards	646,652	627,504
WHSSC /EASC	0	0
NHS trusts	0	51
Other NHS England bodies	0	0
Foundation Trusts	0	0
Local authorities	0	0
Welsh Government	0	0
Non NHS:		
Prescription charge income	0	0
Dental fee income	0	0
Private patient income	0	0
Overseas patients (non-reciprocal)	0	0
Injury Costs Recovery (ICR) Scheme	0	0
Other income from activities	71	107
Patient transport services	0	0
Education, training and research	0	0
Charitable and other contributions to expenditure	135	135
Receipt of donated assets	0	0
Receipt of Government granted assets	0	0
Non-patient care income generation schemes	0	0
NWSSP	0	0
Deferred income released to revenue	0	0
Contingent rental income from finance leases	0	0
Rental income from operating leases	0	0
Other income:		
Provision of laundry, pathology, payroll services	0	0
Accommodation and catering charges	0	0
Mortuary fees	0	0
Staff payments for use of cars	0	0
Business Unit	0	0
Other	0	0
Total	646,858	627,797

5. Employee benefits and staff numbers

5.1 Employee costs

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Total	2014-15
	£000	£000	£000	£000	£000
Salaries and wages	2,907	154	24	3,085	2,860
Social security costs	272	16	0	288	284
Employer contributions to NHS Pension Scheme	376	17	0	393	377
Other pension costs	0	0	0	0	0
Other employment benefits	0	0	0	0	0
Termination benefits	0	0	0	0	0
Total	3,555	187	24	3,766	3,521
Charged to capital				0	0
Charged to revenue				3,766	3,521
				3,766	3,521
Net movement in accrued employee benefits (untaken staff leave accrual included above)				0	0

5.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Total	2014-15
	Number	Number	Number	Number	Number
Administrative, clerical and board members	57	3	1	61	56
Medical and dental	2	0	0	2	3
Nursing, midwifery registered	6	0	0	6	7
Professional, Scientific, and technical staff	0	0	0	0	0
Additional Clinical Services	0	0	0	0	0
Allied Health Professions	0	0	0	0	0
Healthcare Scientists	0	0	0	0	0
Estates and Ancillary	0	0	0	0	0
Students	0	0	0	0	0
Total	65	3	1	69	66

5.3. Retirements due to ill-health

There were no retirements due to ill health during 2015/2016.

5.4 Employee benefits

WHSSC does not have an employee benefit scheme.

5.5 Reporting of other compensation schemes - exit packages

	2015-16	2015-16	2015-16	2015-16	2014-15
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages Whole numbers only	Number of departures where special payments have been made Whole numbers only	Total number of exit packages Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	0	0

	2015-16	2015-16	2015-16	2015-16	2014-15
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies £'s	Cost of other departures £'s	Total cost of exit packages £'s	Cost of special element included in exit packages £'s	Total cost of exit packages £'s
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	0	0

5.6 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

WHSSC and EASC are not a statutory bodies and hold no statutory responsibility. The directors of WHSSC and EASC are directors in name only and are not directors of any statutory body.

The statutory reporting body is the host organisation, Cwm Taf Health Board. The directors of WHSSC and EASC are not recognised as directors within the organisational structure of Cwm Taf Health Board.

5.7 Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2016 is based on valuation data as 31 March 2014, updated to 31 March 2016 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used and replaced the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer. Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

5.7 Pension costs (continued)

The National Employment Savings Trust (NEST) is a not for profit workplace pension scheme established by law to support the introduction of automatic enrolment providing defined contribution pension schemes. NEST was established by legislation and is treated as a trust based scheme. The Trustee responsible for running the scheme is NEST corporation. It is a non-departmental public body (NDPB) that operates at arms length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST corporation has agreed a loan with the DWP. This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

Currently, the legal minimum contribution level is 2% of a jobholder's qualifying earnings for employers whose legal duties have started. Of this the employer needs to pay at least 1% though they can pay none if they elect to do so. By 2018 the minimum contribution will rise to 8% of qualifying earnings of which the employer must pay at least 3%.

NEST has an annual contribution limit. It is reviewed annually and adjusted in line with average earnings. the annual contribution limit is currently £4,500 for the 2015/16 tax year. The annual contribution limit includes member contributions, money from their employer and any tax relief. It also includes any money paid in by someone else on behalf of the member such as a member's partner or spouse.

6. Operating leases

LHB as lessee

Unit 3a Caerphilly Business Park.

Tenant repairing lease

15 years from 1st April 2003

There are 2 years remaining on the lease from 31st March 2016

Payments recognised as an expense

	2015-16	2014-15
	£000	£000
Minimum lease payments	80	80
Contingent rents	0	0
Sub-lease payments	0	0
Total	80	80

Total future minimum lease payments

	£000	£000
Payable		
Not later than one year	80	80
Between one and five years	80	160
After 5 years	0	0
Total	160	240

There are not future sublease payments expected to be received

LHB as lessor

Rental revenue

	£000	£000
Rent	0	0
Contingent rents	0	0
Total revenue rental	0	0

Total future minimum lease payments

	£000	£000
Receivable		
Not later than one year	0	0
Between one and five years	0	0
After 5 years	0	0
Total	0	0

7. Public Sector Payment Policy - Measure of Compliance

7.1 Prompt payment code - measure of compliance

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

The figures for 2015-16 exclude both the number and value of non-NHS bills paid to primary care services and contractor services.

The comparators for 2014-15 have been restated to reflect this treatment.

	2015-16	2015-16	2014-15	2014-15
	Number	£000	Number	£000
NHS				
Total bills paid	0	0	0	0
Total bills paid within target	0	0	0	0
Percentage of bills paid within target	0.0%	0.0%	0.0%	0.0%
Non-NHS			Restated	Restated
Total bills paid	0	0	0	0
Total bills paid within target	0	0	0	0
Percentage of bills paid within target	0.0%	0.0%	0.0%	0.0%
Total			Restated	Restated
Total bills paid	0	0	0	0
Total bills paid within target	0	0	0	0
Percentage of bills paid within target	0.0%	0.0%	0.0%	0.0%

7.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2015-16	2014-15
	£	£
Amounts included within finance costs (note 10) from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
Total	0	0

8. Investment Income

	2015-16 £000	2014-15 £000
Rental revenue :		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue :		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	0	0

9. Other gains and losses

	2015-16 £000	2014-15 £000
Gain/(loss) on disposal of property, plant and equipment	0	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	0	0

10. Finance costs

	2015-16 £000	2014-15 £000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under PFI contracts		
main finance cost	0	0
contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	0	0
Provisions unwinding of discount	0	0
Other finance costs	0	0
Total	0	0

11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2015	0	0	0	0	0	0	0	0	0
Indexation	0	0	0	0	0	0	0	0	0
Additions									
- purchased	0	0	0	0	0	0	0	0	0
- donated	0	0	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
At 31 March 2016	0	0	0	0	0	0	0	0	0
Depreciation at 1 April 2015	0	0	0	0	0	0	0	0	0
Indexation	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Provided during the year	0	0	0	0	0	0	0	0	0
At 31 March 2016	0	0	0	0	0	0	0	0	0
Net book value at 1 April 2015	0	0	0	0	0	0	0	0	0
Net book value at 31 March 2016	0	0	0	0	0	0	0	0	0
Net book value at 31 March 2016 comprises :									
Purchased	0	0	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2016	0	0	0	0	0	0	0	0	0
Asset financing :									
Owned	0	0	0	0	0	0	0	0	0
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2016	0	0	0	0	0	0	0	0	0
The net book value of land, buildings and dwellings at 31 March 2016 comprises :									
									£000
Freehold									0
Long Leasehold									0
Short Leasehold									0
									0

11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2014	0	0	0	0	0	0	0	0	0
Indexation	0	0	0	0	0	0	0	0	0
Additions									
- purchased	0	0	0	0	0	0	0	0	0
- donated	0	0	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
At 31 March 2015	0	0	0	0	0	0	0	0	0
Depreciation at 1 April 2014	0	0	0	0	0	0	0	0	0
Indexation	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Provided during the year	0	0	0	0	0	0	0	0	0
At 31 March 2015	0	0	0	0	0	0	0	0	0
Net book value at 1 April 2014	0	0	0	0	0	0	0	0	0
Net book value at 31 March 2015	0	0	0	0	0	0	0	0	0
Net book value at 31 March 2015 comprises :									
Purchased	0	0	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2015	0	0	0	0	0	0	0	0	0
Asset financing :									
Owned	0	0	0	0	0	0	0	0	0
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2015	0	0	0	0	0	0	0	0	0
The net book value of land, buildings and dwellings at 31 March 2015 comprises :									
									£000
Freehold									0
Long Leasehold									0
Short Leasehold									0
									<u>0</u>

11. Property, plant and equipment (continued)

Neither WHSSC nor EASC hold any property, plant or equipment. Any necessary equipment purchases are made through Cwm Taf UHB as the host organisation and are capitalised, managed and held on its asset register on behalf of the Joint Committees.

11. Property, plant and equipment (continued)

11.2 Non-current assets held for sale	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance brought forward 1 April 2015	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2016	0	0	0	0	0	0
Balance brought forward 1 April 2014	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2015	0	0	0	0	0	0

12. Intangible non-current assets

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2015	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	0	0	0	0	0	0	0
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2016	0	0	0	0	0	0	0
Amortisation at 1 April 2015	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2016	0	0	0	0	0	0	0
Net book value at 1 April 2015	0	0	0	0	0	0	0
Net book value at 31 March 2016	0	0	0	0	0	0	0
At 31 March 2016							
Purchased	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2016	0	0	0	0	0	0	0

12. Intangible non-current assets (continued)

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2014	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	0	0	0	0	0	0	0
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2015	0	0	0	0	0	0	0
Amortisation at 1 April 2014	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2015	0	0	0	0	0	0	0
Net book value at 1 April 2014	0	0	0	0	0	0	0
Net book value at 31 March 2015	0	0	0	0	0	0	0
At 31 March 2015							
Purchased	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2015	0	0	0	0	0	0	0

Non Current Assets Additional Notes

13 . Impairments

	2015-16		2014-15	
	Property, plant & equipment £000	Intangible assets £000	Property, plant & equipment £000	Intangible assets £000
Impairments arising from :				
Loss or damage from normal operations	0	0	0	0
Abandonment in the course of construction	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0
Unforeseen obsolescence	0	0	0	0
Changes in market price	0	0	0	0
Others (specify)	0	0	0	0
Total of all impairments	0	0	0	0
Analysis of impairments charged to reserves in year :				
Charged to the Statement of Comprehensive Net Expenditure	0	0	0	0
Charged to Revaluation Reserve	0	0	0	0
	0	0	0	0

14.1 Inventories

	31 March 2016 £000	31 March 2015 £000
Drugs	0	0
Consumables	0	0
Energy	0	0
Work in progress	0	0
Other	0	0
Total	0	0
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31 March 2016 £000	31 March 2015 £000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	0	0

15. Trade and other Receivables

Current	31 March 2016 £000	31 March 2015 £000
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	13,879	11,488
Welsh NHS Trusts	148	50
Non - Welsh Trusts	1,354	1,199
Other NHS	0	0
Welsh Risk Pool	0	0
Local Authorities	0	0
Capital debtors	0	0
Other debtors	68	79
Provision for irrecoverable debts	0	0
Pension Prepayments	0	0
Other prepayments	20	35
Other accrued income	0	0
Sub total	15,469	12,851
Non-current		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
Welsh Risk Pool	0	0
Local Authorities	0	0
Capital debtors	0	0
Other debtors	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments	0	0
Other prepayments	0	0
Other accrued income	0	0
Sub total	0	0
Total	15,469	12,851
Receivables past their due date but not impaired		
By up to three months	4,992	2,223
By three to six months	0	656
By more than six months	19	7
	5,011	2,886
Provision for impairment of receivables		
Balance at 1 April	0	0
Transfer to other NHS Wales body	0	0
Amount written off during the year	0	0
Amount recovered during the year	0	0
(Increase) / decrease in receivables impaired	0	0
Bad debts recovered during year	0	0
Balance at 31 March	0	0
In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies		
Receivables VAT		
Trade receivables	0	0
Other	0	0
Total	0	0

16. Trade and other payables

Current	31 March 2016 £000	31 March 2015 £000
Welsh Government		0
WHSSC / EASC		0
Welsh Health Boards	7,949	4,685
Welsh NHS Trusts	2,555	1,538
Other NHS	14,196	15,644
Taxation and social security payable / refunds	37	37
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	33	32
Non-NHS creditors	1,644	1,514
Local Authorities	0	0
Capital Creditors	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	0	0
Accruals	1,798	2,044
Deferred Income:	0	0
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Total	28,212	25,494
Non-current		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Other NHS	0	0
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS creditors	0	0
Local Authorities	0	0
Capital Creditors	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	0	0
Accruals	0	0
Deferred Income :		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Total	0	0

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

17. Provisions

	At 1 April 2015	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2016
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0
Non Current									
Clinical negligence	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0
TOTAL									
Clinical negligence	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0
Expected timing of cash flows:									
	In year to 31 March 2017	Between 1 April 2017 31 March 2022	Between 1 April 2022 31 March 2027	Thereafter	Total				
					£000				
Clinical negligence	0	0	0	0	0				
Personal injury	0	0	0	0	0				
All other losses and special payments	0	0	0	0	0				
Defence legal fees and other administration	0	0	0	0	0				
Pensions relating to former directors	0	0	0	0	0				
Pensions relating to other staff	0	0	0	0	0				
Restructuring	0	0	0	0	0				
Other	0	0	0	0	0				
Total	0	0	0	0	0				

17. Provisions (continued)

	At 1 April 2014	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2015
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0
Non Current									
Clinical negligence	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0
TOTAL									
Clinical negligence	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0

18. Contingencies

18.1 Contingent liabilities

	2015-16 £'000	2014-15 £'000
Provisions have not been made in these accounts for the following amounts :		
Legal claims for alleged medical or employer negligence	0	0
Doubtful debts	0	0
Equal Pay costs	0	0
Defence costs	0	0
Continuing Health Care costs	0	0
Other	0	0
Total value of disputed claims	0	0
Amounts recovered in the event of claims being successful	0	0
Net contingent liability	0	0

18.2 Remote Contingent liabilities

	2015-16 £'000	2014-15 £'000
Please disclose the values of the following categories of remote contingent liabilities :		
Guarantees	0	0
Indemnities	0	0
Letters of Comfort	0	0
Total	0	0

18.3 Contingent assets

	2015-16 £'000	2014-15 £'000
	0	0
	0	0
	0	0
Total	0	0

19. Capital commitments

Contracted capital commitments at 31 March

	2015-16 £'000	2014-15 £'000
Property, plant and equipment	0	0
Intangible assets	0	0
Total	0	0

Gross loss to the Exchequer

	Amounts paid out during period to 31 March 2016		Approved to write-off to 31 March 2016	
	Number	£	Number	£
Clinical negligence	0	0	0	0
Personal injury	0	0	0	0
All other losses and special payments	0	0	0	0
Total	0	0	0	0

	Amounts paid out in year £	Cumulative amount £	Approved to write-off in year £
Cases exceeding £300,000			
Case Ref	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
Sub-total	0	0	0
All other cases	0	0	0
Total cases	0	0	0

21. Cash and cash equivalents

	2015-16 £000	2014-15 £000
Balance at 1 April	801	163
Net change in cash and cash equivalent balances	100	638
Balance at 31 March	901	801
Made up of:		
Cash held at GBS	901	801
Commercial banks	0	0
Cash in hand	0	0
Current Investments	0	0
Cash and cash equivalents as in Statement of Financial Position	901	801
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
Cash and cash equivalents as in Statement of Cash Flows	901	801

22. Other Financial Assets

	Current		Non-current	
	31 March 2016 £000	31 March 2015 £000	31 March 2016 £000	31 March 2015 £000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	0	0	0	0
Derivatives	0	0	0	0
Other (Specify)				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Total	0	0	0	0

23. Other financial liabilities

Financial liabilities	Current		Non-current	
	31 March	31 March	31 March	31 March
	2016	2015	2016	2015
	£000	£000	£000	£000
Financial Guarantees:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Derivatives at fair value through SoCNE	0	0	0	0
Other:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Total	0	0	0	0

24. Related Party Transactions

Welsh Health Specialised Services and Emergency Ambulance Services

WHSSC and EASC are statutory sub-committees of each of the 7 Local Health Boards in Wales. Therefore, any related transactions would form part of each LHB's statutory financial statements.

Whilst the committees have executive teams these are not executive directors and they are employed by Cwm Taf UHB as the host organisation.

During 2015/2016, the Joint Committees adopted a risk sharing approach which is applied to all financial transactions.

In accordance with the Standing Orders, the Joint Committees must agree a total budget to plan and secure the relevant services delegated to them. The Joint Committees must also agree the appropriate contribution of funding required from each LHB.

Each LHB will be required to make available to the Joint Committees the level of funds outlined in the annual plan.

The income received from each LHB during 2015/2016 as per Note 4, and analysed in the Segmental Analysis in Note 36, is as follows

	Cardiff and Vale	Abertawe Bro Morgannwg	Cwm Taf	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwalladr	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Income allocation	112,361	108,431	58,098	117,540	72,851	31,131	146,240	646,652

Expenditure incurred by WHSSC with providers of tertiary and specialist services is as follows

	£000's
Cardiff and Vale LHB	190,559
Aneurin Bevan LHB	3,280
Betsi Cadwalladr LHB	37,715
Abertawe Bro Morgannwg LHB	93,797
Cwm Taf UHB	6,058
Hywel Dda LHB	756
Powys LHB	184
Public Health Wales NHS Trust	48
Velindre NHS Trust	32,799
Welsh Ambulance Services NHS Trust	129,349

Total Welsh Organisations as per Note 3.2 and analysed in the Segmental Analysis in Note 36 **494,545**

Members of the Joint Committees for 2015/2016

LHB Chief Executives have voting rights on the committee while Trust Chief Executives are associate members only
During 2015/2016 WHSSC and EASC have entered into material transactions with the organisations represented as listed above

Mrs Judith Paget	Member	Chief Executive Aneurin Bevan UHB
Mrs Carol Shillibeer	Member	Chief Executive Powys Teaching LHB
Professor Trevor Purt	Member until June 2015	Chief Executive Betsi Cadwalladr UHB
Mr Simon Dean	Member until February 2016	Interim Chief Executive Betsi Cadwalladr UHB
Mr Gary Doherty	Member from February 2016	Chief Executive Betsi Cadwalladr UHB
Mrs Allison Williams	Member	Chief Executive Cwm Taf UHB
Mr Adam Cairns	Member	Chief Executive Cardiff and Vale UHB
Mr Steve Moore	Member	Chief Executive Hywel Dda UHB
Mr Paul Roberts	Member	Chief Executive Abertawe Bro Morgannwg UHB

The following are Associate Members of the Joint Committees and therefore have no voting rights on the Joint Committee

Mrs Tracey Cooper	Associate Member	Chief Executive Public Health Wales NHS Trust (WHSSC & EASC)
Mr Steve Ham	Associate Member	Chief Executive Velindre NHS Trust (WHSSC only)
Mr Simon Smail	Associate Member until March 2016	Independent Board Member, Public Health Wales NHS Trust (WHSSC only)
Ms Tracey Myhill	Associate Member	Chief Executive, Welsh Ambulance Services NHS Trust (EASC only)

Members With a Declared Interest

Mrs Maria Thomas	Independent Member	Independent Board Member, Cwm Taf UHB (WHSSC only)
Mr Chris Tillson	Independent Member until March 2016	Independent Board Member, Betsi Cadwalladr UHB (WHSSC only)
Ms Sian Marie James	Independent Member	Independent Board Member, Hywel Dda UHB (WHSSC only)

Apart from the transactions listed above, no Member or Associate Member of the Joint Committees has declared an interest in any other party that transacts with either WHSSC or EASC.

25. Third Party assets

The committees do not hold any cash balances on behalf of patients or any other 3rd party

26. Finance leases**26.1 Finance leases obligations (as lessee)**

Neither WHSSC nor EASC have any Finance Lease Obligations

Amounts payable under finance leases:

Land	31 March 2016 £000	31 March 2015 £000
Minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0

26.1 Finance leases obligations (as lessee) continue

Amounts payable under finance leases:

Buildings	31 March	31 March
	2016	2015
	£000	£000
Minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0
Other	31 March	31 March
	2016	2015
	£000	£000
Minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0

26.2 Finance leases obligations (as lessor) continued

Amounts receivable under finance leases:

	31 March 2016 £000	31 March 2015 £000
Gross Investment in leases		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0

27. Private Finance Initiative contracts

27.1 PFI schemes off-Statement of Financial Position

Neither WHSSC nor EASC have Private Finance Initiative Contracts

Commitments under off-SoFP PFI contracts	Off-SoFP PFI contracts	Off-SoFP PFI contracts
	31 March 2016 £000	31 March 2015 £000
Total payments due within one year	0	0
Total payments due between 1 and 5 years	0	0
Total payments due thereafter	0	0
Total future payments in relation to PFI contracts	0	0
Total estimated capital value of off-SoFP PFI contracts	0	0

27.2 PFI schemes on-Statement of Financial Position

Neither WHSSC nor EASC have any Private Finance Initiative Contracts

Total obligations for on-Statement of Financial Position PFI contracts due:

	On SoFP PFI Capital element 31 March 2016 £000	On SoFP PFI Imputed interest 31 March 2016 £000	On SoFP PFI Service charges 31 March 2016 £000
Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	0	0	0

	On SoFP PFI Capital element 31 March 2015 £000	On SoFP PFI Imputed interest 31 March 2015 £000	On SoFP PFI Service charges 31 March 2015 £000
Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	0	0	0

Total present value of obligations for on-SoFP PFI contracts

0

27.3 Charges to expenditure

	2015-16 £000	2014-15 £000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	0	0
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	0	0

The LHB is committed to the following annual charges

	31 March 2016 £000	31 March 2015 £000
PFI scheme expiry date:		
Not later than one year	0	0
Later than one year, not later than five years	0	0
Later than five years	0	0
Total	0	0

The estimated annual payments in future years will vary from those which the WHSSC is committed to make during the next year by the impact of movement in the Retail Prices Index.

27.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	0	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

PFI Contract

Number of PFI contracts which individually have a total commitment > £500m

PFI Contract**27.5 Neither WHSSC nor EASC have any Public Private Partnerships**

28. Pooled budgets

Neither WHSSC nor EASC have any pooled budgets.

29. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. WHSSC and EASC are not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. WHSSC and EASC have limited powers to invest, and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing WHSSC and EASC in undertaking their activities.

Currency risk

The WHSSC and EASC are principally domestic organisations with the great majority of transactions, assets and liabilities being in the UK and Sterling based. WHSSC and EASC have no overseas operations. WHSSC and EASC therefore have low exposure to currency rate fluctuations.

Interest rate risk

WHSSC and EASC are not permitted to borrow. WHSSC and EASC therefore have low exposure to interest rate fluctuations

Credit risk

Because the majority of the funding for WHSSC and EASC derives from funds voted by the Welsh Government, the committees have low exposure to credit risk.

Liquidity risk

WHSSC and EASC are required to operate within cash limits set by the Welsh Government for the financial year. The committees are not, therefore, exposed to significant liquidity risks.

30. Movements in working capital

	2015-16	2014-15
	£000	£000
(Increase)/decrease in inventories	0	0
(Increase)/decrease in trade and other receivables - non - current	0	0
(Increase)/decrease in trade and other receivables - current	(2,618)	(838)
Increase/(decrease) in trade and other payables - non - current	0	0
Increase/(decrease) in trade and other payables - current	2,718	1,476
Total	100	638
Adjustment for accrual movements in fixed assets -creditors	0	0
Adjustment for accrual movements in fixed assets -debtors	0	0
Other adjustments	0	0
	100	638

31. Other cash flow adjustments

	2015-16	2014-15
	£000	£000
Depreciation	0	0
Amortisation	0	0
(Gains)/Loss on Disposal	0	0
Impairments and reversals	0	0
Release of PFI deferred credits	0	0
Donated assets received credited to revenue but non-cash	0	0
Government Grant assets received credited to revenue but non-cash	0	0
Non-cash movements in provisions	0	0
Total	0	0

32. Events after the Reporting Period

There are none to report

33. Operating segments

		EASC £000's	WHSSC £000's	Total £000's
Miscellaneous Income	Local Health Boards	(118,594)	(528,058)	(646,652)
	Charitable And Other		(135)	(135)
	Contributions to Expenditure			
	Other Income from Activities		(71)	(71)
Miscellaneous Income		(118,594)	(528,264)	(646,858)
Expenditure on Healthcare from other Providers	Other NHS Wales LHBs		332,349	332,349
	Other NHS Wales Trusts	118,190	44,006	162,196
	Other Non Welsh NHS		122,657	122,657
	Voluntary Organisations		5,215	5,215
	Private Providers	59	19,964	20,023
Expenditure on Healthcare from other Providers Total		118,249	524,191	642,440
Expenditure on Hospital & Community Services	Staff Costs	301	3,465	3,766
	Consultancy	35	103	138
	Establishment	6	197	203
	Premises		216	216
	Audit Fees		49	49
	Other Operating Expenses	4	42	46
Expenditure on Hospital & Community Services Total		346	4,073	4,418

All spend incurred by EASC relates to the discharge of its commissioning responsibility

34. Other Information

**STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES
AS ACCOUNTABLE OFFICER OF THE LOCAL HEALTH BOARD**

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to the LHB. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Date.....2016 Chief Executive

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the LHB and of the income and expenditure of the LHB for that period. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury
- make judgements and estimates which are responsible and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The directors confirm that they have complied with the above requirements in preparing the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction by the Welsh Ministers.

By Order of the Joint Committees

Signed:

Chairman (WHSSC): Dated:2016

Chairman (EASC): Dated:2016

Chief Executive: Dated:2016

Director of Finance: Dated:2016
on behalf of the Joint Committees



GIG
CYMRU
NHS
WALES

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

**To: Mrs Allison Williams, Chief Executive,
Cwm Taf University Health Board**

CC: Joint Committee Members

**WELSH HEALTH SPECIALISED SERVICES COMMITTEE
ANNUAL GOVERNANCE STATEMENT
2015/16**

1. SCOPE OF RESPONSIBILITY

In accordance with the **Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35) and 2014 (2014/9 (w.9))** (the WHSSC Directions), the Local Health Boards (LHBs) established a Joint Committee, which commenced on 1st April 2010, for the purpose of jointly exercising its Delegated Functions and providing the Relevant Services.

In establishing WHSSC and the Joint Committee to work on their behalf, the seven Local Health Boards (LHBs) recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.

Our Aim is to ensure that there is:

equitable access to safe, effective and sustainable specialist services for the people of Wales, as close to patients' homes as possible, within available resources

In order to achieve this aim, WHSSC works closely with each of the Health Boards (in both their commissioner and provider roles) as well as with Welsh NHS Trusts, providers in NHS England and the Independent Sector.

In commissioning specialised services WHSSC uses the Triple Aim principles to:

- Improve the health of the population;

- Enhance the patient experience of care (including the quality, access and reliability of services); and
- Reduce, or control, the per capita cost of care.

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

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

Cwm Taf University Health Board (UHB) is the identified host organisation. It provides administrative support for the running of WHSSC and has established the Welsh Health Specialised Services Team (WHSST) as per Direction 3(4), Regulation 3(1) (d) and the interpretation sections of both the Directions and the Regulations and the Joint Committee Standing Orders: Statutory Framework and Joint Committee Framework.

2. GOVERNANCE FRAMEWORK

In accordance with regulation 12 of the Welsh Health Specialised Services Committee (Wales) Regulations 2009 (‘the Regulations’), each Local Health Board (‘LHB’) in Wales must agree Standing Orders (SOs) for the regulation of the Welsh Health Specialised Services Committee’s (“Joint Committee”) proceedings and business. These Joint Committee Standing Orders (Joint Committee SOs) form a schedule to each LHB’s own Standing Orders, and have effect as if incorporated within them. Together with the adoption of a scheme of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with a Memorandum of Agreement setting out the governance arrangements for the seven LHBs and a hosting agreement between the Joint Committee and Cwm Taf LHB (“the Host LHB”), form the basis upon which the Joint Committee’s governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

In November 2015, the Joint Committee reviewed the Governance Framework to separate it from the Emergency Ambulance Services Committee (EASC). The separation of the framework did not alter the overall system of internal control.

A copy of the WHSSC Joint Committee Governance Framework is available at:

<http://www.whssc.wales.nhs.uk/opensoc/286203>

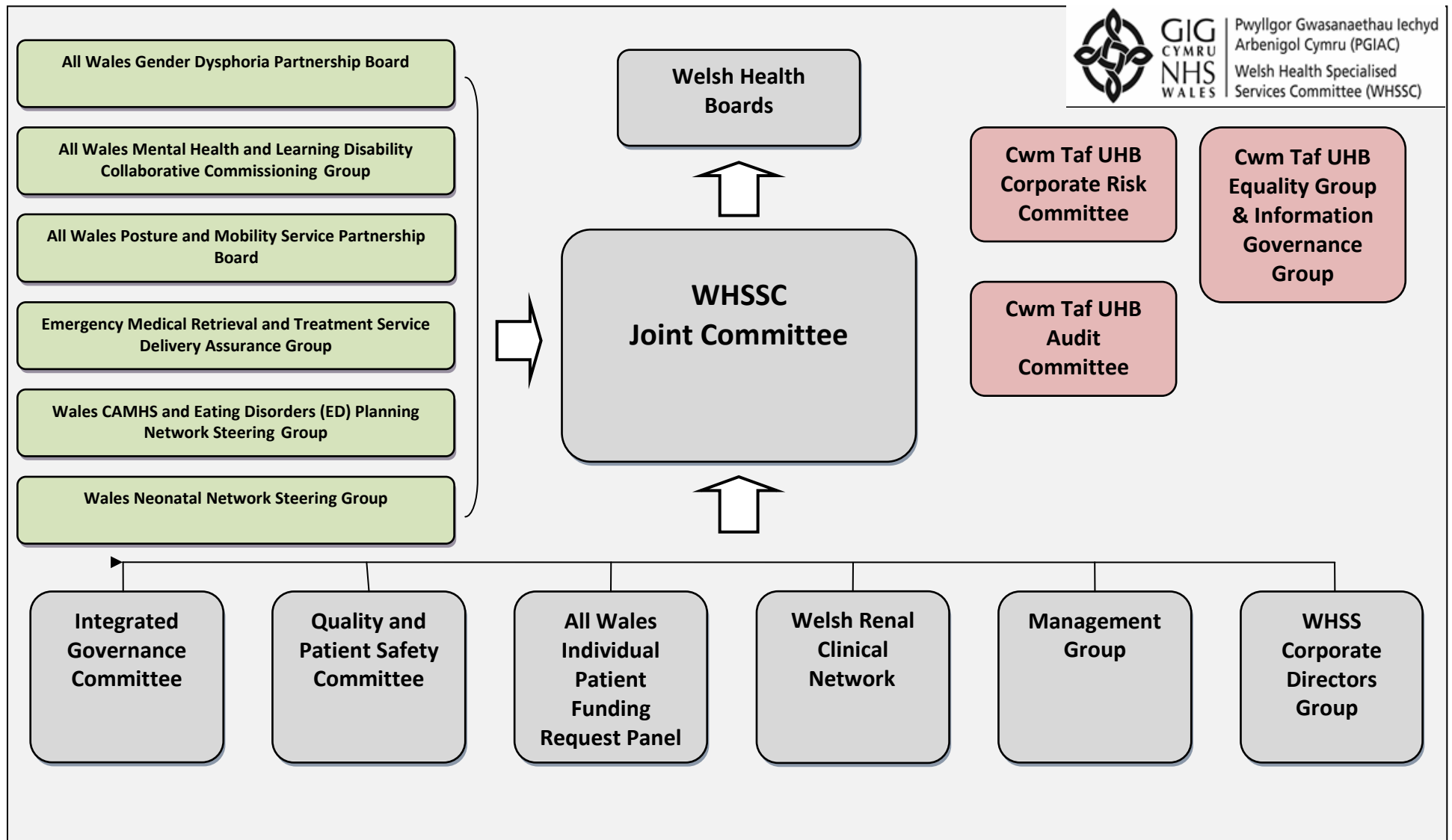
2.1 The Joint Committee

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

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.

The Joint Committee is accountable for internal control. As Acting Managing Director of Specialised Commissioning, NHS Wales, I have the responsibility for maintaining a sound system of internal control that supports achievement of the Joint Committee's policies, aims and objectives and to report the adequacy of these arrangements to the Chief Executive of Cwm Taf University Health Board. Under the terms of the establishment arrangements, Cwm Taf University Health Board is deemed to be held harmless and have no additional financial liabilities beyond their own population.

The Joint Committee is supported by the Committee Secretary, who acts as the guardian of good governance within the Joint Committee.



The Joint Committee members in post during the financial year 2015/16 are:

Name	Role	Organisation
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
Dr Geoffrey Carroll	Officer Member (Until December 2015)	Medical Director, Welsh Health Specialised Services
Dr Sian Lewis	Officer Member (From January 2016)	Acting Medical Director, Welsh Health Specialised Services
Mr Stuart Davies	Officer Member	Director of Finance, Welsh Health Specialised Services
Mrs Carole Bell	Officer Member (from August 2015)	Director of Nursing and Quality Assurance, Welsh Health Specialised Services Committee
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

Name	Role	Organisation
Professor John Williams	Associate Member	Chair of the Welsh Clinical Renal Network

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).

2.2 Sub Committees and Advisory Groups

2.2.1 Audit Committee

The Audit Committee of the 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.

2.2.2 Sub-Committees

The Joint Committee has also established 5 sub-committees in the discharge of 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 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.

2.2.3 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.

During 2015/16, the Joint Committee agreed to refresh this Group with a new Chair, revised Terms of Reference and Membership. The Joint Committee ratified the Terms of Reference at the March 2016 meeting.

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.

From April 2016, the commissioning responsibility will transfer to the Emergency Ambulance Services Committee (EASC).

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.

2.3 Joint Committee and Sub-Committees meetings 2015/16

During the year improvements have been made to address issues in terms of quoracy at meetings. The following table outlines the number of occasions that the meetings were quorate.

Committee	Meetings	
	2014/15	2015/16
Joint Committee	5 of 5 ↑	3 of 5 ↓
All Wales IPFR Panel	14 of 17 ↑	15 of 21 ↓
Management Group	12 of 12 ↔	11 of 11 ↔
Quality and Patient Safety Committee	4 of 4 ↓	4 of 5 ↓
All Wales Clinical Renal Network	5 of 5 ↔	4 of 5 ↓

The following table outlines dates of Board and Committee meetings held during 2015/16. Meetings that did not have a quorum are highlighted in red.

Joint Committee/ Sub-Committee	2015/16					
Joint Committee	07 July	15 Sept	16 Nov	26 Jan	22 Mar	
Integrated Governance	07 Jul	20-Oct	20Jan	16Mar		
All Wales IPFR Panel	02 Apr (Virtual)	27 May	11 Jun (Virtual)	29 July	10 Aug (Virtual)	17 Sep (Virtual)
	29 Apr		24 Jun	31 July (Virtual)	26 Aug	30 Sep
	28 Oct	25 Nov	16 Dec	14 Jan (Virtual)	24 Feb	02 Mar 09 Mar 21 Mar (Virtual)
				20 - Jan		30 Mar
Management Group	30 Apr	28 May	25 June	30 July	27 Aug	24 Sept
	29 Oct	26 Nov	21 Jan	25 Feb	24 Mar	
Quality & Patient Safety	07 May	23 July	15 Oct	14 Jan	24 Feb*	
Welsh Renal Clinical Network	05 May	06 Aug	09 Oct	08 Dec	09 Feb	

* This Quality and Patient Safety meeting cancelled.

3. THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31 March 2016 and up to the date of approval of the annual report and accounts.

4. CAPACITY TO HANDLE RISK

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

An Independent Member of the Joint Committee is a Member of the Cwm Taf UHB Audit Committee. The Director of Finance and Committee Secretary and other members of Welsh Health Specialised Services Team (WHSSST) (as required) attend the Audit Committee meetings.

The links with sub committees previously established through the Integrated Governance Committee continue. The Integrated Governance Committee is chaired by the Chair of the Joint Committee and the Members include the Chairs of the WHSSC sub committees and advisory groups. The summary from each meeting along with the minutes of the Joint Committee are circulated to all LHBs and Trusts for reporting to their Boards.

The Joint Committee and Integrated Governance Committee receive a copy of all the minutes of the sub-committees and advisory groups to ensure that an integrated and efficient approach to risk management is maintained in the organisation.

During the year work has been progressed to strengthen the reporting to Health Boards, including:

- **Briefing following the Joint Committee** – Chairs Report including the Minutes to the Board Secretaries following each meeting of the Joint Committee;
- **Attendance at Board Meetings** – Annually attendance at each Health Board meeting to discuss the commissioning of Specialised Services;
- **Governance Reviews** – The final reports have been issued to Health Boards and WHSSC Officers have offered to attend respective Health Board Quality and Patient Safety Committee meetings; and
- **Annual Business Cycle** – Circulated to the Health Boards to integrate into their agenda planning.

4.1 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 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".

Welsh Health Specialised Services 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.

Welsh Health Specialised Services has **no** appetite to any risk that prevents the WHSS 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.

During 2015/16, the outcome of the Health Inspectorate Wales, Clinical Governance Review was published as well as the Good Governance Institute Governance Review. More detailed information in relation to these reviews is provided at section 7.

The Joint Committee approved both reviews and put in place a single integrated action plan to implement the recommendations of the two reviews. There were a small number of recommendations identified within the GGI Review in relation to risk management process and these are summarised below:

- The next stage of the Corporate Assurance Framework should include specification of the roles of each WHSSC group in the assurance system and illustrate this graphically. This should then be communicated and tested within WHSSC;
- Standardise approaches within LHBs on the escalation of WHSSC risk issues to their Boards; and

- Prioritise actions to embed risk management across WHSSC and include progress as a standing agenda item for the designated assurance committee.

These recommendations have all been agreed and an action plan developed which will be monitored by the Integrated Governance Committee.

4.2 The risk and assurance framework

Under the hosting agreement with Cwm Taf UHB, WHSSC complies with their Risk Management Policy and Risk Assessment Procedure.

The aim of the Risk Management Policy is to:

- Ensure that the culture of risk management is effectively promoted to staff ensuring that they understand that the 'risk taker is the risk manager' and that risks are owned and managed appropriately;
- Utilise the agreed approach to risk when developing and reviewing the Resource and Operational Plan;
- Embed both the principles and mechanisms of risk management into the organisation;
- Involve staff at all levels in the process; and
- Revitalise its approach to risk management, including health and safety.

Risk management is embedded in the activities of WHSSC through a number of processes.

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 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.

The CRAF is informed by risks identified at a Programme Team, Network, Directorate and Executive level. Each risk is allocated to an appropriate committee for assurance and monitoring purposes, i.e. Joint Committee, Audit Committee, Quality and Patient Safety Committee, and the Cwm Taf Corporate Risk Committee. The CRAF is received by the sub-committees as a standing agenda item. The Joint Committee receives the CRAF twice yearly. The Corporate Governance Manager is also a member of the Cwm Taf Corporate Risk Committee.

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. 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.

The Corporate Risk and Assurance Framework Annual Report is available at <http://www.whssc.wales.nhs.uk/publications>

4.3 Top Organisational Risks

There are 5 risks on the CRAF as at 4 April 2016 all of which are Commissioning Risks. The latest position was reported to the Corporate Directors Group on 4 April 2016.

The top organisational risks (scored 15 and above) are delegated where appropriate to key sub committees of the Joint Committee and these in summary fall into the following areas:

Risk Reference	Description of Risk	Initial Score	Current Score
CH/008	Failure of provider (South Wales) to deliver 26wk/36 wks RTT for plastic surgery.	16	16
PL/001	Failure to commission the delivery of tier 1 referral to treatment waiting times targets.	20	16
CT/011	Provider delivery of bariatric surgery commissioning plan for 2015/16.	16	16
CT/013	Limited access to curative treatment for arrhythmia for south Wales patients.	20	20
COR/011	Significant demands placed on workforce resulting in impaired ability to deliver on work priorities.	20	20

Actions taken to mitigate the risks are summarised within the Corporate Risk and Assurance Framework Annual Report, which is available at <http://www.whssc.wales.nhs.uk/publications>

Good progress has been made in reviewing and strengthening the corporate risk and assurance processes during the year. There have been a number of risks that were identified as high risks during the year and despite mitigating actions, there were no changes to the risk score. As a result of these issues identified, the risk escalation process was put in place. It is anticipated that this work will continue to improve during 2016/17 by aligning the performance monitoring to the risk management scrutiny and assurance processes.

4.4 Performance Dashboard

The performance reporting to the Management Group and the Joint Committee has been strengthened during the year. The Performance Dashboard and the supporting performance report provide assurance to the Management Group and Joint Committee with a summary of performance across a range of key quality and performance indicators. The reports cover trends in performance together with action being taken to address variances. The content and process of reporting has been reviewed in year as part of continuous improvement.

The Joint Committee receive a report on the dashboard at every meeting.

Following the publication of the Welsh health Specialised Services Committee Quality Assurance Framework, work has been undertaken to develop an implementation plan. This has included a piece of work to consider the framework in light of the publication of the Welsh Government Health and Care Standards and the NHS Outcomes Framework, as well as cross referencing standards within the English healthcare system to ensure equity and consistency whilst providing assurance and preventing duplication.

To turn the vision outlined within the Quality Framework into a tangible reality, data will be gathered throughout 2016/17 and used as a baseline to evidence improvement in 2017/18. To assist in achieving this, the following objectives will be implemented:

- Engage with all partners, public, patients and carers to encourage their involvement in improving the quality of care provided; actively seeking feedback on their experiences of healthcare and using this information to improve services.
- Work in partnership with our providers to ensure that they deliver safe, effective, accessible services and secure continuous improvements.

Within the framework there are two levels of indicators, level 1 are generic to all providers and level 2 are specific to the specialist service. It is critical that we work with individual providers to agree the right indicators to monitor within level 2. These key indicators will be specified within contracts and built into a quality dashboard and monitored throughout the year.

The next steps include further testing of the proposed model on a range of commissioned services, undertaking a series of workshops within the organisation including the management team and programme team members and developing a communication plan to all key stakeholders.

5. THE CONTROL FRAMEWORK

5.1 Integrated Plan for Commissioning Specialised Services

The Integrated Commissioning Plan for Specialised Services 2016-19 was approved by the Joint Committee on 22 March 2016. This 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 England and Wales. The WHSSC Integrated Commissioning Plan is financially aligned with the LHB Integrated Medium Term Plans (IMTPs).

The Integrated Commissioning Plan for Specialised Services 2016-19 has a central theme of quality and outcomes, and a key goal for the organisation in 2015/16 has been the implementation of the approved Quality Framework. The framework has been refreshed following the publication of the revised *NHS Wales Health and Care Standards 2015* and an implementation plan is being developed which takes into account all of the opportunities for embedding quality assurance and improvement in the commissioning of specialised services.

The plan highlights the key priorities for specialised services for Welsh patients over the next three years, together with the financial implications, and key risks to delivery. The plan is underpinned by detailed work plans for each of the programme areas, and a three year financial plan.

See section 7.4 for further information on the development of the Integrated Commissioning Plan. A copy of the plan is available on the WHSSC website:

<http://www.whssc.wales.nhs.uk/opendoc/289031>

5.2 Standards for Health and Care Services in Wales: Doing Well, Doing Better

An annual self assessment was undertaken against the former *Standards for Health Services in Wales*. Guidance is awaited on the

self assessment process against the new *Health and Care Standards*.

In view of the lack of clarity regarding the new self assessment process, the Integrated Governance Committee agreed that:

- An update is provided against the priority actions for 2015/16 identified during the 2014/15 directorate annual self assessment against the former *Standards for Health Services in Wales*; and
- An update is provided against the organisational priority actions for 2015/16 identified during the 2014/15 organisational annual self assessment against the former *Standards for Health Services in Wales*.

For the organisational priority actions a Lead Director was identified and the action mapped against the new *Health and Care Standards*.

In 2015/16 the organisation formally decided not to self-assess against the Health and Care Standards and to adopt an approach whereby focus would be upon ensuring progress/implementation with Improvement Actions arising from the 2014/15 Standards for Health self-assessment. This was also undertaken as a result of the anticipated introduction and implementation of commissioning standards which would be used to replace the Health and Care Standards within WHSSC during 2016/17.

The Internal Audit report following the review of WHSSC management of the Standards for Health Services in Wales concluded that "*Whilst WHSSC has assessed the Improvement Actions from the previous Standards and will undertake Governance and Accountability assessment, as no self-assessment has been undertaken of Health and Care Standards, we are unable to comment upon whether WHSSC operate in accordance with the Standards Framework*".

The Internal Audit Report noted that "*Good Practice is noted that the 2015/16 Improvement Action Plans sampled in respect of the Finance Directorate and Patient Care Directorate had been implemented, and that demonstrable progress has been made in other Directorates and within the Corporate Improvement Action Plan as a whole*".

5.3 Corporate Governance Code

WHSSC has reviewed our assessment against the main principles of the UK Corporate Governance Code as they related to an NHS public sector organisation in Wales. The assessment has been informed by our assessment against the Governance and Accountability Module and also the governance reviews that have been reported against in 2015/16. WHSSC is satisfied that it is complying with the main principles of the Code, is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code.

WHSSC has not identified any departures from the Code through the year.

The full UK Corporate Governance Code can be found at <https://frc.org.uk/Our-Work/Publications/Corporate-Governance/UK-Corporate-Governance-Code-2014.pdf>

5.4 Non-Statutory Instruments including Ministerial Directions 2015/16

Non-Statutory Instruments are issued by Welsh Ministers; these include ministerial directions, codes of practice and guidance. The NHS Non-Statutory Instruments are available at the following Welsh Government website:

<http://gov.wales/legislation/subordinate/nonsi/nhswales/?lang=en>

There were no Non-Statutory Instruments (including Ministerial Directions) relevant to the Welsh Health Specialised Services Committee during the financial year 2015/16.

5.5 Data Security

There were no WHSSC specific incidents relating to data security that required reporting to the Information Commissioners Office.

5.6 Other elements of control framework

5.6.1 Equality and Diversity

WHSSC follows the policies and procedures of the Cwm Taf UHB, as the Host LHB. All staff have access to the Intranet where these are available. The Hosting Agreement includes provision for specific support around Equality and Diversity and the WHSSC has been working with the Equality Officer and the NHS Wales Equality Unit to look at ways of integrating equality and diversity issues into our work.

The Corporate Governance Manager is a member of the Equality Group within Cwm Taf and therefore any issues are integrated into this process.

The Welsh Government's Public Sector Equality Duty (PSED) advocates that all public sector organisations publish their Strategic Equality Plan (SEP) no less than every four years. Whilst WHSSC commissions specialised services on behalf of the seven Local Health Boards the responsibility for individual patients remains with the LHB of residence.

In recognition that WHSSC has a responsibility to ensure that equality is a key consideration in the commissioning of its services, we will develop an equality plan for specialised services. This should assist Health Boards to ensure that specialised services commissioning for their population is reflected in their individual Strategic Equality Plan.

5.6.2 Information Governance

The Committee Secretary is the Lead Officer in relation to Information Governance for the WHSSC and an agreement has been made that the Medical Director for Cwm Taf UHB will act as Caldicott Guardian with input and assurance from the WHSSC Medical Director.

The Committee Secretary and the Corporate Governance Manager are members of the Cwm Taf UHB Information Governance Group.

During the year an audit on the appropriate structure for directing, guiding and monitoring the information governance agenda was undertaken. The Internal Audit report following the review concluded that the *"The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure"*. An action plan has been developed to address the 2 recommendations.

5.6.3 Counter Fraud

The Counter Fraud Plan has been in place for two years and has been designed to reduce the risk of fraud by reviewing those aspects of WHSSC business that have a residual fraud risk is scheduled for a review at the end of March 2016. During the year, the Audit Committee has received regular Local Counter Fraud Progress Reports. This provides a summary of the work that has been undertaken by the Local Counter Fraud Services Team during the year to deliver the Counter Fraud Plan.

The work of the team in 2015/16 had two core objectives. The first was to increase fraud awareness across WHSSC. The second area is to undertake a rolling programme of auditing the supply of high cost services to patients, starting with those services which are urgent in nature and cannot be subject to prior order. The learning from these first reviews, in particular the extended time taken for third party verification, is being taken into the programme for future years.

6. REVIEW OF EFFECTIVENESS

As Acting Managing Director for Specialised and Tertiary Services Commissioning, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the executive officers within WHSSC who have responsibility for the development and maintenance of the internal control framework,

and comments made by external auditors in their audit letter and other reports.

Internal audit provide me and the Joint Committee through the Audit Committee with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit Committee and is focussed on significant risk areas and local improvement priorities.

7. SIGNIFICANT GOVERNANCE ISSUES

I wish to highlight following matters that are considered significant and have presented challenges in 2015/16.

7.1 Judicial Review against the Welsh Health Specialised Services Committee

During 2015/16 a judicial review was brought against Welsh Government, Abertawe Bro Morgannwg and the Welsh Health Specialised Services Committee.

The Claimant contended that the Defendants had breached the duty set out in section 3(1) of the NHS (Wales) Act 2006 in five discrete, but associated ways. The Judicial Review failed on all five grounds and the outcome of which was reported to the Joint Committee in January 2016.

As part of learning the lessons, the Integrated Governance Committee supported a number of recommendations to be implemented in the organisation. It has been agreed that a wider communication would be circulated to Health Boards which identifies the issues that arose as part of the process.

7.2 NHS Greater Glasgow and Clyde dispute

During 2015, an Enforcement Officer in possession of a High Court Writ of Control attended Cwm Taf University Health Board headquarters. The Writ was in respect of the non-payment of a debt payable to NHS Greater Glasgow and Clyde.

The original claim was comprised of three unpaid invoices payable to NHS Greater Glasgow and Clyde. Two of these invoices had been raised to Cwm Taf UHB (one in error) and the third, and largest, had been raised to WHSSC. A writ was served on Cwm Taf UHB (as the Host Health Board) with respect to these unpaid invoices (the same claim as that above). The invoices had already been settled in March 2015 by the payment of the outstanding invoices before the above enforcement action had occurred.

The judgement was dismissed by the court in November 2015 as NHS Greater Glasgow accepted that the payment of £84,725 constituted a final settlement. An assessment of the issues were undertaken by WHSSC and the final report considered by the Audit Committee in January 2016. There were a number of actions and lessons learnt from this process which are now being implemented.

7.3 Cardiac Surgery - Improving Outcomes and Waiting Times Project

The outsource initiative for cardiac surgery was established in January 2014 to increase short-term capacity and reduce waiting times for patients from South Wales. Many patients in South Wales, at both Morriston Hospital, Abertawe Bro Morgannwg University Health Board (ABMUHB) and University Hospital of Wales, Cardiff and Vale University Health Board (C&VUHB), were waiting in excess of the Welsh Government maximum waiting times targets.

A review of the outcomes and impact of the short term outsourcing initiative was undertaken in 2015 to assess the effectiveness of this initiative in delivering a longer term more sustainable cardiac surgery service in South Wales. The findings of this review will inform any future outsourcing arrangements by Welsh Health Specialised Services. The initiative successfully reduced waiting times to enable both Welsh cardiac surgery centres to maintain and sustain waiting time standards. Further action has been taken in terms of capacity building and improving delivery.

The Joint Committee supported the findings of the review in November 2015 and agreed the recommendations for improvement. An action plan has been developed and progress is monitored by the WHSSC Integrated Governance Committee. A new framework for outsourcing has been developed to inform any future need to consider outsourcing activity or changing provider.

7.4 Integrated Commissioning Plan (ICP)

The organisation has undertaken a significant amount of work and continues to ensure the organisation maintains progress to develop its 3 year integrated commissioning plan.

The process for developing the ICP 2016-19 was agreed by Management Group in September 2015. The ICP has been developed with the full engagement of Health Board commissioners through series of seven Management Group Workshops. Provider Health Boards and Velindre NHS Trust have also had the opportunity to contribute to the process following the publication of the approved Commissioning Intentions in September 2015.

Feedback from the all-Wales IMTP Peer Review was used to inform the ICP, as well as the feedback from Welsh Government on the draft plan which was submitted in January 2016. The main message from Welsh Government was that the ICP should be

financially aligned to Health Boards' IMTPs, and that Health Boards should own the final WHSSC Plan.

The final draft plan of the three year plan for the period 2016-19 was presented to the Joint Committee on 26 January 2016 and submitted to Welsh Government in accordance with the timescales set. Members endorsed the process used to develop the plan and approved the proposed changes to the list of services delegated by Health Boards to be commissioned as specialised services.

An equality impact assessment screening exercise has been undertaken on the 72 schemes which have been assessed up until March 2016 as not to be included in the ICP to ensure that due regard has been paid to the impact of these decisions on the protected groups.

The final Integrated Commissioning Plan 2016-19 was approved by the Joint Committee on 22 March 2016.

A copy of the Integrated Commissioning Plan is available at:

<http://www.whssc.wales.nhs.uk/opensdoc/289031>

7.5 Healthcare Inspectorate Wales (HIW) Clinical Governance Review

In 2014/15 Healthcare Inspectorate Wales (HIW) undertook a review of the clinical governance arrangements that WHSSC has in place, and how these relate to patient outcomes. The report was prompted by concerns that had been raised about the management of waiting lists for elective cardiac surgery for Welsh patients, a service for which WHSSC has delegated commissioning responsibility. Whilst HIW examined the systems and processes that were in place for commissioning good patient outcomes in cardiac surgery, the findings and recommendations from the review are intended to be used to improve our clinical governance arrangements across all of our services.

In 2014 the Good Governance Institute (GGI) was also commissioned by WHSSC to undertake a review of its governance processes and procedures. The final report and recommendations from the GGI were received in the autumn of 2015. In undertaking their review HIW had sight of the GGI recommendations and took them into account as part of their review. HIW recognised that during the period of time between the GGI's fieldwork being completed and WHSSC receiving the report and recommendations, WHSSC had already started the process to make changes to strengthen its governance processes and procedures and that this had been recognised by the Joint Committee in September 2015.

The review highlighted that historically there may have been weaknesses in WHSSC's clinical governance arrangements. In particular there has not always been a focus on the quality of the services it commissions, weaknesses in the level of scrutiny of

provider organisations and ineffective governance arrangements that have not always fully considered the quality of care being provided to patients.

The Review Team acknowledged that WHSSC has itself recognised the importance and requirement for strengthening its own governance arrangements. By doing this WHSSC is seeking to ensure that it is able to effectively and efficiently scrutinise the providers it commissions to carry out specialised services. The recent appointments into key roles within WHSSC, the development and planned implementation of the Quality Framework and improvements to the level of clinical engagement will strengthen the focus on quality care.

The Joint Committee considered the outcome of the review and approved the management response in January 2016. A copy of the report is available at:

<http://www.whssc.wales.nhs.uk/governance-reviews>

Health Boards have received a copy of the report and the management response, which has also been shared with Health Boards for consideration through their Quality and Patient Safety Committees.

The organisation continues to transform its approach to commissioning and proactively monitors progress against the recommendations made in this report, alongside those made by the Good Governance Institute.

7.6 Good Governance Institute (GGI): Governance Review

In July 2014 WHSSC commissioned a Governance Review from the Good Governance Institute (GGI). The final report was received in October 2015. The Joint Committee acknowledged that there have been a number of notable improvements in addressing some of the issues highlighted in the report and approved the further planned work required.

It is accepted that many of the recommendations in the report are structural and some would require the support from the Joint Committee and also require changes to the Regulations and Directions. The recommendations also need to be considered alongside the current consultation on the Green Paper and it is an opportunity to highlight any issues as part of the response to the consultation.

Major areas of recommendation include:

- The provision of a programme to develop and agree a national strategy for specialist services in Wales;
- Health Boards agreeing their reservation and delegation powers to ensure that any strategy and framework allows WHSSC to operate within a properly governed a/c system;

- the development of a framework for how WHSSC operates and takes decisions;
- Review the resources within the organisation to delivery a challenging and complex service; and
- addressing the reputation of WHSSC to develop the credibility and authority that an effective commissioner needs.

The Joint Committee received and approved the outcome of the review in January 2016 and agreed an action plan for implementation. A copy of the final review has been sent to Health Boards.

A copy of the report is available at:

<http://www.whssc.wales.nhs.uk/governance-reviews>

The GGI review recommended that WHSSC should continue the work to develop the new Strategy for Specialised Services for Wales. This will set the priorities for future integrated commissioning plans. The Strategy will develop the themes outlined in WHSSC's aim of equity, safety, effectiveness and sustainability of services. These have also been considered in the development of the *Integrated Commissioning Plan 2016-19*.

8. CONCLUSION

As the Acting Managing Director for Specialised and Tertiary Services Commissioning, I will ensure that through robust management and accountability frameworks, significant internal control problems do not occur in the future. However, if such situations do arise, swift and robust action will be taken, to manage the event and to ensure that learning is spread throughout the organisation.

Signed:

Mr Daniel Phillips

Acting Managing Director of
Specialised and Tertiary
Services Commissioning

Date: 1 June 2016



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

		Agenda Item	17
Meeting Title	Management Group	Meeting Date	28/06/2016
Report Title	Corporate Risk and Assurance Framework: Annual Report		
Author (Job title)	Corporate Governance Manager		
Executive Lead (Job title)	Committee Secretary	Public / In Committee	Public

Purpose	The purpose of this report is to allow members to review the draft Welsh Health Specialised Services Committee's (WHSSC) Corporate Risk and Assurance Framework Annual Report.			
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Corporate Directors Group	Meeting Date	04/04/2016
	Audit Committee	Meeting Date	11/04/2016

Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the update provided within the report. 		
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Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
		✓		✓			✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓			✓			✓

1.0 Situation

- 1.1 The purpose of this report is to allow members to review the draft Welsh Health Specialised Services Committee's (WHSSC) Corporate Risk and Assurance Framework Annual Report.

2.0 Background

- 2.1 The Corporate Risk and Assurance Framework summarises the key 'live' risks that WHSSC recognises and details actions being taken to mitigate them.
- 2.2 The WHSSC Corporate Risk and Assurance Framework (CRAF) is an important part of the 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.
- 2.3 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
- 2.4 It is intended that the CRAF serve as the primary means of keeping senior management apprised of the WHSSC risk profile. As such, the CRAF is routinely reviewed by the Corporate Directors' Group Board, where it is currently a standing agenda item, the WHSSC Management Group, the WHSSC Quality and Patient Safety Committee, the Cwm Taf UHB (host organisation) Corporate Risk Committee and the Joint Committee.

3.0 Assessment

- 3.1 The Corporate Risk and Assurance Framework Annual Report summarises the steps taken within the financial year to strengthen risk management arrangements within WHSSC. The annual report also summarises the key risks considered in year.
- 3.2 The Corporate Risk and Assurance Framework Annual Report was presented to the Audit Committee on 11 April 2016 and will be included as a chapter within the organisational Annual Report.

4.0 Recommendations

4.1 Members are asked to:

- **NOTE** the update provided within the report.

5.0 Appendices / Annex

5.1 Risk Assurance Annual Report version 1.0



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Organisation Development	
Link to Integrated Commissioning Plan		
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction)	
Organisational Implications		
Quality, Safety & Patient Experience	Robust risk management arrangements are a requisite to the insurance of quality of care, patient safety and the patient experience.	
Resources Implications	Some improvement actions may require the application of additional resources.	
Risk and Assurance	This report and the CRAF constitute integral elements of WHSSC’s risk and assurance arrangements. This work continues to develop.	
Evidence Base	The directorate risk registers inform the Corporate Risk Assurance Framework. The CRAF is also reviewed by the Corporate Directors Group.	
Equality and Diversity	There are no equality and diversity implications.	
Population Health	There are no immediate Population Health implications.	
Legal Implications	It is essential that there are robust arrangements in place to assess, capture and mitigate risks encountered by WHSSC. Failure to maintain such arrangements may have legal implications.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	04/04/2016	Members supported the report to Audit Committee for approval
Audit Committee	11/04/2016	Audit Committee approved the WHSSC CRAF Annual Report



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

RISK ASSURANCE ANNUAL REPORT 2015/16

*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

1. Introduction.....	3
2. Corporate Risk and Assurance Framework	3
2.1 Directorate Risk Registers.....	3
2.2 Strengthening of the Risk Management Framework.....	4
2.3 Risk Appetite.....	4
2.3 Risk Escalation Process.....	5
3. Good Governance Institute : Governance Review.....	5
4. Corporate Risk Assurance Framework Position March 2016...	6
5. Look Forward to 2016/17	8

1. INTRODUCTION

The report covers the period of the 1st April 2015 to the 31st March 2016.

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

Understanding the risks that the Welsh Health Specialised Services Committee (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.

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

2. CORPORATE RISK AND ASSURANCE FRAMEWORK

The WHSSC Corporate Risk and Assurance Framework (CRAF) forms an important part of the 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

It is intended that the CRAF serve as the primary means of keeping senior management apprised of the WHSSC risk profile. As such, the CRAF is routinely reviewed by the Corporate Directors' Group Board, where it is currently a standing agenda item, the WHSSC Management Group, the WHSSC Quality and Patient Safety Committee, the Cwm Taf UHB (host organisation) Corporate Risk Committee and the Joint Committee.

2.1 Directorate Risk Registers

Each directorate maintains a risk register and is expected to manage risk locally. All directorates have a risk lead responsible for ensuring that risks are recorded in an accurate and timely fashion. Risk assessments are employed at all levels

within the organisation and colleagues are empowered to voice risk concerns. The Cwm Taf Risk Management Policy provides guidance on risk scoring. Risks that are assessed as high or severe and cannot be mitigated locally are escalated to corporate level and are used to populate the CRAF. However the consequence scoring matrix within the Cwm Taf Policy focuses on risks for a provider organisation. Therefore in year this scoring matrix has been reviewed and changed to scoring from a commissioner perspective.

2.2 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.

2.3 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 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".

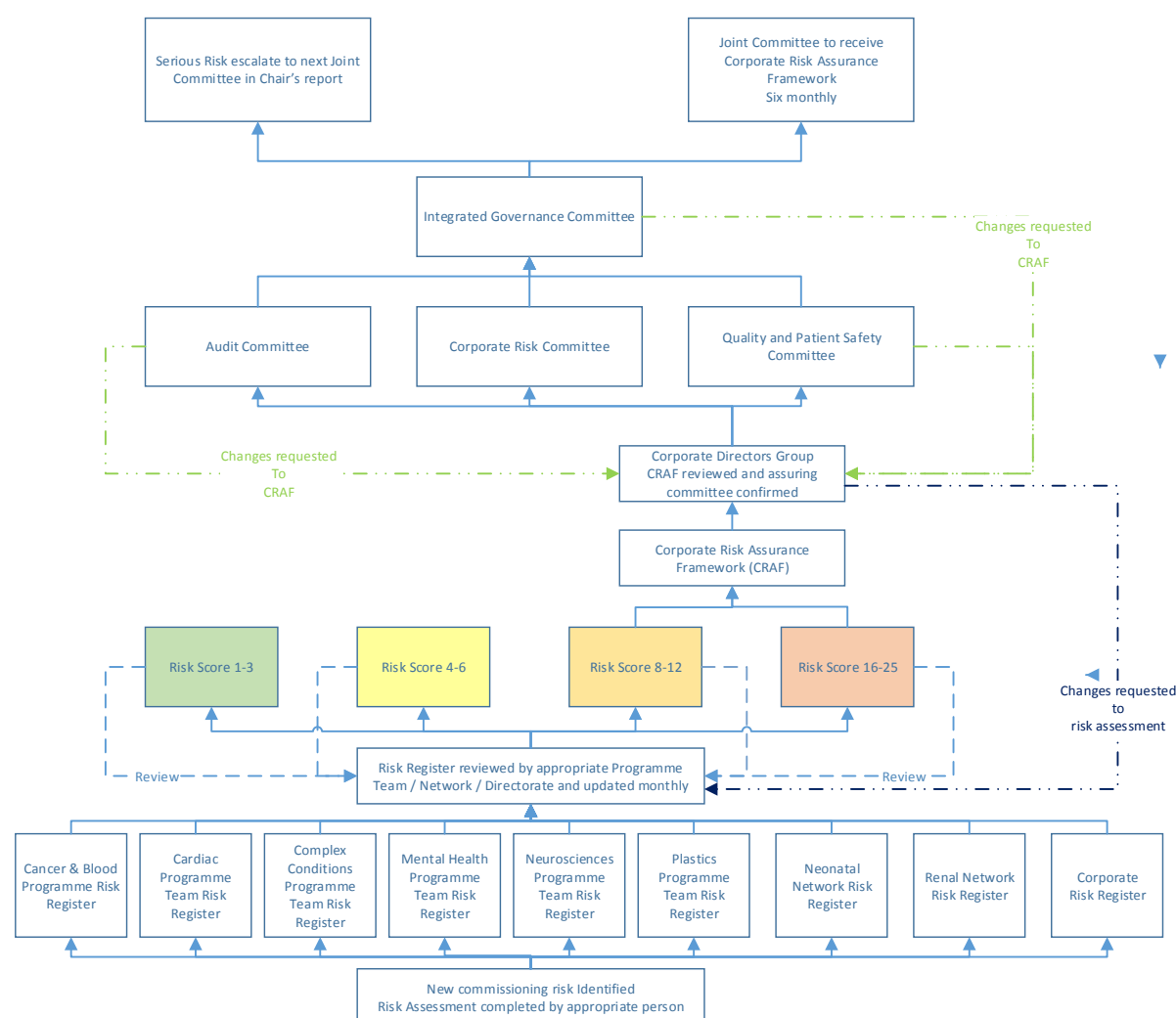
Welsh Health Specialised Services has **no** appetite for fraud/financial risk and has zero tolerance for regulatory breaches. We will take considered risks where the long term benefits outweigh any short term losses.

Welsh Health Specialised Services has **no** appetite to any risk that prevents the WHSS 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.

2.3 Risk Escalation Process

During the year, a risk escalation process was put in place as follows:



3. GOOD GOVERNANCE INSTITUTE: GOVERNANCE REVIEW

During 2015/16, the outcome of the Health Inspectorate Wales, Clinical Governance Review was published as well as the Good Governance Institute Governance Review.

The Joint Committee approved both reviews and put in place an action plan to implement the recommendations. There were a small number of

recommendations identified within the GGI Review in relation to risk management process and these are summarised below:

- The next stage of the Corporate Assurance Framework should include specification of the roles of each WHSSC group in the assurance system and illustrate this graphically. This should then be communicated and tested within WHSSC;
- Standardise approaches within LHBs on the escalation of WHSSC risk issues to their Boards; and
- Prioritise actions to embed risk management across WHSSC and include progress as a standing agenda item for the designated assurance committee.

These recommendations have all been agreed and an action plan developed which will be monitored by the Integrated Governance Committee.

4. CORPORATE RISK ASSURANCE FRAMEWORK POSITION MARCH 2016

Below is a review of the risks which populate the WHSSC CRAF as of March 2016:

High or Severe Risk	Key Actions to Reduce Risk	Risk Mitigation at Year End?
Failure of provider (South Wales) to deliver 26wk/ 36 wks RTT for plastic surgery	<ul style="list-style-type: none"> • Revised delivery plan has been requested from the service which will set out the trajectory for achieving 36 week targets for the sub-speciality of hand surgery (to be delivered to WHSSC by 29th February 2016). 	<ul style="list-style-type: none"> • Request weekly monitoring of waiting time performance and activity against delivery plan/ revised delivery plan. • Latest outline delivery plan submitted by provider lacks sufficient detail for appropriate level of performance manage. Additional capacity is not profiled over time or split between internal and external delivered. • Bi-weekly performance management arrangements in line with those utilised for South Wales cardiac services. • Regular reports via the performance dashboard to the Management Group.
Failure to meet the tier 1 referral to treatment	<ul style="list-style-type: none"> • Waiting times monitored and reported on a 	<ul style="list-style-type: none"> • Risk assess the potential for adverse outcomes on

waiting times targets i.e. 26 weeks primarily in relation to plastic surgery, neurosurgery and cardiac surgery in Welsh Provider LHBs.	<p>monthly basis.</p> <ul style="list-style-type: none"> • Performance management discussions with providers based on delivery plans. • Delivery of RTT is a standing agenda item for discussion at SLA meetings. • Outsourcing of cardiac surgery patients. • Monitored via the Performance Dashboard with reports to each Management Group. 	<p>waiting list by specialty and by 26/36 weeks.</p> <ul style="list-style-type: none"> • LHBs to produce 36 week Delivery Plan identifying actions to reduce waiting times. • Review of revised delivery plans, trajectory and assurance.
Ability of provider to deliver the Bariatric Surgery commissioning plan in 2015/16. Concern has been raised regarding the low levels of activity currently being delivered.	<ul style="list-style-type: none"> • Requested assurance/plan from ABMUHB to confirm when they will be able to deliver the commissioned level of service. • Letter from ABM outlining operational plan to ring fence capacity for bariatric surgery from 01/11/2015. Beds still not ring fenced, prompted WHSSC to write to ABM on 08/02/2016 escalating concerns relating to ABM underperformance in 2015/16. • Regular monitoring via the Performance Dashboard with reports to the Management Group. 	<ul style="list-style-type: none"> • Options to be considered by the CDG to achieve the increase access to bariatric surgery as due to capacity constraints at Hospital, it is not expected that increases in activity could be delivered in 2015/16. • WHSSC has requested a recovery plan from ABMUHB to outline how the Health Board will i) address the backlog of patients currently on the waiting list, and ii) deliver the phased increase in activity set out in the WHSSC Commissioning Plan. • WHSSC has requested assurance from ABMUHB regarding the monitoring of clinical risk and co-morbidity for patients experiencing extended waiting times.
Limited access to curative treatment for arrhythmia for south Wales patients.	<ul style="list-style-type: none"> • Submissions have been received from providers, included in the Plan for 2016-19, intended to increase access to atrial fibrillation (AF) and ventricular fibrillation (VF) for mid- and west Wales patients. • Discussions with south 	<ul style="list-style-type: none"> • Planner to hold regular discussions with service lead. • Consideration to be given to development of contingency plan if situation does not improve.

	Wales providers on matter of increasing access to ablation service for south Wales patients are ongoing.	
Significant demands placed on workforce resulting in impaired ability to deliver on work priorities.	<ul style="list-style-type: none"> Several vacant posts are scheduled to be advertised in the early part of 2016. 	<ul style="list-style-type: none"> Vacant posts to be advertised in as short a time as possible. Review existing structure of directorate (Planning). All directors to discuss and agree work priorities and other actions required to mitigate in short term.

5. LOOK FORWARD TO 2016/17

Good progress has been made in reviewing and strengthening the corporate risk and assurance processes during the year. There have been a number of risks that were identified as high risks during the year and despite mitigating actions, there were no changes to the risk score. As a result of these issues identified, the risk escalation process was put in place. It is anticipated that this work will continue to improve during 2016/17 by aligning the performance monitoring to the risk management scrutiny and assurance processes.

During the year, the outcome of the GGI Governance Review was approved by the Joint Committee. Progress has been made in taking forward the specific actions in relation to risk management and reported through the Integrated Governance Committee. The following action plan details the work plan in relation to risk management for the forthcoming year.

SUBJECT	ACTIONS	TIMESCALES	LEAD
Risk Management Procedures	<ul style="list-style-type: none"> To develop risk management procedures to align with the Host Health Board Strategy. 	September 2016	Committee Secretary
Risk Appetite	<ul style="list-style-type: none"> To review the Risk Appetite for Specialised Services. 	July 2016	Committee Secretary
Risk Management Group	<ul style="list-style-type: none"> To establish a risk management group that scrutinises the risks alongside the performance dashboard. 	April 2016	Committee Secretary
Reporting	<ul style="list-style-type: none"> To report to the Joint Committee twice a year; To ensure Corporate Risk is a standard item on sub-committee meetings 	September 2016 March 2017	Committee Secretary