

# Audit & Risk Committee Hosted Bodies

Thu 17 October 2024, 13:00 - 14:00

Virtual Via Teams



## Agenda

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### 13:00 - 13:05 **1. PRELIMINARY MATTERS** 5 min

#### 1.1. Welcome and Introductions

*Patsy Roseblade, Chair*

#### 1.2. Apologies for Absence

*Information Patsy Roseblade, Chair*

#### 1.3. Declarations of Interest

*Information Patsy Roseblade, Chair*


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### 13:05 - 13:10 **2. CONSENT AGENDA** 5 min

#### 2.1. Items for Approval

##### 2.1.1. Unconfirmed Minutes of the Meeting held on the 15 August 2024

*Decision Patsy Roseblade, Chair*

 2.1.1 Unconfirmed Minutes 15.8.24 ARC Hosted Bodies 17 October 2024.pdf (5 pages)

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### 13:10 - 13:25 **3. MAIN AGENDA** 15 min

#### 3.1. Action Log

*Discussion Jacqueline Maunder, Committee Secretary and Associate Director of Corporate Services*

 3.1 Hosted Bodies Audit Risk Committee Action Log 17 October 2024.pdf (1 pages)

#### 3.2. Matters Arising Not Contained Within the Action Log

*Discussion Patsy Roseblade, Chair*

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### 13:25 - 13:55 **4. IMPROVING CARE** 30 min

#### 4.1. Joint Commissioning Committee Update Report - Verbal

*Discussion Jacqueline Maunder, Committee Secretary and Associate Director of Corporate Services*

#### 4.2. JCC Organisational Risk Register

*Discussion*                      *Jacqueline Maunder, Committee Secretary and Associate Director of Corporate Services*

 4.1 JCC Risk Register Cover Report ARC Hosted Bodies 17 October 2024.pdf (7 pages)

 4.1a Appendix 1 - JCC Risk Register.pdf (10 pages)

### **4.3. JCC Audit Tracker**


*Discussion*                      *Jacqueline Maunder, Committee Secretary and Associate Director of Corporate Services*


 4.2 JCC Audit Tracker Cover Report ARC Hosted Bodies 17 October 2024.pdf (7 pages)

 4.2a Appendix 1 - JCC Audit Recommendations Progress Tracker 2024-2025.pdf (2 pages)

### **4.4. National Imaging Academy Wales Risk Register**

*Discussion*                      *Tracy Norris, Academy Manager*

 4.3 NIAW Risk Register ARC Hosted Bodies 17 October 2024.pdf (6 pages)

 4.3a Appendix 1 NIAW Risk Register ARC Hosted Bodies 17 October 2024.pdf (2 pages)

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## **13:55 - 13:55    5. ANY OTHER URGENT BUSINESS**

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*Discussion*                      *Patsy Roseblade, Chair*

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## **13:55 - 14:00    6. DATE AND TIME OF NEXT MEETING**

5 min

*Patsy Roseblade, Chair*

17 December 2024 at 9.00 am

**Unapproved / Minutes of the Audit & Risk Committee – Hosted Bodies**

<b>Date and Time of Meeting</b>	Thursday 15 August 2024 9:30 am
<b>Venue</b>	Virtual via Microsoft Teams

<b>Members Present</b>	Patsy Roseblade	Independent Member/Committee Chair
	Kath Palmer	Independent Member
	Ian Wells	Independent Member
<b>In Attendance</b>	Sally May	Executive Director of Finance
	Paul Dalton	NWSSP- Internal Audit & Assurance
	Emma Samways	NWSSP- Internal Audit & Assurance
	Paul Worthington	Lay Member, Joint Commissioning Committee (JCC)
	Helen Tyler (in part)	Head of Corporate Governance, JCC
	Jacqui Maunder	Committee Secretary, Associate Director of Corporate Services JCC
	Darren Griffiths	Audit Wales
	Steve Stark	Audit Wales
	Ross Whitehead	Director of Commissioning - Ambulance and 111
	Stacey Taylor	Director of Finance JCC
	Cally Hamblyn	Assistant Director of Governance & Risk
	Kathrine Davies	Corporate Governance Manager (Secretariat)
	<b>Meeting Observers</b>	None

<b>Agenda Item</b>	<b>Meeting Business</b>
<b>1.</b>	<b>PRELIMINARY MATTERS</b>
1.1	<b>Welcome and Introductions</b>
	The Chair welcomed everyone to the meeting including Ross Whitehead - newly appointed Director of Commissioning Ambulance and 111 who was attending his first meeting.



	The format of the proceedings in its virtual form were also noted. Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate.
1.2	<b>Apologies for Absence</b>
	Apologies were received from: <ul style="list-style-type: none"> <li>• Gareth Watts, Director of Corporate Governance (Cally Hamblyn deputising)</li> <li>• Nathan Couch, Audit Wales</li> <li>• Mark Jones Audit Wales</li> <li>• Geraint Hopkins, Independent Member</li> </ul>
1.3	<b>Declarations of Interest</b>
<b>2. CONSENT AGENDA BUSINESS</b>	
2.1	<b>Items for Approval</b>
2.1.1.	<b>Unconfirmed Minutes of the meeting held on 20 June 2024</b>
Resolution:	The minutes were <b>approved</b> as an accurate record subject to one minor amendment.

<b>3. MAIN AGENDA</b>	
3.1	<b>IMPROVING CARE</b>
3.1.1	<b>JCC Organisational Risk Register</b> H. Tyler and J. Maunder presented a transitional amalgamated risk register for the Joint Commissioning Committee (JCC) which encompasses risks scoring 15 and above taken from the commissioning teams and directorate risk registers across the former EASC, NCCU and WHSSC predecessor organisation risk registers.  I Wells referred to the de-escalated Risk 40 - Limited outpatient dialysis capacity in Swansea that had reduced from 16 to 12 due to the planned opening of the unit and queried whether that should not be reduced until the actual opening of the unit in Bridgend had occurred.  The Chair advised that she had the same queries on Risk 57 - Delays in surgery due to insufficient theatre beds and Risk 63 - Neurosurgery sustainability, in that both had been reduced because there was a plan in place however, suggested it would be best practice to wait until the plan had been successfully implemented prior to reducing the risk scores.  H. Tyler, in response, advised that they would review this following the meeting and would feedback to the Committee.



	<p>The Chair made a general comment and observation in terms of the assessment of risk target score and where the consequence changes this should be accompanied by a rationale.</p> <p>C. Hamblyn advised that she had been working closely with the JCC on their approach to risk management and would also be attending the JCC Senior Management Team in September to provide training on risk, which would also address the concerns raised on the assessment of the target scores.</p> <p>J. Maunder advised that she had noted all the comments, she added that this was the first iteration of the amalgamated organisations risks and significant work is underway. She noted that M. Evans was now working closely with C. Hamblyn and now that all Directors had been appointed into their roles they would be meeting with them individually in terms of risk management awareness within the JCC</p> <p>P. Worthington welcomed the activity to date and the revised approach with a sharper focus moving forward.</p> <p>J. Maunder provided assurance, that in addition to the risk workshop with the Senior Leadership team in September there will also be a Risk Appetite workshop planned with the JCC in October and that JCC members are involved in developing and shaping their approach to risk management. Members were assured that the comments and observations provided today would be incorporated in the activity being planned.</p>
Resolution	<p>The Committee</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report,</li> <li>• <b>NOTED</b> the updated transitional amalgamated risk register for the Joint Commissioning Committee and changes to the risks outlined in this report as at 30 June 2024,</li> <li>• <b>NOTED</b> the work undertaken to date to produce a transitional amalgamated risk register,</li> <li>• <b>NOTED</b> that the Joint Commissioning Committee (JCC) approved the amalgamated risk register on 16 July 2024; and</li> <li>• <b>NOTED</b> the further work planned to fully develop the CTM Risk Management Strategy for the JCC, and the steps required to implement it.</li> </ul>
Action	To review the risks 40, 57 and 63 that had been reduced and feedback to the Committee.
Action	Feedback the comments and observations made at the Risk Workshop in September.
<b>4.</b>	<b>SUSTAINING OUR FUTURE</b>
4.1	<b>JCC Financial Control Procedures</b>
	S. Taylor presented the report that updated the Committee on All Financial Control Procedures inherited by the JCC that had exceeded their 3 year review

	<p>cycle and must now be tested for continued fitness of purpose and where necessary be amended in light of how the JCC operates.</p> <p>The Chair thanked S. Taylor for the report which was very helpful. She advised that they would be receiving the corresponding Cwm Taf Morgannwg (CTM) UHB Financial Control Procedures in the main meeting of the Audit &amp; Risk Committee.</p> <p>P. Worthington commented that it was encouraging to see good solid financial housekeeping and also learning from CTM as the Host Body.</p>
<i>Resolution:</i>	<p><b>The Committee APPROVED</b> the review of the JCC Financial Control Procedures.</p>
4.2	<p><b>JCC Audit Tracker</b></p> <p>J. Maunder presented the report that provided the CTMUHB Audit and Risk Committee for Hosted Bodies with an update on progress in respect of the implementation of recommendations from internal and external audits.</p> <p>J. Maunder advised that this was the first iteration since the JCC had been established and also incorporates the outstanding recommendations for the predecessor organisations Emergency Ambulance Services Committee (EASC) Welsh Health Specialised Services Committee (WHSSC) and the National Collaborative and Commissioning Unit (NCCW).</p> <p>The Chair referred to Recommendation 6 – the Regional Programme Management and the intention to potentially close that risk now that the JCC had been formed. She advised that even though the JCC had now been formed it did not necessarily mean that the risk should be closed.</p> <p>J. Maunder, in response, advised that this related to an Audit Wales recommendation that this is what they should be doing in partnership with Health Boards and that it was within the scope of the standing orders established for the JCC that it covered regional commissioning and regional partnership working and had been integrated into the work of the JCC and discharged to fulfil the requirements of the standing orders.</p> <p>D. Griffiths advised that there was a clear programme in place to implement the recommendation as it was set out and that Audit Wales would require assurance that there were controls in place to enable this to happen before they would be support this action being closed. He suggested that this is further discussed with colleagues to obtain an update on the discussions with WG and agreed to feedback to the Committee in due course.</p>
Resolution	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report,</li> <li>• <b>NOTED</b> the amalgamated JCC audit recommendations tracker incorporating the audit recommendations of the predecessor organisations EASC &amp; WHSSC,</li> </ul>



	<ul style="list-style-type: none"> <li>• <b>NOTED</b> the progress achieved in implementing the recommendations made,</li> <li>• Took <b>ASSURANCE</b> on the rolling programme to collate updates from services on a bi-monthly basis in order to report progress to the Audit and Risk Committee; and</li> <li>• <b>NOTED</b> the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report.</li> </ul>
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Action:	To discuss Recommendation 6 with colleagues and provide an update to the Committee on the discussions with Welsh Government.
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**5. ANY OTHER URGENT BUSINESS**

	<p>The Chair recognised the significant amount of activity ongoing, however, suggested that for assurance at a future meeting it would be helpful to receive a general update from the JCC, Ambulance or 111</p> <p>C. Hamblyn advised that the Joint Commissioner of the JCC has written to all Health Boards suggesting their attendance at a future Board Development session to provide an update on the activity of the JCC in accordance with the Standing Orders.</p> <p>J. Maunder advised that the Chair of the JCC was going to request a meeting with the Chair of the Hosted Bodies to discuss how this would be presented for future meetings and she confirmed that they would bring an update to the next meeting of the Hosted Bodies in October 2024.</p>
Resolution:	The discussion was <b>NOTED</b> .

Action:	To provide a written update report on the JCC, Ambulance and 111 for future meetings.
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**6. DATE OF NEXT MEETING**

6.1	17 October 2024 at 13:00pm
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**7. CLOSE OF MEETING**

**HOSTED BODIES AUDIT & RISK COMMITTEE ACTION LOG  
FOLLOWING MEETING HELD ON 15 AUGUST 2024**

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT OCTOBER 2024
3.1.1	15 August 2024	JCC Organisational Risk Register	To review risks 40, 57 and 63 that had been reduced and feedback to the Committee.  To feedback the comments and observations made today to the Risk Workshop in September 2024.	17 October 2024	JCC Committee Secretary/Associate Director of Corporate Services	<b>In progress</b> The JCC Senior Leadership team held a risk workshop on 25 September and the feedback was considered. All risks are currently being reviewed and recalibrated including risk score.
4.2	15 August 2024	JCC Audit Tracker	To discuss Recommendation 6 with colleagues and provide an update to the Committee on the discussions with Welsh Government.	17 October 2024	Darren Griffiths, Audit Wales	<b>Update to be provided at meeting</b>
5.	15 August 2024	Any other Urgent Business	To provide a written update report on the JCC, Ambulance and 111 for future meetings.	17 October 2024	JCC Committee Secretary/Associate Director of Corporate Services	<b>In progress</b> JM to discuss with GW and consider the format for the update reports. Aim for December meeting.
<b>COMPLETED ACTIONS</b>						

**Agenda Item**

4.1

**Audit and Risk Committee – Hosted Bodies**

**Joint Commissioning Committee Risk Register**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	17/10/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Maxine Evans, Assurance and Risk Officer
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Jacqui Maunder, Committee Secretary
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Jacqui Maunder, Committee Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
JCC Committee Secretaries	Ongoing	Noted
JCC Strategic Risk Owners	April 2024	Noted
CTM Asst. Director of Governance & Risk	17/04/2024	Noted
CTM Datix Team	21/05/2024	Noted
JCC Planning Team	28/05/2024	Noted
JCC SLT	03/06/2024	Noted
JCC SLT	01/07/2024	Discussed and Agreed
Risk Scrutiny Group	1/08/2024	Discussed risk register
JCC SLT	02/09/2024	Noted

<b>Acronyms / Glossary of Terms</b>	
JCC	Joint Commissioning Committee
SLT	Senior Leadership Team
WHSSC	Welsh Health Specialised Services Committee
EASC	Emergency Ambulance Services Committee
NCCU	National Collaborative Commissioning Unit
ICP	Integrated Commissioning Plan
IMTP	Integrated Medium Term Plan
RSG	Risk Scrutiny Group
CRAF	Corporate Risk Assurance Framework
CDGB	Corporate Directors Group Board
QPSC	Quality & Patient Safety Committee
IGC	Integrated Governance Committee
ARC	Cwm Taf Morgannwg Audit & Risk Committee
WFI	Wales Fertility Institute
HFEA	Human Fertilisation and Embryology Authority
IPFR	Individual Patient Funding Request
SLT	Senior Leadership Team

## 1. SITUATION

The purpose of this report is to present the transitional amalgamated risk register as at July 2024 for the Joint Commissioning Committee (JCC), which encompasses risks scoring 15 and above. The risk register was last presented to the Joint Committee meeting on 17 September 2024 to review the risks, consider the controls and mitigating actions and to approve the JCC risk register.

### 1.1 Background

Further to the establishment of the JCC on 1 April 2024, in accordance with the new JCC Standing Orders (SOs) and the Hosting Agreement (HA) with CTMUHB, the JCC utilises the CTMUHB Audit and Risk Committee to discharge the requirement to have a sub-committee to cover the audit and risk aspects of Joint Committee business.

In accordance with the HA with CTMUHB, the JCCT is required to adopt the risk assessing mechanisms of CTMUHB and the risk register template is based on the CTMUHB model. Any adaptation to the agreed risk processes of the Host Body, which may be required owing the specific functions of the JCC/JCCT, should only be made after consulting with the Host Body Executive Director of Finance and the Director of Corporate Governance/Board Secretary.

On [16 July 2024](#) the Joint Committee approved the transitional amalgamated risk register incorporating the high risks of predecessor organisations EASC, NCCU and WHSSC and which aligned the layout of the risk register to the CTMUHB Risk Register template to move the JCC a step forward on its risk development journey.

## 2. JCC RISK PROFILE - JULY 2024

### 2.1 Risk Summary

As at 31 July 2024, there are **27** risks with a score of 15 and above (high risks) on the Risk Register. A summary of these risks is outlined below.

### 2.2 Commissioning Risks

There are **24** risks open with a risk score of 15 and above:

- Ambulance Services x 5
- Cancer and Blood x 1
- Cardiac x 3
- Intestinal Failure x 1
- Mental Health and Vulnerable Groups x 2
- Neurosciences x 4
- Welsh Kidney Network x 2
- Women and Children x 6.

A summary of the changes that have taken place up to July 2024 are outlined in **table 1** below:

Table 1 – Commissioning Risk Profile – July 2024

Commissioning Risk Activity	Update as at July 2024
<b>New Commissioning Risks</b>	No new risks were added
<b>Escalated Commissioning Risks</b>	No risks were escalated
<b>De-escalated Commissioning Risks</b>	No risks were de-escalated
<b>Closed Risks</b>	Two risks were closed: <ul style="list-style-type: none"> <li>• <u>Risk 75 – IF02</u> – Calea Contract Renewal Procurement confirmed in July 24 that Calea are no longer in contingency measures. Risk score lowered to 8 (target score) therefore, commissioning team agreed to close risk.</li> <li>• <u>Risk 59 – IF15</u> - Calea Contract Renewal New providers in place 01 July 24.</li> </ul>

## 2.3 Very High Commissioning Risks as at July 2024

The highest scoring risks relate to:

Very High Risk	Risk Score	Risk Response Plan
<b>71</b> Failure to achieve agreed performance standard for category red calls	<b>25</b>	This risk will be reviewed and assessed by the JCC team and a risk response plan will be discussed with JCC members at the JCC development session on 15 October 2024 which will have a specific focus on risk appetite and tolerance.
<b>74</b> Failure to secure sufficient ambulance capacity to meet the needs of the population	<b>25</b>	This risk will be reviewed and assessed by the JCC team and risk response plan will be discussed with JCC members at the JCC development session on 15 October 2024 which will have a specific focus on risk appetite and tolerance.

## 2.4 Corporate/Organisational Risks

There are **3** risks open with a risk score of 15 and above:

- Corporate Services x2
- Finance & Information x1.

A summary of the changes that have taken place in July 2024 are outlined in **table 2** below.

Table 2 – Corporate/Organisational Risk Profile – July 2024

Corporate Risk Activity	Update as at July 2024
<b>New Risks</b>	One new risk was added <ul style="list-style-type: none"> <li>• <u>Risk 76 – FD4</u> – Financial break-even.</li> </ul>
<b>Escalated Risks</b>	No risks were escalated
<b>De-escalated Risks</b>	No risks were de-escalated
<b>Closed Risks</b>	No risks were closed.

## **2.5 Risks Associated with Commissioning the 111 Service and Emergency Medical Retrieval Transport Service (EMRTS) Judicial Review**

The risks associated with the commissioning of the 111 service have not yet been incorporated into the JCC Risk Register. Work is underway to develop a risk register for the 111 commissioned service which will relate to capacity and resource, specifically linked to the requirement and demand of the commissioned service going forward. A Welsh Government Quality Statement is also expected to be published imminently which might have a further bearing on the risks.

A new risk has been identified for the Emergency Medical Retrieval Transport Service (EMRTS) in relation to the Judicial Review. However, this has been scored as a 12 (Consequence 4 x Likelihood 3) and therefore does not feature on the transitional risk register. The JCC will receive regular reports on the progress of the EMRTS Review and the Judicial Review, and the risk will be regularly reviewed through the RSG and Senior Leadership Team (SLT).

### **3.UPDATE ON DEVELOPING THE JCC RISK FRAMEWORK**

**3.1** The risk register for the JCC as at 31 July 2024 (**Appendix 1**) remains transitional whilst further work continues to be undertaken to fully develop and implement the Risk Management Strategy for the JCC.

Work undertaken to date to develop the JCC risk management process includes:

- **Risk Management Training – 12 September 2024** - The risk team at CTMUHB provided risk management training aimed at Directors, Assistant Directors and risk authors on 12 September 2024. The training was well received by those who attended in gaining an improved understanding and practical approach to managing risk
- **Risk Scrutiny Task & Finish Group – 19 September 2024** - Following the risk management training, on 19 September 2024 a small Task & Finish Group was convened to undertake a review of the highest scoring risks for the JCC, with a risk score of 20 – 25,
- The **Vision, Mission and Strategic Objectives** of the JCC were considered and approved by the JCC at its meeting on [17 September 2024](#) and work has commenced to triangulate the high risks against them
- **A Risk Management workshop** with the Senior Leadership Team (SLT) was held on 25 September 2024.

## 4. ASSESSMENT

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol CC GIG Cymru / Link to NWJCC Strategic Goal(s)</b>	Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration
	The NWJCC was established on 1 April 2024. The strategic goals were approved in September 2024. The Risk Register is a key element of the control for the JCC
<b>Dolen i Feysydd Strategol CC GIG Cymru / Link to NWJCC Strategic Principles</b>	Commission evidence based services that are secured through forging excellent relationships; shaped by people with expert knowledge and experience to secure high quality care with outcomes that matter and ensure involvement of patients and are sustainable and make the best use of resources
	The NWJCC was established on 1 April 2024. The principles were approved by the NWJCC in September 2024. The aim to be the centre of excellence for collaborative commissioning
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below: A More Equal Wales A Wales of cohesive communities
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Efficient All of the domains of quality apply
	If more than one applies please list below: Effective; equitable; person centred; timely and safe
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: The Risk Register is regularly reviewed and does not specifically deal with patient level information ie re protected characteristics although all services are required to comply with the Equality Act and Public Sector Equality Duty

<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Equally applied. No potential negative impact
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	The Risk Register is a key document to manage all issues and risks within the JCC including its reputation	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	Identified within the Risk Register	

## 5. RECOMMENDATIONS

Members are asked to:

- **Note** the report
- **Note** the JCC risk register as at 31 July 2024
- **Note** the continued work undertaken to date to produce a transitional amalgamated risk register; and
- **Note** the further work planned to fully develop the CTM Risk Management Strategy and Risk Register for the JCC.

		CONSEQUENCE (C)					
LIKELIHOOD (L)		CxL	1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
	1 - Highly Unlikely						
	2 - Unlikely						
	3 - Likely						<p>47 IF - sustainability and delivery of service provided by Cardiff and Vale University Health Board</p> <p>48 Wales Fertility Institute not providing a safe and effective service in NPT hospital</p> <p>59 Calea contract renewal - <b>RISK CLOSED (July 24)</b></p> <p>70 Failure to deliver the Ministerial direction to plan, commission and secure services</p> <p>76 NWJCC Financial break-even - <b>NEW RISK (July 24)</b></p>
	4 - Highly Likely					<p>28 Workforce and capacity</p> <p>50 Deep Brain Stimulation and delays in communication with gatekeeper/referring clinician</p> <p>53 C&amp;VUHB Neurosciences staffing issues/level</p> <p>56 CVUHB Neo-natal infection control</p> <p>61 Obesity surgery waiting times</p> <p>62 TARN delays due to database being taken offline</p> <p>63 Neurosurgery Sustainability</p> <p>64 Lack of Interventional Radiology at SBUHB</p> <p>65 Renal dialysis capacity across Wales</p> <p>66 Business continuity for specialised services commissioning associated with the establishment of the new JCC</p> <p>67 Cardiac Device service at BCUHB staffing issues and out of hours service</p> <p>68 C&amp;VUHB Specialist Auditory Hearing service waiting times</p> <p>75 IF - Calea contract renewal - <b>RISK CLOSED (July 24)</b></p>	<p>55 CVUHB Neo-natal workforce</p> <p>69 Paediatric Radiology out of hours provision</p> <p>72 Failure to achieve agreed performance for amber category calls</p> <p>73 Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation</p>
	5 - Almost Certain				<p>03 Plastic surgery delays</p>	<p>26 Neuropsychiatry patients waiting times</p> <p>34 Lack of paediatric intensive care beds</p> <p>38 No neonatal cot availability in South Wales due to staffing shortages -</p> <p>54 NWAS - Tier 4 CAMHS environmental and workforce issues</p>	<p>71 Failure to achieve agreed performance standard for category red calls</p> <p>74 Failure to secure sufficient ambulance capacity to meet the needs of the population</p>

JCC RISK REGISTER - RISKS WITH SCORES 15 AND ABOVE																
Risk Ref / Datix ID	Risk Title	Risk Description	Strategic Goal	Risk Domain	Risk Appetite Level	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current)		Rating (Target)		Trend	Opened	Last Reviewed
										(Consequence X Likelihood)	(Consequence X Likelihood)	C	L			
3 CB03	Plastic Surgery Delays	If...the maximum waiting times target is not achieved for plastic surgery patients in south Wales  Then...some patients will be waiting in excess of WG waiting time targets  Resulting in...poor patient experience and poor outcome which may lead to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service	To ensure the provision of safe, high quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/psychological harm)  Population Health	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	SBUHB	<ul style="list-style-type: none"> <li>The service is in escalation level 2 due to the waiting times performance position.</li> <li>The delivery plan to achieve the Welsh Government target by March 2025 has been received from SBUHB. A further plan has been requested to achieve the target by December 2024 in line with Welsh Government's requirement to bring forward achievement of the target.</li> <li>Additional funding above the LTA is required to achieve the target in 2024/25.</li> <li>Continue to monitor progress against the delivery plan.</li> <li>This risk is included within the C&amp;B register for monitoring purposes, which is included within the overarching risk for waiting times (Risk 33(CS/10 CD03) Welsh Government Priority Delivery Measures)</li> </ul>	<ul style="list-style-type: none"> <li>To work with SBUHB on their trajectory against the revised waiting times target.</li> <li>To undertake further work with SBUHB to understand the demand, activity and efficiency assumptions in this trajectory by the end of June 2024.</li> <li>To work with health boards and participate in the directors of finance discussion on the balance between finance and performance choices to ensure alignment with the wider system in the approach to the arrangements for plastic surgery (expected to conclude by end of June 2024).</li> <li>To monitor progress against the plastic surgery recovery plan via monthly commissioner assurance meetings with SBUHB - next escalation meeting 24/06/24.</li> <li>To report on progress against the recovery plan at the monthly Cancer &amp; Blood commissioning team meeting and to SLT as appropriate.</li> <li>To seek additional funding from JCC to meet the WG target of clearing the &gt;104wk waiting list by Dec 2024.</li> </ul> <p><b>Update for July 2024 - C&amp;B Commissioning Team has reviewed the risk and the risk score remains unchanged</b></p>	Joint Commissioning Committee  Quality & Patient Safety Sub-Committee  CTMUHB Audit & Risk Committee	15	9	↔	26.02.2021	08.07.2024		
26 NCC046	Neuro-psychiatry patients waiting times	If...patients are unable to be treated in a timely manner with the appropriate therapy support due to staffing issues  Then...some patients will have long waiting times  Resulting in...poor access to the service, and the lack of availability of step down facilities to support the acute centre will also result in delays	To ensure the provision of safe, high quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/psychological harm)  Population Health	Minimal - Preference for ultra safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	<ul style="list-style-type: none"> <li>Business case received</li> <li>Developed ICP scheme</li> <li>Service transferred to the Mental Health portfolio</li> <li>Six monthly review meetings with the service to ensure staff have the specific training, skill and expertise to meet the needs of the existing service and provide an equitable service across Wales</li> <li>Funding release was paused in Financial Recovery Options work and re-prioritisation of the Integrated Commissioning Plan.</li> <li>Prioritised and agreed for inclusion in the ICP 2024/25.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor the recovery plan through the six monthly Risk, Assurance and Recovery meeting</li> <li>Funding release paper to be submitted to July Management Group - as agreed in the ICP funding will be released from Q4 2024/25.</li> </ul> <p><b>Update for July 2024 - MH&amp;VG Commissioning team reviewed the risk which remains unchanged</b></p>	Joint Commissioning Committee  Quality & Patient Safety Sub-Committee  CTMUHB Audit & Risk Committee	20	4	↔	12/02/2020 (Moved to MH&VG Risk Register July 21)	15.07.2024		
28 CS3/CD01	Workforce capacity	If...JCC staff are unable to keep up with the increasing work demand due to additional work related services currently commissioned through HB's or services which are new to Wales  Then...this will have an impact on the capacity of the workforce and the ability to meet all of the requirements of the Integrated Commissioning Plans  Resulting in...an inability for teams to absorb the additional work and additional stress for the JCC team and failure to deliver all of our plans and targets.	To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change	Service/ business interruption	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	N/A	<ul style="list-style-type: none"> <li>As part of the establishment of the NW JCC, the staffing structure for the JCC team will be reviewed following the appointment of the JCC Directors in June/July to ensure we have the right people in the right teams to fulfil our commissioning responsibilities. Any risks or gaps will be identified and mitigations developed - either by identifying work that will be deprioritised, with agreement of the JCC where necessary, or by ensuring the right resources are in place by increasing the Direct Running Costs (subject to JCC approval).</li> <li>As part of the establishment of the NW JCC, work will be undertaken to develop an optimal operating model that facilitates efficient and effective working in the JCC Team.</li> <li>Any new areas of work coming into the NW JCC remit will be fully scoped to identify the resource implications for the JCC team, with the resource identified explicitly before the new responsibilities are accepted and endorsed.</li> <li>Close working with CTM as the host body in respect of timely recruitment of staff where vacancies arise, or new posts are established should minimise gaps in the core JCC team.</li> <li>Part of the establishment plan will include clarifying interfaces and interdependencies with other parts of the NHS Wales system, including the newly formed NHS Executive.</li> </ul>	<ul style="list-style-type: none"> <li>The development of the NW JCC establishment is on target for completion by the end of Q2 (Jul-Sept) which has been led by the Director of Transition and Transformation who joined the JCC in early July 2024. The transition plan and associated programme is supported by the establishment of the JCC Tier 1 and Tier 2 team structure which is now in place following the OCP process. An update on the transition plan for 2024-2025 and internal operating model will be presented to the JCC on 17 September 2024</li> <li>Work is progressing on the statutory sub committee structure to support the JCC and to finalise the hosting agreement and memorandum of agreement between the JCC and the 7 x Health Boards, a report will be presented to the JCC meeting on 17 September 2024 to finalise the governance framework arrangements.</li> <li>The Director of Transition and Transformation is leading work to develop the directorate structures to support the new operating model for the JCC.</li> <li>A vacancy scrutiny panel has been established to review the organisational finances and workforce structures. The Vacancy Scrutiny Panel has responsibility for monitoring requests for recruitment against organisational objectives and priorities and ensuring alignment with NWJCC direction of travel, taking into consideration the ongoing organisational change and resource challenges in line with CTMUHB's policies. The panel will: <ul style="list-style-type: none"> <li>Ensure consistency and standardisation of processes and procedures across new organisation</li> <li>Address talent management matters, aid with workforce planning and recognise and develop existing skillset and;</li> <li>Ensure compliance with CTMUHB policies relating to organisational change process and workforce related matters.</li> </ul> </li> <li>The Panel will review the following workforce related matters: <ul style="list-style-type: none"> <li>All recruitment requests (fixed term, secondment, permanent),</li> <li>Re-banding requests,</li> <li>Fixed term contract requests (retire and return recommendations by line managers) and</li> <li>Partial retirement requests recommendations</li> </ul> </li> <li>Following the announcement that the interim Chief Commissioner has attained a new role with SBUHB and will leave in October 2024, there is a need to recruit a substantive replacement and to consider interim arrangements to ensure business continuity</li> <li>A number of critical positions are leaving the JCC in the Autumn, including the interim Director of Commissioning for Ambulance and 111, the Director of Planning, the Associate Director of Corporate (ex EASC). A knowledge management transfer exercise will be required to ensure business continuity</li> <li>It is anticipated that the risk will reduce in Q3 once the JCC team is fully established but there will remain a residual risk that will need to be managed by regularly taking stock of the work programme and team resources to ensure they remain in balance, with work reprioritisation when necessary.</li> </ul> <p><b>Update for July 2024 - The risk score has been reviewed and remains the same</b></p>	Joint Commissioning Committee  Quality & Patient Safety Sub-Committee  CTMUHB Audit & Risk Committee	16	12	↔	16.09.2021	Jul-24		
34 P/21/02	Lack of Paediatric Intensive Care Beds	If...a paediatric intensive care bed, in the Children's Hospital for Wales, is not available when required due to constraints within the service  Then...paediatric patients from South Wales requiring intensive care will not be able to access a commissioned bed  Resulting in...patients being cared for in, inappropriate areas where the necessary skills or equipment are not available across the referring units of South Wales, or the patient being transferred out of Wales	To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change	Service/ business interruption	Minimal - Preference for ultra safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	<ul style="list-style-type: none"> <li>Investment through WHSSC 2019/20 ICP to increase bed capacity to meet demand</li> <li>Ongoing monitoring at quarterly Risk, Recovery and Assurance meetings with provider</li> <li>Completed winter surge plan for 2021/22 which sets out clear escalation management across the South West of England region</li> <li>Received Health Board surge plan for 2022/ 23</li> <li>Reviewed information on adverse incidents which have occurred as a consequence of bed availability</li> <li>Health board escalated to Level 3 in line with WHSSC escalation framework (September 2023)</li> <li>Escalation process underway following (previous WHSSC) Escalation Framework</li> <li>Reported via QPSC, JCC Performance Report and SLA meetings</li> </ul>	<ul style="list-style-type: none"> <li>Escalation status reviewed by JCC SLT, no change</li> <li>Re-set meeting agreed to discuss and agree revised process and objectives in collaboration with the Health Board to be arranged</li> </ul> <p><b>Update for July 2024 - W&amp;C Commissioning Team have reviewed the risk which remains unchanged</b></p>	Joint Commissioning Committee  Quality & Patient Safety Sub-Committee  CTMUHB Audit & Risk Committee	20	4	↔	24.02.2021	17.07.2024		
38 P/21/16	No neonatal cot availability in South Wales due to staffing shortages	If...a neonatal cot is not available when required across south Wales due to significant neonatal nursing shortages  Then...babies will not be able to access a commissioned neonatal cot  Resulting in...babies needing to travel to North Wales or NHS England to receive their care or be cared for in an inappropriate setting whilst waiting for an available cot, resulting in poor patient and family experience	To ensure the provision of safe, high quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/psychological harm)  Population Health	Minimal - Preference for ultra safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	ABUHB, CTMUHB, CVUHB, HDUHB, SBUHB	<ul style="list-style-type: none"> <li>Phase 1 re-basing of contract activity to support meeting national clinical standards (BAPM) undertaken and agreed by the previous WHSSC JC resulting in investment of £5m in 2023/24</li> <li>Continue to monitor at Quarterly Commissioner Assurance Meeting encouraging an open dialogue in the interim, as necessary, with all providers, to understand refusal rates, staffing numbers and implementation of Phase 1.</li> <li>New cot day tariff implemented</li> <li>Phase 2 programme agreed by JCC in May 2024 to review the service model across South and West Wales - will take at least 2 years</li> <li>Continue to monitor through Performance Management Framework</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly meetings with each provider to monitor implementation of Phase 1 cot re-configuration - ongoing</li> <li>Working with C&amp;V UHB team to develop a plan to implement new baseline</li> <li>Through quarterly assurance meetings with all neonatal units in the South &amp; West of Wales it has been reported that there has been increased pressure across the network for cot availability which has increased the likelihood and raised the risk to 20 - June 24</li> </ul> <p><b>Update for July 2024 - W&amp;C Commissioning team reviewed the risk which remains unchanged from its increased risk score in June 24</b></p>	Joint Commissioning Committee  Quality & Patient Safety Sub-Committee  CTMUHB Audit & Risk Committee	20	4	↔	26.07.2022	17.07.2024		
47 IF14	Sustainability and Delivery of Service provided by Cardiff and Vale University Health Board	If...issues with provider sustainability and delivery continue at Cardiff and Vale University Health Board  Then...the Health Board may no longer be able to provide Intestinal Failure services to the Welsh population  Resulting in...no intestinal failure service available in Welsh patients	To ensure the provision of safe, high quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/psychological harm)  Population Health	Minimal - Preference for ultra safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	<ul style="list-style-type: none"> <li>Provision of Intestinal Failure service escalated to previous WHSSC CDGB</li> <li>Wrote to CVUHB for a formal position</li> <li>Reported to Quality Patient Safety Committee and raised at SLA meetings with CVUHB</li> <li>Decision made not to consider transferring service to Bristol due to patient numbers.</li> <li>Escalated to Exec to Exec meeting</li> <li>Escalated to Interim Chief Commissioner</li> <li>Written assurance received from Medical Director CVUHB 01/08/24</li> </ul>	<ul style="list-style-type: none"> <li>Consultant cover in the Intestinal Failure service has become unsustainable and requires accelerated action for assurance of sustained delivery.</li> <li>Assurance received from CVUHB on 01/08/24 that the sustainability of the service remains fragile but is being reviewed.</li> <li>In addition to the monthly CVUHB assurance commissioning team meetings, a meeting is to be arranged in six months to formally update on progress and agree any further steps with CVUHB Medical Director - Feb 2025</li> </ul> <p><b>Update for July 2024 - Risk reviewed and agreed the risk to remain on the register for close monitoring. Substantive consultant has commenced maternity leave and Locum consultant has agreed to cover Intestinal Services for the next 6 months.</b></p>	Joint Commissioning Committee  Quality & Patient Safety Sub-Committee  CTMUHB Audit & Risk Committee	15	6	↔	17.05.2023	24.07.2024		
48 P/21/20	Wales Fertility Institute (WFI)	If...the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital is not providing a safe and effective service  Then...patients will not be receiving the quality of care expected from the service  Resulting in...an impact on patient outcomes, and the possibility of no service being available to patients in South Wales	To ensure the provision of safe, high quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/psychological harm)  Population Health	Minimal - Preference for ultra safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	SBUHB	<ul style="list-style-type: none"> <li>Received the report from the HFEA to support monitoring</li> <li>Requested action plan from the service to improve against the concerns identified by the HFEA.</li> <li>WHSSC attendance at SBUHB monthly Gold Command meeting</li> <li>Service escalated to Level 3 formally requested action plan (July 2023)</li> <li>Executive to Executive action plan submitted to JCC team</li> <li>Service escalated to Level 4 in line with Escalation Framework (November 2023)</li> <li>A review of the HB escalation process undertaken and reconfigured to form a WFI sustainability group which feeds into the WFI Assurance, Recovery and Accountability Board, JCC team is member.</li> <li>The HFEA licensing panel has approved the change of licence for the Cardiff site to be a storage only facility, de-escalation to be considered based on the HFEA report and providing there has been an appointment of PR for Cardiff and Neath/Port Talbot sites</li> <li>Service de-escalated to level 3 in line with Escalation Framework</li> </ul>	<ul style="list-style-type: none"> <li>Contract monitoring, MDS and RTT are due each month on 21st, these have been requested by the JCC (former WHSSC)</li> <li>Information and planning. All Discussions between SBUHB and the JCC (former WHSSC) have resulted in SBUHB submitting August data, October 2023. JCC (former WHSSC) has requested all data for April-August and September be submitted. JCC (former WHSSC) has reminded SBUHB data needs to be submitted monthly 21st of the month - 21/04/24</li> <li>Escalation meetings established and held monthly</li> <li>A positive report from the HFEA highlights there are no critical or major concerns within the service and the fact that four staff members have taken and passed the exam to be the person responsible (PR), the team agreed that the service has met the required standard to be de-escalated to level 3 - June 24</li> <li>There remains an issue with receiving contract monitoring information, which is in the process of being resolved.</li> <li>A service review has been completed to be presented to the executive leads on 15th July, post the review findings being discussed by the executive leads we expect an announcement on who will be the nominated PR. With this announcement and when the contract monitoring information issue is resolved further de-escalation will be considered by the team - Aug 24</li> </ul> <p><b>Update for July 2024 - W&amp;C Commissioning team reviewed the risk which remains unchanged from reducing the risk score in June 24</b></p>	Joint Commissioning Committee  Quality & Patient Safety Sub-Committee  CTMUHB Audit & Risk Committee	15	4	↔	16.05.2023	17.07.2024		

A	B	C	G	H	I	J	K	L	M	N	O	P	Q	S	T	U
Risk Ref / Datix ID	Risk Title	Risk Description	Strategic Goal	Risk Domain	Risk Appetite Level	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (Consequence X Likelihood)	Rating (Target) (Consequence X Likelihood)	Trend	Opened	Last Reviewed		
2																
17	50 NCC060	<b>Deep Brain Stimulation and delays in communication with gatekeeper/referring clinician</b>	<b>If...</b> ...the Deep Brain Stimulation service provided by North Bristol NHS Trust remains temporarily suspended without an interim solution being found, and the communication issues that compelled suspension remain unresolved <b>Then...</b> ...patients with Parkinson's disease, tremor and dystonia who require Deep Brain Stimulation will not get access to treatment, and those patients who have undergone Deep Brain Stimulation at North Bristol NHS Trust may not receive the correct ongoing treatment including medication as a result of the unresolved communication issues <b>Resulting in...</b> ...poor outcomes for patients	To ensure the provision of safe, high quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/psychological harm)  Population Health	North Bristol NHS Trust	• The JCC is engaged in ongoing discussions with the DBS gatekeeper, mindful of the waiting list for patients for whom referral to Bristol has been paused • A single JCC point of contact had been established for NBNHST and ongoing correspondence commenced • NBNHST is developing a Standing Operating procedure that covers both outpatient and discharge communication and which will provide the JCC with assurance that previously highlighted issues have been addressed • A workshop between regional clinicians, the Gatekeeper and the JCC has been held in order to understand current provision/pathway and to build relationships, and a follow-up workshop is being arranged • The JCC and Gatekeeper are working with St George's Hospital, London and University College Hospital London to explore potential for their being temporary providers of a Deep Brain Stimulation service • The Gatekeeper is working with the potential London providers to scope the pathway implications of the proposed temporary service change • Llais/WG/Parkinson's UK are being kept informed of the current position and kept updated as required	• NBNHST study day scheduled for July 2024 • JCC to arrange a follow-up meeting with the regional clinicians in 4 weeks' time • JCC to pursue UCLH with urgency to receive a designated provider proposal for new patients from them by the 10 July 2024 • Patients previously referred to Bristol to continue to received their follow-up care at NBNHST • JCC to support NBNHST through the provision of assurance and, subsequently, the development and submission of a designated provider proposal • JCC Associate Medical Director to continue correspondence with the Gatekeeper focused on development of temporary arrangements and management of patients awaiting referral for Deep Brain Stimulation  <b>Update for July 2024 - Commissioning Team undertaken a review of this risk which remains unchanged</b>	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	5 16	3 4	2 2	↔	25.07.2023	09.07.2024	
18	53 NCC062	<b>C&amp;VUHB Neurosciences Staffing issues/level</b>	<b>If...</b> ...Cardiff and Vale University Health Board is unable to recruit to a number of current vacancies in the Neuro-rehabilitation service <b>Then...</b> ...the gap in the number of posts that have been commissioned means that the service is not meeting the national standards <b>Resulting in...</b> ...patients requiring admission to the Inpatient Neuro-rehabilitation Unit are unable to access the specialist rehabilitation they require	To ensure the provision of safe, high quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/psychological harm)  Population Health	CVUHB	• JCC (former WHSSC) quality team have met with C&VUHB Neurosciences lead nurse to discuss the staffing issues/level. • Receiving quarterly repatriation delay information and monitor through the Neurosciences Risk, Recovery and Assurance meetings	• JCC to continue meeting with the C&VUHB team to understand the risks • The concerns raised by the Rehabilitation team will be addressed in the Rehabilitation Strategy which is due for consideration by the Joint Committee in Quarter 3/4 2024/25 • Development and delivery of the strategy has been paused due to capacity issues  <b>Update for July 2024 - Commissioning Team undertaken a review of this risk which remains unchanged</b>	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	4 16	4 4	2 2	↔	30.08.23	09.07.2024	
20	54 MH/23/16	<b>CAHMS Environment and Workforce (NWAS)</b>	<b>If...</b> ...environmental and workforce issues within the service continue <b>Then...</b> ...Tier 4 provider for CAMHS in North Wales (NWAS) cannot meet the service specification <b>Resulting in...</b> ...children absconding/coming to harm	To ensure the provision of safe, high quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/psychological harm)  Population Health	BCUHB	• Requested assurance from the unit regarding safety of the patients • Formally escalated to Health Board by previous WHSSC Managing Director • Director of Nursing escalated to HB Director of Nursing • Actively monitored by JCC Quality team and reported to the Commissioning Team, SLT, QPSC and JCC	• Unit has recorded and escalated this risk within BCUHB • Discussed at BCUHB SLA meeting. It has been confirmed that all internal doors for NWAS will be included in the programme of work for Estates in this financial year - March 24  <b>Update for July 2024 - MH&amp;VG Commissioning team reviewed the risk which remains unchanged</b>	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	4 20	4 8	2 2	↔	25.09.2023	15.07.2024	
22	55 P/21/22	<b>Neonatal Workforce</b>	<b>If...</b> ...the impact of the available workforce within UHW, to support the current intensive care demand continues to be difficult <b>Then...</b> ...neonates who require tertiary regional neonatal support in South Wales may be inappropriately cared for <b>Resulting in...</b> ...a neonate being cared for in an inappropriate care setting, where the necessary skills and/or equipment are not available	To ensure the provision of safe, high quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/psychological harm)  Population Health	CVUHB	• Phase 1 rebasing of contract activity to support meeting national clinical standards (BAPM) undertaken and agreed by the previous WHSSC JC resulting in investment of £5m in 2023/24 • Continue to monitor at Quarterly Commissioner Assurance Meeting encouraging an open dialogue in the interim, as necessary, with all providers, to understand refusal rates, staffing numbers and implementation of Phase 1. • New cot day tariff implemented Phase 2 programme agreed by JCC in May 2024 to review the service model across South and West Wales - will take at least 2 years • Continue to monitor through Performance Management Framework	• Quarterly meetings with each provider to monitor implementation of Phase 1 cot re-configuration - ongoing • Working with C&V UHB team to develop a plan to implement new baseline • Through quarterly assurance meetings with all neonatal units in the South & West of Wales it has been reported that there has been increased pressure across the network for cot availability which has increased the likelihood and raised the risk to 20 - May 24  <b>Update for July 2024 - W&amp;C Commissioning team reviewed the risk which remains unchanged</b>	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	4 20	5 4	4 2	↔	19.09.2023	17.07.2024	
24	56 P/21/23	<b>Neo-natal Infection Control</b>	<b>If...</b> ...Infection, Prevention & Control issues within the clinical area are not addressed <b>Then...</b> ...neonates within the Neonatal Intensive Care Unit environment within UHW, are at greater risk of infections, whilst safer practice monitoring is being embedded <b>Resulting in...</b> ...increased neonatal morbidity	To ensure the provision of safe, high quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/psychological harm)  Population Health	CVUHB	• Service escalated to level 3 of WHSSC Escalation Framework • Letter issued to health board providing an update on commissioner view of progress against objectives • Escalation status being discussed at executive level within the JCC • Re-set meeting to discuss and agree actions/objectives in collaboration with the health board	• Executive to Executive meeting scheduled with C&VUHB - Completed • Action Plan requested as part of escalation framework - Completed • Triple Escalation meeting to discuss detail and progress against action plan - Monthly - next meeting 16/05/24 • This risk is part of the wider neonatal escalation process and at the time of the meeting there are no further updates as the health board have not given us assurances that this risk has been mitigated. Risk rating to remain the same in the interim until a new action plan has been agreed between the NWJCC and the health board  <b>Update for July 2024 - W&amp;C Commissioning team reviewed the risk which remains unchanged</b>	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	5 16	4 4	2 2	↔	19.09.2023	17.07.2024	
26	61 CT050	<b>Obesity surgery waiting times</b>	<b>If...</b> ...long waiting times for obesity surgery continue (which Salford Royal hospital have advised will be unlikely to reduce significantly in the medium to long-term) <b>Then...</b> ...patients from Betsi Cadwaladr University Health Board and North Powys awaiting obesity surgery procedures in Salford Royal Hospital will have their treatment delayed <b>Resulting in...</b> ...poor patient experience, poor outcomes and inequity of service provision between the North and South Wales service	To ensure the provision of safe, high quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	BCUHB/Salford Royal Hospital	• Salford Royal Hospital extending operating hours and working with private provider to increase the number of procedures undertaken • JCC and BCUHB Level 3 service communicating proactively to ensure that the health board is fully cognisant of the identity of longer waiters • JCC corresponding with Salford Royal to monitor current waiting list position • JCC pursuing mitigating actions with South Wales to be able to make a better offer to patients	• JCC commence work to identify an alternative English provider - June 24 • Internal JCC meetings to take place with the Senior Planning Manager and members of the Finance team to agree the finance and contracting work required to progress with the repatriation of funding from BCUHB to SBUHB - June 24 • JCC to convene a follow-up meeting with BCUHB and Salford Royal to discuss the waiting list concerns and agree an appropriate plan of action(s) - August/September 2024  <b>Update for July 2024 - Despite ongoing correspondence, a meeting date has not yet been agreed with Salford. The JCC has approved the release of funding to WIMOS (£50K to fund the band 6 Dietician post) to increase capacity to enable the service to undertake additional activity to help address the waiting list position at Salford; no change to risk score; the risk score will be reviewed following implementation of the investment and confirmation that WIMOS are in a position to receive referrals from North Wales</b>	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	4 16	4 4	2 2	↔	01.12.2023	12.07.2024	
28	62 CT051	<b>The Trauma Audit and Research Network (TARN) delays</b>	<b>If...</b> ...the TARN database remains offline (from June 2023) and the delays in the instituting of both the interim arrangements and a sustainable long-term solution for the South Wales Major Trauma Network TARN database continue <b>Then...</b> ...the backlog of TARN submission data will continue to grow <b>Resulting in...</b> ...Delays to the availability of reporting - including quarterly dashboards, clinical reports and TARN analytics - impeding the ability of the Network to monitor the implementation of the PBC and benchmark performance, including survival outcomes	To ensure the provision of safe, high quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	CVUHB, SBUHB	• SWTN has agreed (via a meeting comprising the Trauma Network Clinical Directors and Managers, the TARN team and representatives from NHSE) that the TARN system will no longer be hosted by the University of Manchester • TARN to issue standardised Excel spreadsheet for interim data collection • Wales will be able to use the new TARN platform to be developed within the NHSE data repository as part of NHSE National Outcomes Registries Programme • JCC has endorsed the recommendation that, as a result of their being insufficient resource nationally to support the submission of a case backlog, no data is submitted during the period that TARN is offline • Ongoing monitoring via the SWTN DAG and reporting to JCC by the Chair	• JCC to seek an update position on the implementation of the required governance for the new TARN database - June 2024; Revised to August 2024  <b>Update for July 2024 - Governance arrangements for the new TARN database will be reviewed at the August 2024 Delivery Assurance Group, potentially facilitating the subsequent lowering of the risk score; pending discussion, risk score unchanged</b>	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	4 16	4 4	4 1	↔	01.12.2023	12.07.2024	
30										4	4	4	1			
31																

A	B	C	G	H	I	J	K	L	M	N	O	P	Q	S	T	U	
Risk Ref / Datix ID	Risk Title	Risk Description	Strategic Goal	Risk Domain	Risk Appetite Level	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (Consequence X Likelihood)	Rating (Target) (Consequence X Likelihood)	Trend		Opened	Last Reviewed		
2	63 NCC063	Neurosurgery Sustainability	If...there is a delay in progressing the Neurosurgery Sustainability and Standards CIAG scheme for the ICP 22/23 and not investing in key high risk posts (Intra operative Monitoring (IOM), CNS Skull Base and Neuromodulation) due to the financial pressures of NHS Wales  Then...there will be a lack of ability to recruit to the IOM post substantively, as recommended by NICE guidelines. Additionally there is no commissioned CNS posts for skull base and Neuromodulation services, the service is managed by single handed consultants  Resulting in... • the loss of the sub speciality services of Neurosurgery (Skull Base, Facial Pain, Complex Spine and elements of tumour surgery). These subspecialty surgeries would have to cease in Wales with patients then being required to receive treatment in North Bristol Trust (NBT). • Consultant time being used inappropriately to deliver nurse led services – this does not meet national standards • Patients would be denied timely	To ensure the provision of safe, high quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/psychological harm)  Population Health	Minimal - Preference for ultra safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	• Continue to monitor the scheme via the Neurosciences Performance Meeting • The scheme has been included in the ICP 24/25 – awaiting JCC approval in quarter 4 • There is a plan in place to recommission an element of the RTT monies, letter has been sent to the Director of Finance, CVUHB in June 24	• JCC has met with the C&VUHB team to understand the risks. The scheme has been risk assessed as part of the 10/20/30 WG efficiency saving project. It has recently been risked assessed using the Quality Impact Assessment tool. • The scheme is currently on hold as a result of this piece of work - Quarter 3 24/25 • Awaiting the outcome of the ICP 24/25 to establish if these high risk posts will receive investment in 2024/25 - Quarter 4 24/25 • The risk score was reduced from 25 to 16 in June 2024 as it was felt that the score, when compared to other commissioning risk scores, did not align and was therefore adjusted.  Update for July 2024 - Commissioning Team undertaken a review of this risk which remains unchanged	• Joint Commissioning Committee  • Quality & Patient Safety Sub-Committee  • CTMUHB Audit & Risk Committee	16	4	↔	12.12.2023	09.07.2024		
32	64 WKN15	Lack of Interventional Radiology at SBUHB	If...the current lack of interventional radiology service provided by SBUHB continues  Then...patients may experience a lack of or delayed access to appropriate radiological interventions such as fistuloplasty or kidney biopsy bleed embolisation  Resulting in...worse patient clinical outcomes, fewer choices available to patients and more dialysis line related complications such as infections.	To ensure the provision of safe, high quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal - Preference for ultra safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	SBUHB	• Risk forms part of the SB UHB Risk Register • Monitoring position through provider meetings • Raising as an issue on the JCC (former WHSSC)/SBUHB provider meetings • Open dialogue with SB provider on on-going risk	• Letter to be issued to SB UHB CEO from WKN Clinical Lead on risk of absence of Interventional Radiology to renal patients - February 24 • Request for SBUHB Regional team to submit an action plan on how they will mitigate the risks associated with the lack of interventional radiology service. The action plan has been received which includes a medium term plan which is health board led, with collaboration from CVUHB for out of hours services. With a more long term plan again health board led which involves work on remodelling of interventional radiology services in Swansea which is going out to tender so resolution is unlikely in this financial year. • Interim arrangements with C&V UHB for urgent treatments in place to provide appropriate cover for patients  Update for July 2024 - WKN Commissioning Team reviewed the risk which remains unchanged	• Joint Commissioning Committee  • Welsh Kidney Network Board  • WKN Quality & Patient Safety Group  • CTMUHB Audit & Risk Committee	4	4	2	2	↔	25.01.2024	WKN QPS 17/07/2024 WKN Board 01/09/24
34	65 WKN18	Renal Dialysis Capacity across Wales	If...the trajectory of the number of patients requiring unit dialysis continues  Then...demand will exceed current capacity across Wales with regional variation  Resulting in...patients may not be able to dialyse at a unit closer to home and the opening of 'twilight' dialysis slots. Which is associated with higher patient risks due to fewer medical staff being available and patients going	To ensure the provision of safe, high quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal - Preference for ultra safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	BCUHB, CVUHB, SBUHB	• Value in Health Care funding secured to increase the number of transplant and home dialysis patients • Monitoring through provider WKN meetings and SLA meetings • Assurance and oversight through WKN Board and the JCC via the WKN Chair's Report	• Appointment of a Prevention Clinical Lead for the Network, providing clinical leadership for the strategic development of primary and secondary care prevention to include the design of an All Wales Healthcare pathway for referral into Primary Care • Commission a distinct piece of work on Demand and Capacity Modelling, To develop a model of future activity/demand, and responding capacity, in order to inform future growth predictions which will be the basis of a) the Welsh Kidney networks commissioning intentions and b) the investment profile of the Welsh Kidney Network over the timescale set. HEOR have been commissioned to deliver on this work and an initial draft has been received and returned to them for amendments, with the request for production of a report by 18th July which can then be presented at the WKN Board on the 1st August • Development of regional actions plans for increasing patient numbers for home dialysis and transplantation  Update for July 2024 - WKN Commissioning Team reviewed the risk which remains unchanged	• Joint Commissioning Committee  • Welsh Kidney Network Board  • WKN Quality & Patient Safety Group  • CTMUHB Audit & Risk Committee	4	4	2	1	↔	25.01.2024	WKN QPS 17/07/2024 WKN Board 01/09/24
36	66 CS18	Business Continuity Risk for Specialised Services Commissioning	If...the number of business continuity risks for specialised services commissioning associated with the establishment of the new NHS Wales Joint Commissioning Committee wef 1 April 2024 are not resolved. These relate to the following broad categories: • The make-up of the Joint Commissioning Committee, • Workforce retention, • The Financial operating model; and • The Business operating model  Then...this could impact on delivering the ICP and/or core business across all portfolios  Resulting in...the delivery of the JCC financial plan not being achieved, which could create a potential cost pressure across the 7 Hb's	To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.  To be an effective partner, supporting service and system transformation.	Service/business interruption  Business objectives/projects	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	N/A	• Legacy statements and Annual Governance Statements for 2023/24 were produced for the legacy bodies and identified key commissioning and organisational risks being carried into the new NW JCC. • The WG led Oversight Board approved a Q1 Transition Plan that was subsequently adopted by the NW JCC. This set out actions to be undertaken to support the establishment of the JCC. • A plan is being developed that will set out the actions needed to enable the full establishment of the NW JCC which is likely to take 12 - 18 months. The plan will focus on ensuring continuity of delivery of the JCC business – mainly the delivery of the two Integrated Commissioning Plans, whilst also undertaking the work required to fully establish the JCC as the national commissioning joint committee and delivering the benefits envisaged by the Coombes Review. • A Transition and Transformation Director has been appointed to lead the work on the Transition and Transformation Plan, who will be working closely with the JCC members and the JCC team. • Risk register and assurance framework will be updated as part of the development plan and will link back to the strategic objectives for the JCC once these have been developed and agreed.	• The development of the NWJCC establishment is on target for completion by the end of Q2 (Jul-Sept) which has been led by the Director of Transition and Transformation who joined the JCC in early July 2024. The transition plan and associated programme is supported by the establishment of the JCC Tier 1 and Tier 2 team structure which is now in place following the OCP process. An update on the transition plan for 2024-2025 and internal operating model will be presented to the JCC on 17 September 2024. • Work is progressing on the statutory sub committee structure to support the JCC and to finalise the hosting agreement and memorandum of agreement between the JCC and the 7 x Health Boards, a report will be presented to the JCC meeting on 17 September 2024 to finalise the governance framework arrangements. • As part of the JCC development programme a development day was held with JCC members on 20 August which focussed on the financial challenges, developing the Integrated Medium Term Plan (IMTP) and to consider the vision, mission and objectives for the JCC team to ensure a clear sense of direction is set, and opportunities created by the establishment of the JCC are realised, and associated risks managed. • There is an outstanding requirement to consider how the commissioning performance is presented in an integrated way and the structure supporting it. • This risk will be considered and managed in line with Risk 68 relating to staff capacity to absorb additional workloads.  Update for July 2024 - The risk score has been reviewed and remains the same	• Joint Commissioning Committee  • Quality & Patient Safety Sub-Committee  • CTMUHB Audit & Risk Committee	4	4	4	2	↔	01.01.2024	Jul-24
38	67 CT052	Cardiac Device Service	If...the staffing pressures and the increase in demand (evident since the repatriation of activity from LHCH in 2010 and exacerbated by increased demand) continues  Then...this may impede Betsi Cadwaladr University Health Boards ability to deliver timely and equitable care  Resulting in... • Significant variations between the JCC commissioned device services • Precluding the delivery of National standards of service and governance and risk an inferior service to that which patients were able to access at LHCH	To ensure the provision of safe, high quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal - Preference for ultra safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	BCUHB	• BCUHB submitted a CIAG scheme to the JCC (formally WHSSC) in 2022 seeking investment in an additional Specialist Nurse: scheme was prioritised through CIAG and reviewed again during 2023, but has not been supported. • BCUHB and JCC have discussed the potential for Liverpool Heart and Chest Hospital (LHCH) to provide out of hours support. • Review of all JCC-commissioned device services has been included in the 2024-25 Integrated Commissioning plan • Risks have been highlighted to the health board via the BCUHB Cardiology Steering Group.	• BCUHB and JCC to conclude negotiations with LHCH re. inclusion of out of hours cover in the SLA - June 24 • Ongoing monitoring of device service via BCUHB SLA meetings (JCC) and via Cardiology Steering Group meetings (BCUHB) - Bi-monthly • Commencement of review of JCC-commissioned device services with a view to ensuring equitable provision across Wales (Terms of Reference to be confirmed) - June 24  Update for July 2024 - Although discussions have continued since June, pending discussion of risk status at the risk at the September meeting of BCUHB Cardiology Steering Group, the current risk score remains unchanged	• Joint Commissioning Committee  • Quality & Patient Safety Sub-Committee  • CTMUHB Audit & Risk Committee	4	4	4	4	↔	16.02.2024	12.07.2024
40	68 NCC064	C&VUHB Specialist Auditory Hearing Service Waiting Times	If...staffing difficulties, and an increase in BCHI referrals being received from Aneurin Bevan University Health Board continues  Then...south Wales patients requiring a Cochlear Implant or Bone Conduction Hearing Implant are unable to access the Specialist Auditory Hearing Service within a timely manner  Resulting in...the service cutting short the pathway to enable the service to see more patients within the current staff resources which is resulting in the quality of the service	To ensure the provision of safe, high quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/psychological harm)  Population Health	Minimal - Preference for ultra safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	• JCC have met with C&VUHB Specialist Auditory Hearing Service to discuss performance, staffing issues/level and risks. • Receiving and monitoring performance information • Performance reporting and oversight via Risk assurance and recovery meetings, SLA meetings and to Management Group and JCC	• JCC has met with the C&VUHB team to discuss performance and understand the risks. The service are forwarding a waiting list plan and trajectory of how the service will move towards achieving a 26 week wait has been received - Q4 24/25 • A finance meeting, followed by a data discussion will be arranged this will provide members with an understanding of where there are blocks in the system - Q4 24/25 • JCC has arranged further performance meetings with the south Wales Specialist Auditory Hearing Service - Q2 24/25  Update for July 2024 - Commissioning team reviewed the risk which remains unchanged	• Joint Commissioning Committee  • Quality & Patient Safety Sub-Committee  • CTMUHB Audit & Risk Committee	4	4	4	1	↔	06.02.2024	09.07.2024
42										4	4	2	2				

A	B	C	G	H	I	J	K	L	M	N	O	P	Q	S	T	U
Risk Ref / Datix ID	Risk Title	Risk Description	Strategic Goal	Risk Domain	Risk Appetite Level	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (Consequence X Likelihood)	Rating (Target) (Consequence X Likelihood)	Trend		Opened	Last Reviewed	
2																
69 P/21/25	Paediatric Radiology Service	If...the commissioned 24/7 paediatric radiology service model is not operationalised within the children's hospital  Then...this may leave a prolonged gap in out of hours' provision  Resulting in...patients being transferred out of Wales, out of hours, for diagnostic assessment and potentially their ongoing treatment	To ensure the provision of safe, high quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/psychological harm)  Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	• New proposal for service requested	• Arrange meeting with service leads to discuss new proposal • Paper to be presented to JCC Senior Leadership Team to outline changes to original business case and phased approach to delivering a 24/7 service  Update for July 2024 - W&C Commissioning team reviewed the risk which remains unchanged	• Joint Commissioning Committee  • Quality & Patient Safety Sub-Committee  • CTMUHB Audit & Risk Committee	20	4	↔		20.03.2024	17.07.2024	
44										5	4	2	2			
70 4503	Ambulance Services	If...the JCC are unable to plan and secure sufficient services and maintain effective collaborative relationships with providers  Then...the purpose and effectiveness of the JCC would not be met  Resulting in...potential Ministerial and Welsh Government intervention	Failure to deliver the Ministerial direction that the JCC effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers	Effective Commissioning	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	WAST / EMRTS	• Agreed collaborative commissioning methodology; whole system approach with key stakeholders • Review and refine commissioning arrangements and refresh Commissioning Frameworks • Effective function of the NHS Wales Joint Commissioning Committee • Independent Chair • Effective governance arrangements in place • JCC (Former CASC) and Welsh Government IQPD meetings (bi-monthly) • Minister meets with the Chair and JCC (former CASC) quarterly • Meet regularly with providers to ensure continued development of open and transparent relationship • Ministerial Summit meeting on Handover Improvement plans (as a result of increasing numbers of hours lost) • Committee reviews its effectiveness annually – undertaken in May 2023 – no specific areas of concern identified re commissioning • Chair and JCC (former CASC) annual visits with all health boards in Wales planned • Ambulance improvement plan developed, agreed and circulated	• Commissioning framework and monitoring at JCC and its sub committees/groups • Annual Governance Statement produced • Monitoring of the JCC (former EASC) IMTP 2024-27 at JCC and sub committees • Review and refine governance arrangements for new JCC • Maintaining close working and collaborative relationships during unprecedented system pressures • Ambulance action plan for Ministerial priorities and monthly monitoring return commitment including Integrated Commissioning Action Plans • Three key actions with appropriate indicators agreed with each HB during the winter period • Improvement plans are used by Ambulance Commissioning Team, NHS Executive and WG for focus and consistent approach • NHS Executive set 30% reduction in handover waits over 60 minutes for health boards by December 2024 • Range of performance scenarios have been modelled aligned to commitments within the JCC (former EASC) IMTP  Update for July 2024 - Ambulance & 111 Commissioning team reviewed the risk which remains unchanged	• Joint Commissioning Committee  • Interim Ambulance and 111 Commissioning Group  • Quality & Patient Safety Sub-Committee  • CTMUHB Audit & Risk Committee	15	4	↔		01.08.2020	Jul-24	
46										5	3	5	1			
71 4506	Ambulance Services	If...the provider is unable to achieve the red performance level of 65% response rate within 8 minutes across Wales as a whole on a monthly basis  Then...the core target will be missed  Resulting in...unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.	Failure to achieve agreed performance standard for category red calls which is 65% of calls responded to within 8 minutes	Securing safe ambulance services	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	WAST	• The necessary resources secured in the JCC (former EASC) IMTP 2024-27 • Performance monitoring on a daily basis and month to date position • Bi monthly IQPD meetings with Welsh Government • Monthly Quality and Delivery Meeting with the Welsh Ambulance Services University NHS Trust • Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored • Quality and Safety Report - transition arrangements and to agree submission to JCC • Commissioned a new demand and capacity review (August 2023) • Financial commitment to maintain overtime for WAST staff (Sept 2023) • Ambulance improvement plan developed, agreed and circulated weekly	• Delivery of the JCC (former EASC) IMTP 2024-27 and WAST IMTP • Implementation of the commissioning intentions through the commissioning agreement • Role of the Interim Ambulance and 111 Commissioning Group to provide oversight on operational performance • Development of WAST performance improvement plan • JCC (Former EASC) Action Plan includes detailed clinical review of red incidents to understand clinical need of patients to assess improvement opportunities • ICAP meetings and monitoring commitments and deliver • Three key actions with appropriate indicators agreed with each HB during the winter period • Improvement plans are used by the Ambulance Commissioning Team, NHS Executive and WG for focus and consistent approach • Revised Red Improvement plan in development by WAST  Update for July 2024 - Ambulance & 111 Commissioning team reviewed the risk which remains unchanged	• Joint Commissioning Committee  • Interim Ambulance and 111 Commissioning Group  • Quality & Patient Safety Sub-Committee  • CTMUHB Audit & Risk Committee	25	3	↔		01.08.2020	Jul-24	
48										5	5	5	3			
72 4507	Ambulance Services	If...the provider is unable to reduce the average and longest times for amber incidents  Then...patients will not receive the care they need in a timely manner  Resulting in...unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.	Failure to achieve agreed performance standard for category red calls which is 65% of calls responded to within 8 minutes  Failure to achieve agreed performance for amber category calls	Securing safe ambulance services	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	WAST	• The necessary resources secured in the JCC (former EASC) IMTP 2024-27 • performance monitoring on a daily basis and month to date position • Monthly quality and delivery meetings with WAST • Bi monthly Quality and Delivery meeting with Welsh Government • Monthly Quality and Delivery Meeting with the Welsh Ambulance Services University NHS Trust • Commissioner element of EMS Demand and Capacity plan for additional staff supported and implementation being monitored • Quality and Safety Report presented to the JCC (frequency to be confirmed) • Weekly dashboard shared across NHS Wales – sent to all members and key senior NHS staff • Ambulance improvement plan developed, agreed and circulated weekly	• JCC (Former EASC) IMTP 2024-27 accepted with accountability conditions awaiting outcome of WAST IMTP • Implementation of the commissioning intentions through the commissioning agreement • Role of the Interim Ambulance and 111 Commissioning Group to provide oversight on operational performance • Development of WAST performance improvement plan • Weekly dashboard of management information developed and shared across NHS Wales to capture progress • JCC (Former EASC) Action Plan includes detailed clinical review of amber incidents to understand clinical need of patients to assess improvement opportunities • Three key actions with appropriate indicators agreed with each HB during the winter period • Improvement plans are used by the Ambulance and 111 Commissioning Team, NHS Executive and WG for focus and consistent approach  Update for July 2024 - Ambulance & 111 Commissioning team reviewed the risk which remains unchanged	• Joint Commissioning Committee  • Interim Ambulance and 111 Commissioning Group  • Quality & Patient Safety Sub-Committee  • CTMUHB Audit & Risk Committee	20	5	↔		01.08.2020	Jul-24	
50										5	4	5	3			
73 5005	Ambulance Services	If...commissioning actions are not taken to manage patient safety and minimise clinical risks  Then...patients are more likely to come to harm  Resulting in...poorer patient outcomes and patient experience, increased SAIs, litigation and reputational damage	Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation	Effective Commissioning	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	WAST	• Discussion at JCC Committee • Discussion at Interim Ambulance and 111 Commissioning Group (former EASC Management Group) • Ambulance and 111 Commissioner and WAST Quality & Delivery meeting • Sought clarification from WAST re Equality Impact Assessment • Agree red lines for handover delays to improve ambulance availability • Securing of funding for additional emergency ambulance capacity • Quality and Safety Report to be presented to the JCC (frequency to be confirmed) • ICAP meeting overseeing performance and outcomes • Update to host Quality and Safety Meeting (23 January 2024) • Key item on Interim Ambulance and 111 Commissioning Group	• Joint escalation plan developed and approved at NHS Leadership Board now led by the NHS Executive • Provide necessary funding to WAST • Agreed with WAST 5 key actions for the winter period  Update for July 2024 - Ambulance & 111 Commissioning team reviewed the risk which remains unchanged	• Joint Commissioning Committee  • Interim Ambulance and 111 Commissioning Group  • Quality & Patient Safety Sub-Committee  • CTMUHB Audit & Risk Committee	20	5	↔		01.12.2021	Jul-24	
52										5	4	5	1			
74 5370	Ambulance Services	If...sufficient ambulance capacity is not available  Then...organisational and clinical safety levels of escalation will be higher and for longer durations within the clinical safety plan and patients will not receive a response  Resulting in...increasing number of patients not receiving an ambulance response which is an unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.  Lack of compliance with statutory requirements for the JCC.	Failure to secure sufficient ambulance capacity to meet the needs of the population	Effective Commissioning	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	WAST	• The necessary resources secured in the JCC (former EASC) IMTP performance monitoring on a daily basis and month to date position • Bi monthly JCC (former CASC) IQPD meetings with Welsh Government • JCC (former CASC) monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust • Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored • Quality and Safety Report presented at every JCC (former EASC) meeting • New demand and capacity review commissioned • ICAP meetings with health boards and WAST • Performance dashboard • IMTP tracker • Key item on JCC (former EASC) agenda • New Quality and Safety Report • Ambulance improvement plan developed, agreed and circulated weekly	• Delivery of JCC (former EASC) IMTP and WAST IMTP • Implementation of the commissioning intentions through the commissioning agreement • Role of the Interim Ambulance and 111 Commissioning Group to provide oversight on quality and safety • Development of WAST performance improvement plan • JCC (former EASC) Action Plan includes detailed clinical review of red incident to understand clinical need of patients to assess improvement opportunities • Actions from the Ministerial summit on handover improvement • Integrated Commissioning Action Plan (ICAP) work • Agreed with WAST 5 key actions for the winter period • Three key actions with appropriate indicators agreed with each HB during the winter period • Improvement plans are used by the JCC (former EASC) Team, NHS Executive and WG for focus and consistent approach  Update for July 2024 - Ambulance & 111 Commissioning team reviewed the risk which remains unchanged	• Joint Commissioning Committee  • Interim Ambulance and 111 Commissioning Group  • Quality & Patient Safety Sub-Committee  • CTMUHB Audit & Risk Committee	25	4	↔		01.01.2023	Jul-24	
54										5	5	5	2			
76 FD4	Financial break-even	If...the NWJCC overspends against the agreed 24/25 ICP  Then...the Health Boards will have to include the relevant amounts in their own financial reporting  Resulting in...unexpected overspends/restriction of JCC/HB services to patients/breaching HB statutory financial requirements	To maximise value and outcomes within available resources	Finance including claims	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	N/A	• Financial performance monitored and reported monthly • Monthly Commissioning team meetings with a multi-disciplinary internal team • Monthly Management Group and bi-monthly Joint Committee meetings • Route to Breakeven presentation to Joint Committee schedule for Sept 17th to discuss potential mitigations to the position	Update for July 2024 - This is a new risk added for the NWJCC	• Joint Commissioning Committee  • Management Group  • Finance Working Group (NB. TOR yet to be finalised)	0	5	New Risk		01.07.2024	Jul-24	
56																

**JCC RISK REGISTER FOR NEW RISKS <15**

Datix ID	Risk Title	Risk Description	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Month Added
76 FD4	Financial break-even	<p><b>If...the NWJCC overspends against the agreed 24/25 ICP</b></p> <p><b>Then...the Health Boards will have to include the relevant amounts in their own financial reporting</b></p> <p><b>Resulting in...unexpected overspends/restriction of JCC/HB services to patients/breaching HB statutory financial requirements</b></p>	To maximise value and outcomes within available resources	Finance including claims	<ul style="list-style-type: none"> <li>Financial performance monitored and reported monthly</li> <li>Monthly Commissioning team meetings with a multi-disciplinary internal team</li> <li>Monthly Management Group and bi-monthly Joint Committee meetings</li> <li>Route to Breakeven presentation to Joint Committee schedule for Sept 17th to discuss potential mitigations to the position</li> </ul>	<ul style="list-style-type: none"> <li>Planned NWJCC Medicines Optimisation Programme Meeting on 7/8/24 - Q2 24/25</li> <li>Continued use of Blueteq, noting potential risk in procurement of new system in England - Q4 24/25</li> <li>Development of plan and options to support savings/monitoring spend - Q2 24/25</li> <li>Ongoing monitoring - Ongoing</li> <li>MoU with MVU - Q4 24/25</li> </ul> <p><b>Update for July 2024</b> - Medical team reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> <li>Directorate Team Meeting</li> <li>Risk Scrutiny Group</li> </ul>	15 (5x3)	6 (3x2)	Jul-24

JCC RISK REGISTER FOR DE-ESCALATED RISKS <15											
Datix ID	Risk Title	Risk Description	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Month De-escalated	De-escalation Rationale
57 NCC049	<b>Delays in surgery due to insufficient theatre beds</b>	<b>If...</b> insufficient theatre and inpatient bed capacity to deliver the required commissioned activity that meet the needs of the population does not improve, and there are no theatre staff or anaesthetic staff to support the extended theatre sessions <b>Then...</b> patients in south Wales will have their surgery delayed and neurosurgery activity is impacted <b>Resulting in...</b> deteriorating condition and disease progression for patients.	To ensure the provision of safe, high-quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/ psychological harm)  Population Health	<ul style="list-style-type: none"> <li>Gateway service review as part of the five year neurosciences strategy. Neurosciences gateway review paper was submitted to February Management Group meeting</li> <li>Neurosciences and complex conditions commissioning team (NCCCT) to monitor the recovery plan and continuing meeting with the team at the Risk and Assurance meetings.</li> <li>Full access restored to theatres 12 and 14 in September 22- extended theatre sessions have been identified as commencing in April 2023 to achieve RTT at pre- COVID levels by March 2024 – as per WG targets.</li> <li>Bed capacity will be restored to pre- COVID levels - no timeline available at the moment. Bed capacity has increased but not quite back to pre-COVID levels. This is continued to be monitored via the performance management meetings.</li> <li>WHSSC have had internal discussions and are working with the service</li> <li>The cessation of the extended theatre sessions will be raised at the next Cardiff SLA meeting in January 2024</li> <li>The Commissioning Team are continuing to monitor the situation through the quarterly Neurosciences Performance Meeting.</li> <li>The cessation of Tracheostomy Training for stroke services has been escalated to CVUHB Specialist Clinical Board Operational Director -12/12/23</li> <li>Continue to monitor the position via the quarterly Neurosciences Performance Meeting</li> </ul>	<ul style="list-style-type: none"> <li>Neurosciences gateway review paper was submitted to February Management Group meeting - Completed</li> <li>Further meeting has taken place to with the services to discuss the GIRFT neurosurgery recommendations. Review the 3 top impact changes to be included in the business Case for the ICP 2022-2023 scheme. Still waiting to receive the business case – due in quarter 1 2023/24 - Quarter 1 2023/24</li> <li>WHSSC NCCCT to monitor the recovery plan through the bi-monthly Risk, Assurance and Recovery meetings. (Currently the service is operating at 80% of 2 theatres pre-COVID they had access to 100% of the 2 theatres) - Bi-monthly</li> <li>Further review of this risk was undertaken by the CT in November 21 to recommend rewording the risk and incorporating Risk NCC050 into Risk NCC049 - Completed</li> <li>Further review of this risk was undertaken by the CTM in October 23, the CTM agreed to increase the risk score. The matter was raised at the Cardiff and Vale SLA meeting with the Director of Ops for Specialist Services – 19th Oct 2023. Action for the Health Board to raise with the Surgical Board. The matter will be raised at the Cardiff and Vale SLA meeting with the Director of Ops for Specialist Services – 7th March 2024 - March 24</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Integrated Governance Sub-Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	12 (Risk reduced from a 20)	4 (C4 x L1)	apr-24	Risk reviewed the score has been lowered as the plan to re-commission an element of the 700k RTT funding to mitigate high risks in neuro subspecialties has been put in place.  Theatre capacity is back to the pre-Covid level albeit that bed capacity has not been fully reinstated. Commissioning Team members discussed this with Director of Operations Cardiff & Vale on 26 July 2023 and will continue to monitor the situation at the quarterly performance meetings.
29 CS8	<b>JCC IPFR ToR &amp; Governance</b>	<b>If...</b> the JCC is unable to meet the ToR for the All Wales IPFR panel due to the inability to achieve quoracy in the membership, and the IPFR governance arrangements are not robust <b>Then...</b> this may lead to delayed decision making <b>Resulting in...</b> potential legal challenges in the form of judicial reviews	To ensure the provision of safe, high-quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/ psychological harm)  Population Health	<ul style="list-style-type: none"> <li>A new HB IM Interim Chair has been appointed from 1 August 2022 to ensure business continuity for a 6 month period to ensure business continuity. The Joint Committee approved that this interim could be extended until 31 March 2023, at its meeting on 8 November 2023. This was subsequently extended again to 31 September 2023.</li> <li>The formal engagement process to review the WHSSC IPFR panel ToR and the specific and limited review of the all Wales IPFR policy, was launched on 10 November 2022 for a 6 week period following the Joint Committee supporting the proposed engagement process at its meeting on the 8 November 2022. The engagement exercise closed on the 22 December 2022.</li> <li>An IPFR stakeholder engagement event to review the WHSSC IPFR) panel ToR and a specific, limited review of the all Wales IPFR policy was held on the 2 December 2022, supported by a briefing from a Kings Counsel (KC) for the NHS Wales Medical Directors Peer Group and a stakeholder engagement session on the 2 December 2022.</li> <li>The updated WHSSC ToR were approved by the Joint Committee on 14 March 2023. In addition, the results of the engagement exercise for the All Wales Policy review were presented. Following approval of the ToR in March 2023 WHSSC are currently working on an implementation plan as the new ToR will involve some changes to the current membership and to ensure that HBs have sufficient time to review their WHSSC membership.</li> <li>The updated All Wales IPFR Policy was not discussed at the July 2023 JC meeting as issues were raised immediately before the meeting regarding the approval process. Since then it has been agreed that a Task and Finish Group will be formed to finalise the work on the IPFR policy.</li> <li>To address the concerns raised a Task &amp; Finish group, consisting of the ABUHB Board Secretary, the All Wales IPFR Lead and the WHSSC Committee Secretary was established. Amendments to the ToR were agreed regarding the definition of quoracy and the requirement for the Chair to review membership, which have addressed the concerns. The group also considered how IPFR functions would feature within the new Standing Orders for the new single Joint Commissioning Committee, and further work is now being taken through the governance work-stream which supports the implementation of the national commissioning review.</li> <li>The IPFR All Wales Policy has been approved by all HBs. The Policy will be implemented following WG approval. There has been recent challenges with ensuring quoracy.</li> </ul>	<ul style="list-style-type: none"> <li>An engagement process on the WHSSC IPFR panel ToR launched on 10 November 2022 for a 6 week period and included HBs, the AWTTTC and IPFR QAG. The engagement exercise closed on the 22 December 2023 and an update report will be taken to the JC in March 2023 - Completed</li> <li>The updated WHSSC ToR were presented to the Joint Committee 14 March 2023 and were approved. In addition, the results of the engagement exercise for the All Wales Policy were presented - Completed</li> <li>The Committee Secretary to keep the NHS Wales Board Secretaries peer group and Welsh Government informed of progress on developments - Ongoing</li> <li>The updated All Wales IPFR Policy is scheduled to be presented to the Joint Committee in July 2023 for approval, prior to submission to the seven HBs for approval - July 2023</li> <li>Full implementation of the new ToR and amended policy is planned for Autumn 2023 subject to JC approval. This was not discussed at the July 2023 JC meeting but the recruitment of the new Chair was agreed in an extraordinary JC meeting on 1 August 2023 - By June 2024</li> <li>A Chair's Action was taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel from 1 November 2023 for a period of up to 3 years. The JC ratified the decision on 21 November 2023 - 23/10/2023</li> <li>The Joint Committee supported the proposed changes to the All Wales IPFR Policy on 21 November prior to a report being submitted to each Health Board (HB) Board meeting for final approval in January 2024. The Revised Policy has now been approved by all HBs. This has been shared with Welsh Government prior to adoption. Welsh Government confirmed their agreement to the new Policy in April 2024</li> <li>A recruitment process to appoint new lay members will commence during quarter 2 of 2024/2025 to coincide with the application of the updated IPFR policy - Quarter 2 2024</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Integrated Governance Sub-Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	12 (Risk reduced from a 20)	4 (C2 x L2)	mai-24	Risk reviewed and the score reduced to 12 as a number of the mitigating actions have now been completed such as approval of the updated All Wales Policy.
6 P/21/10	<b>Paediatric patients waiting for surgery</b>	<b>If...</b> the ministerial waiting times target is not achieved for paediatric surgery patients in South Wales <b>Then...</b> some paediatrics will be waiting in excess of the ministerial waiting times target for their surgery <b>Resulting in...</b> a deteriorating condition for the patient and that the current operational infrastructure is insufficient	To ensure the provision of safe, high-quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/ psychological harm)  Population Health	<ul style="list-style-type: none"> <li>Ongoing monitoring at Quarterly Commissioner Assurance Meeting with provider</li> <li>This risk is included within the W&amp;C register for monitoring purposes, it is included within the overarching risk for waiting times (Risk 33(CS/10 CD03) Welsh Government Priority Delivery Measures).</li> <li>Plan in place for a number of children to be outsourced to NHS England and the Private Sector.</li> <li>Performance Management arrangements to be re-instigated which will allow WHSSC to identify and monitor where the issues are that need addressing.</li> <li>Monthly escalation meetings have been established – first meeting scheduled 26/04.</li> <li>Action plan received against escalation objectives</li> <li>Continue with outsourcing to NHS England and the Private Sector.</li> <li>Letter issued to health board providing an update on commissioner view of progress against objectives</li> <li>Escalation status being discussed at executive level within the JCC</li> </ul>	<ul style="list-style-type: none"> <li>Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including: - Quarterly <ul style="list-style-type: none"> <li>Staffing establishment</li> <li>Bed and theatre capacity</li> <li>Assurance on clinical management of patients on WL</li> <li>Recovery trajectory</li> </ul> </li> <li>Requested information on long waiting patients from provider to support potential outsourcing arrangements - Completed</li> <li>Meetings being scheduled with NHS England providers to discuss outsourcing capacity - Completed</li> <li>Requested plan from C&amp;V to manage long waiting patients, with clear trajectories and timeframes - Completed</li> <li>Requested revised recovery plan further to Joint Committee - Completed</li> <li>Discussing with local Health Boards scope for mutual aid - Completed</li> <li>Place service in escalation Level 3 - Completed</li> <li>Performance Management arrangements to be re-instigated - Monthly</li> <li>Requested revised trajectories that reach contract baseline as a minimum - Completed</li> <li>Performance reporting to JC &amp; MG via performance report - Monthly</li> <li>Executive to Executive meeting scheduled with C&amp;VUHB - Completed</li> <li>WHSSC JC Workshop - Paediatrics - Completed</li> <li>Triple Escalation meeting to discuss detail and progress against action plan - Monthly (next meeting 16/05/24)</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Integrated Governance Sub-Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	8 (Risk reduced from a 16)	4 (C2 x L2)	jun-24	Risk reviewed and score has been reduced. The decision has been made following the assurances received from the Escalation meeting on the 16th May 2024 where the Health Board stated that the Ministerial target will be met by the end of June 2024 and that there is a robust plan to maintain this during 2024/25 in line with the ministerial waiting time agreed by the (previous WHSSC) Joint Committee in our Integrated Commissioning Plan. As a result we have agreed to de-escalate the service from Level 3 to Level 0 in line with the previous WHSSC (now JCC) Escalation Framework.
60 P/21/24	<b>WFI treatment – temporary pause</b>	<b>If...</b> there is a failure to appoint a suitable Person Responsible (PR) for the WFI service to meet the statutory and legal responsibilities to be compliant with the HFEA Act <b>Then...</b> all licenced HFEA activity at WFI will urgently and temporarily need to cease <b>Resulting in...</b> patients in active treatment needing to have their treatment plan temporarily paused, and the centre not being able to accept new patients on a temporary basis	To ensure the provision of safe, high-quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/ psychological harm)  Population Health	<ul style="list-style-type: none"> <li>Consideration to cease all activity, pause current treatment for patients and under no circumstances accept new patients.</li> <li>Discussion with SBUHB the license holder and the HFEA to consider the options with regards to ensuring a PR is in post including succession planning.</li> <li>The HB have nominated a number of staff to sit the prep and exams to the HFEA; this will enable each site Neath and Cardiff to have their own PR, with staff ready to step up should they become unavailable to fulfil the statutory requirements of the role of PR.</li> <li>The Cardiff site has also applied to be a licence only facility as they have not undertaken treatment since pre COVID. They are waiting for the HFEA to approve this change. It is anticipated they will know the outcome of the change in early Spring 2024.</li> <li>The HFEA licensing panel have approved the change of licence for the Cardiff site to be a storage only facility</li> <li>De-escalation to be considered based on the HFEA report and providing there has been an appointment of PR for Cardiff and Neath/Port Talbot sites</li> <li>Service de-escalated to level 3 in line with WHSSC escalation framework</li> </ul>	<ul style="list-style-type: none"> <li>Formal recommendation to CDGB that there is a likelihood the person responsible may be unable to fulfil their duties casting doubt on the sustainability of the service in its current form - Completed</li> <li>Monitoring of service continues through formal escalation - Monthly</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Integrated Governance Sub-Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	10 (Risk reduced from a 20)	4 (C2 x L2)	jun-24	Risk reviewed and the score has been reduced. Four staff members have taken and passed the PR exam, good report from HFEA with no critical or majors, commissioning team agreed to reduce escalation to Level 3 in line with WHSSC escalation framework.

Datix ID	Risk Title	Risk Description	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Month De-escalated	De-escalation Rationale
46 CB06	<b>North Wales Outreach Plastic Surgery Clinic Management Arrangements</b>	<p>If...there is a lack of clinical prioritisation and oversight of waiting lists for outreach plastic surgery clinics in YG and YGC, caused by lack of clarity in the governance and management arrangements for these clinics</p> <p>Then...waiting list will grow and waiting times increase and patients will be seen out of clinical prioritised order</p> <p>Resulting in...poor patient</p>	To ensure the provision of safe, high-quality services for the people of Wales.	Impact on the safety of patients, staff or public (physical/psychological harm)	<ul style="list-style-type: none"> <li>Escalation is being taken forward within the Welsh Government special measures process rather than the NWJCC escalation process. NWJCC continues to engage through meetings with Welsh Government, at least quarterly, and participation on the Task &amp; Finish Group led by BCUHB.</li> <li>BCUHB has established a Task &amp; Finish Group including colleagues from Mersey &amp; West Lancashire NHST (MWL).</li> <li>BCUHB to report to NWJCC on progress of the T&amp;F Group at the interface planning meeting and the SLA meeting.</li> <li>NWJCC quality team meets regularly with the assistant director of quality BCUHB and has established links with the quality team at MWL.</li> </ul>	<ul style="list-style-type: none"> <li>Patient audit/harm review undertaken by BCUHB and MWL for all patients with long waiting times (new and follow up). This has been completed. Report to BCUHB QPSC in June 2024.</li> <li>Patient audit/harm review to be reported to next NWJCC QPSC.</li> <li>Continue to work with BCUHB and MWL through the Task &amp; Finish Group to support implementing the improvement plan to address the risks relating to the outreach clinics – Ongoing</li> <li>Continue to work with BCUHB, MWL and with Welsh Government, to address the risks relating to the outreach clinics - Ongoing</li> <li>Continue to support Waiting List Initiative clinics to continue to reduce the waiting list and time</li> <li>NWJCC Quality team to continue to liaise closely with quality leads in BCUHB and MWL.</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Integrated Governance Sub-Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	12 (Risk reduced from a 15)	6 (C3 x L2)	jun-24	Commissioning Team undertaken a review of the controls risk description, controls and actions. The harms review undertaken reported No Harm, therefore the risk score has been reduced.
40 WKN08	<b>Limited outpatient dialysis capacity in Swansea</b>	<p>If...the delay in the programme of 2 new additional units within the Neath Port Talbot and Bridgend localities.</p> <p>Then...the number of patients receiving outpatient haemodialysis in Morriston could exceed capacity.</p> <p>Resulting in...patients who may not be able to dialyse in a unit closest to home.</p>	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	<ul style="list-style-type: none"> <li>Twilight dialysis shifts are opened 6 days weekly, some overflow provided in the acute dialysis facility.</li> <li>Active home haemodialysis programme to ease the pressure until expansion of existing resource is established.</li> <li>Procurement process for retender of existing units and establishment of two new units commenced Jan 2021.</li> <li>The funding release was agreed by the JC in January 2023 but there are awaiting WG sign-off. Any delays in the process has a knock on effect to the operational date of the two new builds.</li> <li>Procurement supported by WG. Contract awarded</li> <li>Implementation programme commenced</li> <li>New units in place</li> <li>NB risk score will not reach target until new units are in place and therefore additional capacity is available. Risk will need to be tolerated until then.</li> <li>WKN has provided funding for a Project Manager role in SBU to support the implementation of the project/programme</li> <li>Funding release to assist with new equipment, consumables as per the new contract</li> <li>WKN participate in the SB &amp; Fresenius implementation meetings to ensure delivery to project plan</li> <li>Request for increased reporting through highlight reports to WKN Board</li> </ul>	<ul style="list-style-type: none"> <li>New units scheduled to be in place Bridgend Sept 2024, NPT 2025 - September 2024 and Summer 2025</li> </ul> <p>Update for August 2024 - The risk score has been reviewed by the WKN Board and remains the same for the following reasons, noting that this is from a Commissioning risk perspective and not a service risk:</p> <ul style="list-style-type: none"> <li>The risk entered onto the Network risk register September 2019 with a score of 12 with an agreed action to commence a procurement process for 2 new additional units, the risk was escalated to a score of 16 in November 2022 as there was no assurance at the time of a timely award of new contract however the service had mitigated the risk by opening up 'twilight' sessions</li> <li>The service has been tolerating the risk for a significant length of time</li> <li>Twilight sessions are stipulated within the WKN's Unit Haemodialysis Service specification, although not always clinically preferred due to the patients having dialysis in a night session from 7-11pm, it is practiced within other NHS organisations, BCU run a twilight shift and other units in NHS England.</li> <li>The use of twilight is a lessor risk to the patient than not receiving the life sustaining dialysis treatment</li> <li>The Swansea Bay procurement has been awarded and although there have been delays to the programme the Bridgend site is due to open on 9th December 2024 with the second site in Neath Port Talbot due in June 2025. This will enable the service to move patients closer to home and reduce if not eliminate the requirement for twilight dialysis.</li> <li>Funding from JCC has been approved for the new Swansea bay contract, appointments have been made for the staffing of the new units</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Welsh Kidney Network Board</li> <li>Integrated Governance Sub-Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	12 (Risk reduced from a 16 in June 2024)	2 (C2 x L1)		Refer to update for August 2024 for de-escalation rationale

	A	B	C	E	F	G	H	I	J	K
1	<b>JCC RISK REGISTER FOR CLOSED RISKS &lt;15</b>									
2	<b>Datix ID</b>	<b>Risk Title</b>	<b>Risk Description</b>	<b>Strategic Objective</b>	<b>Risk Domain</b>	<b>Controls in place</b>	<b>Action Plan</b>	<b>Assuring Committees</b>	<b>Month Closed on Org RR</b>	<b>Closure Rationale</b>
3	39 WKN06	<b>Renal Funding</b>	<b>If...</b> there is insufficient funding to meet the service demand through the agreed Integrated Commissioning Plan funding position of 2024-2025  <b>Then...</b> there will be an estimated in year shortfall of funding to meet the demand of £0.87m  <b>Resulting in...</b> non delivery against the agreed financial plan of 2024-2025 for the Welsh Kidney Network	To maximise value and outcomes within available resources	Finance including claims	<ul style="list-style-type: none"> <li>Funding agreed in ICP for 2024/325</li> <li>HB financial representation now form part of the regional meetings</li> <li>Monthly review of the HB's submissions on monitoring and returns</li> <li>Standing agenda item on regional provider meetings and Network Board</li> </ul>	<ul style="list-style-type: none"> <li>Review contract inflationary uplift mechanisms to separate growth factors i.e. staffing, consumable, utility costs to enable more nuanced negotiations with independent service providers (ISPs)</li> <li>Contract baselines to be reviewed so that service lines are clear and understood and linked to a clear allocation</li> <li>Ensure data accuracy on baseline activity is reflected with the monthly monitoring and returns</li> <li>Work with providers to ensure that the data held within Vital Data is reflective of the monthly HB submissions</li> <li>Commission a distinct piece of work on Demand and Capacity Modelling, To develop a model of future activity/demand, and responding capacity, in order to inform future growth predictions which will be the basis of a) the Welsh Kidney networks commissioning intentions and b) the investment profile of the Welsh Kidney Network over the timescale set (Delay in project due to CTM Information Governance requirement)</li> <li>An initial financial assessment identifying £0.531M costs savings from WKN Delegated Budget was presented and agreed by WKN Board 05.06.24</li> <li>Further work to be undertaken with the providers to reduce the current gap of £0.26m by July 2024</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Welsh Kidney Network Board</li> <li>Integrated Governance Sub-Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	jun-24	Financial plans have been drawn up to look at the areas of reducing the funding gap of £0.82m. Will form part of the financial reporting at regional levels and board
4	51 NCC061	<b>Deep Brain Stimulation – lack of awareness of eligibility criteria re: unmet need</b>	<b>If...</b> a lack of awareness of eligibility criteria and potential to benefit amongst referring clinicians continues  <b>Then...</b> patients with Parkinson's disease, tremor and dystonia who could benefit from Deep Brain Stimulation will not be referred for treatment  <b>Resulting in...</b> poor outcomes for patients	To ensure the provision of safe, high-quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/ psychological harm)  Population Health	<ul style="list-style-type: none"> <li>JCC have had internal discussions and are working with the gatekeeper</li> <li>A Welsh single point of contact had been established for NBNHST</li> <li>NBNHST to develop a Standing Operating procedure that covers both outpatient and discharge communication</li> <li>Workshop to be held between Regional clinicians, gatekeeper and JCC to understand current provision/pathway and to build relationships</li> <li>Llais/WG/Parkinson's UK informed of current position and kept updated</li> </ul>	<ul style="list-style-type: none"> <li>JCC have had internal discussions and are working with the gatekeeper</li> <li>A Welsh single point of contact had been established for NBNHST</li> <li>NBNHST to develop a Standing Operating procedure that covers both outpatient and discharge communication</li> <li>Workshop to be held between Regional clinicians, gatekeeper and JCC to understand current provision/pathway and to build relationships</li> <li>Llais/WG/Parkinson's UK informed of current position and kept updated</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Integrated Governance Sub-Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	jun-24	Risk merged with NCC060
5	75 IF02	<b>Calea Contract Renewal</b>	<b>If...</b> the private provider Calea once again experiences technical issues in the provision of HPN  <b>Then...</b> there will be issues of supply  <b>Resulting in...</b> potential patient harm	To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change	Service/ business interruption	<ul style="list-style-type: none"> <li>This risk remains on the register for monitoring and will be escalated when Calea experience technical issues in the provisions of Home Parenteral Nutrition (HPN)</li> </ul> <p>June 2023</p> <ul style="list-style-type: none"> <li>The JCC (former WHSSC) received notice of Implementation of Contingency Strategy from Calea 15.06.23 and further update received 11.09.23 issues were resolved 24.10.23</li> </ul> <p>May 2024</p> <ul style="list-style-type: none"> <li>The Joint Commissioning Committee (JCC) received notification of Implementation of Contingency Strategy from Calea on the 23.05.24</li> <li>Regular review meetings between Calea and procurement (acting on JCC's behalf) to be put in place</li> <li>Contingency arrangements to be in place for approx. 1</li> </ul>	<ul style="list-style-type: none"> <li>Due to increased absence and machinery down time in our production unit Calea are experiencing a backlog in PN production. Contingencies from Calea include:                             <ul style="list-style-type: none"> <li>Implementing multi-chamber bag (MCB) alternatives for those patients on compounding identified by Trusts as green for a 4-week period and patients on the amber list for a 2-week period, (in agreement with clinical teams)</li> <li>Not accepting any new referrals of patients to the PN service, except for patients prescribed multi-chamber bags/fluids</li> <li>Continuing with overtime whenever possible</li> </ul> </li> <li>Procurement to remain in close liaison with Calea regarding the situation - Weekly</li> <li>Increase risk scoring - 29/05/24</li> <li>JCC was informed on the 23/05/24 that Calea were in contingency measures. Therefore the risk was reviewed by the commissioning team and agreed the score should</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Integrated Governance Sub-Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	jul-24	Procurement confirmed in July 24 that Calea are no longer in contingency measures. Risk score lowered to 8 (target score) therefore, commissioning team agreed to close risk.

	A	B	C	E	F	G	H	I	J	K
	Datix ID	Risk Title	Risk Description	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
2	59 IF15	<b>Calea Contract Renewal</b>	<p>If...the current homecare provider contracts ends on 30th June 2024 with no current arrangement to extend</p> <p><b>Then...</b>the HPN supply to patients could be impacted</p> <p><b>Resulting in...</b>patients could be left without a service</p>	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/ psychological harm)	<ul style="list-style-type: none"> <li>Urgent meeting arranged NWSSP and provider to discuss contract and severity of risk to service for patients from 2024.</li> <li>Escalated to JCC Medical Director (former WHSSC)</li> <li>Escalated risk to JCC Director of Finance (former WHSSC)</li> <li>8th April 2024 paper was received at CDGB to approve 3 month extension of contract until 30th June 2024.</li> </ul>	<ul style="list-style-type: none"> <li>Tender issued on the 9th April 2024 and returned the 10th May 2024. Tender analysis undertaken in mid-May.</li> <li>Approval given by JCC Senior Leadership Team to renew the framework Agreement.</li> <li>Procurement (NWSSP) to continue with the process to progress new providers being put in place from 01 July 2024</li> <li>05.06.24 Information endorsed by the Senior Leadership Team. Procurement (NWSSP) to continue with the process to progress new providers being put in place from 01 July.</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Integrated Governance Sub-Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	jul-24	New providers in place 01 July 24.
6										

**Agenda Item**

4.2

**Audit and Risk Committee**

**JCC Audit Recommendations Tracker**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	17/10/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Helen Harris, Financial Accountant
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Jacqui Maunder, Committee Secretary
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Jacqui Maunder, Committee Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
	Click or tap to enter a date.	Noted

<b>Acronyms / Glossary of Terms</b>	
CTMUHB	Cwm Taf Morgannwg University Health Board
ARC	Audit and Risk Committee

## 1. SITUATION

The purpose of this report is to provide the CTMUHB Audit and Risk Committee (ARC) for hosted bodies with an update on progress in respect of the implementation of recommendations from internal and external audits.

## 2. BACKGROUND

Since 1 April 2024, in accordance with the new Joint Commissioning Committee (JCC) Standing Orders (SOs) and the Hosting Agreement (HA) with CTMUHB, the JCC utilises the CTMUHB ARC to discharge the requirement to have a sub-committee to cover the audit and risk aspects of Joint Committee business.

Further to the establishment of the JCC on 1 April 2024 an amalgamated audit recommendations tracker was developed to incorporate the audit recommendations of the predecessor organisations EASC & WHSSC.

Audits play an important independent role in providing the JCC and the ARC with assurance on internal controls and that systems and processes are sufficiently comprehensive and operating effectively. Therefore, it is essential that recommendations from both internal and external audits are implemented in a timely way. All reports from audits undertaken across the JCC services are logged and monitored through the JCC audit tracker.

## 3. ASSESSMENT

### 3.1 Internal Audit

#### 3.1.1 Summary of Legacy Internal Audit Reports

There are 4 legacy internal audit reports with outstanding recommendations which have been carried forward into the JCC and these are summarised below.

Currently, all of the recommendations in these reports have been completed and nothing is outstanding.

Audit Theme	Recommendations		
	Made	Achieved	Outstanding
Risk Management (WHSSC)	4	4	0
Renal Network (WHSSC)	3	3	0
Integrated Commissioning Plan (ICP) (WHSSC)	3	3	0
Adult Critical Care Transfer Service (EASC)	1	1	0

A summary of the overall position to date and details of progress made on the outstanding recommendations is presented at **Appendix 1** for information.

### 3.1.2 Summary of Planned Audits for 2024-2025

The Director of Finance and the Committee Secretary met with colleagues from the NHS Wales Shared Services Partnership (NWSSP) internal audit team on 31 July 2024 to discuss the JCC’s internal audit programme for 2024-2025.

The following reviews were proposed for completion by Internal Audit during 2024-2025:

Audit Theme	Quarter	Assurance Rating
Mental Health & Vulnerable Groups	3	-
Establishment of the JCC - Advisory	4	N/A
1 x Other TBC	4	-

### 3.2 External Audit

As a consequence of the establishment of the JCC on 1 April 2024 there are legacy recommendations outstanding relating to the review of [Audit Wales Committee Governance Arrangements at WHSSC](#) report.

The report outlined 4 recommendations for WHSSC all of which were completed in 2023.

The report outlined three recommendations for Welsh Government (WG) and Recommendation 5 has been completed. Recommendations 6 & 7 are categorised as partially completed. An update on progress is outlined below:

<b>R6 Sub-regional and regional programme management</b>	
This is linked to Recommendation 2 made to (former) WHSSC in this report. When new regional or sub-regional specialised services are planned which are not the sole responsibility of WHSSC, ensure that effective multi- partner programme management arrangements are in place from concept through to completion (i.e. early in the development through to post-implementation benefits analysis).	
<p><b>Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:</b> As you have highlighted, whilst some key service areas like major trauma have been developed successfully and with good collaboration across organisations, the timelines around such changes have been slow and often hampered by a lack of clarity on who is driving the process. I agree with your view that end-to-end programme management of such schemes, which are not within the sole remit of WHSSC, should be strengthened.</p>	<p><u>WG Update 11 October 2023</u> WG have sought clarification from Audit Wales on the detail of the recommendation and WHSSC will be notified once a response is received.</p> <p><u>WG Update 1 November 2023</u> The function of regional commissioning is being explored and discussed as part of the development of the new national commissioning arrangements. It is recognised though that this would be either a delegated function from or supporting function to health boards.</p>

<p>The National Clinical Framework which we published on 22 March, sets out a vision for a health system that is co-ordinated centrally and delivered locally or through regional collaborations. Implementation will be taken forward through NHS planning and quality improvement approaches and our accountability arrangements with NHS bodies.</p>	<p><u>September 2024</u> Further to the establishment of the JCC 1 April 2024 enquiries have been made with Welsh Government to obtain an update on WG discussions with Audit Wales on whether the outstanding actions can now be categorised as completed, given that the committees of WHSSC and EASC have now been combined under the NHS Wales Joint Commissioning Committee (JCC), and that the risk and governance frameworks are now established.</p>
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**R7 Future governance and accountability arrangements for specialised services**

A Healthier Wales included a commitment to review the WHSSC arrangements along with other national hosted and specialist advisory functions. COVID-19 has contributed to delays in taking forward that action. It is recommended that the Welsh Government set a revised timescale for the action and use the findings of this report to inform any further work looking at governance and accountability arrangements for commissioning specialised services as part of a wider consolidation of current national activity.

<p><b>Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:</b> A Healthier Wales committed to reviewing the WHSSC arrangements alongside other hosted national and specialised functions, in the context of the development of the NHS Executive function. The position of WHSSC within this landscape needs to be carefully considered. On the one hand, there are strengths in the current system whereby health boards, through the joint committee, retain overall responsibility for the commissioning of specialised services. This requires collaboration and mature discussion from both the commissioner and provider standpoint. However, I recognise the inherent risk of conflict of interest in this arrangement and note the reference made in your report to the Good Governance Institute’s report of 2015 which suggested a more national model may be appropriate.</p> <p>In my letter to health boards of 14 August 2019, I indicated that, as recommended by the Parliamentary Review, the governance</p>	<p><u>WG Update 11 October 2023</u> The Minister for Health &amp; Social Services asked Steve Combe, MBE to undertake an independent review of national commissioning functions at the beginning of this year. Following engagement with stakeholders and analysis of the evidence, review findings and recommendations were presented to the Minister in May 2023 and were accepted in full. Programme arrangements have been put in place to deliver those recommendations to deliver a new national Commissioning Joint Committee by 1 April 2024. Audit Wales colleagues receive the papers for the overarching, WG Oversight Board for information on a monthly basis.</p> <p><u>September 2024</u> Further to the establishment of the JCC 1 April 2024 enquiries have been made with Welsh Government to obtain an update on WG discussions with Audit Wales on whether the outstanding</p>
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<p>and hosting arrangements for the existing Joint Committees would be streamlined and standardised. I also said that it was intended the NHS Executive would be become a member of the Joint Committees' Boards in order to ensure there is a stronger national focus to decision making. However, the thinking at the time was that the joint committee functions would not be subsumed into the NHS Executive function. We will continue to look at this as the NHS Executive function develops further and I will update you should there be any change to the direction of travel I indicated in 2019.</p>	<p>actions can now be categorised as completed, given that the committees of WHSSC and EASC have now been combined under the NHS Wales Joint Commissioning Committee (JCC), and that the risk and governance frameworks are now established.</p>
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#### 4. GOVERNANCE & RISK

Audit Wales undertake an annual programme of independent external audits on NHS services, and NHS bodies are required to present a formal management response to the recommendations through a public report.

The WHSSC Joint Committee received an update on progress on the 21 November 2023 during which Audit Wales were in attendance and confirmed they were content with the positive progress made. The CTMUHB ARC last received an update on 22 February 2024.

A further update will be submitted to the JCC in Autumn 2024 and thereafter to Audit Wales and to HB Audit Committees for assurance. This will ensure that all NHS bodies are able to maintain a line of sight on the progress being made, noting the JCCs status as a Joint Committee of each HB in Wales.

#### 5. ASSESSMENT

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol CC GIG Cymru / Link to NWJCC Strategic Goal(s)</b>	<p>Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration</p> <p>The NWJCC was established on 1 April 2024. The strategic goals were approved in September 2024. This work aims to maximise value and facilitate integration</p>
<b>Dolen i Feysydd Strategol CC GIG Cymru / Link to NWJCC Strategic Principles</b>	<p>Commission evidence based services that are secured through forging excellent relationships; shaped by people with expert knowledge and experience to secure high quality care with outcomes that matter and ensure involvement of patients and are sustainable and make the best use of resources</p> <p>The NWJCC was established on 1 April 2024. The principles were approved by the NWJCC in September 2024. The aim to be the centre of excellence for collaborative commissioning</p>

<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below: A More Equal Wales A Wales of cohesive communities
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Efficient All of the domains of quality apply
	If more than one applies please list below: Effective; equitable; person centred; timely and safe
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Equally applied. No potential negative impact
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Equally applied. No potential negative impact
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	

<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.

## 6. RECOMMENDATIONS

Members of are asked to:

- **Note** the report
- **Note** the amalgamated JCC audit recommendations tracker incorporating the audit recommendations of the former organisations EASC & WHSSC
- **Note** the progress achieved in implementing the recommendations made,
- Take an **assurance** on the rolling programme to collate updates from services on a bi-monthly basis in order to report progress to the Audit and Risk Committee; and
- **Note** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report.

NHS Wales Joint Commissioning Committee

Register of Recommendations from the Legacy Internal Audit Report on the Adult Critical Care Transfer Service to the Emergency Ambulance Services Committee

October 2024

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA ACCTS 2024 1	<p>Our review of the ACCTS highlight reports to the DAG meetings note:</p> <ul style="list-style-type: none"> <li>• Earlier iterations of the reports had actions RAG rated to show the risk to completion or delivery of an action. Recent iterations included some information on the mitigations being taken where actions remained outstanding, but the RAG status was not included.</li> <li>• Some reports include information on specific concerns in relation to training and set out the risk to the service if action was not taken. However, the risk register does not have this risk captured. Furthermore, the highlight reports do not contain information on the ACCTS risks captured on the risk register.</li> </ul> <p>We also note that other risks that may impact on the service were not captured on the risk register. For example, the service is at times operating beyond its original service delivery intentions by providing an out-of-hours provision and offering additional training.</p>	<p>A more robust approach to identifying and capturing risks relating to the ACCTS should be in place. All recorded risks should have an appropriate risk owner, be reviewed on a periodic basis and the risk register updated following review. The highlight reports the DAG meetings should incorporate updates on the highest scoring risks of the service.</p> <p>Consideration should be given to re-introducing RAG rating status updates against actions, to allow readers to gauge if actions are on-track and the potential impact. There is the risk that potential impacts on service delivery are not captured, monitored or mitigated against.</p>	MEDIUM	June 2024	Stephen Harry, Chief Ambulance Commissioner	Mark Winter, Director of Operations EMRTS	<p>With the establishment of the new NHS Wales Joint Commissioning Committee, all previous risk registers from EASC and WHSSC are being reviewed and merged. As part of this process, a review of commissioned services risk registers will be undertaken. The ACCTS is hosted by Swansea Bay University Health Board (SBUHB). The ACCTS risk register is reported to the SBUHB Quality &amp; Safety DAG and the SBUHB Risk Management Group and EMRTS DAG. Recommendation 1.1 will be actioned, aligning the ACCTS risk register to the SBUHB risk management process. Consideration will be given to recommendation 1.2, when reviewing and aligning the ACCTS risk register to the SBUHB risk management process.</p> <p><b>PROGRESS:</b></p> <ul style="list-style-type: none"> <li>•ACCTS risks are now reported separate from wider EMRTS risks</li> <li>•Other risks identified in the report that may impact on the service were considered and a specific risk relating to training and education has been added to the register</li> <li>•The risk owner for all ACCTS risks has been identified as Mark Winter, Operations Director</li> <li>•As recommended, the top ACCTS risks are now included in the ACCTS Highlight Report, as recommended these are now also rag-rated</li> <li>•The risks continue to be reported to, reviewed by and updated following each EMRTS Clinical and Operations Board meetings (last reviewed 23/7) and, in line with the hosting arrangement, each Swansea Bay UHB Quality and Delivery and Risk Management Groups</li> <li>•The new format of the risk register and ACCTS Highlight Report will be presented at the next meeting of the EMRTS Delivery Assurance Group in September and the recommendation is expected to be formally closed.</li> </ul>	<p>COMPLETE</p> <p>COMPLETE</p>

**NHS Wales Joint Commissioning Committee**  
**Summary Position Regarding Progress on Legacy Internal and External Audit Reports**  
**October 2024**

Summary Position Regarding Legacy Internal Audit Recommendations								
Report Title	Report Date	Audit Committee Date	Number of Recommendations Made	Number of Recommendations Achieved	Number of Recommendations Outstanding	Recommendations Not Yet Falling Due	Recommendations over due ( Original Date )	Recommendations with a revised due date
Risk Management 2022	May 2022	May 2022	4	4	0	0	0	0
Wales Kidney Network	September 2023	October 2023	3	3	0	0	0	0
Integrated Commissioning Plan Development	December 2023	December 2023	3	3	0	0	0	0
Adult Critical Care Transfer Service	June 2024	August 2024	1	1	0	0	0	0

Summary Position Regarding Audit Wales Recommendations								
Report Title	Report Date	Audit Committee Date	Number of Recommendations Made	Number of Recommendations Outside of WHSSC Control	Number of Recommendations Within WHSSC Control	Actions Agreed	Actions Completed	Actions in Progress
Governance Arrangements	May 2021	August 2021	7	3	4	13	13	0



**Agenda Item**

4.3

**Audit & Risk Committee**

**National Imaging Academy Wales Risk Register**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	17/10/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Tracy Norris, Academy Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Tracy Norris, Academy Manager
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Lauren Edwards, Executive Director of Therapies & Health Science

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
CCT	Certificate of Completion of Training
CR	Clinical Radiology
CTMUHB	Cwm Taf Morgannwg University Health Board
HEIW	Health Education and Improvement Wales
NIAW	National Imaging Academy Wales
PACS	Picture Archiving and Communication Systems



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

RISP	Radiology Informatics System Procurement
ST	Specialist Trainee

## 1. Situation / Background

- 1.1 The National Imaging Academy Wales is a small NHS organisation, hosted by Cwm Taf Morgannwg University Health Board. It has increased the capacity for Radiologist training in Wales alongside facilitating training for the wider NHS workforce in appropriate Imaging Training. The wider ambition and scope of NIAW includes providing a national hub and Innovation and Research for Diagnostic Imaging through appropriate collaboration with NHS Wales, Higher Education Institutions, and Industry.
- 1.2 The purpose of the report is to provide an update on the National Imaging Academy Wales risk register.

## 2. Specific Matters for Consideration

- 2.1 Not applicable

## 3. Key Risks / Matters for Escalation

- 3.1 There is one ongoing high risk related to:
- Commissioned number of CR Specialist Trainees for Training at NIAW
  - To note high risk 4807 related to recurrent capital funding is now closed

There are three moderate risks related to:

- Confidence to deliver the recommendations from the Gateway Review
- Concerns in relation to recruitment
- Interim SRO in place

The NIAW Risk Register (High & Moderate risks) is attached in Appendix 1.



#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Sustaining Our Future
	<p>NIAW was established to assist with key priorities as stated within the Imaging Statement of Intent:</p> <ul style="list-style-type: none"> <li>• Workforce and education and development goal - to develop a sustainable and flexible imaging workforce to deliver a modern, responsive diagnostic imaging service for Wales.</li> <li>• Equipment - establish a co-ordinated approach to identifying, evaluating, prioritising, and adopting new imaging technologies across NHS Wales</li> <li>• Quality - develop strategic plans for the delivery of imaging services to maximise workforce and imaging capacity utilisation.</li> </ul> <p>Research &amp; Innovation - establishing a strong research and academic base, with national and international collaboration, for imaging including radiology, radiography, and medical physics in Wales</p>
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Data to Knowledge
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</b>	Effective
	If more than one applies please list below:



<i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not applicable
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Significant reputational damage to the National Imaging Academy should the academy not achieve the desired outcome.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. Recommendation

5.1 The Audit and Risk Committee is asked to:

- Note the update provided relating to the NIAW's Risk Register (attached as Appendix 1).

## 6. Next Steps

- Progress key actions related to risk 5033 (Gateway review recommendations)
- Effective communication with CTMUHB workforce and finance teams in relation to recruitment challenges
- SRO concerns escalated to relevant parties, waiting on a response.

**NIAW Risk Register (High & Moderate Risks)**

ID	Locality	Service Group	Risk Domain	Title	Description	Controls in place	Rating (current)	Rating (Target)	Handler
4689	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	Commissioned number of CR Specialist Trainees for Training at NIAW	<p><b>IF:</b> HEIW do not commission NIAW to train the 20 ST's per year, as identified as a key aim in the NIAD BJC or if the Health Boards are unable to achieve the required capacity</p> <p><b>THEN:</b> The Specialist Trainee numbers achieving CCT will be below that expected/projected in NIAD BJC.</p> <p><b>RESULTING IN:</b> A delay and increased shortfall in ST numbers being trained to address the Welsh Radiologist workforce crisis and failure to achieve the expected benefit of NIAW</p>	<p>Raised as concern with: SROs (CEO, Hywel Dda; CEO, CTM) Associate Dean, Clinical Radiology, HEIW.</p> <p>RCR: with CMO/CSO (WG) through annual RCR President/WG meeting; Vice President has approached Chair, HEIW</p>	C5XL4=20	10	Tracy Norris
5033	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	Gateway 5 Review Amber/ Red status in NIAW's Delivery Confidence Assessment for its future developments. [Successful delivery of the projects is in doubt with major risks or issues apparent in several key areas. Urgent action is required to ensure these are addressed, and establish whether resolution is feasible]	<p><b>IF:</b> NIAW fails to take urgent action</p> <p><b>THEN:</b> NIAW will be unsuccessful in delivering proposed BJC benefits and emerging outcomes &amp; benefits for NHS Wales</p> <p><b>RESULTING IN:</b></p> <ul style="list-style-type: none"> <li>- Fail to meet key objectives as set out in BJC and Welsh Government Imaging Statement of Intent</li> <li>- Short/Long term impact on diagnostic imaging workforce training and development                             <ul style="list-style-type: none"> <li>e.g. insufficient Radiologist training capacity to satisfy urgent current &amp; future workforce requirement</li> </ul> </li> <li>- Loss of public, NHS Wales and Welsh Government confidence</li> <li>- Unplanned negative financial impact -using NHS Wales budget</li> </ul>	<p>Gateway Review 5 workgroup established to action Review recommendations.</p> <ul style="list-style-type: none"> <li>- NIAW Management Team</li> <li>- NIAW Senior Responsible Officer</li> <li>- Advisor Group Identified to review NIAW Strategic Documents (Including Gateway Review Action Documents)</li> </ul>	C4xL3=12	4	Wardle, Mr Phillip

**NIAW Risk Register (High & Moderate Risks)**

5033	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	Recruitment	<p><b>IF:</b> NIAW are unable to recruit, as a result of structural changes ongoing in the host organization and the risk of staff redeployment</p> <p><b>THEN:</b> this will impact NIAW's ability to deliver their current objectives</p> <p><b>RESULTING IN:</b> a significant impact to NIAW deliverables and reputational damage.</p>	Raised as concern with CTMUHB DOF	C4xL2=8	4	Wardle, Mr Phillip
5951	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	Senior Responsible Officer	<p><b>IF:</b> A permanent SRO is not appointed</p> <p><b>THEN:</b> NIAW will be non-compliant with hosting agreement</p> <p><b>RESULTING IN:</b> Insufficient governance to manage strategic objectives within NIAW.</p>	Interim SRO role is currently held by Paul Mears (CEO CTMUHB), Escalated to Imaging Programme.	C4xL2=8	4	Wardle, Mr Phillip