Audit Risk & Assurance Hosted Bodies Meeting

Thu 22 May 2025, 09:00 - 10:00

Virtual Via Teams

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Agenda

09:00 - 09:05
5 min

1. PRELIMINARY MATTERS

Patsy Roseblade, Committee Chair

1.1. Welcome and Introductions

Patsy Roseblade, Committee Chair

1.2. Apologies for Absence

Information *Patsy Roseblade, Committee Chair*

1.3. Declarations of Interest

Information *Patsy Roseblade, Committee Chair*

09:05 - 09:10
5 min

2. MAIN AGENDA

2.1. Action Log

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

2.1 Action Log ARAC Hosted Bodies 22 May 2025.pdf (3 pages)

2.2. Matters Arising not contained within the Action Log

Discussion *Patsy Roseblade, Committee Chair*

09:10 - 09:45
35 min

3. IMPROVING CARE

3.1. JCC Update - Verbal

Discussion *Huw George, Interim Chief Commissioner (Interim)*

3.2. JCC Organisational Risk Register

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

3.2 JCC Org RR ARAC Hosted Bodies 22 May 2025.pdf (7 pages)
3.2a Appendix 1 - JCC Risk Register - March 2025 (1).pdf (12 pages)

3.3. JCC Audit Tracker

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

3.3 Audit Tracker Update ARAC Hosted Bodies 22 May 2025.pdf (4 pages)

3.4. JCC Integrated Medium Term Plan Progress - Presentation - to follow

Discussion *Georgina Galletly, Director of Corporate Planning & Strategy (Interim)*

3.4.1. Internal Audit Review - Governance Systems

Discussion *Internal Audit*

3.4.1 JCC Governance Final Internal Audit Report (Advisory).pdf (20 pages)

09:45 - 09:50
5 min

4. CONSENT AGENDA

4.1. Items for Approval

4.1.1. Unconfirmed Minutes of the Meeting held on 13 February 2025

Decision *Patsy Roseblade, Committee Chair*

4.1.1 Unconfirmed Minutes 13.02.25 ARAC HB 22 May 2025.pdf (6 pages)

4.2. Items for Noting - tbc

09:50 - 09:55
5 min

5. ANY OTHER URGENT BUSINESS

Discussion *Patsy Roseblade, Committee Chair*

09:55 - 09:55
0 min

6. DATE AND TIME OF NEXT MEETING

Thursday 25 June 2025 - 15:00 pm - To Approve the Annual Accounts and Accountability Report

HOSTED BODIES AUDIT & RISK COMMITTEE ACTION LOG
FOLLOWING MEETING HELD ON 13 May 2025

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT MAY 2025
2.1	February 2025	JCC Action Log	To review the narrative on risks 65 and 40 on the risk register.	May 2025	JCC Committee Secretary/Associate Director of Corporate Services	**Propose to Close** An update on the risks has been circulated to the Committee via email on the 8.5.25
Up	17 December 2024	JCC Organisational Risk Register	To arrange a meeting between the two Chairs to discuss management of risks and provide assurance back to the next meeting of the Audit, Risk & Assurance Committee	February 2025	Interim Chief Commissioner/ Director of Finance & Information	**In progress** A meeting will be arranged in Summer 2025.
4.4	17 December 2024	Internal Audit Report – Mental Health Quality Commissioning Arrangements	To check if the workshop referred to was held on the 28th November 2024 took place	February 2025	Interim Chief Commissioner/ Director of Finance & Information	**Propose to Close** The workshop did take place.
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	**Propose to Close** The risks have been reviewed as follows: • 40 – this related to limited outpatient dialysis in Swansea which has now been has been managed and the risk has been de-escalated, • 57 this related to insufficient theatre beds which has now been has been managed and the risk has been de-escalated, • 63 this related to neurosurgery sustainability which has now been has been managed and the risk has been de-escalated.
COMPLETED ACTIONS						

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT MAY 2025
4.1	17 December 2025	JCC Update	To bring an update to a future meeting of the Committee on the planning and process in relation to the Plan.	February 2025	Interim Chief Commissioner/ Director of Finance and Information	**Completed** Update contained within the JCC Progress Report for the February 2025 meeting.
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	**Completed** An updated was provided to the ARC meting 17 December and all recommendations have been closed.
4.2	17 October 2024	JCC Organisational Risk Register	To review the narrative on the de-escalated Risk 40 – Limited Outpatient Dialysis for patients in Swansea due to the recent issues at the Princess of Wales Hospital. To review Risk 65 – Renal Dialysis across Wales.	17 December 2024	JCC Committee Secretary/Associate Director of Corporate Services	**Completed** Further narrative provided within risk register. The risk has been mitigated by the opening up of twilight sessions to increase capacity until the two new units are open and fully functioning. Unit dialysis capacity pressures across Wales are being managed and monitored through Risk 65 on the risk register with a score of 16.
4.2	17 October 2024	JCC Organisational Risk Register	To provide a detailed focus on the two red Ambulance Risks 71 & 74 for the next meeting of the Committee.	17 December 2024	JCC Committee Secretary/Associate Director of Corporate Services	**Completed** The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. Risks 71 and 74 have been replaced by Risk 77
4.3	17 October 2024	National Imaging Academy Wales	To amend the wording in the report in relation to recruitment and re-circulate to members.	November 2024	NIAW Academy Manager	**Completed** Report has been amended and re-circulated.

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT MAY 2025
5.	15 August 2024	Any other Urgent Business	To provide a written update report on the JCC, for future meetings.	17 October 2024	JCC Committee Secretary/Associate Director of Corporate Services	**Completed** Written report on the agenda for December 2024 meeting**.**

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Agenda Item
3.2

Audit & Risk & Assurance Committee Hosted Bodies

Joint Commissioning Committee Risk Register

Dyddiad y Cyfarfod / Date of Meeting	22/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Jacqui Maunder, Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Jacqui Maunder, Committee Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Choose an item.

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
Discussed by the JCC Senior Leadership Team	7 May 2025	Discussed
JCC Meeting	21 May 2025	Approved
Acronyms / Glossary of Terms		
JCC	Joint Commissioning Committee	
CTMUHB	Cwm Taf Morgannwg University Health Board	

1. Situation /Background

1.1 The purpose of this report is to present the transitional amalgamated risk register as at March 2025 to provide an assurance to the CTMUHB Audit and Risk Committee (ARC) for hosted bodies on the JCC risks scoring 15 and above. The risk register was last presented to the Joint Committee (JC) meeting on 21 May 2025 to review the risks, consider the controls and mitigating actions and to approve the JCC risk register.

2. Specific Matters for Consideration

2.1 Further to the establishment of the JCC on 1 April 2024, in accordance with the new Hosting Agreement (HA) with CTMUHB, the JCC is required to adopt the risk assessing mechanisms of CTMUHB. Any adaptation to the agreed risk processes of the Host Body, which may be required owing the specific functions of the JCC, should only be made after consulting with the Host Body Executive Director of Finance and the Director of Corporate Governance/Board Secretary.

2.2 On 16 July 2024 the JC 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.

2.3 The risk register for the JCC as at 31 March 2025 (**Appendix *1***) remains transitional whilst further work continues to be undertaken to fully develop and implement the Risk Management Strategy for the JCC (in line with the CTMUHB HA), and until the JCC has had opportunity to consider its risk appetite further in 2025-2026 following discussions at the JCC development sessions on 15 October 2024 and 10 December 2024.

2.4 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.

2.5 Each of the high risks have been assigned to one of the sub-committees as set out in the risk register. The Quality, Safety & Outcomes Sub-Committee and Planning, Performance & Finance Sub-Committee, held their second meetings on 31 March 2025 and 8 April 2025 respectively. On behalf of the JCC, these sub-committees have

a role to play in ensuring effective risk management in particular they will:

- Have responsibility for the commissioning risks assigned to them by the JCC,
- Receive, monitor and scrutinise risk management and assurance arrangements,
- Stimulate discussion to identify any new risks applicable to the JCC,
- Ensure that associated quality and/or financial concerns associated with commissioned service risks are appropriately captured within each risk as necessary,
- Analyse if there are cross cutting themes and/or risks within the directorate risk registers that need to be captured and escalated to the JAF,
- Provide constructive critical challenge on risk scoring, controls and mitigating actions,
- Receive updates in terms of actions taken to mitigate the risks, and provide feedback and challenge to risk owners on the actions taken and any further action required; and
- Provide onwards assurance to the JCC in relation to risks assigned to them to provide oversight and scrutiny.

3. Key Risks / Matters for Escalation

3.1 Risk Summary

As at 31 March 2025 there are **13** risks with a score of 15 and above (high risks) on the transitional Risk Register. A summary of these risks is outlined below.

3.2 Commissioning Risks

There are 12 risks open with a risk score of 15 and above:

- Ambulance Services x 2
- Cancer and Blood x 1
- Cardiac x 3
- Neurosciences x 2
- Welsh Kidney Network x 1
- Women and Children x 3

3.3 A summary of the changes that have taken place up to March 2025 are outlined in ***table 1*** below:

Table 1 – Commissioning Risk Profile – March 2025

Commissioning Risk Activity	Update as at March 2025
New Commissioning Risks	One new risk has been added: • Risk 79 – Type A Aortic Dissection
Escalated Commissioning Risks	No risks have been escalated.
De-escalated Commissioning Risks	One risk has been de-escalated: • Risk 34 (P/21/02) – Lack of Paediatric Intensive Care Beds The Women & Children Commissioning Team have reviewed the risk. Escalation meeting held 18th March. Cardiff & Vale Health Board presented their progress against the agreed actions/objectives for the Paediatric Intensive Care Unit (PICU). The PICU escalation level was discussed in length. The team agreed that there had been improvements against the objectives; therefore, the decision was made to de-escalate to level 2. There will be caveats explained in the de-escalation letter of what is required over the next 3 months to show the sustainability of the current service provision. In particular ensuring that 7 beds remain open with less than 5% refusals for emergency admissions and the monthly contract data set for PICU activity returns as part of the contract monitoring. Further sustained progress will be required prior to considering further de-escalation of the service. Based on this the risk score has reduced from 20 to 12. Consequence remains high but the likelihood has reduced.
Closed Risks	No risks have been closed.

3.4 **Corporate/Organisational Risks**

There is 1 risk open with a risk score of 15 and above:

- Corporate Services x1

3.5 A summary of the changes that have taken place in March 2025 are outlined in ***table 2*** below.

Table 2 – Corporate/Organisational Risk Profile – March 2025

Corporate Risk Activity	Update as at March 2025
New Risks	No new risks have been added.
Escalated Risks	No risks have been escalated.
De-escalated Risks	No risks have been de-escalated.
Closed Risks	One risk has been closed: • Risk 76 (FD4) Financial Break-Even The JCC ended 2024/25 with a £6.9m deficit which was in line with the forecast. Non-recurrent funding of £8.8 million to cover the costs related to NHS England activity was received from Welsh Government, thereby mitigating the financial risk. The deficit position will be challenging going into 2025/26 as the plan does not include any contingencies to mitigate or manage over performance on the Long-Term Contracts (LTAs) within the financial position. A new risk will be added in April 2025 for the financial year 2025/26.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to NWJCC Strategic Goal(s)	Not Applicable
	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
Dolen i Feysydd Strategol BIP CTM / Link to NWJCC Strategic Principles	Not Applicable
	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
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below: A more equal Wales A Wales of cohesive communities
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Efficient
	If more than one applies please list below: Effective; equitable; person-centred; timely and safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: The Risk Register is regularly reviewed and does not specifically deal with patient level information i.e. re protected characteristics although all services are required to comply with the

		Equality Act and Public Sector Equality Duty
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	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
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	The Risk Register is a key document to manage all issues and risks within the JCC including its reputation	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Identified within the Risk Register	

5. Recommendation

5.1 Members are asked to:

- **Note** the report; and
- **Note** the JCC risk register as at 31 March 2025,

Risk Dashboard (Risks Graded 15 and Above) - March 2025

	CONSEQUENCE (C)					
LIKELIHOOD (L)	CxL	1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
	1 – Highly Unlikely					
	2 – Unlikely					
	3 – Likely				**34 Lack of paediatric intensive care beds - RISK DE-ESCALATED FROM 20 - MARCH 2025**	**76 NWJCC Finanacial break-even - RISK CLOSED - MARCH 2025** **77** Commissioning of sufficient Emergency Ambulance Services capacity
	4 – Highly Likely				**28** Business Continuity **53** C&VUHB Neurosciences staffing issues/level **56** CVUHB Neo-natal infection control **61** Obesity surgery waiting times **65** Renal dialysis capacity across Wales **67** Cardiac Device service at BCUHB staffing issues and out of hours service **68** C&VUHB Specialist Auditory Hearing service waiting times **79 Type A Aortic Dissection - NEW RISK - MARCH 2025**	**55** CVUHB Neo-natal workforce **69** Paediatric Radiology out of hours provision
	5 – Almost Certain			**03** Plastic surgery delays		**78** Utilisation of Emergency Ambulance capacity

Organisational Risk Register (Risks Graded 15 and Above) - March 2025

Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team/ Directorate	JCC Strategic Objective	CTM Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (C x L)	Rating (Target) (C x L)	Trend	Opened	Last Reviewed
											C L	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	Director of Commissioning for Specialised Services	Cancer & Blood	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	SBUHB	• The service is in escalation level 2 due to the waiting times performance position. • The delivery plan to achieve the Welsh Government target by March 2025 has been received from SBUHB. • Continue to monitor progress against the delivery plan. • SBUHB has received additional funding to achieve the target of clearing the >104wk waiting list by March 2025 • This risk is included within the C&B register for monitoring purposes, it is included within the overarching risk for waiting times (Risk 33(CS/10 CD03) Welsh Government Priority Delivery Measures)	• To work with SBUHB on their trajectory against the revised waiting times target. • To monitor progress against the plastic surgery recovery plan via monthly commissioner assurance meetings with SBUHB – next escalation meeting 28/04/25. • To report on progress against the recovery plan at the monthly Cancer & Blood commissioning team meeting and to SLT as appropriate. • To request an update from SBUHB with regards to the impact of waiting on patients together with any mitigations in place. COMPLETE • To request a plan from SBUHB regarding their communications with long-waiting patients. COMPLETE • Re-benchmark efficiency. • Request comprehensive demand and capacity plan. **Update for March 2025 -** The health board has confirmed that all patients waiting >104wks were treated by the end of March but that this position would not be sustainable without additional funding in 25/26. The C&B Commissioning team reviewed the risk which remains unchanged.	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	15 3 5	9 3 3	↔	26.02.2021	mar-2025
28 CS3/ CD01	**Business Continuity**	**If...**JCC staff are unable to deliver core business whilst implementing the transition plan to form the new JCC **Then...**this will have an impact on the ability to deliver core business on delivery of the integrated commissioning plan and/or the actions to implement new systems and processes **Resulting in...** the workforce being under pressure and affecting morale; a negative impact on the reputation of the JCC and failure to deliver all of our plans and transition to the new operating model.	Transformation Director	Corporate Services	**Facilitate Integration:** through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales	Service/ business interruption	N/A	• A Transition Director has been appointed to lead the work to implement the new operating model for the JCC. • The Transition Plan has been agreed with the SLT to ensure realistic timescales are set for implementation. • The overarching governance framework for the JCC is complete. • As part of the establishment of the 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). • Any new areas of work coming into the 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. • 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. • Prioritised recruitment plan in place. • Re-aligning existing resources to key priorities focussed on delievering the annual foundation plan 25/26.	• The Director of Transition and Transformation is leading work to develop the directorate structures to support the new operating model for the JCC - COMPLETE • A vacancy scrutiny panel has been established to review the organisational finances and workforce structures - COMPLETE • Following the announcement that the interim Chief Commissioner has attained a new role with SBUHB and left in October 2024, the process to recruit a substantive replacement commenced with plans in place to identify interim leadership arrangements - COMPLETE • Interim cover arrangements are planned for the Director of Commissioning (Specialised Services) and Director of Planning & Performance whilst substantive appointments are made/commence - COMPLETE **Update for March 2025 -** • The 6 week Organisational Change Policy (OCP) process consultation for the new JCC staff structure was launched on 4 December 2024 and concluded on 16 January 2025. • Interim arrangements to support the Senior Leadership Team are in place. • A new Workforce Transition Manager commenced in January 2025 to support the OCP and other transition work. • The interim Chief Commissioner post has been filled for 12 months and commenced in April 2025. The JCC Workforce Transition team are working alongside CTM People Services to oversee the delivery of the structure. The structure has been implemented and existing staff have been realigned into roles. There are a number of vacancies due to the vacancy freeze implemented during the OCP process and therefore the risk has moved to vacancies and the JCC team not running at capacity as a result. The resulting vacancies are being recruited to, it is envisaged that posts will be filled by the end of July/beginning of August 2025. On the basis that the OCP is still being implemented, the risk score remains unchanged. It is anticipated that the risk will reduce in Q2 2025/26 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.	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16 4 4	12 4 3	↔	16.09.2021	mar-2025
53 NCC062	**C&VUHB Neurosciences Staffing issues/level**	**If...**Cardiff and Vale University Health Board is unable to recruit to a number of current vacancies in the Neuro-rehabilitation service **Then...**the gap in the number of posts that have been commissioned means that the service is not meeting the national standards **Resulting in...**patients requiring admission to the Inpatient Neuro-rehabilitation Unit are unable to access the specialist rehabilitation they require	Director of Commissioning for Specialised Services	Neurosciences	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	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 **Update for March 2025 -** Commissioning Team undertaken a review of this risk which remains unchanged	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16 4 4	4 2 2	↔	30.08.2023	mar-2025
55 P/21/22	**Neonatal Workforce**	**If...**the impact of the available workforce within UHW, to support the current intensive care demand continues to be difficult **Then...**neonates who require tertiary regional neonatal support in South Wales may be inappropriately cared for **Resulting in...**a neonate being cared for in an inappropriate care setting, where the necessary skills and/or equipment are not available	Director of Commissioning for Specialised Services	Women & Children	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	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 • Re-set meeting to discuss and agree actions/objectives in collaboration with the health board on 18th September. Actions/objectives agreed. • Meetings to be held every 6 weeks to monitor progress.	• 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 - ongoing • 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 • Re-set meeting agreed to discuss and agree revised process and objectives in collaboration with the Health Board to be arranged - Meetings to be held every 6 weeks. Date of next meeting 25th February 2025 to monitor progress. **Update for March 2025 -** The W&C Commissioning Team have reviewed the risk which remains unchanged	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	20 5 4	4 2 2	↔	19.09.2023	mar-2025
56 P/21/23	**Neo-natal Infection Control**	**If...**Infection, Prevention & Control issues within the clinical area are not addressed **Then...**neonates within the Neonatal Intensive Care Unit environment within UHW, are at greater risk of infections, whilst safer practice monitoring is being embedded **Resulting in...**increased neonatal morbidity	Director of Commissioning for Specialised Services	Women & Children	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB	• Re-set meeting to discuss and agree actions/objectives in collaboration with the health board (September 2024) • Re-set meeting to discuss and agree actions/objectives in collaboration with the health board on 18th September 2024. Actions/objectives agreed. • Meetings to be held every 6 weeks to monitor progress.	• Executive to Executive meeting scheduled with C&VUHB - Completed • Action Plan requested as part of escalation framework - Completed • 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 • Re-set meeting agreed to discuss and agree revised process and objectives in collaboration with the Health Board to be arranged - Meetings to be held every 6 weeks. Date of next meeting 25th February 2025 to monitor progress. **Update for March 2025** - The W&C Commissioning Team have reviewed the risk which remains unchanged	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16 4 4	4 2 2	↔	19.09.2023	mar-2025
61	**Obesity surgery waiting times**	**If...**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) **Then...**patients from Betsi Cadwaladr University Health Board and North Powys awaiting obesity surgery procedures in Salford Royal Hospital will have their treatment delayed **Resulting in...**poor patient experience, poor outcomes and inequity of service provision between the North and South Wales service	Director of Commissioning for Specialised Services	Cardiac	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	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 - May 2025 • JCC to initiate the process for escalation of the service - December 2024 **Update March 2025** – The process for the escalation of the Salford obesity surgery service to Level 3 of the NWJCC Escalation Framework was initiated in December 2024 and endorsed by the NWJCC Senior Leadership Team in January 2025. A letter was sent to Salford in February informing them of the escalation and process. An escalation meeting will be arranged with the Salford service as soon as possible. WIMOS have recruited the Dietician post, who has commenced in post, thereby increasing the staffing capacity to enable the service to receive a small number of referrals from North Wales. The risk score will be reviewed following confirmation that WIMOS are receiving referrals from North Wales; no change to the risk score.	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16	4	↔	01.12.2023	mar-2025

Organisational Risk Register (Risks Graded 15 and Above) - March 2025

Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team/ Directorate	JCC Strategic Objective	CTM Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (C x L)	Rating (Target) (C x L)	Trend	Opened	Last Reviewed
65 WKN18	**Renal Dialysis Capacity across Wales**	**If...**the number of patients requiring dialysis continues to grow annually at a rate of 3–4% (or higher based on some projections) **Then...**the demand will exceed current capacity across Wales for both unit-based and home dialysis. **Resulting in...** • Limited availability of unit-based dialysis slots • Decreased accessibility to unit-based dialysis facilities near patients' homes • Increased reliance on twilight (evening) dialysis slots, which are associated with elevated patient safety risks, such as fewer medical staff being available and patients traveling home late at night. • Delays or limits on the number of patients accessing home dialysis, as the growing demand exceeds the capacity of the nursing workforce to provide timely training and ongoing monitoring. • Increased pressure on the NEPTS service to transport a greater number of patients to and from dialysis session 3 times per week	Director of Commissioning for Specialised Services	Welsh Kidney Network	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	BCUHB, CVUHB, SBUHB	• Value in Health Care funding secured to increase the number of transplant and home dialysis patients • Monitoring through provider WKN meetings through the WKN commissioning performance dashboard	• 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 March Update; Clinical Lead has been appointed February 2024 – complete. Community Healthcare Pathways – to be completed by Qtr 1 2025/26 • 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 March Update; Working with regional meetings on action plans being picked up as part of the WKN/Regional performance meetings – to be completed by Qtr 1 2025/26 • Risk submitted into JCC IMTP 2025/2026 process, with request for £3.207M investment covering growth including ISP's • Increased capacity with additional investment into Welshpool (operated by BCUHB) and a Dialysis unit in Bridgend with 21 stations (operated by SBUHB). March Update; Additional capacity commissioned and operational - complete **Update for March 2025** - Risk submitted into JCC IMTP 2025/2026 process, awaiting outcome of JCC IMTP 2025/2026 position. Risk reviewed and risk remains the same	• Joint Commissioning Committee • Welsh Kidney Network Board • Quality & Patient Safety Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	4 4 16	4 1 2	↔	25.01.2024	WKN Senior Leadership team 18/03/25 WKN Board 16/04/25 (endorsed)
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 delivery 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 • Insufficiently robust out of hours service	Director of Commissioning for Specialised Services	Cardiac	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	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-commission 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.	• Ongoing monitoring of device service via BCUHB SLA meetings (JCC) and via Cardiology Steering Group meetings (BCUHB) - Bi-monthly • Commencement of review of NWJCC-commissioned device services with a view to ensuring equitable provision across Wales (Terms of Reference to be confirmed) - June 2025 **Update March 2025** – This risk and its continued inclusion on the NWJCC Risk Register was discussed at the most recent Cardiac Commissioning Team meeting (19/03/2025). The CT agreed that this risk is a 'provider' risk and not a 'commissioner' risk noting that treating this risk would be within the ambit of the heath board and that this will be considered as part of the NWJCC cardiac device service review. It was agreed that this risk should be closed and removed from the risk register.	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	4 4 16	2 1 4	↔	16.02.2024	mar-2025
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 being compromised	Director of Commissioning for Specialised Services	Neurosciences	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	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 March 2025 -** Commissioning Team undertaken a review of this risk which remains unchanged	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	4 4 16	4 1 4	↔	06.02.2024	mar-2025
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	Director of Commissioning for Specialised Services	Women & Children	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB	•Revised business case against the 2021 investment received in May 2024 • Quarterly assurance & performance meetings to monitor progress commenced July 2024 • New proposal for service agreed September 2024	• Arrange meeting with service leads to discuss new proposal - Complete • 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 agreed September 2024 • Progression against business plan monitored through quarterly assurance meetings with service leads - Next quarterly assurance meeting with service 28/04/25 **Update for March 2025** - The W&C commissioning team have reviewed the risk.	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	4 4 20	2 2 4	↔	20.03.2024	mar-2025
77	**Commissioning of sufficient Emergency Ambulance Services capacity**	**If...**the NWJCC does not commission sufficient capacity of services **Then...**the providers will be unable to deliver their commissioned requirements **Resulting in...**reduced performance and quality standards, increased risk of harm, reduced system flow and NWJJC reputational risk	Director of Commissioning for Ambulance and 111 Services	Ambulance and 111 Services	**Facilitate Integration:** through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	WAST / EMRTS	• If the NWJCC failed to commission sufficient ambulance services capacity to respond to the needs of the population of Wales, significant harm, disability or death would occur. • The NWJCC have commissioned ambulance services capacity in-line with the 2019 ambulance services demand and capacity review. In additional to the 2019 demand and capacity review, the NWJCC and Welsh Government have commissioned additional ambulance service capacity, to respond to the changing demands for ambulance services. • It is recognised though, that the level of commissioned ambulance resources are not being fully utilised due to ambulance handover delays and therefore presents a higher scoring risk, under the risk of capacity utilisation.	• Establishment of the clincally led National Improvement Delivery Group to reduce ambulance handover delays • Increase the number of patients managed at Step 2 of the ambulance commissioning framework • Investment in additional ambulance service capacity by pass through of 2024/25 uplift • Completion of 2024 Demand and Capacity review - findings being considered as part of 2025/26 IMTP plan development • Assessment of implications of Manchester Arena Inquiry submission by the ambulance service being undertaken **Update for March 2025 -** Ambulance & 111 Commissioning Team have reviewed the risk score which remains unchanged	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	5 4 15	2 2 10	↔	sep-24	mar-2025
78	**Utilisation of Emergency Ambulance Capacity**	**If...**the capacity commissioned by the NWJCC is not utilised for its intended purpose **Then...**Health boards and their populations will not receive the services they require **Resulting in...**patients not receiving a timely emergency ambulance response, increasing the risk of harm, disability and death	Director of Commissioning for Ambulance and 111 Services	Ambulance and 111 Services	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	WAST	• Implementation of Welsh Government ambulance handover targets for health boards • NWJCC collaborative working with health boards and WAST to reduce conveyance to Emergency Departments	• Establishment of the clincally led National Improvement Delivery Group to reduce ambulance handover delays • Increase the number of patients managed at Step 2 of the ambulance commissioning framework • Investment in additional ambulance service capacity by pass-through 2024/25 uplift • Developing of productivity improvement plan aligned to the 5 step ambulance pathway - maximising efficiency of commissioned capacity • Supporting NHS Executive with further analysis of handover position - JCC support for the adoption and phased implementation of Rapid Clinical Screening • Introduction of rapid clinical screening In December 2024,to clinically optimise dispatch decisions • Phased introduction of RICS (Remote Integrated Care Service) in Q4, providing consistency for 111 and 999 to remotely clinically assess patients via a single point and appropriately refer patients to a direct pathway (where available). This ensures ensuring patients can access the right response first time. **Update for March 2025 -** Ambulance & 111 Commissioning Team have reviewed the risk score which remains unchanged	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	5 3 25	5 2 15	↔	sep-24	mar-2025
											5 5 25	5 3 15			

New Risks Added (Risks Graded 15 and Above) - March 2025

JCC RISK REGISTER FOR NEW RISKS <15

Datix ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Month Added
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	Director of Finance & Information	To maximise value and outcomes within available resources	Finance including claims	• 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	• Individual Director leads to develop fully worked up proposals to improve the financial position for presentation and discussion with the JCC in its October development session **Update for July 2024** - New risk added	• Directorate Team Meeting • Risk Scrutiny Group	**15 (5x3)**	**6 (3x2)**	jul-24
77	**Commissioning of sufficient Emergency Ambulance Services capacity**	**If...**the NWJCC does not commission sufficient capacity of services **Then...**the providers will be unable to deliver their commissioned requirements **Resulting in...**reduced performance and quality standards, increased risk of harm, reduced system flow and NWJJC reputational risk	Director of Commissioning for Ambulance and 111 Services	**Facilitate Integration:** through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	• If the NWJCC failed to commission sufficient ambulance services capacity to respond to the needs of the population of Wales, significant harm, disability or death would occur. • The NWJCC have commissioned ambulance services capacity in-line with the 2019 ambulance services demand and capacity review. In additional to the 2019 demand and capacity review, the NWJCC and Welsh Government have commissioned additional ambulance service capacity, to respond to the changing demands for ambulance services. • It is recognised though, that the level of commissioned ambulance resources are not being fully utilised due to ambulance handover delays and therefore presents a higher scoring risk, under the risk of capacity utilisation.	• Reduce ambulance handover delays to 15 minutes - Health Boards April 2025 • Increase the number of patients managed at Step 2 of the ambulance commissioning framework - WAST April 2025 • Investment in additional ambulance service capacity - NWJCC - April 2025 **Update for September 2024 -** Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. This is a new risk replacing previous Risks 70 and 74	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee	**15 (5x3)**	**10 (5x2)**	sep-24
78	**Utilisation of Emergency Ambulance Capacity**	**If...**the capacity commissioned by the NWJCC is not utilised for its intended purpose **Then...**Health boards and their populations will not receive the services they require **Resulting in...**patients not receiving a timely emergency ambulance response, increasing the risk of harm, disability and death	Director of Commissioning for Ambulance and 111 Services	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	• Implementation of Welsh Government ambulance handover targets for health boards • NWJCC collaborative working with health boards and WAST to reduce conveyance to Emergency Departments	• Reduce ambulance handover delays to 15 minutes - Health Boards April 2025 • Increase the number of patients managed at Step 2 of the ambulance commissioning framework - WAST April 2025 • Investment in additional ambulance service capacity - NWJCC April 2025 **Update for September 2024 -** Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. This is a new risk replacing previous Risks 71, 72 and 73	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee	**25 (5x5)**	**15 (5x3)**	sep-24
79	**Type A Aortic Dissection**	**If...**the recommendations of the 202 GIRFT review relating to the treatment of Type A Aortic Dissections cannot be implemented **Then...**patients from South Wales will not have access to the recommended single Type A Aortic Dissection treatment pathway and will continue to need to be transferred to England if identified as benefiting from the Frozen Elephant Trunk procedure **Resulting in...** suboptimal patient outcomes and inequity of service	Director of Commissioning for Specialised Services	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	Following the publishing of the GIRFT review recommendations, the NWJCC worked with the two South Wales providers to identify whether either would be interested in being the single provider of the Frozen Elephant Trunk procedure (mindful that this might also facilitate a move towards the provision of a single pathway), with neither centre expressing an interest	**Update March 2025** – Continue working with CVUHB and SBUHB to identify the means of implementing the GIRFT recommendation at the earliest possible opportunity. Present option of aligning delivery with the Cardiac Review by means of a forthcoming Joint Commissioning Committee paper that will clarity the process and resources required by Phase 2 of the review.	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**16 (4x4)**	**4 (4x1)**	mar-25

JCC RISK REGISTER FOR DE-ESCALATED RISKS <15

Datix ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Month De-escalated	De-escalation Rationale
57 NCC049	**Delays in surgery due to insufficient theatre beds**	**If...**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 **Then...**patients in south Wales will have their surgery delayed and neurosurgery activity is impacted **Resulting in...**deteriorating condition and disease progression for patients.	Director of Planning & Performance	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	• Gateway service review as part of the five year neurosciences strategy. Neurosciences gateway review paper was submitted to February Management Group meeting • Neurosciences and complex conditions commissioning team (NCCCT) to monitor the recovery plan and continuing meeting with the team at the Risk and Assurance meetings. • 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. • 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. • WHSSC have had internal discussions and are working with the service • The cessation of the extended theatre sessions will be raised at the next Cardiff SLA meeting in January 2024 • The Commissioning Team are continuing to monitor the situation through the quarterly Neurosciences Performance Meeting. • The cessation of Tracheostomy Training for stroke services has been escalated to CVUHB Specialist Clinical Board Operational Director -12/12/23 • Continue to monitor the position via the quarterly Neurosciences Performance Meeting	• Neurosciences gateway review paper was submitted to February Management Group meeting - Completed • 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 • 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 • 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 • 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	• Joint Commissioning Committee • Integrated Governance Sub-Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	**12 (Risk reduced from a 20)**	**4 (C4 x L1)**	apr-24	Risk reviewed the score has been lowered as the plan to recommission 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	**JCC IPFR ToR & Governance**	**If...**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 **Then...**this may lead to delayed decision making **Resulting in...**potential legal challenges in the form of judicial reviews	Committee Secretary	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	• 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. • 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. • 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. • 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. • 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. • To address the concerns raised a Task & 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. • 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. Implementing the new WHSSC ToR should hopefully make achieving quoracy less problematic.	• An engagement process on the WHSSC IPFR panel ToR launched on 10 November 2022 for a 6 week period and included HBs, the AWTTC and IPFR QAG. The engagement exercise closed on the 22 December 203 and an update report will be taken to the JC in March 2023 - Completed • 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 • The Committee Secretary to keep the NHS Wales Board Secretaries peer group and Welsh Government informed of progress on developments - Ongoing • 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 • 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 • 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 • 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 • 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	• Joint Commissioning Committee • Integrated Governance Sub-Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	**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	**Paediatric patients waiting for surgery**	**If...**the ministerial waiting times target is not achieved for paediatric surgery patients in South Wales **Then...**some paediatrics will be waiting in excess of the ministerial waiting times target for their surgery **Resulting in...**a deteriorating condition for the patient and that the current operational infrastructure is insufficient	Director of Planning & Performance	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	• Ongoing monitoring at Quarterly Commissioner Assurance Meeting with provider • This risk is included within the W&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). • Plan in place for a number of children to be outsourced to NHS England and the Private Sector. • Performance Management arrangements to be re-instigated which will allow WHSSC to identify and monitor where the issues are that need addressing. • Monthly escalation meetings have been established – first meeting scheduled 26/04. • Action plan received against escalation objectives • Continue with outsourcing to NHS England and the Private Sector. • 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	• Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including: - Quarterly • Staffing establishment • Bed and theatre capacity • Assurance on clinical management of patients on WL • Recovery trajectory • Requested information on long waiting patients from provider to support potential outsourcing arrangements - Completed • Meetings being scheduled with NHS England providers to discuss outsourcing capacity - Completed • Requested plan from C&V to manage long waiting patients, with clear trajectories and timeframes - Completed • Requested revised recovery plan further to Joint Committee - Completed • Discussing with local Health Boards scope for mutual aid - Completed • Place service in escalation Level 3 - Completed • Performance Management arrangements to be re-instigated - Monthly • Requested revised trajectories that reach contract baseline as a minimum - Completed • Performance reporting to JC & MG via performance report - Monthly • Executive to Executive meeting scheduled with C&VUHB - Completed • WHSSC JC Workshop - Paediatrics - Completed • Triple Escalation meeting to discuss detail and progress against action plan - Monthly (next meeting 16/05/24)	• Joint Commissioning Committee • Integrated Governance Sub-Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	**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	**WFI treatment – temporary pause**	**If...**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 **Then...**all licenced HFEA activity at WFI will urgently and temporarily need to cease **Resulting in...**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	Director of Planning & Performance	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	• Consideration to cease all activity, pause current treatment for patients and under no circumstances accept new patients. • 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. • 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. • 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. • The HFEA licensing panel have 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 • Service de-escalated to level 3 in line with WHSSC escalation framework	• 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 • Monitoring of service continues through formal escalation - Monthly	• Joint Commissioning Committee • Integrated Governance Sub-Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	**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.
46 CB06	**North Wales Outreach Plastic Surgery Clinic Management Arrangements**	**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 **Then...**waiting list will grow and waiting times increase and patients will be seen out of clinical prioritised order **Resulting in...**poor patient experience and outcomes	Director of Planning & Performance	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	• 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 & Finish Group led by BCUHB. • BCUHB has established a Task & Finish Group including colleagues from Mersey & West Lancashire NHST (MWL). • BCUHB to report to NWJCC on progress of the T&F Group at the interface planning meeting and the SLA meeting. • NWJCC quality team meets regularly with the assistant director of quality BCUHB and has established links with the quality team at MWL.	• 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. • Patient audit/harm review to be reported to next NWJCC QPSC. • Continue to work with BCUHB and MWL through the Task & Finish Group to support implementing the improvement plan to address the risks relating to the outreach clinics – Ongoing • Continue to work with BCUHB, MWL and with Welsh Government, to address the risks relating to the outreach clinics - Ongoing Continue to support Waiting List Initiative clinics to continue to reduce the waiting list and time • NWJCC Quality team to continue to liaise closely with quality leads in BCUHB and MWL.	• Joint Commissioning Committee • Integrated Governance Sub-Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	**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.

De-Escalated Risks (Risks Graded 15 and Above) - March 2025

Datix ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Month De-escalated	De-escalation Rationale
40 WKN08	**Limited outpatient dialysis capacity in Swansea**	**If...**the delay in the programme of 2 new additional units within the Neath Port Talbot and Bridgend localities. **Then...**the number of patients receiving outpatient haemodialysis in Morriston could exceed capacity. **Resulting in...**patients who may not be able to dialyse in a unit closest to home.	Director of Planning & Performance	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)	• Twilight dialysis shifts are opened 6 days weekly, some overflow provided in the acute dialysis facility. • Active home haemodialysis programme to ease the pressure until expansion of existing resource is established. • Procurement process for retender of existing units and establishment of two new units commenced Jan 2021. • 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. • Procurement supported by WG. Contract awarded • Implementation programme commenced • New units in place • 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. • WKN has provided funding for a Project Manager role in SBU to support the implementation of the project/programme • Funding release to assist with new equipment, consumables as per the new contract • WKN participate in the SB & Fresenius implementation meetings to ensure delivery to project plan • Request for increased reporting through highlight reports to WKN Board	• New units scheduled to be in place Bridgend Sept 2024, NPT 2025 - September 2024 and Summer 2025 **Update** - 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 persective and not a service risk: • 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 • The service has been tolerating the risk for a significant length of time • 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. • The use of twilight is a lessor risk to the patient than not receiving the life sustaining dialysis treatment • 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. • Funding from JCC has been approved for the new Swansea bay contract, appointments have been made for the staffing of the new units Notwithstanding the pressures on unit dialysis across Wales, **Risk 65 (WKN18)** Renal Dialysis capacity across Wales was added to the risk register in 25.01.24 is an active risk on both the WKN register and previous CRAF due to it having a current rating of 16.	• Joint Commissioning Committee • Welsh Kidney Network Board • Integrated Governance Sub-Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	**12 (Risk reduced from a 16)**	**2 (C2 x L1)**	jul-24	Refer to update within the Action Plan for de-escalation rationale.
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	Director of Planning & Performance	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	• Received the report from the HFEA to support monitoring • Requested action plan from the service to improve against the concerns identified by the HFEA. • WHSSC attendance at SBUHB monthly Gold Command meeting • Service escalated to Level 3 formally requested action plan (July 2023) • Executive to Executive action plan submitted to JCC team • Service escalated to Level 4 in line with Escalation Framework (November 2023) • 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. • 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 • Service de-escalated to Level 3 in line with Escalation Framework	• Contract monitoring, MDS and RTT are due each month on 21st, these have been requested by the JCC (former WHSSC) 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 • Escalation meetings established and held monthly • 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 • There remains an issue with receiving contract monitoring information, which is in the process of being resolved. • 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	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	**8 (Risk reduced from a 15)**	**4 (C2 x L2)**	aug-24	Based on the improvements of receiving data and although a PR has not been appointed the team are satisfied that progress has allowed the risk to be mitigated further and the score to be reduced
50 NCC060	**Deep Brain Stimulation and delays in communication with gatekeeper/ referring clinician**	**If...**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 **Then...**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 **Resulting in...**poor outcomes for patients	Director of Planning & Performance	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	• 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	• Patients previously referred to Bristol to continue to received their follow-up care at NBNHST • JCC to arrange a workshop with the gatekeeper, UCHL and regional clinicians in 4 weeks' time • 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. • JCC Associate Medical Director to continue correspondence with the Gatekeeper focused on the temporary arrangements with UHCL and the management of patients awaiting referral for Deep Brain Stimulation.	Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee	**12 (Risk reduced from a 16)**	**4**	okt-24	Temporary pathway for new patients has been established with University College Hospital London. This has enabled the risk to be further mitigated and the risk score reduced.
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	Director of Planning & Performance	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	• 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 • Re-set meeting to discuss and agree actions/objectives in collaboration with the health board on 18th September • Actions/objectives agreed. Date of next meeting 25th November to monitor progress.	• 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 - June 24	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee	**12 (Risk reduced from a 16)**	**4**	nov-24	The correct number of cots are now being commissioned in the network with supported activity data based on occupancy levels of 75%. From a commissioning perspective it was deemed appropriate to reduce the likelihood for this risk.
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 access to neurosurgical advice and treatment.	Director of Commissioning	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)	•Continue to monitor the scheme via the Neurosciences Performance Meeting •The scheme has been included in the ICP 24/25 – awaiting JC approval in quarter 4 •Recommissioned an element of the RTT monies, letter was sent to the Director of Finance, CUVHB in June 24. •HB have a recruitment plan in place. •The Commissioning Team continue to monitor the situation through the quarterly Neurosciences Performance Meetings.	• The JCC met with the C&VUHB team to understand the risks. • In December 2023, the scheme was risk assessed as part of the 10/20/30 WG efficiency saving project. It was also assessed using the Quality Impact Assessment tool. Both these sets of data scored the risk very high (25). The scheme was on hold as a result of the this piece of work - Quarter 3. • Agreement was made with the HB to utilise the re-commissioning process which was actioned and funding released in April 24 to address the risks. The risk was lowered to 16 in March 2024 on the basis of the funding release planned. • Awaiting the outcome of the ICP 24/25 to establish if the remaining Neuro Psychology post will receive investment. This has not progressed as all investments are being reviewed at the Joint Committee workshop on the 18th February 25.	Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee	**8 (Risk reduced from a 16)**	**4**	jan-25	Issues have been addressed through the re-commissioning of monies and the Health Board has confirmed there is a recruitment plan in place. All posts identified within the recommissioning of monies are progressing with recruitment underway. As such the risk has been reduced accordingly to a risk score of 8. There was a plan for a Quarter 4 funding release for the remaining Neuro Psychology post but this has not progressed as all investments are being reviewed at the Joint Committee workshop on the 18th February 25. Therefore the risk has not been reduced further to the target score of 4 and will continue to remain under review.

De-Escalated Risks (Risks Graded 15 and Above) - March 2025

Datix ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Month De-escalated	De-escalation Rationale
62 CT051	**The Trauma Audit and Research Network (TARN) delays**	**If...**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 **Then...**the backlog of TARN submission data will continue to grow **Resulting in...** 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	Director of Commissioning for Specialised Services	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Statutory Duty, Regulation, Mandatory Requirements	• 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	• Further reduction of the risk score will be subject to the database being in operation for a period of time where there is sufficient performance data available from providers - position to be reviewed in 6 months	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee	**8 (Risk reduced from a 16)**	**4**	jan-25	As highlighted in December 2024, governance arrangements relating to access to the new National Major Trauma Registry have been agreed, and the Trauma Network and Trauma Centre have commenced uploading data. The implications for the risk score have been discussed with the Network, who has advised that a risk remains until the Registry contains sufficient data from providers to facilitate performance oversight and comparative benchmarking. As a result of these developments, the Cardiac Commissioning Team reviewed the risk score at the December 2024 meeting and agreed that the likelihood risk score can be reduced from 4 to 2. It was agreed in January that it is likely to remain at its current level pending confirmation of there being sufficient data available for comparative benchmarking and performance monitoring.
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 at South Wales, or the patient being transferred out of Wales	Director of Commissioning for Specialised Services	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	• Health board escalated to Level 3 in line with WHSSC escalation framework (September 2023) • Escalation process underway following (previous WHSSC) Escalation Framework (September 2023) • Reported via QPSC, JCC Performance Report and SLA meetings • Re-set meeting to discuss and agree actions/objectives in collaboration with the health board on 18th September. Actions/objectives agreed. • Meetings to be held every 6 weeks to monitor progress.	• Escalation status reviewed by JCC SLT, no change • Re-set meeting agreed to discuss and agree revised process and objectives in collaboration with the Health Board to be arranged - Meetings to be held every 6 weeks. Date of next meeting 25th February 2025 to monitor progress.	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**12**	**4**	mar-25	**Update for March 2025** - The W&C Commissioning Team have reviewed the risk Escalation meeting held 18th March. C&V health board presented their progress against the agreed actions/objectives for PICU. The PICU escalation level was discussed in length. The team agreed that there had been improvements against the objectives; therefore, the decision was made to de-escalate to level 2. There will be caveats explained in the de-escalation letter of what is required over the next 3 months to show the sustainability of the current service provision. In particular ensuring that 7 beds remain open with less than 5% refusals for emergency admissions and the monthly contract data set for PIC activity returns as part of the contract monitoring. Further sustained progress will be required prior to considering further de-escalation of the service. Based on this the risk score has reduced from 20 to 12. Consequence remains high but the likelihood has reduced.

Closed Risks from the Organisational Risk Register (Risks Graded 15 and Above) - March 2025

	A	B	C	D	E	F	G	H	I	J	K
1	**JCC RISK REGISTER FOR CLOSED RISKS <15**										
2	**Datix ID**	**Risk Title**	**Risk Description**	**Strategic Risk Owner**	**Strategic Objective**	**Risk Domain**	**Controls in place**	**Action Plan**	**Assuring Committees**	**Month Closed on Org RR**	**Closure Rationale**
3	**39** WKN06	**Renal Funding**	**If...**there is insufficient funding to meet the service demand through the agreed Integrated Commissioning Plan funding position of 2024-2025 **Then...**there will be an estimated in year shortfall of funding to meet the demand of £0.87m **Resulting in...**non delivery against the agreed financial plan of 2024-2025 for the Welsh Kidney Network	Director of Planning & Performance	To maximise value and outcomes within available resources	Finance including claims	• Funding agreed in ICP for 2024/325 • HB financial representation now form part of the regional meetings • Monthly review of the HB's submissions on monitoring and returns • Standing agenda item on regional provider meetings and Network Board	• 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) • Contract baselines to be reviewed so that service lines are clear and understood and linked to a clear allocation • Ensure data accuracy on baseline activity is reflected with the monthly monitoring and returns • Work with providers to ensure that the data held within Vital Data is reflective of the monthly HB submissions • 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) • An initial financial assessment identifying £0.531M costs savings from WKN Delegated Budget was presented and agreed by WKN Board 05.06.24 • Further work to be undertaken with the providers to reduce the current gap of £0.26m by July 2024	• Joint Commissioning Committee • Welsh Kidney Network Board • Integrated Governance Sub-Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	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	**Deep Brain Stimulation – lack of awareness of eligibility criteria re: unmet need**	If…a lack of awareness of eligibility criteria and potential to benefit amongst referring clinicians continues **Then...**patients with Parkinson's disease, tremor and dystonia who could benefit from Deep Brain Stimulation will not be referred for treatment **Resulting in...**poor outcomes for patients	Director of Planning & Performance	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	• JCC have had internal discussions and are working with the gatekeeper • A Welsh single point of contact had been established for NBNHST • NBNHST to develop a Standing Operating procedure that covers both outpatient and discharge communication • Workshop to be held between Regional clinicians, gatekeeper and JCC to understand current provision/pathway and to build relationships • Llais/WG/Parkinson's UK informed of current position and kept updated	• JCC have had internal discussions and are working with the gatekeeper • A Welsh single point of contact had been established for NBNHST • NBNHST to develop a Standing Operating procedure that covers both outpatient and discharge communication • Workshop to be held between Regional clinicians, gatekeeper and JCC to understand current provision/pathway and to build relationships • Llais/WG/Parkinson's UK informed of current position and kept updated	• Joint Commissioning Committee • Integrated Governance Sub-Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	jun-24	Risk merged with NCC060
5	**75** IF02	**Calea Contract Renewal**	**If...**the private provider Calea once again experiences technical issues in the provision of HPN **Then...**there will be issues of supply **Resulting in...**potential patient harm	Director of Planning & Performance	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	• 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) June 2023 • 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 May 2024 • The Joint Commissioning Committee (JCC) received notification of Implementation of Contingency Strategy from Calea on the 23.05.24 • Regular review meetings between Calea and procurement (acting on JCC's behalf) to be put in place • Contingency arrangements to be in place for approx. 1 month and Calea will keep procurement and JCC briefed of any change to this provision	• Due to increased absence and machinery down time in our production unit Calea are experiencing a backlog in PN production. Contingencies from Calea include: • 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) • Not accepting any new referrals of patients to the PN service, except for patients prescribed multi-chamber bags/fluids • Continuing with overtime whenever possible • Procurement to remain in close liaison with Calea regarding the situation - Weekly • Increase risk scoring - 29/05/24 • 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 escalated from 8 to 16 - Weekly	• Joint Commissioning Committee • Integrated Governance Sub-Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	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.
6	**59** IF15	**Calea Contract Renewal**	**If...**the current homecare provider contracts ends on 30th June 2024 with no current arrangement to extend **Then...**the HPN supply to patients could be impacted **Resulting in...**patients could be left without a service	Director of Planning & Performance	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)	• Urgent meeting arranged NWSSP and provider to discuss contract and severity of risk to service for patients from 2024. • Escalated to JCC Medical Director (former WHSSC) • Escalated risk to JCC Director of Finance (former WHSSC) • 8th April 2024 paper was received at CDGB to approve 3 month extension of contract until 30th June 2024.	• Tender issued on the 9th April 2024 and returned the 10th May 2024. Tender analysis undertaken in mid-May. • Approval given by JCC Senior Leadership Team to renew the framework Agreement. Procurement (NWSSP) to continue with the process to progress new providers being put in place from 01 July 2024 • 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.	• Joint Commissioning Committee • Integrated Governance Sub-Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	jul-24	New providers in place 01 July 24.

Closed Risks from the Organisational Risk Register (Risks Graded 15 and Above) - March 2025

	A	B	C	D	E	F	G	H	I	J	K
2	**Datix ID**	**Risk Title**	**Risk Description**	**Strategic Risk Owner**	**Strategic Objective**	**Risk Domain**	**Controls in place**	**Action Plan**	**Assuring Committees**	**Month Closed on Org RR**	**Closure Rationale**
7	**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	Director of Commissioning for Mental Health & Vulnerable Groups	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) opulation Health	• Business case received • Developed ICP scheme • Service transferred to the Mental Health portfolio • 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 • Funding release was paused in Financial Recovery Options work and re-prioritisation of the Integrated Commissioning Plan. • Prioritised and agreed for inclusion in the ICP 2024/25.	• Monitor the recovery plan through the six monthly Risk, Assurance and Recovery meeting • Funding release paper to be submitted to July Management Group - as agreed in the ICP funding will be released from Q4 2024/25.	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	sep-24	Reported by Service on 03/09/2024 that there is no current waiting list for admission. 1 new admission due that week and 1 bed currently being used by a C&V older adult patient. Therefore not currently evidenced that current shortfall in resources is leading to delay in admissions. Day hospital step down) not open since COVID.
8	**54** MH/23/16	**CAHMS Environment and Workforce (NWAS)**	If…environmental and workforce issues within the service continue **Then...**Tier 4 provider for CAMHS in North Wales (NWAS) cannot meet the service specification **Resulting in...**children absconding/coming to harm	Director of Commissioning for Mental Health & Vulnerable Groups	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	• 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	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	aug-24	Risk reviewed by MHLGVG risk group on 03/09/2024. Review of Doors assessed as suitable to the function of a locked service Any residual clinical risk is responsibility of provider organisation. If service unable to meet the acuity of risk then they can send patient to an external provider.
9	**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	Director of Planning & Performance	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	• Provision of Intestinal Failure service escalated to previous WHSSC CDGB • Wrote to CVUHB for a formal position • Reported to Quality Patient Safety Committee and raised at SLA meetings with CVUHB • Decision made not to consider transferring service to Bristol due to patient numbers. • Escalated to Exec to Exec meeting • Escalated to Interim Chief Commissioner • Written assurance received from Medical Director CVUHB 01/08/24	• Consultant cover in the Intestinal Failure service has become unsustainable and requires accelerated action for assurance of sustained delivery. • Assurance received from CVUHB on 01/08/24 that the sustainability of the service remains fragile but is being reviewed. • 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	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	aug-24	Risk reviewed by the commissioning team and agreed the risk is closed but progress will be monitored via the Intestinal Failure Commissioning Assurance meetings. The substantive consultant has commenced maternity leave and the Locum consultant has agreed to cover Intestinal Services for the next 6 months Assurance received from CVUHB on 01/08/24 that the sustainability of the service remains fragile but is being reviewed. In addition to the monthly CVUHB assurance commissioning team meetings, a meeting will be arranged in six months to formally update on progress and agree any further steps with CVUHB Medical Director. .

Closed Risks from the Organisational Risk Register (Risks Graded 15 and Above) - March 2025

	A	B	C	D	E	F	G	H	I	J	K
2	**Datix ID**	**Risk Title**	**Risk Description**	**Strategic Risk Owner**	**Strategic Objective**	**Risk Domain**	**Controls in place**	**Action Plan**	**Assuring Committees**	**Month Closed on Org RR**	**Closure Rationale**
10	**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 HBs	Director of Transformation	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	• 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.	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	aug-24	The sub-committee structure, hosting agreement and memorandum of agreement between the JCC and the 7 x Health Boards have been agreed by the JCC on 17/09/24. The strategic objectives for the JCC have been agreed by the JCC on 17/09/24. In addition, the final two lay members have been appointed. The remaining elements of this risk have been incorporated into **Risk 28 (CS23/CD01)** and will continue to be considered and managed in line with the risk management process
11	**70** 4503	**Secure Sufficient 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	Director of Commissioning for Ambulance and 111 Services	**Facilitate Integration:** through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales	Adverse Publicity or Reputation	• 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 weekly	• 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	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee	sep-24	The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. This risk has been replaced by Risk 77.
12	**71** 4506	**Ambulance Services Red Performance Levels**	**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.	Director of Commissioning for Ambulance and 111 Services	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	• 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	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee	sep-24	The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. This risk has been replaced by Risk 78

Closed Risks from the Organisational Risk Register (Risks Graded 15 and Above) - March 2025

	A	B	C	D	E	F	G	H	I	J	K
2	**Datix ID**	**Risk Title**	**Risk Description**	**Strategic Risk Owner**	**Strategic Objective**	**Risk Domain**	**Controls in place**	**Action Plan**	**Assuring Committees**	**Month Closed on Org RR**	**Closure Rationale**
13	**72** 4507	**Ambulance Services Amber Performance Levels**	**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.	Director of Commissioning for Ambulance and 111 Services	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	• 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	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee	sep-24	The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. This risk has been replaced by Risk 78
14	**73** 5005	**Ambulance Services Patient Safety and Clinical Risks**	**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	Director of Commissioning for Ambulance and 111 Services	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	• 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 agenda • New Quality and Safety Report	• 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	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee	sep-24	The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. This risk has been replaced by Risk 78
15	**74** 5370	**Ambulance Services Commissioned Capacity**	**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.	Director of Commissioning for Ambulance and 111 Services	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	• 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	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee	sep-24	The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. This risk has been replaced by Risk 77

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2	**Datix ID**	**Risk Title**	**Risk Description**	**Strategic Risk Owner**	**Strategic Objective**	**Risk Domain**	**Controls in place**	**Action Plan**	**Assuring Committees**	**Month Closed on Org RR**	**Closure Rationale**
16	**64** WKN15	**Lack of Interventional Radiology at SBUHB** **MOVED TO WKN ISSUE LOG**	**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.	Director of Commissioning for Specialised Services	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)	• Risk forms part of the SB UHB Risk Register • Monitoring position through provider meetings • Raising as an issue on the WHSSC/SBUHB provider meetings • Open dialogue with SB provider on on-going risk * SLA in place for out of hours emergency cover with C&V UHB * Locum cover continues	• 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 remodeling 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 * SBUHB has appointed 4 Interventional Radiologists, two are due to start in November 2024.	• Joint Commissioning Committee • Welsh Kidney Network Board • Integrated Governance Sub-Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	nov-24	The Welsh Kidney Network (WKN) Commissioning Team have reviewed this risk. This is no longer considered a risk and is now instead categorised as an issue. This is not a commissioned area of the WKN, but it is recognised that the service forms part of the patient pathway. Work needs to be undertaken by the provider in assessing the impact on patient care. The results of which may become a commissioning risk for the WKN would be attributed to capacity, demand and patient safety.
17	**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. If this happens there is a risk that the JCC financial position will have a detrimental impact on individual Health Board financial positions.	Director of Finance & Information	**Maximise Value:** through our expertise and advice, determine where resources are best focussed and prioritised to inform choices that support the improvement of patient outcomes and commission appropriate services where value is demonstrated	Financial Stability & Impact of Litigation	• Financial performance monitored and reported to LHBs on a monthly basis providing key variance analysis in a timely manner to allow LHBS to make their own financial provisions or to take mediating actions to manage their demand on specialist services • Monthly Commissioning team meetings with a multi-disciplinary internal team • Monthly Management Group and bi-monthly Joint Committee meetings to discuss key variances from plan, formulate plans to manage demand where possible and to provide LHBS with sufficient information and financial forecasts to be able to make their own financial provisions in advance. • Route to Breakeven presentation to Joint Committee schedule for Sept 17th to discuss potential mitigations to the position	• Individual Director leads to develop fully worked up proposals to improve the financial position for presentation and discussion with the JCC in its development sessions. • While discussions with WG have been successful in securing an additional £8.9m to offset tariff price inflation from our cross border providers, which significantly reduces the value of our potential over spend, further unfunded risks remain. • As further mitigation ongoing conversations with WG will continue to influence an offset of any potential impact.	• Joint Commissioning Committee • Welsh Kidney Network Board • Integrated Governance Sub-Committee • Quality & Patient Safety Sub-Committee • CTMUHB Audit & Risk Committee	mar-25	The JCC ended 2024/25 with a £6.9m deficit which was in line with the forecast. Non-recurrent funding of £8.8 million to cover the costs related to NHS England activity was received from Welsh Government, thereby mitigating the financial risk. The deficit position will be challenging going into 2025/26 as the plan does not include any contingencies to mitigate or manage over performance on the Long-Term Contracts (LTAs) within the financial position. This risk will be CLOSED and a new risk added in April 2025 for the financial year 2025/26.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Agenda Item
3.3

Audit Risk & Assurance Committee Hosted Bodies -

JCC Audit Recommendations Tracker

Dyddiad y Cyfarfod / Date of Meeting	22/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Corporate Governance
Cyflwynydd yr Adroddiad / Report Presenter	Jacqui Maunder, Committee Secretary
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Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
ARAC	Audit Risk & Assurance Committee
JCC	Joint Commissioning Committee
EASC	Emergency Ambulance Services Committee
WHSSC	Welsh Health Specialised Services Committee

1. Situation /Background

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

1.2 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 ARAC to discharge the requirement to have a sub-committee to cover the audit and risk aspects of Joint Committee business

1.3 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.

1.4 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.

2. Internal Audit

2.1 Summary of Audits Undertaken in 2024-2025

2.2 The following reviews were completed by Internal Audit during 2024-2025:

Audit Theme	Quarter	Assurance Rating
Mental Health & Vulnerable Groups	3	Reasonable
Establishment of the JCC - Advisory	4	N/A
Traumatic Stress Wales (TSW)	4	Tbc
Finance Systems	4	Tbc

The Director of Finance and Value and the Committee Secretary are meeting with internal audit colleagues on 14 May 2025 to confirm the position with the internal audits relating to TSW and the finance systems audit, and to discuss the internal audit programme for 2025-2026.

2.3 External Audit

2.4 The NWJCC was is not involved in any external audits at present.

3. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	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. This work aims to maximise value and facilitate integration
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	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
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	If more than one applies please list below: A More Equal Wales A Wales of cohesive communities
	Data to Knowledge
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
	Efficient All of the domains of quality apply
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below: Effective; equitable; person centred; timely and safe
	No - Not Applicable

Impact Assessment		
Ansawdd	Yes: ☐	No: ☒

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Outcome:	If no, please include rationale below: This report relates to the audit tracker where issues related to quality may be referred to
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome:	If no, please include rationale below: This is the audit tracker and not specifically relatable to the protected characteristics. It 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
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	How internal teams work in the JCC is important in terms of the national position and its reputation, particularly in relation to audit is important to uphold	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The lead for the review needs to be identified and resourced.	

4. Recommendation

4.1 Members of the Committee are asked to**:**

- **Note** the report; and
- Take an **assurance** on the completed audit programme for 2024/2025.

JCC Governance
Internal Audit Report (Advisory)

March 2025

Joint Commissioning Committee

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

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Review reference:	CTM 2425-35
Report status:	Final Report
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Fieldwork completion:	04 March 2025
Debrief meeting:	06 March 2025
Draft report issued:	19 March 2025
Management response received:	27 March 2025
Final report issued:	28 March 2025
Auditors:	Peter Stephenson, Principal Internal Auditor
Executive sign-off:	Director of Transition and Transformation
Distribution:	Chief Commissioner, Associate Director of Corporate Services
Committee:	Audit, Risk & Assurance Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit and Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Joint Commissioning Committee and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

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Executive Summary

Purpose

To assess the arrangements that have been put in place at the JCC for embedding the statutory governance framework and the establishment of operational governance arrangements to provide effective oversight in the new organisation.

Overview

The first year of operation of the JCC is regarded very positively by those interviewed as part of our review. The governance framework has largely been established, and the revised Committee has met regularly throughout the year, with meetings regarded as more strategic and collaborative than the previous arrangements. Meetings have generally been well attended by Health Board Chief Executives, and the appointment of the Chair and five lay members was viewed positively. The sub-committee arrangements, with the exception of the Audit & Risk Committee, are only just getting established, but have appropriate terms of reference and meeting arrangements in place.

One area of concern is the newly established Collaborative Commissioning Leadership Group (CCLG), which is seen by many as critical to the future success of the JCC, but two out of three meetings held to date have not been quorate.

There is still more to do on the transition plan including taking forward an organisational development plan to ensure that the required values and behaviours, and the new ways of working of the

Report Classification

Assurance not applicable

Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate.

Advisory Audit Objectives

Our review sought to ascertain and evaluate if:

1	Actions to implement the initial transition plan have been managed and reported, including governance matters still to be addressed that were identified in the closure report.
2	A year end transition plan has been developed setting out further short-term actions, which are managed, reported and time limited.
3	Appropriate transition arrangements for a new Chief Commissioner are in place.
4	The JCC has a plan to engage with staff to begin to develop a culture and to ensure they are kept informed of changes.
5	Arrangements are in place for the operation of the JCC including an appropriate term of reference, membership and a remit mapped to the organisation's responsibilities.
6	There are arrangements in place for the operation of the JCC sub-committees, which operate in line with their terms of reference.
7	Management has given consideration to how the effectiveness of the sub-committees will be reviewed and monitored.
8	The internal management meeting structure meets the needs of the organisation.
9	Decision making is undertaken in line with the scheme of delegation.

organisation, are effectively embedded.	10	Work to establish and embed the values and behaviours of the new organisation has taken place.

Opportunities:		Audit Objective
1	Completion of transition action plans	1,2
2	Completion of committee papers	5
3	Quoracy of CCLG	5
4	Frequency of SLT meetings	8

1. Introduction

1.1 Our advisory review of JCC Governance was undertaken and completed in line with the 2024/25 Internal Audit Plan for the NHS Wales Joint Commissioning Committee as part of the overall plan for Cwm Taf Morgannwg Health Board (the 'Health Board').

1.2 The NHS Wales Joint Commissioning Committee (JCC) is a Joint Committee of the seven health boards in Wales, acting collectively on their behalf. The JCC was established in response to the findings of an independent review, commissioned by Welsh Government, into the national commissioning arrangements in Wales. From 1 April 2024, the JCC replaced the Emergency Ambulance Services Committee (EASC), the Welsh Health Specialised Services Committee (WHSSC), and the National Collaborative Commissioning Unit (NCCU) assuming responsibility for the services previously commissioned by these bodies. The JCC also took on the commissioning of NHS 111 Wales services, and the Wales Sexual Assault Referral Centres.

1.3 Our review considered the transitional work that took place as the JCC was being formed, the imbedding of the statutory governance framework, and the establishment of operational governance arrangements to ensure effective oversight in the new organisation.

1.4 The Executive Lead for this review is the Director of Transition and Transformation.

1.5 The potential risk considered in this review is a lack of clear, consistent strategic direction, accountability and leadership with respect to governance.

2. Detailed Audit Findings

Transitional Arrangements

Objective 1: Actions to implement the initial transition plan have been managed and reported, including governance matters still to be addressed that were identified in the closure report.

2.1 The closure report produced by Welsh Government (WG) reiterated the findings of the original Coombes review and the reason for establishing the JCC:

> *"The review found that while there was good evidence of evolution and growing maturity in both WHSSC and EASC, there remained gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision-making and accountability arrangements."*

2.2 The key actions that were still to be completed at the time of writing the closure report, and an update on their current status, is provided below:

Action	Management update at time of audit fieldwork
Agreement of the Memorandum of Understanding and Hosting Agreement.	Complete.
Agreement of the Interface Agreement and issuing of AO letters.	Complete.
Completion of the OCP process.	Complete.
Agreement of Public Health Wales support to the JCC.	On-going. Recruitment for an Associate Medical Director in Public Health will be undertaken in April 2025. There have also been discussions with PHW as to other levels of support that JCC may be able to access from them.
Finalisation and implementation of the Benefits Realisation framework.	This was rolled forward into the transition plan for 2024/25 but may be included in the reporting on achievement of strategic objectives.
Development of an OD Programme.	Work on-going but still more to be done and considered highly important.

2.3 The on-going and outstanding actions from the WG closure report were incorporated into a 2024/25 quarter one transition plan, which also contained additional detailed actions. The transition plan was designed to ensure that the JCC was able to function from 1 April 2024 but was also designed to have no 'cliff edges', such that April 2024 was the start of the transition and not the end.

2.4 Management recognised that the majority of the transition work should be undertaken in the first quarter of 2024/25, and a quarter one progress report was produced in September 2024. The current position on the actions reported are listed under the following headings:

- Establishment – 16 actions, all of which are complete.
- Workforce – three actions, one of which is complete. The two remaining actions relate to the need to implement an organisational development programme, and that future organisational changes need to be determined by the Senior Leadership Team (SLT).
- Governance – 18 actions, of which 12 are shown as complete. The outstanding actions relate to:
  - Scheme of Delegation – this is due to be reviewed by the SLT on 11 March 2025 and will then be taken on to the Joint Committee for endorsement and the Health Board for final approval.
  - Review of Management Groups – this is still on-going and the session with the SLT on the 11 March will review the existing group structures and ensure that they remain relevant with a clear purpose.

  - Review of IPFR Policy – this is an all-Wales policy. It is still to be reviewed but can only be taken forward with the agreement of the health boards.
  - Review of the terms of reference for the Welsh Kidney Network – the terms of reference have been updated but a review of the service is on-going.
  - Review programme arrangements for Sexual Assault Referral Centre – this is on-going and is unlikely to complete until April 2025.
  - JCC to agree risk and assurance arrangements during Q1 – significant work has been taken on risk management with the support of the host Health Board. The JCC development session in December 2024 focused on the format of the risk registers and development of a Risk Appetite Statement. Work on the Committee Assurance Framework has commenced but is unlikely to complete until June/July 2025.
- Communications – There are seven actions listed, all of which are marked as complete. One of these refers to the development of the JCC website and the narrative does indicate that although shown as complete, further work is required to migrate all relevant legacy content. The JCC website still has a headline that it is under development and that there is content available on the former legacy pages. We understand that the delay with migration of the data is due to a lack of resource, but the website is effectively the "shop window" for JCC and it would therefore be helpful to complete the migration as soon as possible.
- Planning - Four actions in total, three of which are shown as complete. The outstanding action relates to the development of a Benefits Realisation Framework. We understand that this may be incorporated into the reporting of achievement of the strategic objectives of the JCC.

Conclusion:

2.5 Progress has been made with the quarter one transition plan, but a number of important actions remain incomplete (**See Finding 1**). There is a particular need to agree an organisational development plan that is aligned to the strategic objectives of the JCC, and to document a Committee Assurance Framework that highlights the risks to the achievement of strategic objectives, and how assurance can be provided that these risks are being effectively mitigated.

Objective 2: A year end transition plan has been developed setting out further short-term actions, which are managed, reported and time limited.

2.6 Over and above the 2024/25 transition plan, a plan-on-a-page document has been produced by the Director of Transition and Transformation. This sets out the work required for the organisation to be in a state of routine business by September 2025. A year-end report is to be produced which will set out the achievements of the first 12 months of the JCC's existence and reiterate the outstanding actions required in the first six months of the coming financial year.

2.7 Updates against the transition plan continue to be provided by the interim Chief Commissioner in their reporting to the Senior Leadership Team and to meetings of the Joint Committee.

2.8 During our review, we sought feedback from external stakeholders in Welsh Government and across the NHS. All those that we interviewed were extremely positive in terms of the achievements that the JCC has made in its first 12 months of existence, and particularly in the face of some significant financial and operational challenges.

Conclusion:

2.9 The JCC is on track to achieve the aim of routine business by the autumn of 2025 and the feedback from stakeholders for the first 12 months of operation has been positive. However, there are still a number of actions to complete (**See Finding 1**). It has also been stressed by some of those interviewed during our review that the establishment of the JCC and the implementation of the recommendations of the Coombes review are a 'journey and not a destination' and therefore there will be an ongoing need to assess progress and review and revise organisational structures and procedures.

Objective 3: Appropriate transition arrangements for a new Chief Commissioner are in place.

2.10 An interim Chief Commissioner was appointed at the start of 2024/25 and was in post until the autumn 2024. Whilst a recruitment process took place, at the time of our fieldwork, the JCC had not been successful in recruiting a permanent Chief Commissioner. As such, the JCC Director of Finance and Information stepped into the role of Interim Chief Commissioner. However, it has recently been announced that the current Executive Director of Operations and Finance, and Deputy Chief Executive of Public Health Wales, will take over as Interim Chief Commissioner, on a one-year secondment which will be full-time from April 2025.

Conclusion:

2.11 Whilst the JCC is yet to be successful in appointing a permanent Chief Commissioner, the role has been, and will continue to be, filled by officers with the necessary expertise, experience and vision to take the development of JCC forward.

Objective 4: The JCC has a plan to engage with staff to begin to develop a culture and to ensure they are kept informed of changes.

2.12 In response to the May 2024 'What is important to you in the change process?' staff survey, the Leadership team have introduced fortnightly team briefings. Clarity on purpose and direction have been addressed by outlining the vision, mission, and strategic objectives of the JCC. Team briefings are recorded, and the recordings are available to staff. Statutory governance meetings have been put in place, but there is still work to do in relation to establishing operational meeting structures. Smaller team events are also to be arranged.

Conclusion:

2.13 The JCC has ensured that staff are regularly communicated with in terms of the changes and developments that are being implemented to take forward the new JCC, and to help develop required cultures and values. The work needed to take forward an Organisational Development plan (**See Finding 1**) will be key to embedding the required approach.

Statutory Governance

Objective 5: Arrangements are in place for the operation of the JCC including appropriate terms of reference, membership and a remit mapped to the organisation's responsibilities.

2.14 The required governance framework documentation for the operation of the JCC has been completed and approved, which is:

- Standing Orders;
- Standing Financial Instructions;
- Memorandum of Understanding;
- Hosting Agreement;
- Interface Agreement between CTMUHB CEO and Chief Commissioner;
- Accountable Officer Memorandum; and
- Accountability Map.

2.15 The terms of reference for the meetings of the JCC are documented in the Standing Orders. Formal meetings have been held every other month since April 2024, with informal development sessions in the intervening months. Feedback from members of the Committee interviewed during this review, and our review of meeting papers and minutes, demonstrates that the Committee has been able to operate in a strategic and collaborative manner. There has been good engagement from health board chief executives and the role of the committee chair, and the appointment of the five lay members has been seen to be key to the effective operation of Committee meetings over the last 12 months.

2.16 Our review of Committee papers highlighted some minor errors. Impact assessments are required to be completed for any paper that requires a

decision. However, their completion was inconsistent, with some either partially or not completed at all when required, and in some cases assessments were completed when not required. (**See Finding 2**)

2.17 The forward plan for the Committee contains regular standing items but omitted items that are reported less frequently, such as the approval of the IMTP. We understand from interviewees that papers submitted to the Committee could have a sharper focus. There is also work to do in better integrating financial and operational performance reporting. We are aware that JCC are procuring report-writing training for key staff. (**See Finding 2**)

2.18 The Collaborative Commissioning Leadership Group (CCLG) has been established to act as the 'engine room' of the JCC and should allow the JCC meeting to have a more strategic focus. The CCLG has met three times since the start of the calendar year. The last two meetings have not been quorate as there was an insufficient number of health board executive directors present. There has also been a lack of continuity of attendees at meetings with only two health boards having the same representative at all three meetings. (**See Finding 3**)

Conclusion:

2.19 Arrangements are in place for the operation of the JCC and feedback to date on the performance of the Committee has been very positive. The appointment of the lay members has been seen as instrumental in providing a more strategic focus to the Committee's agenda. The CCLG will play a critical role in the success of the JCC moving forward and will require on-going support and continuity of membership from health boards which may be challenging at times. Only the first meeting of CCLG was quorate and only two health boards have had the same attendee at all three meetings. Minor discrepancies were noted in the forward plan and completion of Committee papers relating to impact assessments.

Objective 6: There are arrangements in place for the operation of the JCC sub-committees, which operate in line with their terms of reference.

2.20 Terms of reference have been agreed and are in place for the three sub-committees, and the revised structure was signed off by the JCC at its meeting in September 2024. The Audit and Risk Committee has been in place since the start of the year, and this is a Health Board meeting with one of the JCC lay members attending, but not as a formal member. Feedback from interviews conducted during this review highlighted no concerns with these arrangements.

2.21 The Planning, Performance and Finance Committee and the Quality, Safety and Outcomes Committee have been recently established. Therefore, it is too early to judge how effective they are likely to be. Their membership comprises of three of the JCC lay members and a nominated Chief Executive (CEO) for each of the committees. Following discussions, it was agreed that the CEOs were to be members rather than attendees on these committees. Members are expected to attend 75% of meetings each year, and given that there are six

meetings annually, this means that they are effectively only able to miss one meeting.

Conclusion:

2.22 There are satisfactory arrangements in place for the operation of the sub-committees, but these have only recently been approved so it is too early to assess their effectiveness. The nomination of CEOs as members rather than attendees places a greater requirement on them to attend and this will hopefully be borne out in practice over the coming year.

Objective 7: Management has given consideration to how the effectiveness of the sub-committees will be reviewed and monitored.

2.23 As stated above the Planning, Performance and Finance Committee and the Quality, Safety and Outcomes Committee have only been recently established. The requirements set out in the terms of reference of the Planning, Performance and Finance Committee are listed below. We note the terms of reference for the Quality, Safety and Outcomes Committee are consistent with these.

The Sub-Committee Chair shall:

- *Report formally, regularly and on a timely basis to the Joint Committee on the Sub-Committee's activities. This includes:*
  - *Assurance that Planning, Performance and Finance are being managed appropriately*
  - *oral updates on recent activity*
  - *submission of written Sub-Committee highlight reports throughout the year*
  - *to receive annual reports, which will incorporate key information on planning, performance and finance*
- *Bring to the Joint Committee's specific attention any significant matters under consideration by the Sub-Committee; and*
- *Ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, Chief Commissioner, HB Chief Executive or Chairs of other relevant Sub-Committees of any urgent/critical matters that may affect the operation and/or reputation of the JCC and HBs.*

2.24 Whilst it is too early for these arrangements to have been enacted, we were able to confirm that a highlight report has been taken to JCC meetings following every Audit & Risk Committee meeting. Prior to the establishment of the Quality, Safety and Outcomes Committee, the former WHSSC Quality and Safety Committee continued to meet and highlight reports from these meetings were similarly reported to the Joint Committee.

2.25 We understand that the JCC strategy session due to take place in mid-April will include a self-assessment of the JCC meetings using a tool such as Mentimeter which facilitates live and anonymous reporting. Similar arrangements are anticipated for the sub-committees once they are fully established.

Conclusion:

2.26 Satisfactory arrangements are included in the terms of reference for both the Quality, Safety and Outcomes Committee, and the Planning, Performance and Finance Committee. As both these committees have only recently been established, the arrangements are yet to be put into operation. Regular reports from the Audit & Risk Committee are taken to the JCC.

Operational Governance

Objective 8: The internal management meeting structure meets the needs of the organisation.

2.27 Terms of reference are in place for the JCC Senior Leadership Team (SLT) meetings. They state that informal meetings of the SLT, without papers, will be held weekly, with formal meetings held monthly. Membership of the formal SLT includes all tier 2 directors and the Deputy Director of Communications and Engagement. Quorum is four members including the Chief Commissioner or their nominated deputy. The Chief Commissioner reports on SLT activity to the Joint Committee via the update report.

2.28 Through our discussions we established that several interviewees felt the current meeting structure and frequency to be excessive, albeit that it was necessary as the organisation started to develop. Following the recent Organisational Change Policy (OCP) consultation, we understand that the SLT arrangements will be reviewed. (**see Finding 4**)

Conclusion:

2.29 The internal management meeting structure meets the needs of the organisation but may need to evolve and develop as the JCC matures. The SLT is meeting informally in totality on a weekly basis plus one further monthly formal meeting. Whilst this may have been appropriate at the outset of the new organisation, it may prove onerous going forward. Other models, where the SLT meets in totality twice monthly (one formal, one informal), and then a Core Executive Team meet informally in the intervening weeks, may prove a better use of management time.

Objective 9: Decision making is undertaken in line with the scheme of delegation.

2.30 The Standing Orders contain a high-level Scheme of Delegation, covering both matters relating to the JCC delegated from health boards and reserved for the Joint Committee, and matters relating to the JCC, delegated from the Joint Committee to the Chief Commissioner.

2.31 At the time of our review, the Scheme of Delegation was in draft and due to be presented to the SLT in mid-March, ahead of being endorsed by the Joint Committee and formally approved by the CTMHUB. In addition, we have reviewed a copy of the CTMUHB additional delegations to their Standing Financial Instructions which recognises the roles and responsibilities relating to the JCC. These are being used as the basis for something more relevant to the

internal operations of the JCC, but there will be a need to ensure that there are no contradictions between what the JCC produces and the Health Board. The draft papers include a very detailed authorisation matrix providing financial limits for the host body CEO, Chief Commissioner, tier 2 Directors, tier 3 Deputy Directors and tier 4 Assistant Directors, plus a range of staff across the organisation for various types of expenditure.

2.32 We are content that decision-making to date has been in accordance with the current high-level Scheme of Delegation, but the more detailed Scheme of Delegation and Authorisation Matrix needs to be finalised and approved as soon as possible.

Conclusion:

2.33 Decision-making has been undertaken in line with the Scheme of Delegation set out at a strategic level in the Standing Orders, but the more detailed Scheme of Delegation and Authorisation Matrix needs to be completed and approved as soon as possible. (**See Finding 1)**

Objective 10: Work to establish and embed the values and behaviours of the new organisation has taken place.

2.34 A significant amount of work has taken place in establishing and starting to embed the values and the required behaviours in the new organisation. Team engagement sessions have been held which have helped to articulate the vision, mission and purpose of the JCC, together with a set of principles on how it should commission evidence-based services. The strategic objectives have been identified together with a set of values to guide the way that the JCC works.

2.35 A staff recognition scheme which rewards staff for effectively demonstrating one or more of the set values is due to be launched by April 2025. However, there is still a need to document and implement an organisational development plan which helps to ensure that the new ways of working and the values and required behaviours are effectively embedded.

Conclusion:

2.36 There is substantial evidence of work having been, and continuing to be undertaken, to both establish and embed the values and behaviours of the JCC. The development of an effective organisational development plan will be a key measure in ensuring that the JCC and its staff truly live the desired values and behaviours. (**See Finding 1**)

Appendix A: Opportunities for improvement and development

Finding 1: Completion of Transition Action Plans	Residual Risk
While we acknowledge that completion of the transition plan is not expected until September 2025, there remain a number of actions to be completed. These are: • Agreement of Public Health Wales NHS Trust support – this should be easier to progress given the background of the new Interim Chief Commissioner. Recruitment of an Associate Medical Director in Public Health should also commence in April. • Finalisation and implementation of the Benefits Realisation Framework –may be included into the reporting on achievement of strategic objectives. • Implementation of an Organisational Development Programme linked to the strategic objectives of JCC. • Approval of Scheme of Delegation –due to be discussed by the SLT on 11 March, ahead of endorsement by the Committee and then approval by CTMUHB. • Review of Management Groups –mapping session to be held with the SLT on the 11 March to review the existing group structures to ensure they remain relevant and clear on purpose. • Review of IPFR Policy – this is an all-Wales Policy. It is still to be reviewed but can only be taken forward with the agreement of the health boards. • Review of the Terms of Reference for the Welsh Kidney Network – the terms of reference have been updated but a review of the service is currently on-going. • Review programme arrangements for Sexual Assault Referral Centre – this is on-going and is unlikely to complete until April 2025. • Update of the JCC Website – the migration of relevant legacy data needs to be completed. • JCC to agree risk and assurance arrangements – significant work has been taken on risk management with the support of the host Health Board. The JCC Development session in December focused on the	The JCC does not complete all the required actions in the transition plan leading to it not achieving the goals set out for it.

format of the risk registers and development of a risk appetite statement. Work on the Committee Assurance Framework has commenced but is unlikely to complete until June/July 2025.		
Opportunity 1		**Priority**
The outstanding actions on the transition plan should be completed as soon as is practicable.		**N/A - Advisory Review**
Management Response 1	**Target Date**	**Responsible Officer**
Work to transition the NWJCC into the new operating model and 'routine business' has been scheduled to run through to summer 2025. At the end of 2024/2025, the outstanding issues identified in this finding are all in train with a view to completion by end of September 2025.	September 2025	Director of Transformation

Finding 2: Completion of Committee Papers		Residual Risk
Our review of Committee papers highlighted some inconsistencies in the completion of Impact Assessments, for example sometimes they were not, or only partially, completed when required, and sometimes completed when not required. The Committee Forward Plan includes all of the routine standing agenda information for each meeting However, one-off requirements, such as the approval of the IMTP were missing. Feedback from Committee members also identified that papers could be improved through having a clearer focus on the key messages. Also, the financial and operating performance reporting was to an extent still dependent on legacy arrangements and needed to be better integrated. However, we acknowledge that reporting is improving and evolving as the organisation matures.		Committee papers may lack clarity of message and impact assessments are not being consistently completed as required. The omission of annual responsibilities on the forward plan could lead to key documents not being taken to the Committee when required.
Opportunity 2		**Priority**
We are aware that the JCC is investing in report writing training which should help to improve the issues noted in relation to report focus. JCC directors and staff submitting papers to Committee should be reminded of how and when Impact Assessments are required, and the Forward Plan should be fully populated to ensure that all known papers that require sign-off by the Committee (e.g. the IMTP) are included.		**N/A - Advisory Review**
Management Response 2	**Target Date**	**Responsible Officer**
We accept the opportunity to strengthen and develop the process for the completion of Committee papers. The Committee Secretary is leading a piece of work through the Deputy NHS Wales Committee secretaries group to develop a pan Wales report writing guidance training programme, which incorporate good practice from across NHS bodies in Wales and incorporate any lessons learned from the judgment handed down in a judicial review concerning the decision of the JCC on an EMRTS matter. This will include the importance of robust completed impact assessments. The forward plan of business is considered at each agenda planning meeting and is kept updated in line with meeting discussions and reporting requirements.	May/June 2025	Committee Secretary

Finding 3: Quoracy of CCLG		Residual Risk
The revised Joint Committee has been meeting for a year and is viewed by management as being far more strategic and collaborative than its predecessor in the legacy organisations. Attendance at meetings has been generally good thus far from the CEOs of each of the health boards. However, its continued success, and that of the organisation, is seen as being heavily dependent on the effective operation of the Collaborative Commissioning Leadership Group (CCLG) which has only recently been established. Attendees at the CCLG should include at least five Health Board Executive Directors but to date only the first meeting has been quorate. There has also been a lack of continuity amongst some Health Boards in terms of who has attended.		The CCLG is unable to function effectively to support the JCC due to having insufficient numbers and continuity of Executive Directors at its meetings.
Opportunity 3		**Priority**
The JCC needs to engage with those Health Boards CEOS who are either not being represented at the CCLG or who are represented but not by Executive Directors, to ensure that CCLG meetings are quorate and that there is continuity of attendance.		**N/A - Advisory Review**
Management Response 3	**Target Date**	**Responsible Officer**
Attendance and quoracy will remain a focus for each meeting moving forward. Discussions with CEOs, where necessary, will be held to maintain this focus across the system. The delivery of the NWJCC Foundation Plan and the development of the NWJCC Strategy are two priority areas to be progressed during 2025/2026 in collaboration with Health Boards. The CCLG remains the primary mechanism to ensure collective progress for these areas of work. A review of the Terms of Reference for the CCLG is scheduled for end 2025 to ensure the forum remains fit for purpose.	December 2025	Chief Commissioner

Finding 4: Frequency of SLT Meetings		Residual Risk
Terms of reference have been documented for the JCC Senior Leadership Team (SLT) but these are still to be approved. They state that informal meetings of the SLT, without papers, will be held weekly, with formal meetings taking place monthly. Membership of the formal SLT is all the Tier 2 Directors plus the Deputy Director of Communications and Engagement. Quorum is four members including the Chief Commissioner or their nominated deputy. The current meeting structure and frequency is considered by a number of interviewees to this review to now be excessive, albeit that it was necessary as the organisation started to develop. Following the recent Organisational Change Policy (OCP) consultation, we understand that this might lead to a reduction in numbers attending all SLT meetings and that the frequency of meeting as a whole group may also be reviewed.		The existing format of SLT meetings is ineffective in that too large a group is meeting on too regular a basis.
Opportunity 4		**Priority**
The JCC should consider rationalising the size and/or frequency of SLT meetings, particularly as it looks to move to a routine business basis. One suggestion would be that it retains the formal meeting and one informal meeting per month for the full SLT, but in the remaining weeks meetings are restricted to a tighter central executive core e.g. Chief Commissioner, Directors of Commissioning, Deputy Chief Commissioner.		**N/A - Advisory Review**
Management Response 4	**Target Date**	**Responsible Officer**
Following the appointment of the Interim Chief Commissioner, which coincides with completion of the OCP on the new structure for the NWJCC, a review of the SLT will be undertaken in light of this finding.	June 2025	Chief Commissioner

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

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Agenda Item	4.1.1

Unapproved / Minutes of the Hosted Bodies - Audit & Risk Committee

Date and Time of Meeting	Thursday 13 February at 13:30 pm
Venue	Virtual via Microsoft Teams

Members Present	Patsy Roseblade	Independent Member (Chair)
	Kath Palmer	Health Board Vice Chair/Independent Member
	Ian Wells	Independent Member
	Dilys Jouvenat	Independent Member
	Helen Lentle	Independent Member
In Attendance	Nia Roberts	JCC Lay Member
	Sally May	Executive Director of Finance and Procurement
	Stacey Taylor	JCC Interim Chief Commissioner/Director of Finance & Information
	Jacqueline Maunder	JCC Committee Secretary and Associate Director Corporate Services
	Ross Whitehead	Interim Chief Ambulance Commissioner
	Paul Dalton	NWSSP – Head of Internal Audit & Assurance
	Nathan Couch	Audit Wales
	Gareth Watts	Director of Corporate Governance/Board Secretary
	Kathrine Davies	Corporate Governance Manager/Meeting Secretariat
Meeting Observers	Maxine Evans	Assurance & Risk Officer, JCC (in-part)

Agenda Item	**Meeting Business**
1.	**PRELIMINARY MATTERS**
1.1	**Welcome and Introductions**
	P. Roseblade, Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. 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. Members confirmed they were happy to proceed.

	The Committee Chair advised that at the end of the meeting, she would be seeking Members views as to how the meeting went.
1.2	**Apologies for Absence**
	No apologies had been received.
1.3	**Declarations of Interest**
	No declarations were identified.
2.	**MAIN AGENDA**
2.1	**JCC Action Log** J. Maunder presented the Action Log and provided an update on the following: • **JCC Update**: An update is provided under agenda item 3.1, and the Committee may consider this action as closed. • **JCC Risk Register**: The risk register remains transitional and it is hoped will be reviewed in April. Meetings are taking place with all Directors about their risk portfolios and Jacqui will bring an update back to the next meeting. The meeting between the Chairs of the Audit, Risk & Assurance Committee and the JCC could not be secured due to diary commitments. Efforts are ongoing to arrange this meeting. • **Internal Audit Report on Mental Health**: S. Taylor will follow up on a query regarding whether the mental health workshop has happened and provide a response outside of the meeting. • **Audit Tracker**: Audit Wales report is completed and categorized as closed. The committee is suggested to close this action on the action log. I Wells referred to Action 4.2, (risk 65) on the risk register that was marked as completed, however, there was no mention of the Princess of Wales (PoW) roof situation in the narrative when at the same time PoW were temporarily moving services due to the roof (risk 40) J. Maunder advised that she would review this outside of the meeting and respond back.
Resolution	The Committee **DISCUSSED** and **NOTED** the action log
Action	To review the narrative on risk 65 and risk 40 on the risk register.
3.	**IMPROVING CARE**
3.1	**Joint Commissioning Committee (JCC) Update** S. Taylor presented the report that provided the Committee with an update on the following key matters: • Work on the transition continued throughout quarter three and is now into quarter four. • Sub Committees have been established and are now in place.

	• Priorities for quarter four include finalising the Plan for the next year, developing the Commissioning Assurance Frameworks, and implementing a Scheme of Delegation for decision-making going forward. • The main focus is on landing the rest of this year's Plan and developing next year's. • An extension has been requested for submitting the Plan, with the Joint Committee meeting scheduled for the 18th February 2025. The Chair refer to paragraph 2.7 that referenced the new structure and queried whether this was the right time to implement a new structure given the ongoing consultations. S. Taylor advised that the new structure was part of the transition plan for the establishment of the JCC. The organisational change process commenced last April with Tier 2 coming into place in June 2024 with the next tiers down being implemented now and will be aligned with the Tier one and two Directors. S. Taylor added that there may be further phases and reviews especially with the appointment of a new Chief Commissioner. K. Palmer acknowledged the significant amount of work being undertaken and queried whether there would be any risks emerging from the Integrated Medium Term Plan (IMTP) process that the Committee would need to explore. S. Taylor confirmed that the IMTP was being developed as a risk-based plan, the main risk identified being affordability given the context of a 1.77% uplift against a JCC risk-based assessment of around 6.4% of its baseline and the requirement to manage the plan back down to a realistic funding envelope by way of an accountable officer letter for the Health Boards to approve. S. Taylor advised that an extension has been requested for the submission of the Plan with the JCC meeting scheduled for the 18th February and would be submitted following this. S. Taylor confirmed that they would bring an update on the IMTP process to the next meeting.
Resolution Action	The report was **NOTED**. To bring an update on the IMTP process to the next meeting of the Committee.
3.2	**JCC Organisational Risk Register** J. Maunder presented the report and provided a summary of key matters for the Committee on the transitional amalgamated risk register: • The risk register presented was approved by the full JCC meeting on the 21st of January and relates to the November 2024 update. There are 16 risks with a score of 15 and above, including 14 commissioning risks and two corporate risks. • Risk 38 concerning neonatal cot availability in South Wales was de-escalated as the correct number of cots were being commissioned. • Risk 62 concerning lack of interventional radiology at Swansea Bay was closed and is now managed as an operational issue.

	• The highest scoring risks remain: lack of paediatric intensive care beds, neonatal workforce, and paediatric radiology. The top risk being the utilisation of emergency ambulance capacity. • Work was ongoing to develop the risk register, including the establishment of two new Sub Committees – Quality, Safety & Outcomes and Planning, Performance & Finance Committee to monitor and scrutinise risks. The Chair thanked J. Maunder for the report and acknowledged the amount of detail contained within the report which was helpful.
Resolution	• The Committee: • **NOTED** the report • **NOTED** the JCC risk register as at 30 November 2024 • **NOTED** the review work undertaken by the MH&VG Commissioning Directorate; and • **NOTED** the ongoing development of a risk appetite statement for the JCC which will be presented to the JCC at its strategy session in April 2025
Action	No action was identified.
3.2.1	**Ambulance High Performance Risks** R. Whitehead provided a presentation to the Committee that gave an overview of the risks related to ambulance performance, focussing on the commissioning of sufficient capacity and the utilisation of that capacity. The Chair expressed concern about the significant increase in response times for amber calls and the severe impact it could have on patient outcomes, particularly for ST-elevation myocardial infarction (STEMI) and Stroke patients. The Chair added that the reduced productivity of available resources did not fully account for the drastic increase in response times and that other variables were also contributing to the issue and would need to be addressed to improve performance. In response, R. Whitehead acknowledged the significant increase in handover delays was due to a combination of factors including a significant reduction in productivity and overall inefficiency in the system and explained that whilst demand has remained relatively consistent, the handover position and other metrics had worsened, contributing to the reduced productivity. R. Whitehead added that the 2024 demand and capacity review had indicated a need for a substantial increase in full-time equivalents to address the current challenges and improve productivity. K. Palmer referred to the optimal locations for ambulances and the flexibility in transporting patients, particularly those needing to be transported back to care homes. K. Palmer also queried when the three-year moratorium on rest breaks would be ending.

	R. Whitehead, in response, acknowledged the importance of having ambulances stationed in optimal locations and the need for flexibility in transporting patients and there was a requirement to collectively design a service that delivers a level of service that meets the population needs and this will be a really important key to allow the JCC to lower their scoring risk on this. With regard to the moratorium on rest breaks, R. Whitehead explained that the current rest break policy in Wales is an outlier compared to other regions and the moratorium was not ending until 2027-28. N. Roberts raised a question about the distinction between a risk and an issue, expressing concern that the consequences of the risks discussed, particularly regarding ambulance services, are already happening. She questioned whether these should be considered issues rather than risks and emphasized the importance of not normalising unacceptable performance levels. R. Whitehead agreed with N. Roberts' point that the consequences of the risks were indeed happening and explained that holding these as risks allows the JCC to ensure they are doing everything within their remit to mitigate them. He emphasised the importance of maintaining momentum and collective improvement by all members of the JCC to address these issues effectively. The Chair inquired about the use of the navigation hub within CTM and its impact on improving response times and patient outcomes and that other Health Boards might have similar facilities and queried if there has been an increase in their use. R. Whitehead advised that the navigation hubs were crucial for improving ambulance service productivity and that the hubs allow Health Boards to manage the flow of patients more effectively, ensuring they are directed appropriately within the system. K. Palmer thanked R. Whitehead for his presentation and suggested that it might be interesting to undertake a deep dive in this area and also come along to speak to the all-Wales Vice Chairs at their meeting. R. Whitehead confirmed that he would be happy to do this.
Resolution	The presentation was **NOTED.**
Action	No action was identified
3.3	**JCC Audit Tracker** J. Maunder presented the report that provided the Committee with an update on progress in respect of the implementation of recommendations from internal and external audits. The following key matters were highlighted: • The recommendation for the Internal Audit on Mental Health has been completed. • Work has commenced on the advisory audit of the establishment of the JCC and the internal review of the Traumatic Stress Wales team and the finance audit, which is expected to start in March 2025. • Discussions are ongoing with Internal Audit colleagues to finalise the scope of the finance audit.

	• For external audit, all legacy recommendations have been completed for Welsh Government with a letter from Audit Wales confirming this position.
Resolution	The Committee: • **NOTE** the report, • Take an **ASSSURANCE** on the planned audit programme for 2024/2025; and • **NOTE** that the JCC received an update on 21 January 2025 confirming that the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report have now been completed and all actions were not categorised as closed.
Action:	No action was identified.
4.	**CONSENT AGENDA**
4.1	**ITEMS FOR APPROVAL**
4.1.1	**Unconfirmed Minutes of the Meeting held on 17 December 2024** were APPROVED subject to one amendment – N. Roberts to be added to the list of Attendees and not as an Observer.
4.2	**ITEMS FOR NOTING**
	There were no items to note.
5.	**CLOSE OF BUSINESS**
5.1	**Any Other Urgent Business** There was no urgent business to report.
6.	**DATE OF NEXT MEETING:** 22nd May 2025
7.	**CLOSE OF MEETING**