

Hosted Bodies Audit & Risk Committee

Mon 13 February 2023, 13:00 - 14:00

Virtually via Microsoft Teams

Agenda

13:00 - 13:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome & Introductions

Information Patsy Roseblade, Committee Chair

1.2. Apologies for Absence

Information Patsy Roseblade, Committee Chair

1.3. Declarations of Interest

Information Patsy Roseblade, Committee Chair

13:05 - 13:10
5 min

2. CONSENT AGENDA FOR APPROVAL

2.1. Unconfirmed Minutes of the meeting held on 12 December 2022

Decision Patsy Roseblade, Committee Chair

 2.1 Unconfirmed Minutes Hosted Bodies Audit Risk Committee 12 December 2022 ARC 13 February 2023.pdf (5 pages)

13:10 - 13:15
5 min

3. MAIN AGENDA

3.1. Action Log

Discussion Jacqueline Evans, Committee Secretary and Associate Director of Corporate Services

 3.1 Hosted Bodies Audit & Risk Committee Action Log ARC 13 February 2023.pdf (3 pages)

3.2. Matters Arising not considered within the Action Log

Discussion Patsy Roseblade, Committee Chair

13:15 - 13:55
40 min

4. IMPROVING CARE

4.1. National Imaging Academy for Wales Risk Register - To follow

Discussion Philip Wardle, Academy Director

4.2. WHSSC Corporate Risk Assurance Framework and Risk Register

Discussion Helen Tyler, Corporate Governance Manager

 4.2a WHSSC CRAF Cover Report ARC 13 February 2023.pdf (12 pages)

- 📄 4.2b Appendix 1 - CRAF December 2022 v2 ARC 13 February 2023.pdf (23 pages)
- 📄 4.2c Appendix 2 - Final WHSSC Risk Appetite Statement 2023-24 ARC 13 February 2023.pdf (3 pages)

4.3. WHSSC Audit Recommendations Tracker

Discussion

- 📄 4.3a WHSSC Audit Tracker Report ARC 13 February 2023.pdf (8 pages)
- 📄 4.3b Appendix 1 - WHSSC Audit Recommendations Progress Tracker 2022-2023 ARC 13 December 2023.pdf (5 pages)
- 📄 4.3c Appendix 2 - Audit Wales WHSSC Governance Tracker - Dec 2022 ARC 13 December 2023.pdf (29 pages)

4.4. EASC Update

Discussion *Stephen HARRY, Chief Ambulance Services Commissioner*

- 📄 4.4 EASC Update ARC_13Feb_2023.pdf (9 pages)
- 📄 4.4.1_EASCRiskRegister_EASC_17_Jan_2023_ARC_13Feb2023.pdf (3 pages)
- 📄 4.4.2_NCCU Risk Register_NCCUMB_5_Jan_2023_ARC_13Feb2023.pdf (2 pages)
- 📄 4.4.3_EASC Action Plan January 2023_ARC13_Feb2023.pdf (5 pages)

4.5. WHSSC PET Scanner Progress Report

Discussion *WHSSC Director of Finance*

- 📄 4.5a WHSSC PET Scanner Progress Report for ARC 13 February 2023.pdf (5 pages)
- 📄 4.5b Audit Recommendations Progress Tracker 2022-2023_SM27.01.2023 ARC 13 February 2023.pdf (33 pages)

13:55 - 14:00 5. ANY OTHER BUSINESS

5 min

Information *Patsy Roseblade, Committee Chair*

14:00 - 14:00 6. DATE AND TIME OF NEXT MEETING - WEDNESDAY 19 APRIL 2023 AT 9:00AM

0 min

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)
Hosted Bodies Audit & Risk Committee held on the 12 December 2022 as
a Virtual Meeting via Microsoft Teams**

Members Present:

Patsy Roseblade	Independent Member (Chair)
Jayne Sadgrove	Health Board Vice Chair
Carolyn Donoghue	Independent Member
Ian Wells	Independent Member

In Attendance:

Paul Dalton	NWSSP – Internal Audit & Assurance
Emma Samways	NWSSP – Internal Audit & Assurance
Sara Utley	Audit Wales
Mark Jones	Audit Wales
Helen Tyler	Corporate Governance Manager (WHSSC)
Steve Spill	Independent Member, Finance & Audit (WHSSC)
Stuart Davies	Director of Finance (WHSSC)
Karla Williams	Risk & Governance Officer (WHSSC) (Observing)
Gwenan Roberts	Assistant Director of Corporate Services (EASC)
Stephen Harray	Chief Ambulance Services Commissioner (EASC)
Cally Hamblyn	Assistant Director of Governance & Risk
Emma Walters	Corporate Governance Manager (Secretariat)

**Agenda
Item**

1.0.0 PRELIMINARY MATTERS

1.1 Welcome & Introductions

The Chair welcomed everyone to the meeting.

The format of the proceedings in its virtual form were noted. Members also **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.

1.2 Apologies for Absence

Apologies for absence have been received from:

- Jacqui Evans, WHSSC Committee Secretary;

1.3 **Declarations of Interest**

The declaration from J Sadgrove and C Donoghue was noted in relation to any references made to the PET Scanner project and advised that whilst they were both Senior Professional Fellows at Cardiff University, they had no individual involvement in the project.

2.0.0 **CONSENT AGENDA – FOR APPROVAL**

2.1 **Unconfirmed Minutes of the Meeting held on the 24 October 2022**

Resolution: The minutes were **APPROVED** as a true and accurate record

3.0.0 **MAIN AGENDA**

3.1 **Audit & Risk Committee Action Log**

H Tyler presented Members with the action log.

Members noted the updates provided in red relating to the EASC actions. Members noted that an update in relation to the query raised by I Wells regarding Risk 546 had been included in more detail within the EASC Update report.

In relation to the EASC Action Plan, Members noted that there were some areas within the plan that were being managed by other organisations. Members noted that the action plan would continue to be developed, with the next iteration including further detail across all of the goals and not just in relation to goal 4.

In relation to action 4.2, the WHSSC CRAF, Members noted that the queries raised would now be discussed at the January 2023 Risk Scrutiny Group given the cancellation of the November meeting.

In relation to action 4.4, Members noted that the review of WHSSC Financial Limits and Reporting would now be discussed at the January 2023 Joint Committee, with a further update being presented to the February Audit & Risk Committee.

Resolution: The Action Log was **NOTED**.

3.2 **Matters Arising not considered within the minutes or the Action Log**

Resolution: There were no further matters arising identified.

4.0.0 IMPROVING CARE

4.1 EASC Update, Including the EASC Assurance Framework

S Harrhy and G Roberts presented Members with the report which included the Risk Register, EASC Action Plan, Assurance Framework Report and the National Collaborative Commissioning Unit Risk Register.

In response to comments made by C Donoghue regarding the way in which some of the risk outcomes had been expressed, particularly in relation to risks 5 and 6, G Roberts advised that the risks had been expressed as commissioning risks and the way in which the risks were being managed as a commissioner was slightly different to how a provider would manage the risks. S Harrhy added that he would be happy to review the risks and the way in which they had been described and advised that whilst the Team had tried to reflect them as accurately as possible, he welcomed the observations that had been made.

P Roseblade advised that she had previously raised concerns regarding this issue and added that whilst she understood the risks were commissioning risks, the risks can lead to harm. P Roseblade advised that she welcomed the inclusion of the graphs within the report. She noted the improvement required in relation to Red and Amber 1 red release data.

S Harrhy advised Members that a Ministerial Summit was held in November 2022 in relation to Ambulance Handover Delays and advised that a number of key learning points were identified during the summit. S Harrhy added that he had agreed to continue to work with Health Board's in relation to the development of their improvement plans, which were closely linked to the Six Goals Programme. Members noted that the Commissioning Framework had recently been refreshed and steps would be taken to embed this into the Commissioning Action Plan. Members noted that there had been a significant increase in red calls recently with an increase being seen in respiratory related conditions. S Harrhy advised that it was likely that EASC would need to refresh their Demand and Capacity plans and urged the Health Board to maintain their red line in relation to four hour performance.

P Roseblade referred to the WAST action plan and the reference made to the £3m investment for recruitment which included paying for the C1 licence for Non-Emergency Patient Transport (NEPT) Drivers. S Harrhy advised that the ability to attract individuals into the NEPT Service was becoming more challenging as a result of competition from Delivery firms which was why a decision was made to fund these costs. Members noted that if the individual left the organisation within a set period of time these costs would have to be reimbursed by the individual. P Roseblade advised that it would be helpful if the Committee could receive a general update on the NEPT Service at a future meeting given that the Health Board was holding this meeting on behalf of all Health Board's in Wales.

In response to a query raised by P Roseblade as to whether the EASC Update report was being shared with All Wales Audit Chairs, S Harrhy advised that he would be happy for G Roberts to discuss this further with Board Secretaries as to whether it would be helpful for this report to be shared.

In response to a query raised by P Roseblade as to why there was significant variation between the verified incidents in comparison to the responded to incidents, S Harrhy advised that the WAST clinical safety plan was having an impact on this and added that the amount of time being taken to respond to calls was resulting in duplicated calls being received from patients. Members noted that the advice being shared was also having an impact on the position.

- Resolution:
- **ENDORSED** the EASC Risk Register
 - **ENDORSED** the EASC Assurance Framework
 - **ENDORSED** the NCCU Risk Register
 - **NOTED** the EASC Action Plan

Action: Review to be undertaken of the way in which some of the risk outcomes had been expressed, particularly in relation to Risks 5 and 6.

Action: General update to be received at a future meeting of the Committee in relation to the Non- Emergency Patient Transport Service.

Action: Discussion to be held with Board Secretaries to determine whether they feel it would be helpful for the EASC Update report to be shared with All Wales Audit Chairs.

4.2 **WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register**

H Tyler presented the CRAF and highlighted the key matters for the attention of the Committee.

P Roseblade made reference to Risks 9 and 22, which were being de-escalated as there were plans in place. P Roseblade queried whether these risks should be deescalated when there was no evidence that the plans that had been put into place had been successful. S Davies advised that in relation to Risk 9, evidence was in place that activity was being delivered and that waiting times had come back onto trajectory. In relation to Risk 22, Members noted that the service had progressed significantly and it was likely that the service would return to routine monitoring. S Davies advised that revised wording would be included within the next iteration of the report.

I Wells commented in relation to Risk 21 which related to the CAMHS service and advised that the significant amount of work that had been undertaken in this service did not seem to be reflected within the narrative. S Davies confirmed that the position was very positive with a significant amount of work undertaken to improve services provided. S Davies added that a report was in the process

of being developed to recommend that the service should be de-escalated from Level 4 to Level 3 and added that the National Collaborative Commissioning Unit had been asked to undertake a review of individual patients and admission thresholds.

P Roseblade made reference to Risk 23 and asked if a review of the target score could be undertaken to ensure that the change in impact score is achievable. H Tyler agreed to action this request.

Resolution: The report was **NOTED**.

Action: Review to be undertaken of the target score in relation to Risk 23 which changes the impact of the risk.

4.3 WHSSC Audit Recommendations Tracker

S Davies presented the report and provided Members with key updates in respect of the implementation of recommendations from internal and external audits.

In response to a query raised by C Donoghue regarding the reference made to the appointment of an Associate Medical Director in December 2023, S Davies noted that this should read December 2022 and advised that there were issues with proceeding with the appointment at present.

Resolution: The report was **NOTED**.

5.0.0 ANY OTHER BUSINESS

There was no other business to report.

6.0.0 DATE AND TIME OF NEXT MEETING

The next meeting would take place at 1:00pm on Monday 13 February 2023.

7.0.0 CLOSE

**HOSTED BODIES AUDIT & RISK COMMITTEE ACTION LOG
FOLLOWING MEETINGS HELD ON 12 DECEMBER 2022**

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT February 2023
4.4	24/10/2022	WHSSC Review of Financial Limits and Reporting	CTMUHB and WHSSC Officers to consider the appropriate sequencing/routes to approval for the review of the Financial Limits and Reporting outside the meeting, with a view to revisiting the item in the Committee meeting in December 2022.	December 2022 Now February 2023 Now March 2023	WHSSC Committee Secretary / Director of Corporate Governance (CTMUHB)	In progress The Joint Committee approved the updated financial authorisation matrix and the updated SFI approval process on the 10 January 2023. The Standing Financial Instructions (SFI's), and the scheme of delegation are being updated to reflect the changes. The updated SFI's will be presented to the Joint Committee in March for approval, then be taken forward for approval by the seven LHBs. In addition, a financial assurance report providing assurance on high cost expenditure incurred by WHSSC will be presented to ARC meetings for assurance from April onwards.
4.1	12/12/2022	EASC Update	General update to be received at a future meeting of the Committee in relation to the Non- Emergency Patient Transport Service.	April 2023	Chief Ambulance Services Commissioner	In progress Update on Non-Emergency Patient Transport Services (NEPTS) to be provided at the next meeting
4.1	12/12/2022	EASC Update	Discussion to be held with Board Secretaries to determine whether they feel it would be helpful for the EASC Update report to be shared with All Wales Audit Chairs.	February 2023	Assistant Director of Corporate Services (EASC)	In progress Will be discussed at the next Board Secretaries meeting on 3 February 2023
4.1	24/10/2022	EASC Update Report	<ul style="list-style-type: none"> EASC Action Plan section 2.5 – strengthened to ensure the narrative is more meaningful to the lay person. Risks scored as a 25 on the Risk Register to include reference to the red release activity as a mitigating action. 	December 2022	Chief Ambulance Services Commissioner (EASC) / Assistant Director of Corporate Services (EASC)	Completed <ul style="list-style-type: none"> EASC Action Plan section 2.5 – strengthened to ensure the narrative is more meaningful to the lay person. This is included in the EASC Action Plan and its part of health board action plans (this is a catch all for plans for actions related to community and social care) – augmentation for EASC action plan rather than core responsibility. This part of the action plan has been overtaken

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT February 2023
						<p>by the work to develop integrated commissioning action plans and the links will change to specific health board actions.</p> <ul style="list-style-type: none"> Risks scored as a 25 on the Risk Register to include reference to the red release activity as a mitigating action – Completed.
4.2	12/12/2022	WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register	Review to be undertaken of the target score in relation to Risk 23 which changes the impact of the risk.	February 2023	WHSSC Corporate Governance Manager	<p>Completed</p> <p>The matter was raised at the Risk Scrutiny Group (RSG) meeting on 31 January 2023 and colleagues have taken on board this feedback and will take these comments on board when reviewing their risks at the next team meetings. In addition a new Associate Medical Director with a background in learning disabilities has recently joined the mental health team at WHSSC and will be present at commissioning team meetings when these risks are reviewed and discussed.</p>
4.2	24/10/2022	WHSSC Corporate Risk Assurance Framework including Risk Register	WHSSC Risk Reference 23 – narrative around lowering score to be revisited.	December 2022 Now January 2023	WHSSC Committee Secretary / WHSSC Corporate Governance Manager	<p>Completed</p> <p>The matter was raised at the Risk Scrutiny Group (RSG) meeting on 31 January 2023 and colleagues have taken on board this feedback and will take these comments on board when reviewing their risks at the next team meetings.</p>
4.1	24/10/2022	EASC Update Reports	<ul style="list-style-type: none"> Reference to the Fortnightly Meetings on Handover Improvement to be expanded to explore how these meetings influence or impact what is happening to improve the position. Risk ID 546 - additional narrative to be added to further explain what the cause of the risk is to aide understanding from a lay perspective. 	December 2022	Chief Ambulance Services Commissioner (EASC) / Assistant Director of Corporate Services (EASC)	<p>Completed</p> <ul style="list-style-type: none"> Reference to the Fortnightly Meetings - Local Integrated Commissioning Action Plan meetings now held with all health boards which link into all Integrated Medium-Term Plans in every organisation. Also reporting into the Six Goals for Urgent and Emergency Care Programme

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT February 2023
						<ul style="list-style-type: none"> Risk ID 546 - Resolved at last meeting. EASC Risk Register updated and approved by EASC in January 2023.
4.1	12/12/2022	EASC Update	Review to be undertaken of the way in which some of the risk outcomes had been expressed, particularly in relation to Risks 5 and 6.	February 2023	Chief Ambulance Services Commissioner	<p>Completed Risk Register reviewed and updated</p>



Report Title	Corporate Risk Assurance Framework (CRAF)	Agenda Item	4.2
Meeting Title	Audit & Risk Committee	Meeting Date	13/02/2023
FOI Status	Open/Public		
Author (Job title)	Corporate Governance Manager and Risk and Assurance Officer		
Executive Lead (Job title)	Committee Secretary		

Purpose of the Report	The purpose of this report is to present the updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers, and to provide an update on progress to develop an updated CRAF following the risk management workshop held in September 2022 and to present the updated risk appetite statement which was approved by the Joint Committee on 17 January 2023.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s)

Members are asked to:

- **Note** the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 31 December 2022; and
- **Note** the updated risk appetite statement which was approved by the Joint Committee on 17 January 2023.

CORPORATE RISK ASSURANCE FRAMEWORK (CRAF)

1.0 SITUATION

The purpose of this report is to present the updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers, and to provide an update on progress to develop an updated CRAF following the risk management workshop held in September 2022 and to present the updated risk appetite statement which was approved by the Joint Committee on 17 January 2023.

2.0 BACKGROUND

WHSSC is committed to developing and implementing a Risk Management Strategy that will identify, analyse, evaluate and control the risks that threaten the delivery of its strategic objectives and delivering against its Integrated Commissioning Plan (ICP). The strategy is applied alongside other key management tools, such as performance, quality and financial reports, to provide the Joint Committee (JC) with a comprehensive picture of the organisation's risk profile.

WHSSC revised its approach to assurance and risk management in April/May 2021 and developed the WHSSC risk management strategy, assessment and scoring to align with the approach undertaken in CTMUHB (our host). The JC agreed the approach, format and content of the Corporate Risk Assurance Framework (CRAF) at its meeting on the 11 May 2021 and receives the CRAF at least twice per year. The in-depth scrutiny and monitoring of corporate risks was delegated to sub-committees in order that they could provide assurance to the JC, through their Committee Update Reports, on the management of its principal risks.

The Executive Directors are responsible for reviewing and discussing their commissioning/corporate risks, and agreeing any new risks and the escalation/de-escalation of operational risks that are on directorate risk registers. It is the role of the Executive Directors to review controls and ensure appropriate action plans are in place, which might include the development of corporate risk management strategies to manage risk(s). Effective management of these risks enables the organisation to improve its chances of success and reduce the likelihood of failure.

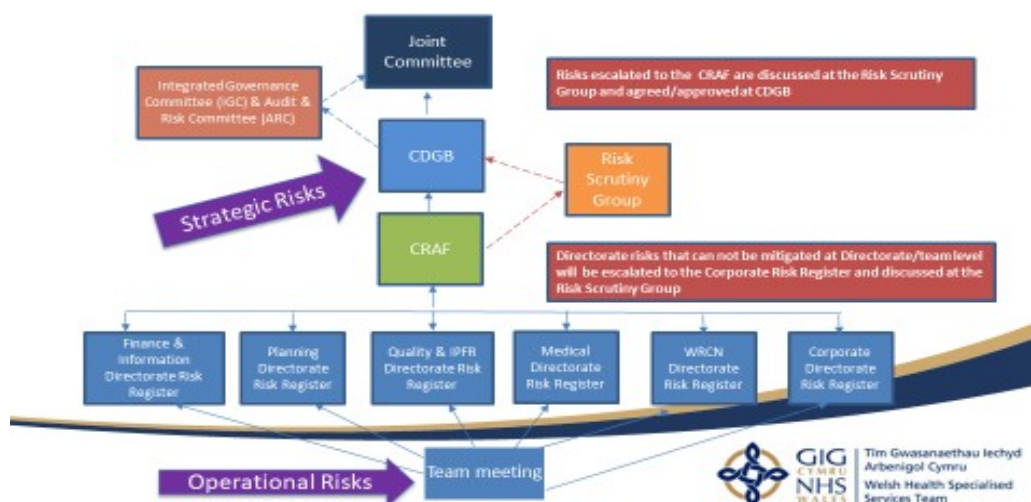
Each directorate risk register is submitted to the newly introduced Risk Scrutiny Group (RSG) on a bi-monthly basis. The membership of the RSG includes Directorate Managers who review and scrutinise the narrative, scores and mitigating actions for each risk. The risks are validated by the RSG and are subject to continuous review by the Executive Director lead for each risk. In addition to reviewing Directorate Risks, the RSG also receives a deep dive into a

Commissioning Team Risk Register at each of its meetings.

Any risks identified as scoring 15 and above are captured on the CRAF and are presented to the Corporate Directors Group Board (CDGB) for scrutiny on a monthly basis. The Quality & Patient Safety Committee (QPSC), the Integrated Governance Committee (IGC) and the Cwm Taf Morgannwg Audit & Risk Committee (ARC) receive the CRAF at each meeting and the Joint Committee receive the CRAF on a six monthly basis for assurance. The infographic outlined in Figure 1 below outlines the governance framework for risk management.

Figure 1 – WHSSC Risk Management Framework

Risk Register Process (Non Commissioning)



3.0 RISK SUMMARY – DECEMBER 2022

The December 2022 CRAF was approved by the Joint Committee on the 17 January 2023 and is presented at **Appendix 1** for assurance.

As at 31 December 2022, there are **17** risks on the CRAF. A summary of these risks is outlined below.

3.1 Commissioning Risks – December 2022

There are currently **11** commissioning risks open with a risk score of 15 and above, which are included on the CRAF.

Work continues with the commissioning teams to ensure the following:

- A structured statement describes the risk,
- Controls are in place that modify the risk and gaps are identified; and
- All actions that mitigate the risk are SMART and have action leads.

A summary of the changes for December 2022 are outlined in the table below.

The full CRAF and risk schedules are presented at **Appendix 1** for information.

3.1.1 New Commissioning Risks

- 1 new commissioning risk was added during this period.

Ref	Initial Score	Score as at Dec 2022	Date added to CRAF	Rationale
Risk 42 (MH/21/15) Mental Health Referrals for adults with an eating disorder/disordered eating There is a risk that referrals for adults with an eating disorder/disordered eating, will require longer waiting times due to changes at NHSE and the loss of our main contract. The consequence is that additional placements may be needed, and admissions delayed due to the absence of ED beds in Wales.	15	15	December 2022	Due to significant changes to NHSE and a loss of contract has put additional pressure on these limited services.

3.1.2 Escalated Commissioning Risks

- 3 red risks were escalated during this period.

Ref	Initial Score	Score as at Dec 2022	Date escalated	Rationale
<p>Risk 24 MH/21/09 Access to care for Children's Learning Disability</p> <p>There is a risk that children with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. The consequence is that patients may be inappropriately placed with the potential to receive sub-optimal care. The risk score was escalated from 15 to 20.</p>	15	20	December 2022	The risk has increased from 15 to 20 to reflect current service pressures in this area.
<p>Risk 34 (P/21/02) Women and Children Lack of Paediatric Intensive Care Beds</p> <p>There is a risk that a paediatric intensive care bed, in the Children's Hospital for Wales, will not be available when required due to constraints within the service. There is a consequence that paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment are not available or the patient being transferred out of Wales.</p>	16	20	December 2022	The score has increased from 16 to 20 as the service have been in a period of surge throughout December and the risk score has increased.

Ref	Initial Score	Score as at Dec 2022	Date escalated	Rationale
Risk 35 (MH/21/06) Mental Health Bed Capacity Mental Health Patients There is a risk that mental health patients will be unable to gain a placement <i>due to</i> the lack of available UK beds, which as a consequence may result in inappropriate placement.	9	16	December 2022	During the reporting period the risk was initially de-escalated from the CRAF and the score lowered from 16 – 12. In December 2022 the risk score increased from 12 to 16 to reflect pressures in the NHS England (NHSE) medium secure bed provision.

3.1.3 De-escalated Commissioning Risks

- No red risks were de-escalated during December 2022.

3.1.4 Closed Risks

- No red risks were closed during December 2022.

3.2 Organisational Risks - December 2022

There are currently **6** organisational risks open with a risk score of 15 and above, which are included on the CRAF.

3.2.1 New Organisational Risks

In December 2022, the CDGB reviewed the Welsh Kidney Network (WKN) Directorate risk register and approved that two new red risks scoring above 15 should be added to the CRAF.

In addition, one new organisational risk concerning the financial climate was added to the CRAF.

Ref	Initial Score	Score as at Dec 2022	Date added/ escalated to CRAF	Rationale
Risk 39 (WKN06) Renal Funding There is a risk that now there is an	12	16	Oct 2022	The cost of living pressures impacting of the inflationary uplifts requested by the ISPs.

Ref	Initial Score	Score as at Dec 2022	Date added/escalated to CRAF	Rationale
inability to meet service demand through ring fenced budget allocations that life maintaining treatment may not be available. As a consequence additional investment is required through ICP process to sustain current services and manage growth and inflationary uplifts.				
Risk 40 (WKN08) Limited outpatient dialysis capacity in Swansea There is a risk that the number of patients receiving outpatient haemodialysis in Morriston will exceed capacity. As a consequence there is need for expansion of outpatient service provision to include demand from the Neath Port Talbot area and Bridgend localities.	12	16	Nov 2022	The cost of living pressures that may adversely impact overall affordability.
Risk 41 (CS12) Corporate Services Financial Climate Risk There is a financial climate risk across the NHS as currently Health Boards are reporting large deficits and the annual allocation uplift anticipated will not meet the current	16	16	December 2022	The health boards are reporting large deficits and the annual allocation uplift anticipated will not meet the current inflationary costs pressures. There is a volatile financial climate at present across the NHS.

Ref	Initial Score	Score as at Dec 2022	Date added/escalated to CRAF	Rationale
inflationary costs pressures. Therefore the uplift required for the WHSSC ICP might not be met by Commissioning Health Boards.				

3.2.2 Escalated Organisational Risk

- 1 risk was re-escalated in December 2022.

Ref	Initial Score	Score as at Dec 2022	Date added/escalated to CRAF	Rationale
<p>Risk 28 Corporate Services Workforce and Capacity There is a risk that WHSSC is unable to keep up with the increasing work demand. Due to additional work related services currently commissioned through HB's or services which are new to Wales. As a consequence this could have an impact on teams to absorb the additional work</p>	16	16	December 2022	The score was escalated from 12 to 16 in December 2022 as workload challenges remain across the organisation. (the risk was previously de-escalated and removed from the CRAF in May 2022)

No organisational risks were de-escalated or closed. The full CRAF and risk schedules are presented at **Appendix 1** for information.

A summary of the commissioning and directorate risks is outlined in **table 1** below:

Table 1 – Summary of Strategic/Organisational risks (15 and above) June 2022

Directorate	No of Risks 15 and above	New Risks	Escalated/ De-escalated
Corporate Services	6	3 new risks (2 WKN)	1 Re-escalated risk
Finance & Information	0	No risks scoring over 15	N/A
Medical Directorate	0	No risks scoring over 15	N/A
Planning/Commissioning	11	1 new risk	3 risks escalated
Quality and IPFR	0	No risks scoring over 15.	N/A

The risks below 15 are being managed within the directorate/teams and all risks are monitored through the RSG.

4.0 NEW RISKS ADDED FOLLOWING THE RISK WORKSHOP 20 SEPTEMBER 2022 – SWOT EXERCISE

A risk management workshop was held on the 20 September 2022 to assess how the RSG process was working, to consider risk appetite and tolerance levels across the organisation and to discuss developing a Joint Assurance Framework (JAF).

The aims of the risk workshop were to:

- Clearly define WHSSC’s Risk Appetite Statement,
- Clearly define WHSSC’s Risk Tolerance Levels,
- Horizon scan and assess any potential new risks; and
- Discuss next steps for risk management.

Each directorate were requested to complete a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis to identify good practice and achievements and to horizon scan for new and emerging risks.

On 14 December 2022, the CDGB undertook a thorough review of all of the findings from the risk workshop and identified new risks which have been included in the December 2022 CRAF. In addition, the WKN undertook a review of their Risk register and they have migrated the WKN risks onto the WHSSC risk schedule template.

5.0 GOVERNANCE & RISK

5.1 Risk Appetite Statement

Members of the WHSSC Joint Committee share responsibility for the effective management of risk and compliance with relevant legislation. In relation to risk management, the Joint Committee is responsible for approving the risk appetite for WHSSC. The WHSSC risk appetite statement states that the Joint Committee will review its risk appetite on an annual basis to ensure that progress is being made toward the 'risk appetite' WHSSC wishes to achieve. Following the risk workshop in September 2022 the CDGB reviewed its risk appetite and the updated risk appetite statement 2023-2024 was approved by the Joint Committee on 17 January 2023. The document is presented at Appendix **2** for assurance.

5.2 Internal Audit Progress

An internal audit on WHSSC's risk management process was undertaken on the 16 March 2022, and received an internal audit assessment rating of "reasonable assurance". Overall, the feedback was positive with some minor recommendations to strengthen and develop training, risk narrative and scrutiny. Progress against the recommendations is monitored by the CTMUHB ARC.

6.0 RECOMMENDATIONS

Members are asked to:

- **Note** the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 31 December 2022; and
- **Note** the updated risk appetite statement approved by the Joint Committee on 17 January 2023.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Implementation of agreed ICP
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation Choose an item.
Institute for HealthCare Improvement Quadruple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Ensuring the organisation has robust risk management arrangements in place that ensure organisational risks are captured, assessed and mitigating actions are taken, is a key requisite to ensuring the quality, safety & experience of patients receiving care and staff working in WHSSC.
Finance/Resource Implications	The risks outlined within this report have resource implications, which are being addressed by each respective Executive Director lead and taken into consideration as part of the WHSSC Integrated Commissioning Plan (ICP) processes.
Population Health	There are no immediate adverse population health implications.
Legal Implications (including equality & diversity, socio economic duty etc)	It is essential that there are robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC. Failure to maintain such arrangements may have legal implications.

Long Term Implications (incl WBFG Act 2015)	The robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC consider the long-term impact of decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome)	24 January 2023 – Quality & Patient Safety Committee (QPSC) 17 January 2023 – Joint Committee – approved. 30 December 2022 – Corporate Directors Group Board (CDGB)
Appendices	Appendix 1 – Corporate Risk Assurance Framework (CRAF) Appendix 2 – Risk Appetite Statement 2023-2024



Corporate Risk Assurance Framework (CRAF)

December 2022

1. Dashboard of Risk

Impact	5			<p>19 Obesity Surgery Standards (merged risk)</p> <p>42 NEW RISK - referrals for adults with an eating disorder/disordered eating</p>	<p>23 Access to Care Adults with a LD</p> <p>24 – ESCALATED RISK - Access to Care for Children with LD</p>	
	4				<p>06 Paediatric patients waiting for surgery</p> <p>21 CAMHS</p> <p>28 RE-ESCALATED RISK - Workforce and Capacity</p> <p>35 ESCALATED RISK- Bed Capacity Mental Health Patients</p> <p>38 No neonatal cot availability in South Wales due to staffing shortages</p> <p>39 NEW RISK - Renal Funding</p> <p>40 NEW RISK Limited outpatient dialysis capacity in Swansea</p> <p>41 NEW RISK Financial Climate Risk</p>	<p>29 WHSSC IPFR Governance</p> <p>33 Welsh Government Priority Delivery Measures</p> <p>34 ESCALATED RISK - Lack of paediatric intensive care beds</p>
	3					<p>03 Plastic Surgery Delays</p> <p>26 Neuropsychiatry patients waiting times</p>
	2					
	1					
CXL		1	2	3	4	5
				Likelihood		

2. Corporate Risk Register/Summary of Risk

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
3 (CB03) (formerly CH018) Cancer & Blood	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Plastic Surgery Delays There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is caused by failure to achieve the maximum waiting times target with some patients waiting in excess of 52 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service.	15	15	6	Risk score remains the same ↔	12/12/22	30/01/22	Joint Committee	Director of Planning
6 P/21/10 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Paediatric patients waiting for surgery There is a risk that paediatric patients waiting for surgery in the Children's Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.	16	16	4	Risk score remains the same ↔	19/12/22	24/01/23	Joint Committee	Director of Planning
19 CT047 Cardiac CT045 (17) Merged with CT047	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Tier 4 Obesity Surgery There is a risk to the appropriate commissioning of Tier 4 Obesity Surgery for Wales due to: 1. The current commissioning policy does not meet National Institute for Health and Care Excellence (NICE) guidance. 2. There are inadequate primary and secondary care pathways in place to support referral for surgery. 3. The current south Wales Provider has historically been unable to meet the current commissioned activity with a consequence that patients who would fit the criteria for surgery will not be able to access the service.	15	15	5	Risk score remains the same ↔	19/12/22	27/01/22	Joint Committee	Director of Planning
21 MH/21/02 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Children & Adolescent Mental Health Services (CAMHS) There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. (Ty Lliard)	16	16	8	Risk score remains the same ↔	19/12/2022	23/01/23	Joint Committee	Director of Mental Health
23 MH/21/08 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Access to Care Adults Learning Disability There is a risk that adults with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. The consequence is that patients may be inappropriately placed with the potential to receive sub-optimal care	15	20	3	Risk score remains the same ↔	19/12/2022	23/01/23	Joint Committee	Director of Mental Health
24 MH/21/09 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Access to care for Children's Learning Disability There is a risk that children with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. The consequence is that patients may be inappropriately placed with the potential to receive sub-optimal care	15	20	12	Risk score escalated from 15 to 20 on 19/12/22 ↑	19/12/2022	23/01/23	Joint Committee	Director of Mental Health
26 NCC046 Removed from Neuroscience register and to	Impact on the safety of patients, staff or public (physical/psychological harm)	Neuropsychiatry patients waiting times There is a risk that neuropsychiatry patients will not be able to be treated in a timely manner with the appropriate therapy support, due to staffing issues. The consequence patients will have long waiting times to access the service and the lack of availability of	20	15	4	Risk score remains the same ↔	28/11/22	19/12/22	Joint Committee	Director of Planning

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
be monitored via MH&VG July 21	Population Health	step down facilities to support the acute centre will also result in delays.								
28 (CS3 / CD01) Corporate Services	Workforce and Capacity	Workforce and Capacity There is a risk that WHSSC is unable to keep up with the increasing work demand. Due to additional work related services currently commissioned through HB's or services which are new to Wales. As a consequence this could have an impact on teams to absorb the additional work	20	16	9	Risk score re-escalated (originally de-escalated in May 2022) ↑	14/12/2022	Jan 2023	Joint Committee	Committee Secretary/Head of Corporate Services
29 (CS8 / CD02) Quality and IPFR/Corporate Services	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	WHSSC IPFR ToR and Governance There is a risk that WHSSC will be unable to meet the TOR for the All Wales IPFR panel due to the inability to achieve quoracy in the membership and consequently this may lead to delayed decision-making. In addition, there is also a risk that the current IPFR governance arrangements are not robust and as a consequence this may also lead to legal challenges in the form of judicial reviews.	16	20	4	Risk score remains the same ↔	16/11/2022	Dec 22	Joint Committee	Director of Nursing Committee Secretary/ Head of Corporate Services
33 (CS10 / CD03) Corporate Services	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Welsh Government Priority Delivery Measures There is a risk the Welsh Provider Health Boards will not be able to deliver specialised services in line with the new Priority Measures due to the waiting list backlog and the shortfall in capacity as a consequence the measures will not met, patients will be waiting outside of the waiting times within the measures and WHSSC may need to seek commissioning alternatives	20	20	9	Risk score remains the same ↔	16/11/2022	January 2023	Joint Committee	Director of Planning
34 P/21/02 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Lack of Paediatric Intensive Care Beds <i>There is a risk</i> that a paediatric intensive care bed, in the Children's Hospital for Wales, will not be available when required <i>due to</i> constraints within the service. <i>There is a consequence</i> that paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment are not available or the patient being transferred out of Wales.	16	20	4	Risk score escalated from 16 to 20 on 19/12/22 ↑	19/12/22	24/01/23	Joint Committee	Director of Planning
35 MH/21/06 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Bed Capacity Mental Health Patients <i>There is a risk</i> that mental health patients will be unable to gain a placement <i>due to</i> the lack of available UK beds, which as <i>a consequence</i> may result in inappropriate placement	12	16	6	Risk score escalated from 12 to 16 on 19/12/22 ↑	19/12/2022	23/01/23	Joint Committee	Director of Mental Health
38 P/21/16 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Neonatal Cots <i>There is a risk</i> that there will not be a Neonatal cot available across the south Wales region <i>due to</i> significant neonatal nursing shortages. <i>There is a consequence</i> that babies will need to travel to NHS England to receive their care or be cared for in an inappropriate setting whilst waiting for an available cot	16	16	4	Risk score remains the same ↔	19/12/22	24/01/23	Joint Committee	Director of Planning
NEW RISK 39 WKN 06	Finance including claims	Renal Funding <i>There is a risk that</i> now there is an inability to meet service demand through ring fenced budget allocations that life maintaining treatment may not be available. <i>As a consequence</i>	12	16	4	Risk score increased from initial ↑	Nov 22	Dec 22	Joint Committee	Programme Director

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
		additional investment required through ICP process to sustain current services and manage growth and inflationary uplifts.								
NEW RISK 40 WKN 08	Impact on the safety of patients, staff or public (physical/psychological harm)	Limited outpatient dialysis capacity in Swansea There is a risk that the number of patients receiving outpatient haemodialysis in Morrison will exceed capacity. As a consequence there is need for expansion of outpatient service provision to include demand from the Neath Port Talbot area and Bridgend localities.	12	16	2	Risk score assessed and added at CDGB 14/12/22	Dec 22	January 2023	Joint Committee	Programme Director
NEW RISK 41 (CS14) Corporate Services	Finance including claims	Financial Climate Risk There is a risk that the financial climate across the NHS is vulnerable as currently Health Boards are reporting large deficits and the annual allocation uplift anticipated will not meet the current inflationary costs pressures. Therefore the uplift required for the WHSSC ICP might not be met by Commissioning Health Boards.	16	16	4	Risk score assessed and added at CDGB 14/12/22	Dec 22	January 2023	Joint Committee	Committee Secretary/Head of Corporate Services
NEW RISK 42 MH/21/15 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm)	Referrals for adults with an eating disorder/disordered eating There is a risk that referrals for adults with an eating disorder/disordered eating, will require longer waiting times due to changes at NHSE and the loss of our main contract. The consequence is that additional placements may be needed, and admissions delayed due to the absence of ED beds in Wales.	15	15	8	Risk score assessed and added at CDGB 30/12/22	Dec 22	January 2023	Joint Committee	Director of Mental Health

3 Risk Schedules – Risk on a Page

Risk Ref: 03 Plastic Surgery Delays Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																														
Risk: There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is caused by failure to achieve the maximum waiting times target with some patients waiting >104 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service.		Date Added to Register: 26/02/21 (first identified 17/03/14)	Date Last Reviewed by: QPS – 25/10/22																																													
Risk Rating (impact x likelihood)	<table border="1"> <tr> <td>Initial</td> <td>3x5</td> <td>15</td> </tr> <tr> <td>Current</td> <td>3x5</td> <td>15</td> </tr> <tr> <td>Target</td> <td>2x3</td> <td>6</td> </tr> </table>	Initial	3x5	15	Current	3x5	15	Target	2x3	6	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Rating</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>15</td><td>6</td></tr> <tr><td>Mar-22</td><td>15</td><td>6</td></tr> <tr><td>Apr-22</td><td>15</td><td>6</td></tr> <tr><td>May-22</td><td>15</td><td>6</td></tr> <tr><td>Jun-22</td><td>15</td><td>6</td></tr> <tr><td>Jul-22</td><td>15</td><td>6</td></tr> <tr><td>Aug-22</td><td>15</td><td>6</td></tr> <tr><td>Sep-22</td><td>15</td><td>6</td></tr> <tr><td>Oct-22</td><td>15</td><td>6</td></tr> <tr><td>Nov-22</td><td>15</td><td>6</td></tr> <tr><td>Dec-22</td><td>15</td><td>6</td></tr> </tbody> </table>	Month	Risk Rating	Target	Feb-22	15	6	Mar-22	15	6	Apr-22	15	6	May-22	15	6	Jun-22	15	6	Jul-22	15	6	Aug-22	15	6	Sep-22	15	6	Oct-22	15	6	Nov-22	15	6	Dec-22	15	6	Groups discussed risk during period Commissioning Team 18/02/22 Commissioning Team 25/03/22 Commissioning Team 22/04/22 Commissioning Team 27/05/22 Commissioning Team 22/07/22 Commissioning Team 26/08/22 – Meeting cancelled due to members availability Commissioning Team 09/09/22 Commissioning Team 30/09/22 Commissioning Team 08/11/22 Commissioning Team 28/11/22 Commissioning Team 12/12/22
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What controls have we put in place for the risk: <ul style="list-style-type: none"> Recovery plan requested from SBUHB Continue to monitor progress against the recovery plan Request waiting list data 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) 		What actions should we take: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>To monitor progress against the plastic surgery recovery plan via monthly commissioner assurance meetings with SBUHB. Next meeting arranged for Dec 22</td> <td>LA-Senior Planner</td> <td>monthly</td> </tr> <tr> <td>To report on progress against the recovery plan at the Cancer & Blood commissioning team meeting and to CDGB as appropriate.</td> <td>LA – Senior Planner</td> <td>monthly</td> </tr> <tr> <td>Plastic surgery service to complete the assurance template developed to evidence that the service has maximised performance given current resource constraints: treat in turn rate, outsource/insource, list validation.</td> <td>LA – Senior Planner</td> <td>Completed</td> </tr> <tr> <td>To recommend to CDG that consideration should be given to placing the service into escalation further to Joint Committee’s agreement to return to normal performance management arrangements (subject to outcome of meeting with SBUHB on recovery trajectories to be held on 30.11.22).</td> <td>LA – Senior Planner</td> <td>Completed</td> </tr> </tbody> </table>		Action	Lead	Date	To monitor progress against the plastic surgery recovery plan via monthly commissioner assurance meetings with SBUHB. Next meeting arranged for Dec 22	LA-Senior Planner	monthly	To report on progress against the recovery plan at the Cancer & Blood commissioning team meeting and to CDGB as appropriate.	LA – Senior Planner	monthly	Plastic surgery service to complete the assurance template developed to evidence that the service has maximised performance given current resource constraints: treat in turn rate, outsource/insource, list validation.	LA – Senior Planner	Completed	To recommend to CDG that consideration should be given to placing the service into escalation further to Joint Committee’s agreement to return to normal performance management arrangements (subject to outcome of meeting with SBUHB on recovery trajectories to be held on 30.11.22).	LA – Senior Planner	Completed																														
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Additional comments: Feb 22 - Whilst the overall score should not change, it was agreed that the scoring for likelihood and impact should be the other way around, the likelihood being 5 and the impact being 3. July 22 - The commissioning team discussed and reviewed the risk and agreed the risk was to remain December 22 - Escalation level 1 agreed by CDGB, i.e. weekly submission of activity and waiting list data required.																																																

Risk Ref: 6 - Paediatric patients waiting for surgery (P/21/10) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)	Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance	
Risk: There is a risk that paediatric patients waiting for surgery in the Children’s Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.	Date Added to Register: 24/02/21	Date last reviewed by: Joint Committee - 12 July 2022 Quality Patient Safety Committee – 25 October 2022 Integrated Governance Committee – 11 October 2022 CTMUHB Audit & Risk Committee –24 October 2022 CDGB – 16 November 2022

<p>Risk Rating (impact x likelihood)</p> <table border="1"> <tr> <td>Initial</td> <td>4x4</td> <td>16</td> </tr> <tr> <td>Current</td> <td>4x4</td> <td>16</td> </tr> <tr> <td>Target</td> <td>2x2</td> <td>4</td> </tr> </table>	Initial	4x4	16	Current	4x4	16	Target	2x2	4	<p>Risk Rating</p> <p>The chart displays two horizontal lines representing risk metrics over time from March 2021 to December 2022. The vertical axis ranges from 0 to 20. The blue line, labeled 'Risk Rating', is constant at 16. The orange line, labeled 'Target', is constant at 4.</p>	<p>Groups discussed risk during period</p> <ul style="list-style-type: none"> Commissioning Team -16/02/22 Commissioning Team -16/03/22 Commissioning Team -27/04/22 Commissioning Team -24/05/22 Commissioning Team - 21/06/22 Commissioning Team - 26/07/22 Commissioning Team - 23/08/22 Commissioning Team – 21/09/22 Commissioning Team – 18/10/22 Commissioning Team - 21/11/22 Commissioning Team - 19/12/22
Initial	4x4	16									
Current	4x4	16									
Target	2x2	4									

What controls have we put in place for the risk:

- 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).

What actions should we take:

Action	Lead	Date
<ul style="list-style-type: none"> Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including: <ul style="list-style-type: none"> Staffing establishment Bed and theatre capacity Assurance on clinical management of patients on WL Recovery trajectory 	W&C Planner	Quarterly
<ul style="list-style-type: none"> Requested information on long waiting patients from provider to support potential outsourcing arrangements. 	W&C Planner	Complete
<ul style="list-style-type: none"> Meetings being scheduled with NHS England providers to discuss outsourcing capacity 	W&C Planner	December 22
<ul style="list-style-type: none"> Requested plan from C&V to manage long waiting patients, with clear trajectories and timeframes. 	W&C Planner	Complete
<ul style="list-style-type: none"> Requested revised recovery plan further to Joint Committee 	W&C Planner	Completed
<ul style="list-style-type: none"> Discussing with local Health Boards scope for mutual aid. 	W&C Planner	20 January 2023

Additional comments:
 July 2022 – W&C Commissioning team discussed and reviewed the risk. Quarterly Assurance meeting took place provider confirmed 109 patients waiting between 52 and 104 weeks and 25 patients waiting over 105 weeks. Therefore, risk cannot be reduced.
 Oct 2022 – W&C Commissioning team discussed and reviewed the risk.
 Nov 22 - W&C Commissioning team discussed and reviewed the risk which remains unchanged.
 Dec 22 - W&C Commissioning team discussed and reviewed the risk which remains unchanged.

Risk Ref: 19 - Obesity Surgery Standards (CT047) (Previously CT045 and CT047) merged risk Obesity Surgery Standards and waiting times Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)	Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance	
Risk: There is a risk to the appropriate commissioning of Tier 4 Obesity Surgery for Wales due to: <ul style="list-style-type: none"> The current commissioning policy does not meet National Institute for Health and Care Excellence (NICE) guidance. There are inadequate primary and secondary care pathways in place to support referral for surgery. The current south Wales Provider has historically been unable to meet the current commissioned activity with a consequence that patients who would fit the criteria for surgery will not be able to access the service. The service being categorised as P4 (non-urgent) surgery with a consequence of disease progression of existing morbidities. 	Date Added to Register: 24/02/20	Date last reviewed by: Joint Committee - 12 July 2022 Quality Patient Safety Committee – 25 October 2022 Integrated Governance Committee – 11 October 2022 CTMUHB Audit & Risk Committee –24 October 2022 CDGB – 16 November 2022

<p>Risk Rating (impact x likelihood)</p> <table border="1" data-bbox="305 674 635 779"> <tr> <td>Initial</td> <td>5x3</td> <td>15</td> </tr> <tr> <td>Current</td> <td>5x3</td> <td>15</td> </tr> <tr> <td>Target</td> <td>5x1</td> <td>5</td> </tr> </table>	Initial	5x3	15	Current	5x3	15	Target	5x1	5	<p>Risk Rating</p>  <table border="1" data-bbox="1020 625 2053 898"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Rating</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jan-22</td><td>15</td><td>5</td></tr> <tr><td>Feb-22</td><td>15</td><td>5</td></tr> <tr><td>Mar-22</td><td>15</td><td>5</td></tr> <tr><td>Apr-22</td><td>15</td><td>5</td></tr> <tr><td>May-22</td><td>15</td><td>5</td></tr> <tr><td>Jun-22</td><td>15</td><td>5</td></tr> <tr><td>Jul-22</td><td>15</td><td>5</td></tr> <tr><td>Aug-22</td><td>15</td><td>5</td></tr> <tr><td>Sep-22</td><td>15</td><td>5</td></tr> <tr><td>Oct-22</td><td>15</td><td>5</td></tr> <tr><td>Nov-22</td><td>15</td><td>5</td></tr> <tr><td>Dec-22</td><td>15</td><td>5</td></tr> </tbody> </table>	Month	Risk Rating	Target	Jan-22	15	5	Feb-22	15	5	Mar-22	15	5	Apr-22	15	5	May-22	15	5	Jun-22	15	5	Jul-22	15	5	Aug-22	15	5	Sep-22	15	5	Oct-22	15	5	Nov-22	15	5	Dec-22	15	5	<p>Groups discussed risk during period</p> <ul style="list-style-type: none"> Commissioning Team 06/01/22 Commissioning Team 22/02/22 Commissioning Team 12/04/22 - Cancelled (virtual Review) 13/04/22 Commissioning Team 23/05/22 Commissioning Team 28/06/22 Commissioning Team 27/07/22 Commissioning Team 23/08/22 Commissioning Team 27/09/22 Commissioning Team 21/10/22 Commissioning Team 25/11/22 Commissioning Team 19/12/22
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What controls have we put in place for the risk:

- WHSSC Commissioning Policy and Service Specification have been reviewed and updated to reflect the current evidence and guidance.
- WHSSC have commissioned PHW to undertake a review and identify the barriers to accessing the service (work has been delayed due to Covid pandemic).
- WHSSC to undertake further work with current Providers and consider if additional or alternative provider is required to meet the population needs.

What actions should we take:

Action	Lead	Date
The revised WHSSC Commissioning Policy and Service Specification is out for stakeholder consultation.	Consultant Bariatric Surgeon, SBUHB	Complete
WHSSC to undertake further work with current Providers and consider if additional or alternative Provider is required to meet the population needs.	Planning Manager	Complete
Scope the feasibility of outsourcing patients to NHS England Provider – no scope to outsource to NHS England.	Planning Manager	Complete
ABUHB have indicated their interest to become a Provider for bariatric services. WHSSC currently working with ABUHB to scope the feasibility of ABUHB becoming a designated Provider.	Planning Manager	In progress

Additional comments:
 September 2022 – Second consultation for the Service Specification has ended. Draft responses to stakeholder comments have been submitted for the Policy Group meeting in November 2022. It is anticipated that following this meeting that both Policy documents will be published. A meeting was held on the 12th September 2022 with the WHSSC Working Group. The list of questions submitted by ABUHB were discussed and responses have been drafted with further investigation required for some of the questions. No change to the risk score.
 October 2022 – Work with ABUHB remains ongoing; risk score remains unchanged.
 November 2022 – In addition to work with ABUHB, there has been correspondence with SBUHB to understand activity levels. Data awaited. Risk score unchanged.
December 2022 – Correspondence with current and potential providers remains ongoing. SBUHB have committed to return to commissioned volumes. WHSSC has fielded a number of FOI requests and patient queries and, as a result, potential pathway constraints will be investigated.

Risk Ref: 21 - Children & Adolescent Mental Health Services (CAMHS) (MH/21/02) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Mental Health Assuring Committee: Joint Committee Reviewed Assurance																																																																															
Risk: There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. (Ty Llidiard)		Date Added to Register: 24/02/21 Date last reviewed by: Joint Committee - 12 July 2022 Quality Patient Safety Committee – 25 October 2022 Integrated Governance Committee – 11 October 2022 CTMUHB Audit & Risk Committee –24 October 2022 CDGB – 16 November 2022																																																																															
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Risk Ref: 23 - Access to Care Adults Learning Disability (MH/21/08) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Mental Health Assuring Committee: Joint Committee Reviewed Assurance																																																																															
Risk: There is a risk that adults with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. The consequence is that patients may be inappropriately placed with the potential to receive sub-optimal care		Date Added to Register: 24/02/21 Date last reviewed by: Joint Committee - 12 July 2022 Quality Patient Safety Committee – 25 October 2022 Integrated Governance Committee – 11 October 2022 CTMUHB Audit & Risk Committee –24 October 2022 CDGB – 16 November 2022																																																																															
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Risk Ref: 24- Access to care for Children’s Learning Disability (MH/21/09) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Mental Health Assuring Committee: Joint Committee Reviewed Assurance																																																	
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Risk Ref: 26 - Neuropsychiatry patients waiting times (NCC046) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Director Lead: Director of Planning Assuring Committee: Joint Committee	
Risk: There is a risk that neuropsychiatry patients will not be able to be treated in a timely manner with the appropriate therapy support <i>due to</i> staffing issues. <i>The consequence patients will have</i> long waiting times to access the service and the lack of availability of step down facilities to support the acute centre will also result in delays.	Date Added to Register: 12/02/2020 Moved to MH& VG register July 21	Date last reviewed by: Joint Committee - 12 July 2022 Quality Patient Safety Committee – 25 October 2022 Integrated Governance Committee – 11 October 2022 CTMUHB Audit & Risk Committee – 24 October 2022 CDGB – 16 November 2022

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What controls have we put in place for the risk:

- Business case received
- Developed ICP scheme
- Service transferred to the Mental Health portfolio
- Planned 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

What actions should we take:

Action	Lead	Date
NCCCT to monitor the recovery plan through the six monthly Risk, Assurance and Recovery meeting.	Planning Manager	Six monthly
The scheme was scored 2 nd highest risk and has been included in the WHSSC ICP funding 21/22. Business Case received from the service in May 2021. Planning Manager to develop ICP scheme in collaboration with the Service.	Planning Manager	Completed
Funding releases paper being prepared for submission to July CDGB and monitoring group	Planning Manager	Completed
Funding release paper submitted to July Management group.	Planning Manager	Completed
Phase 2b to be considered within the mental health strategy	Senior Planning Manager	Completed
Neuropsychiatry data to be analysed to inform future mitigation actions	Senior Planning Manager	Completed

Additional comments:

From August 2021 the risk will be monitored going forward by the Mental Health & Vulnerable Group commissioning team as funding was approved July 21
CIAG approved phase 2a of Neuropsychiatry scheme phase 2b to be considered within mental health strategy.
June 22 – Second consultant appointed within service, therefore, risk to be discussed at July commissioning meeting with a view to lowering the risk. Phase 2a to be implemented during this financial year and CIAG bid for phase 2b should provide a basis to close this risk.
Sept 22 – Risk Score Lowered to 15 at commissioning team meeting 28/09/22. Further monitoring to continue following the implementation of further service development during 2022/23 and 2023/24.
Oct 22 – Risk Score Lowered to 15 at commissioning team meeting 28/09/22. Further monitoring to continue following the implementation of further service development during 2022/23 and 2023/24.

Risk Ref: 28 Workforce and Capacity (CS3 / CD01) Risk Domain: Workforce and Capacity	Director Lead: Committee Secretary Assuring Committee: CDGB
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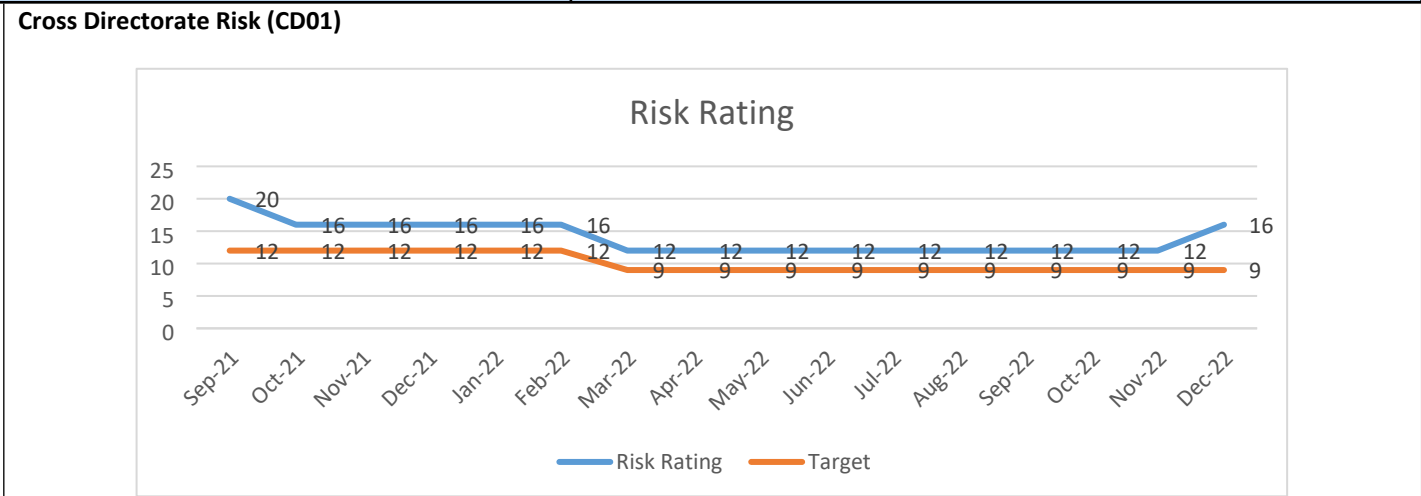
Risk: There is a risk that WHSSC is unable to keep up with the increasing work demand. Due to additional work related services currently commissioned through HB's or services which are new to Wales. As a consequence this could have an impact on teams to absorb the additional work.

Date Added to Register: 16.09.21

Date Last Reviewed by:
 RSG 16/11/2022
 CDGB 5/12/2022
 CDGB 30/12/2022

Risk Rating
(impact x likelihood)

Initial	5X4	20
Current	4X4	16
Target	3X3	9



Groups discussed risk during period

CDGB
 Corporate Services Team Meeting
 Joint Committee
 Integrated Governance Committee
 RSG

- What controls have we put in place for the risk:**
1. A report was submitted to the Joint Committee on the 7 September 2021 and 15 March 2022 seeking support for an increase in the Direct Running Costs (DRC) budget to recruit additional staff, this was approved and recruitment to these posts has now been completed.
 2. The CDGB approved the de-escalation of the workforce risk in March 2022 and it was removed from the CRAF in May 2022 and will be monitored on the corporate services directorate risk register. **Following a review of risks at a risk workshop in September 2022, and in light of the increased workloads, on the 14 December 2022 the CDGB agreed to escalate the risk and increase the score from 12 to 16.**
 3. Welsh Government has approved funding for PET project support posts and TSW to be hosted by WHSSC.
 4. In the long term a workforce strategy will be considered to assist with succession planning and the long term planning risk concerning workforce capacity. There are potentially a number of senior staff who are looking to retire and this may pose a challenge with succession to these senior posts.
 5. **An executive OD session held in November 2022 focussed on current and future workforce and organisational development requirements. A short term workforce plan was developed to assist with the immediate issue of resourcing the increasing workforce demand. This is currently being monitored by the CDGB.**
 6. **A number of key strategic pieces of work and a general increase in the number of services has resulted in another significant increase in workloads across the organisation. The number of posts being recruited to has increased significantly over the last few months and this has had a knock on effect on the Corporate Services team who plan and assist the organisation with IT, HR and general resourcing.**
 7. **There is a lack of depth in workforce resource and cross cover as teams are small and this poses a risk to staff as workloads are increasing. In order to mitigate this in the short terms, workloads should be monitored and work should be prioritised.**
 8. **The ability to meet the administrative support requirements/expectations of the WHSSC directorates is difficult but recruitment is currently underway and the demand will be reviewed following recruitment into some vacant posts.**

What actions should we take:

Action	Lead	Date
JC approved a request to increase the Direct Running Costs (DRC) budget 2022-2023 on the 7 September 2021 to support the recruitment of the key posts to increase workforce capacity. COMPLETED	JE	7 September 2021
Workforce capacity review has been undertaken by CDGB and DRC shortfall to be utilised to recruit at risk for critical posts. COMPLETED	JE	Oct 2021
Corporate services team are working with CTMUHB to identify short terms admin pool of resource to support the administrative requirements of WHSSC, which are putting pressure on the teams. COMPLETED	JE	Oct 2021
An uplift to the DRC was approved by JC to allow for an additional Corporate resource. This post is currently interim but work is underway to finalise and agree a JD to recruit to a substantive post.	JE	May 2022
Workforce plan developed following the Executive OD session to be monitored to ensure that the short-term impacts concerning staffing issues can be addressed. The plan will be monitored and updated to consider a mid to long-term workforce strategy for 2023-2024. This will include succession planning and capacity issues on a more strategic level.	JE	Feb 2023

Additional comments:
 The CDGB approved the de-escalation of the workforce risk in March 2022 and it was removed from the CRAF in May 2022 and has since been monitored on the corporate services directorate risk register. Following a review of risks at a risk workshop in September 2022, and in light of the increased workloads, on the 14 December 2022 the CDGB agreed to escalate the risk and increase the score from 12 to 16. The organisation remains vulnerable as a number of departments are small and whilst recruitment is underway due to the time delay between advertising posts and staff commencing in post, there are workload challenges across the organisation.

Risk Ref: 29 – WHSSC IPFR ToR & Governance Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Nursing/Committee Secretary Assuring Committee: Joint Committee																																														
Risk - There is a risk that WHSSC will be unable to meet the TOR for the All Wales IPFR panel due to the inability to achieve quoracy in the membership and consequently this may lead to delayed decision-making. In addition, there is also a risk that the current IPFR governance arrangements are not robust and as a consequence this may also lead to legal challenges in the form of judicial reviews.		Date Added to Register: 20/10/21	Date last reviewed by: Joint Committee – 12/7/2022 Integrated Governance Committee – 11/10/22 CTMUHB Audit & Risk Committee –24/10/22 Quality Patient Safety Committee – 25/11 22 CDGB – 16/11/22 CTMUHB Audit & Risk Committee –12/12/22 CDGB 30/12/22																																													
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What controls have we put in place for the risk: <ol style="list-style-type: none"> 1. A judicial review highlighted some deficiencies in the minutes and decision letters advising of a refusal to fund treatment. A formal debrief and a thorough review of the legal decision in this case. This de-brief has taken place and learning from this is being implemented. 2. A review of the IPFR governance is underway. A member of the Corporate team will start attending IPFR and act as a governance lead advising the Chair etc. The governance lead will also be able to review the minutes, notes, and decision letters etc. 3. A quality review of other IPFR notes from HB panels will be undertaken as a way of benchmarking. 4. JC approved an uplift to the WHSSC IPFR DRC budget to assist with staffing costs required as a result of the increased scrutiny. 5. A meeting with Welsh Government took place on 10 May 2022 to discuss the authority of the Joint Committee to update and approve the ToR of the IPFR Panel, the governance process for updating the All Wales IPFR policy; and consideration of a wider review of the both the policy and governance framework of IPFR panels in Wales. WHSSC issued a letter to WG 23 May 2022. A response from WG was received on 28 July 2022 confirming agreement for WHSSC to proceed with a review of the WHSSC ToR and a “limited” review of the All Wales IPFR policy. The Joint Committee approved the approach on 6 September 2022. 6. The NHS Wales Board Secretaries Group have been informed of the risk concerning the IPFR panel, and a private briefing session was arranged for them on IPFR governance for 10 June 2022. 7. 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. 8. 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 and the findings are being reviewed. 9. 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. 		What actions should we take: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Additional governance support is being provided to support the IPFR panel meetings. Following some post-case advice a prof-forma has been developed to ensure discussions and decisions are recorded – completed</td> <td>Head of Corporate Services/Committee Secretary</td> <td>End of December 2021 and on-going</td> </tr> <tr> <td>The Chair of the IPFR panel stepped down from the position on the 1 April 2022. WHSSC are now faced with a new challenge, as in order to recruit a suitably experienced Chair, we need to update the ToR to outline the increased time commitment and the consideration needs to be given to remunerating the chair for the time involved in dealing with complex IPFR applications. A new HB IM Interim Chair was appointed from 1 August 2022 to ensure business continuity for a 6-month period to ensure business continuity. 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Additional comments: The IPFR process gained political attention during the Senedd’s Plenary session on the 23 March 2022 and Members of the Senedd (MS) asked questions concerning the IPFR process.																																																

Risk Ref: 33 - Welsh Government Priority Delivery Measures (CD03) (CS10) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Director Lead: Committee Secretary /Director of Planning Assuring Committee: Joint Committee	
There is a risk the Welsh Provider Health Boards will not be able to deliver specialised services in line with the new Priority Measures due to the waiting list backlog and the shortfall in capacity as a consequence the measures will not met, patients will be waiting outside of the waiting times within the measures and WHSSC may need to seek commissioning alternatives	Date Added to Register: 26 January 2022	Date last reviewed by: Quality Patient Safety Committee – 25/10/22 Integrated Governance Committee – 11/10/22 CTMUHB Audit & Risk Committee –24/10/22 CDGB – 16/11/22 CTMUHB Audit & Risk Committee –12/12/22 CDGB 30/12/22 IGC via email 30/12/22

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What controls have we put in place for the risk:

1. WHSSC are working with HBs to share infrastructure and to develop regional approaches for high volume and specialist services.
2. The JC and MG receive regular updates specialised services performance at each meeting
3. The Integrated Governance Committee (IGC) oversees the Joint Committee's Integrated Commissioning Plan (ICP) for Specialised Services, scrutinising the delivery and performance of the plan. They receive regular updates on progress.
4. The ICP approved by the Joint Committee on the 8 February 2022 included reference to the new measures.
5. The Joint Committee received a report on the proposed WHSSC process for responding to the Ministerial Priority Measures on the 15 March 2022. The Joint Committee held a recovery workshop on the 12 July 2022 during which the Committee received comprehensive recovery presentations from providers on recovery trajectories across NHS Wales. These will be kept under review over the next few months.
6. A follow up workshop was held on the 6 September at the request of the Joint Committee to focus on Paediatric recovery trajectories.
7. The JC received a Recovery Update (incl Progress with Paediatric Surgery) at its meeting on 8 November 2022, and a further update will be presented on 17 January 2023.
8. A re-commissioning workshop was held with the Management group sub-committee on the 24 November 2022, and members discussed financial affordability, the significant financial pressures Health Boards (HBs) were under and the balance of risk required when making financial forecasts,
9. WHSSC has held planned engagement meetings with HBs, and the challenges regarding Health Board Integrated Medium Term Plans (IMTP's) had been shared in the relevant national peer groups; all of which informed the discussion concerning the ICP,
10. HBs are required to submit an accountability letter to WG by the end of February 2023, and WHSSC are continuing with the agreed plan to present the final ICP for approval to the JC on 17 January 2023 to support HB's in developing their own IMTP's.

What actions should we take:

Action	Lead	Date
The ICP was approved to the Joint Committee on the 8 February 2022 and has been submitted to Welsh Government and the planning teams at Health Boards for inclusion within the HB Integrated Medium Term Plan's (IMTP's).	NJ/AD	Completed
The JC and MG will receive routine reports at each meeting on the performance of specialised services, and the impact of waiting list backlog and the shortfall in capacity.	NJ/SD	Monthly
The JC held recovery workshops on 12 July, 6 September and 8 November 2022 and a number of actions were agreed which help inform further discussions. The recovery trajectories will be kept under review and monitored.	NJ/SD	Dec 2022
Following the JC recovery update on paediatric trajectories 6 September 2022 it was agreed to hold a further session in January 2023 to focus on recovery trajectories.	NJ/SD	Jan 2023
An ICP workshop is scheduled for Joint Committee members on 10 January 2023 to inform the ICP 2023-2026.	NJ/SD	Jan 2023

Additional comments:
 Update As at January 2022
 Cross Directorate Risk (CD03) - WG set 34 new Priority Delivery measures that will be formally monitored from April 2022 onwards. NHS bodies are expected to align their developing Integrated Medium term Plans (IMTPs) towards delivering these priorities and measures, and where necessary, to bring forward key actions that will ensure these are the focus for the whole organisation. There is a risk that WHSSC will be unable to deliver specialised services it has committed to delivering in the Integrated Commissioning Plan (ICP) due to the waiting list backlog.

Risk Ref: 34 - Lack of Paediatric Intensive Care Beds (P/21/02) Risk Domain: Workforce		Director Lead: Director of Planning Assuring Committee: Joint Committee													
Risk: There is a risk that a paediatric intensive care bed, in the Children’s Hospital for Wales, will not be available when required due to constraints within the service. There is a consequence that paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment are not available or the patient being transferred out of Wales.		Date Added to Register:24/02/21	Date last reviewed by: Joint Committee – 12/07/22 Quality Patient Safety Committee – 25/10/22 Integrated Governance Committee – 11/10/22 CTMUHB Audit & Risk Committee –24/20/22 CDGB – 16/11/22 CDGB 30/12/22												
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Initial	3x4	12													
Current	4x5	20													
Target	2x2	4													
What controls have we put in place for the risk: <ul style="list-style-type: none"> Investment through WHSSC 2019/20 ICP to increase bed capacity to meet demand Ongoing monitoring at Quarterly Commissioner Assurance Meeting with provider Completed winter surge plan for 2021/22 which sets out clear escalation management across the South West of England region Received Health Board surge plan for 2022/ 23 Reviewed information on adverse incidents have occurred as a consequence of bed availability Discussed Collaborative working between Adult Critical Care and Paediatric Critical Care 		What actions should we take: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including: <ul style="list-style-type: none"> ➤ Refusal rates against SLA ➤ Staffing establishment ➤ Implementation of investment ➤ Commissioned bed availability </td> <td>W&C Planner</td> <td>Quarterly</td> </tr> <tr> <td> <ul style="list-style-type: none"> Review risk score following analysis of data and assurances presented at Quarterly Commissioner Assurance Meeting. </td> <td>W&C</td> <td>Quarterly</td> </tr> <tr> <td> <ul style="list-style-type: none"> Requested amended surge plan following collaborative working discussion with Adult Critical Care colleagues. </td> <td>W&C planner</td> <td>20th of January 2022</td> </tr> </tbody> </table>		Action	Lead	Date	<ul style="list-style-type: none"> Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including: <ul style="list-style-type: none"> ➤ Refusal rates against SLA ➤ Staffing establishment ➤ Implementation of investment ➤ Commissioned bed availability 	W&C Planner	Quarterly	<ul style="list-style-type: none"> Review risk score following analysis of data and assurances presented at Quarterly Commissioner Assurance Meeting. 	W&C	Quarterly	<ul style="list-style-type: none"> Requested amended surge plan following collaborative working discussion with Adult Critical Care colleagues. 	W&C planner	20th of January 2022
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Additional comments: Feb 22 – The Women & Children Commissioning Group to agree in Feb 22 the escalation of risk score from 12 to 16. In addition to note the change of the risk domain, from Impact on the safety of patients, staff or public to workforce as WHSSC is currently commissioning sufficient capacity, however, the service are unable to meet the required standards due to workforces constraints. June 22 – Quarterly Assurance meeting has not taken place since last update (May 22) July 2022 – W&C Commissioning team discussed and reviewed the risk. Quarterly Assurance meeting took place 18 th July 2022 we were notified a number of refusals in quarter 1 as a result of staff shortages Aug 22 – W&C Commissioning team discussed and reviewed the risk remains unchanged. Oct 22 - W&C Commissioning team discussed and reviewed the risk remains unchanged. Nov 22 - W&C Commissioning team discussed and reviewed the risk which remains unchanged. Dec 22 – As service have been in a period of surge throughout December the risk score has increased.															

Risk Ref: 35 Bed Capacity Mental Health Patients Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Risk Ref: MH/21/06	Director Lead: Director of Planning Assuring Committee: Joint Committee
Risk: There is a risk that mental health patients will be unable to gain a placement <i>due to</i> the lack of available UK beds, which as <i>a consequence</i> may result in inappropriate placement	Date Added to Register: 24/02/21 Date Last Reviewed by: CDGB 30/12/22

<p>Risk Rating (impact x likelihood)</p> <table border="1"> <tr> <td>Initial</td> <td>3x3</td> <td>9</td> </tr> <tr> <td>Current</td> <td>4x4</td> <td>16</td> </tr> <tr> <td>Target</td> <td>3x2</td> <td>6</td> </tr> </table>	Initial	3x3	9	Current	4x4	16	Target	3x2	6	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-21</td><td>9</td><td>6</td></tr> <tr><td>Apr-21</td><td>9</td><td>6</td></tr> <tr><td>May-21</td><td>9</td><td>6</td></tr> <tr><td>Jun-21</td><td>9</td><td>6</td></tr> <tr><td>Jul-21</td><td>9</td><td>6</td></tr> <tr><td>Aug-21</td><td>16</td><td>6</td></tr> <tr><td>Sep-21</td><td>16</td><td>6</td></tr> <tr><td>Oct-21</td><td>16</td><td>6</td></tr> <tr><td>Nov-21</td><td>16</td><td>6</td></tr> <tr><td>Dec-21</td><td>16</td><td>6</td></tr> <tr><td>Jan-22</td><td>16</td><td>6</td></tr> <tr><td>Feb-22</td><td>16</td><td>6</td></tr> <tr><td>Mar-22</td><td>16</td><td>6</td></tr> <tr><td>Apr-22</td><td>16</td><td>6</td></tr> <tr><td>May-22</td><td>16</td><td>6</td></tr> <tr><td>Jun-22</td><td>16</td><td>6</td></tr> <tr><td>Jul-22</td><td>16</td><td>6</td></tr> <tr><td>Aug-22</td><td>16</td><td>6</td></tr> <tr><td>Sep-22</td><td>12</td><td>6</td></tr> <tr><td>Oct-22</td><td>12</td><td>6</td></tr> <tr><td>Nov-22</td><td>12</td><td>6</td></tr> <tr><td>Dec-22</td><td>16</td><td>6</td></tr> </tbody> </table>	Month	Risk Score	Target	Mar-21	9	6	Apr-21	9	6	May-21	9	6	Jun-21	9	6	Jul-21	9	6	Aug-21	16	6	Sep-21	16	6	Oct-21	16	6	Nov-21	16	6	Dec-21	16	6	Jan-22	16	6	Feb-22	16	6	Mar-22	16	6	Apr-22	16	6	May-22	16	6	Jun-22	16	6	Jul-22	16	6	Aug-22	16	6	Sep-22	12	6	Oct-22	12	6	Nov-22	12	6	Dec-22	16	6	<p>Groups discussed risk during period</p> Commissioning Team 27/04/22 Commissioning Team 25/05/22 Commissioning Team 26/06/22 Commissioning Team 26/06/22 – Not quorate Commissioning Team 27/07/22 – Cancelled Commissioning Team 24/08/22– Cancelled Commissioning Team 28/09/22 Commissioning Team 24/10/22 Commissioning Team 19/12/22
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<p>What controls have we put in place for the risk:</p> <ul style="list-style-type: none"> Assessment undertaken of bed capacity and demand Commissioning strategy to be developed Restructure of NHS England in to provider collaborative will further impact the availability if UK beds therefore this risk will be monitored closely. 	<p>What actions should we take:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Secure work stream is being considered under the mental health strategy.</td> <td>Senior Planning Manager</td> <td>Completed</td> </tr> <tr> <td>Secure Services considered in its entirety under the MH strategy</td> <td>Senior Planning Manager</td> <td>April 24</td> </tr> </tbody> </table>	Action	Lead	Date	Secure work stream is being considered under the mental health strategy.	Senior Planning Manager	Completed	Secure Services considered in its entirety under the MH strategy	Senior Planning Manager	April 24
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Additional comments:
 Risk discussed at July 2021 commissioning team meeting for clarity on risk title, controls in place and further actions required.
 Discussed at August 2021 Commissioning team and score raised due to national pressures, closure of one unit in England and ongoing ligature works in Caswell.
 Jan 22 - MH &VG Commissioning Team advised despite 80 surge beds being purchased until the end of March 22 the risk remains high and likely to increase further.
 June 22 – Strategy out for stakeholder feedback until July 22
 Sept 22 – Lower risk score agreed at Commissioning Team 28/09/22 due to repatriation plans in place for Welsh patients from NHSE
 December 22 – Risk score increased at Commissioning Team on 19th December 2022 to reflect pressure in the NHSE medium secure bed provision

Risk Ref: 38 – No neonatal cot availability in South Wales due to staffing shortages (P/21/16) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Director Lead: Director of Planning Assuring Committee: Joint Committee
Risk: There is a risk that there will not be a Neonatal cot available across the south Wales region due to significant neonatal nursing shortages. There is a consequence that babies will need to travel to NHS England to receive their care or be cared for in an inappropriate setting whilst waiting for an available cot.	Date Added to Register: 26/07/2022
Date last reviewed by: Joint Committee – 12/07/22 Quality Patient Safety Committee – 25/10/22 Integrated Governance Committee – 11/10/22 CTMUHB Audit & Risk Committee –24/10/22 CDGB – 16/11/22 CDGB 30/12/22	

Risk Rating (impact x likelihood)	Risk Rating	Groups discussed risk during period																														
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What controls have we put in place for the risk:

- WHSSC are attending (the scheduled) SITREP meeting(s), hosted by the Maternity and Neonatal Network where the neonatal unit and maternity position is discussed.
- Notified Welsh Government and (WHSSC/Health Board) Directors of Nursing of current risk.
- Continue to monitor at Quarterly Commissioner Assurance Meeting encouraging an open dialogue in the interim, as necessary, with all providers, to understand refusal rates and staffing numbers.

What actions should we take:

Action	Lead	Date
Requested an escalation plan from each provider, on what steps are taken when staffing falls below the numbers required to open all commissioned cots	Planning Manager	completed
Requested information from all provider Health Boards in advance of Quarterly Commissioner Assurance Meeting, to seek update on current position: <ul style="list-style-type: none"> Refusal rates and reasons for declined admissions Staffing establishment Adverse incidents / near misses as a consequence of closing cots and / or working over capacity 	Planning Manager	Quarterly
The NICU visits have taken place and have been very productive and well received. Reference to these visits and the outcomes have been made in the August Quality Patient Safety report. The final NICU visit is scheduled for 05/10/22 and therefore, the action will be closed on this date.	Head of Quality WHSSC	Completed

Additional comments:
 Aug 22 - This risk replaces closed risk P/21/15 as the staffing shortages encountered are variable depending on the shift in question and are across all units.
 Oct 22 – nursing shortage remain and therefore no change to score.
 Nov 22 - W&C Commissioning team discussed and reviewed the risk which remains unchanged.
Dec 22 - W&C Commissioning team discussed and reviewed the risk which remains unchanged.

<p>NEW RISK Risk Ref: 39 Renal Funding (WKN 06) Risk Domain: Finance including claims</p>		<p>Director Lead: WKN Manager Assuring Committee: Joint Committee</p>																																																	
<p>Risk: There is a risk that now there is an inability to meet service demand through ring fenced budget allocations that life maintaining treatment may not be available. As a consequence additional investment is required through ICP process to sustain current services and manage growth and inflationary uplifts.</p>		<p>Date Added to Register: 14/12/22</p>	<p>Date Last Reviewed by: Mini CDGB 14/12/22 CDGB 30/12/22</p>																																																
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<p>What controls have we put in place for the risk:</p> <ul style="list-style-type: none"> Priority linked to safety and capacity. Financial reviews ongoing as part of management team workload. Forecast activity modelling embedded. Steady state as 4% year on year growth tested annually. Support for Health Boards to manage contracts effectively provided by recruitment of Deputy Network Manager, Contracting Assurance. (May 2022) Renal activity and quality assurance to be included as a standing item on WHSSC SLA reviews with regional centres. 		<p>What actions should we take:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Completion of forward look demand and capacity model aligned with finance modelling.</td> <td>WKN Manager/WKN QPS Lead/WKN Finance Manager/WKN Director</td> <td>Oct 22</td> </tr> <tr> <td>Complete SLA reviews with Regional Health Board Renal Centres.</td> <td>WKN Manager/WKN QPS Lead/WKN Director</td> <td>Nov 22</td> </tr> <tr> <td>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)</td> <td>WKN Manager/WKN Finance Manager/Procurement.</td> <td>Dec 2022</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Action	Lead	Date	Completion of forward look demand and capacity model aligned with finance modelling.	WKN Manager/WKN QPS Lead/WKN Finance Manager/WKN Director	Oct 22	Complete SLA reviews with Regional Health Board Renal Centres.	WKN Manager/WKN QPS Lead/WKN Director	Nov 22	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)	WKN Manager/WKN Finance Manager/Procurement.	Dec 2022																																				
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<p>Additional comments: Nov 22 – The WKN core team discussed the risk and agreed the current score should remain the same in light of the cost of living pressures impacting of the inflationary uplifts requested by the ISPs</p>																																																			

NEW RISK Risk Ref: 40 Limited outpatient dialysis capacity in Swansea (WKN 08) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: WKN Manager Assuring Committee: WKN Board																
Risk: There is a risk that the number of patients receiving outpatient haemodialysis in Morriston will exceed capacity. As a consequence, there is need for expansion of outpatient service provision to include demand from the Neath Port Talbot area and Bridgend localities.		Date Added to Register: 14/12/22	Date Last Reviewed by: Mini CDGB 14/12/22 CDGB 30/12/22															
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What controls have we put in place for the risk: <ul style="list-style-type: none"> 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. 		What actions should we take: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Completion of procurement process.</td> <td>SBUHB SRO/WKN Manager</td> <td>January 2023</td> </tr> <tr> <td>Support mobilisation of contract to ensure efficiency of implementation, noting that new units unlikely to be operational until September 2023.</td> <td>SBUHB SRO/WKN Manager</td> <td>September 2023</td> </tr> <tr> <td>Increase opportunity for home dialysis.</td> <td>Home Dialysis Clinical Lead/WKN Manager.</td> <td>December 2022</td> </tr> <tr> <td>Provision to be made in the WHSSC ICP to reflect the additional costs associated with the procurement process.</td> <td>WKN Manager/WKN Finance Manager/ WHHSC Director</td> <td>Oct 2022</td> </tr> </tbody> </table>		Action	Lead	Date	Completion of procurement process.	SBUHB SRO/WKN Manager	January 2023	Support mobilisation of contract to ensure efficiency of implementation, noting that new units unlikely to be operational until September 2023.	SBUHB SRO/WKN Manager	September 2023	Increase opportunity for home dialysis.	Home Dialysis Clinical Lead/WKN Manager.	December 2022	Provision to be made in the WHSSC ICP to reflect the additional costs associated with the procurement process.	WKN Manager/WKN Finance Manager/ WHHSC Director	Oct 2022
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Additional comments: Nov 22 – The WKN core team discussed the risk and agreed the score remains the same due to the known cost of living pressures that may adversely impact overall affordability.																		

NEW RISK Risk Ref: 41 Financial Climate Risk (CS14) Risk Domain: Financial Climate Risk		Director Lead: Director of Finance Assuring Committee: Joint Committee													
Risk: There is a risk that due to the constrained financial climate across the NHS the uplift required for the WHSSC 2023/24 ICP might not be affordable for Commissioning Health Boards. Currently Health Boards are reporting large deficits and the annual allocation uplift declared upfront will not meet the current inflationary cost pressures.		Date Added to Register:14/12/22													
Date Last Reviewed by: Mini CDGB 14/12/22 CDGB 30/12/22 JL/SD 06/01/2022		Groups discussed risk during period													
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What controls have we put in place for the risk: <ul style="list-style-type: none"> WHSSC internal review of the Integrated Commissioning Plan (ICP) to lower initial uplift required from 4.48% to 3.89%, The ICP was presented to Management Group with a number of scenarios for a lower uplift and the associated risks on 27 October 2022, a recommissioning for value workshop was held on 25 November and the MG considered the final scenarios on 15 December 2022. A recovery workshop was held with the Joint Committee on the 12 July 2022 at their request to discuss HB recovery plans and trajectories. a follow up deep dive into paediatrics was given to the Joint Committee on the 6 September 2022, and further recovery update session on the 8 November 2022. A workshop to specifically focus on the scenarios has been arranged for Joint Committee members on the 10 January 2023, and the final plan is due to be presented to the Joint Committee on the 17 January 2023. 		What actions should we take: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>ICP presented for discussion at MG 15.12.2022 – There was a consensus that scenarios which did not provide for unavoidable growth, inflationary pressures and known recurrent activity levels would not be palatable as this would create further financial risk in the already constrained system</td> <td>Director of Finance</td> <td>15 December Completed</td> </tr> <tr> <td>A workshop to specifically focus on the scenarios has been arranged for Joint Committee members on the 10 January 2023. WHCC will present a matrix of plan uplift scenarios to JC where uplift required ranges between 1.87% - 3.89%, articulating the associated risks inherent in aligning plan with any particular scenario.</td> <td>Director of Finance</td> <td>January 2023</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Action	Lead	Date	ICP presented for discussion at MG 15.12.2022 – There was a consensus that scenarios which did not provide for unavoidable growth, inflationary pressures and known recurrent activity levels would not be palatable as this would create further financial risk in the already constrained system	Director of Finance	15 December Completed	A workshop to specifically focus on the scenarios has been arranged for Joint Committee members on the 10 January 2023. WHCC will present a matrix of plan uplift scenarios to JC where uplift required ranges between 1.87% - 3.89%, articulating the associated risks inherent in aligning plan with any particular scenario.	Director of Finance	January 2023			
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<p>NEW RISK Risk Ref: 42 Referrals for adults with an eating disorder/disordered eating (MH/21/15) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)</p>		<p>Director Lead: Director of Mental Health Assuring Committee: Joint Committee Reviewed Assurance</p>																
<p>Risk: There is a risk that referrals for adults with an eating disorder/disordered eating, will require longer waiting times due to changes at NHSE and the loss of our main contract. The consequence is that additional placements may be needed, and admissions delayed due to the absence of ED beds in Wales.</p>		<p>Date Added to Register: 14/12/22</p>	<p>Date Last Reviewed by: CDGB 30/12/22</p>															
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Risk Rating	15																	
Target	8																	
<p>What controls have we put in place for the risk:</p> <ul style="list-style-type: none"> The situation has been reported and discussed internally at WHSSC and regular updates provided to CDGB. CDGB have agreed an interim contract which is currently in place. WHSSC are working closely with the NCCU to scope and consider the current arrangements to help inform discussions. Informal discussions are on-going with providers from the independent sector. A recommendation for a medium terms solution to be agreed and implemented. 		<p>What actions should we take:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Secure alternative contract following notice given for NHS England contract</td> <td>Senior Planner/Shane Mills</td> <td>Complete</td> </tr> <tr> <td>Medium Term solution to be discussed and implemented</td> <td>Senior Planner / Shane Mills</td> <td>April 23</td> </tr> </tbody> </table>		Action	Lead	Date	Secure alternative contract following notice given for NHS England contract	Senior Planner/Shane Mills	Complete	Medium Term solution to be discussed and implemented	Senior Planner / Shane Mills	April 23						
Action	Lead	Date																
Secure alternative contract following notice given for NHS England contract	Senior Planner/Shane Mills	Complete																
Medium Term solution to be discussed and implemented	Senior Planner / Shane Mills	April 23																
<p>Additional comments: December 22 – Risk score agreed and added. This risk relates to the current interim situation for the commissioning of Adult ED beds whilst a medium term solution is being sought through the appointment of a tender to provide ED Adult services for the next 2-3 years from April 23. The longer term options will be considered via the MH Strategy.</p>																		

Risk Appetite Levels

Appetite Level	Described as:
None	Avoid - The avoidance of risk and uncertainty is a key organisational objective.
Low	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
Moderate	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
High	Open - Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM).
Significant	Seek - Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk. Mature - Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

Risk Matrix

Consequence	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Likelihood Score (L) - What is the likelihood of the consequence occurring?				
1	2	3	4	5
Rare	Unlikely	Possible	Likely	Almost certain
This will probably never happen / recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen / recur but it is not a persisting issue	Will undoubtedly happen / recur, possibly frequently

Consequence x Likelihood = Risk Score

Domains
Impact on the safety of patients, staff or public (physical/psychological harm)
Population Health
Quality/complaints/audit
Human resources/ organisational development/staffing/ competence
Statutory duty/ inspections
Adverse publicity/ reputation
Business objectives/ projects
Finance including claims
Service/business interruption
Environmental impact

Risk Appetite Statement 2023

1. Introduction:

Public sector organisations cannot be culturally risk averse and be successful. Effective and meaningful risk management in government remains more important than ever in taking a balanced of risk and opportunity in delivering public services. Risk management is an integral part of good governance and corporate management mechanisms. An organisation’s risk management framework harnesses the activities that identify and manage uncertainty, allows it to take opportunities and to take managed risks not simply to avoid them, and systematically anticipates and prepares successful responses. A key consideration in balancing risks and opportunities, supporting informed decision-making and preparing tailored responses is the conscious and dynamic determination of the organisation’s **risk appetite**.¹

WHSSC should make a strategic choice about the style, shape and quality of risk management and should lead the assessment and management of opportunity and risk. The Joint Committee should determine and continuously assess the nature and extent of the principal risks that the organisation is exposed to and is willing to take to achieve its objectives - **its risk appetite** - and ensure that planning and decision-making reflects this assessment. Effective risk management should support informed decision-making in line with this risk appetite, ensure confidence in the response to risks and ensure transparency over the principal risks faced and how these are managed.²

2. Risk Appetite Matrix

WHSSC has adopted the following Risk Appetite Matrix which is based on our host body statement:

Risk Appetite	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimalist	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

¹ Government Finance Function – Risk Appetite Guidance Note – August 2021 – V2.0

² The Orange Book – Section A

3. Risk Appetite Statement

WHSSC's proposed risk appetite has been defined following consideration of organisational risks, issues and consequences. To assess risk appetite the [Good Governance Institute's Matrix for NHS Organisations](#) has been followed – **see Appendix 1**. Appetite levels will vary, in some areas our risk tolerance may be cautious in others we may be eager for risk and are willing to carry risk in the pursuit of important strategic objectives. WHSSC will always aim to operate organisational activities at the levels defined below.

Where activities are projected to exceed the defined levels, this will be escalated through the appropriate governance mechanisms to the Joint Committee for ratification.

Type of Risk	Risk Appetite
Innovation/Quality Outcomes	WHSSC has adopted a Cautious stance for quality and safety risks, with a preference for safer delivery options, tolerating a cautious degree of residual risk and choosing the option most likely to result in successful delivery, high quality care and value for money services to its population.
Reputation / Adverse Publicity (Trust in Confidence) risks	WHSSC has adopted a Cautious stance for reputational risks, with a preference for safer delivery options, tolerating a cautious degree of residual risk and choosing the option most likely to result in successful delivery, high quality care and value for money services to its population.
Business Continuity risks	WHSSC has adopted a Cautious stance for Business Continuity Risks. The Joint Committee will receive ongoing assurance from the testing of business continuity plans
Compliance/Regulatory risks	WHSSC has adopted a Cautious stance for Legal, Regulatory and Compliance risks, seeking a preference for adhering to responsibilities and safe delivery options with little residual risk. The joint Committee will receive assurance that compliance regimes are in place
Data and Information Management risks	WHSSC has adopted a Cautious stance for data and information management risks seeking a preference for adhering to responsibilities and safe delivery options with little residual risk. There is acceptance for the need for operational effectiveness with risk mitigated through careful management of information sharing and limiting distribution
Financial stability risks/VFM	<p>WHSSC stance for financial risk is varied as follows:</p> <ul style="list-style-type: none"> ▪ Averse for financial propriety and regularity risks with a determined focus to maintain effective financial control framework accountability structures. ▪ Averse – in terms of risks related to WHSSC qualification of accounts, associated process and deviation from reporting timescales. ▪ Minimal – as to risk relating to breaching individual control totals. ▪ Cautious – in relation to the WHSSC budget spend with the intention that it should maximise the use of resource each year. WHSSC will seek safe delivery options with little residual risk that only yield some upside opportunities. WHSSC would receive ongoing assurance through reporting structures that policies and procedures are in place to comply with HMT guidance.
Assets and Estates risks –	WHSSC has adopted Cautious and Open stances for assets and estates respectively, seeking value for money but with a preference for proven delivery options have that a cautious residual risk. this means that WHSSC will use solutions for purchase, rental, disposal, construction, and refurbishment that ensures it protects the public purse from as much risk as possible, producing good value for money whilst fully meeting organisational objectives.
Technological advances	WHSSC has adopted an Open stance for risks associated with technological advances accepting that system and technology developments can enable improved delivery. Responsibility for non-critical decisions may be devolved in accordance with the Scheme of Delegation. Plans aligned with functional standards and organisational governance.

3. Monitoring and Reporting

In accordance with the WHSSC Risk Management Strategy the Joint Committee will review its risk appetite on an annual basis to ensure that progress is being made toward the 'risk appetite' WHSSC wishes to achieve.

Risk Appetite for NHS Organisations A matrix to support better risk sensitivity in decision taking



Developed in partnership with the board of Southwark Pathfinder CCG and Southwark BSU – January 2012

Risk levels	0	1	2	3	4	5
Key elements	Avoid Avoidance of risk and uncertainty is a Key Organisational objective	Minimal (ALARP) (as little as reasonably possible) Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	Cautious Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	Open Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VFM)	Seek Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).	Mature Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust
Financial/VFM	Avoidance of financial loss is a key objective. We are only willing to accept the low cost option as VFM is the primary concern.	Only prepared to accept the possibility of very limited financial loss if essential. VFM is the primary concern.	Prepared to accept possibility of some limited financial loss. VFM still the primary concern but willing to consider other benefits or constraints. Resources generally restricted to existing commitments.	Prepared to invest for return and minimise the possibility of financial loss by managing the risks to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated in order to capitalise on opportunities.	Investing for the best possible return and accept the possibility of financial loss (with controls may in place). Resources allocated without firm guarantee of return – 'investment capital' type approach.	Consistently focused on the best possible return for stakeholders. Resources allocated in 'social capital' with confidence that process is a return in itself.
Compliance/regulatory	Play safe, avoid anything which could be challenged, even unsuccessfully.	Want to be very sure we would win any challenge. Similar situations elsewhere have not breached compliances.	Limited tolerance for sticking our neck out. Want to be reasonably sure we would win any challenge.	Challenge would be problematic but we are likely to win it and the gain will outweigh the adverse consequences.	Chances of losing any challenge are real and consequences would be significant. A win would be a great coup.	Consistently pushing back on regulatory burden. Front foot approach informs better regulation.
Innovation/Quality/Outcomes	Defensive approach to objectives – aim to maintain or protect, rather than to create or innovate. Priority for tight management controls and oversight with limited devolved decision taking authority. General avoidance of systems/technology developments.	Innovations always avoided unless essential or commonplace elsewhere. Decision making authority held by senior management. Only essential systems / technology developments to protect current operations.	Tendency to stick to the status quo, innovations in practice avoided unless really necessary. Decision making authority generally held by senior management. Systems / technology developments limited to improvements to protection of current operations.	Innovation supported, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery. Responsibility for non-critical decisions may be devolved.	Innovation pursued – desire to 'break the mould' and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of devolved authority – management by trust rather than tight control.	Innovation the priority – consistently 'breaking the mould' and challenging current working practices. Investment in new technologies as catalyst for operational delivery. Devolved authority – management by trust rather than tight control is standard practice.
Reputation	No tolerance for any decisions that could lead to scrutiny of, or indeed attention to, the organisation. External interest in the organisation viewed with concern.	Tolerance for risk taking limited to those events where there is no chance of any significant repercussion for the organisation. Senior management distance themselves from chance of exposure to attention.	Tolerance for risk taking limited to those events where there is little chance of any significant repercussion for the organisation should there be a failure. Mitigations in place for any undue interest.	Appetite to take decisions with potential to expose the organisation to additional scrutiny/interest. Prospective management of organisation's reputation.	Willingness to take decisions that are likely to bring scrutiny of the organisation but where potential benefits outweigh the risks. New ideas seen as potentially enhancing reputation of organisation.	Track record and investment in communications has built confidence by public, press and politicians that organisation will take the difficult decisions for the right reasons with benefits outweighing the risks.
APPETITE	NONE	LOW	MODERATE	HIGH	SIGNIFICANT	



Report Title	Audit Recommendations Tracker		Agenda Item	4.3	
Meeting Title	Audit and Risk Committee		Meeting Date	13/02/2023	
FOI Status	Public				
Author	Financial Accountant				
Executive Lead	Director of Finance				
Purpose of the Report	The purpose of this report is to provide the Audit and Risk Committee (ARAC) with an update on progress in respect of the implementation of recommendations from internal and external audits.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
Recommendation(s):					
<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the report, • Note progress achieved in implementing the recommendations made by WHSSC internal auditors, • Take assurance on the rolling programme to collate updates from services on a bi-monthly basis in order to report progress to the Audit and Risk Committee. • Note the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and • Note the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report. 					

AUDIT RECOMMENDATIONS TRACKER

1.0 SITUATION

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

2.0 BACKGROUND

Audits play an important independent role in providing the Joint Committee and the Audit and Risk Committee 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 WHSSC are logged and monitored through the WHSSC audit tracker.

3. ASSESSMENT

3.1 Internal Audit

3.1.1 Summary of Internal Audit Reports Since April 2019

Since April 2019, the following internal audit reports have been issued to WHSSC:

- 9 reports have been issued,
- 33 recommendations have been made,
- 28 recommendations have been achieved,
- 2 recommendations regarding the Positron Emission Tomography (PET) Scanner service, are now past both their planned and revised due dates. The service have been advised to review the due dates and, where appropriate, submit revised dates for committee to consider,
- 2 recommendations are outstanding in relation to the report on Risk Management. The due dates for both items were revised to May 2023; and
- There is one recommendation outstanding for the Neurosciences and Long Term Conditions report. The due date for this has been re-assessed and moved to March 2023.

A summary of the overall position to date and details of progress made on the outstanding recommendations are presented in **Appendix 1** of this report.

3.1.2 Summary of Audits Undertaken During 2022-2023

The following reviews were completed by Internal Audit during 2022-2023:

Audit Theme	Assessment Rating
Neurosciences and Long Term Conditions Programme Team	Substantial Assurance
Quality Assurance Reporting	Substantial Assurance

The internal audit programme has been impacted by the need to defer two audits into 2023-2024 to focus more on strategy implementation instead of the normal commissioning team reviews.

3.2 External Audit

The Audit Wales review into Committee Governance arrangements at WHSSC was undertaken between March and June 2020, however as a result of the COVID-19 pandemic, aspects of the review were paused, and re-commenced in July. A survey was issued to all Health Boards and the fieldwork was concluded in October 2020.

The findings were published in May 2021 in the [Audit Wales Committee Governance Arrangements at WHSSC](#) report.

The report outlined recommendations for WHSSC and for Welsh Government. The updated tracker document is presented at **Appendix 2** for assurance.

3.2.1 WHSSC Management Response

The report outlined 4 recommendations for WHSSC and progress against the actions outlined within the management response have been monitored through the Integrated Governance Committee (IGC) and the CTMUHB Audit & Risk Committee (ARC).

The majority of actions have been completed and there are only three areas of partial compliance on the following actions:

R3 In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on:	
<ul style="list-style-type: none"> a. the backlog of waits for specialised services, b. potential impact and cost of managing hidden demand; and c. the financial consequences of services that were commissioned and under-delivered as a result of COVID-19 	
Audit Wales Recommendation	Progress update
R3b In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on backlog of waits and the impact of managing hidden demand and financial consequences	WHSSC have begun the process to advertise for an Associate Medical Director for Public Health via NHS jobs. Delays have been encountered with the process for advertising a clinical role and an agenda for change role in tandem and it is hoped the advert will go live in December 2023.
Audit Wales Recommendation	Progress update
R4 The current specialised services strategy was approved in 2012. WHSSC should develop and approve a new strategy during 2021	
R4a Embrace New Innovations	On the 6 September 2022, the Joint Committee approved the

		overall approach to developing a ten year strategy for specialised services and provided feedback on the engagement and communications plan, themes and the stakeholder survey. The engagement process was undertaken between 20 September and 22 December 2022 with the aim of a draft strategy being presented to the Management Group in early 2023 prior to final approval by the Joint Committee in May 2023.
Audit Wales Recommendation		Progress update
R4b	Approach to Review of Services will be considered in strategy engagement	On the 6 September 2022, the Joint Committee approved the overall approach to developing a ten year strategy for specialised services and provided feedback on the engagement and communications plan, themes and the stakeholder survey. The engagement process was undertaken between 20 September and 22 December 2022 with the aim of a draft strategy being presented to the Management Group in early 2023 prior to final approval by the Joint Committee in May 2023.

3.2.2 Welsh Government Management Response

The report outlined three recommendations for Welsh Government (WG) and progress against the WG management responses is monitored through discussions between the Chair, the WHSSC Managing Director and the Director General Health & Social Services/ NHS Wales Chief Executive.

Recommendation 5 has been completed, and Recommendations 6 & 7 are categorised as partially completed. An update on progress is outlined below:

R6 Sub-regional and regional programme management

This is linked to Recommendation 2 made to WHSSC in this report. When new regional or sub-regional specialised services are planned which are not the sole responsibility of WHSSC, ensure that effective multi- partner programme management arrangements are in place from concept through to completion (i.e. early in the development through to post-implementation benefits)

analysis).

Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:

As you have highlighted, whilst some key service areas like major trauma have been developed successfully and with good collaboration across organisations, the timelines around such changes have been slow and often hampered by a lack of clarity on who is driving the process. I agree with your view that end-to-end programme management of such schemes, which are not within the sole remit of WHSSC, should be strengthened. The National Clinical Framework which we published on 22 March, sets out a vision for a health system that is co-ordinated centrally and delivered locally or through regional collaborations. Implementation will be taken forward through NHS planning and quality improvement approaches and our accountability arrangements with NHS bodies.

WG update received 27 September 2022

WHSSC received an update from WG advising that Audit Wales had written to the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group to express the view that, at this stage, it was premature to consider the recommendations as closed and that they would like to keep them open and receive an update from WG in six months' time. WG have confirmed they are content to accept the suggestion and that WG will provide an update to Audit Wales in six months' time with a view, to closing the recommendations at that point.

An update was given to the Joint Committee on the 17 January 2023 and the final report will be presented in May 2023.

R7 Future governance and accountability arrangements for specialised services

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

Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:

A Healthier Wales committed to reviewing the WHSSC arrangements alongside other hosted national and specialised functions, in the context of the development of the NHS Executive function. The position of WHSSC within this landscape needs to be carefully considered. On the one hand, there are

WG update received 27 September 2022

WHSSC received an update from WG advising that Audit Wales had written to the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group to express the view that, at this stage, it was premature to consider the recommendations as closed and

strengths in the current system whereby health boards, through the joint committee, retain overall responsibility for the commissioning of specialised services. This requires collaboration and mature discussion from both the commissioner and provider standpoint. However, I recognise the inherent risk of conflict of interest in this arrangement and note the reference made in your report to the Good Governance Institute's report of 2015 which suggested a more national model may be appropriate.

In my letter to health boards of 14 August 2019, I indicated that, as recommended by the Parliamentary Review, the governance and hosting arrangements for the existing Joint Committees would be streamlined and standardised. I also said that it was intended the NHS Executive would be become a member of the Joint Committees' Boards in order to ensure there is a stronger national focus to decision making. However, the thinking at the time was that the joint committee functions would not be subsumed into the NHS Executive function. We will continue to look at this as the NHS Executive function develops further and I will update you should there be any change to the direction of travel I indicated in 2019.

that they would like to keep them open and receive an update from WG in six months' time. WG have confirmed they are content to accept the suggestion and that WG will provide an update to Audit Wales in six months' time with a view, to closing the recommendations at that point.

An update was given to the Joint Committee on the 17 January 2023 and the final report will be presented in May 2023.

On the 22 August 2022 WHSSC were advised that the Director General Health and Social Services/NHS Wales Chief Executive Health and Social Services Group had written to Mark Isherwood, Chair of the PAPAC regarding recommendations 6 and 7 of the Audit Wales report into WHSSC Governance arrangements.

In relation to recommendation 7, the letter stated "that a review of the WHSSC arrangements along with other national hosted and specialist advisory functions should be undertaken. WG are in the process of setting up new piece of work to review the national commissioning arrangements in NHS Wales. The scope of this work and a timetable were currently being considered. However, we will be

sure to take account of the recommendations as part of the rationale behind the work”.

Having described the work that was now in progress, it was suggested that the recommendations from the Audit Wales report were completed. The letter was copied to Mr Adrian Crompton, the Auditor General for Wales for assurance. Discussion with WG on the 31 August 2022 confirmed that the recommendations could be categorised as completed.

Since then on the 27 September 2022 WHSSC received a further update from WG advising that Audit Wales had written to the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group to express the view that, at this stage, it was premature to consider the recommendations as closed and that they would like to keep them open and receive an update from WG in six months’ time.

4.0 GOVERNANCE & RISK

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

Audit Wales have confirmed they are content for the Joint Committee to receive an update on progress in January 2023 and that a further update will be given in May 2023. Thereafter an update will be submitted to Audit Wales and to HB Audit Committees for assurance in June/July 2023. This will ensure that all NHS bodies are able to maintain a line of sight on the progress being made, noting WHSSC’s status as a Joint Committee of each HB in Wales.

5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the progress achieved in implementing the recommendations made by WHSSC auditors,
- Take an **assurance** on the rolling programme to collate updates from services on a bi-monthly basis in order to report progress to the Audit and Risk Committee,
- **Note** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and
- **Note** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	None
Health and Care Standards	Governance, Leadership and Accountability Effective Care
Principles of Prudent Healthcare	Public and professionals are equal partners through co-production
NHS Delivery Framework Quadruple Aim	Reducing the per capita cost of health care Improving Patient Experience (including quality and Satisfaction)
Organisational Implications	
Quality, Safety & Patient Experience	There are no direct impacts arising from this report. A strong governance framework as assessed by Internal Audit reports is essential to ensuring patients experience the greatest possible levels of safety and quality in the services commissioned by WHSSC. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Finance/Resource Implications	There are no direct impacts arising from this report.
Population Health	Ensuring a robust governance framework as documented and supported by Internal Audit will have a positive impact on the commissioning of specialised services.
Legal Implications (including equality & diversity, socio economic duty etc)	There may be an adverse effect on the organisation if arrangements are not put in place to ensure robust and detailed governance arrangements as determined through internal audit assessment
Long Term Implications (incl WCFG Act 2015)	Ensuring a robust governance framework as documented and supported by Internal Audit will have a positive impact on the commissioning of specialised services.
Report History (Meeting/Date/ Summary of Outcome)	10 January 2023 – Joint Committee updates on Audit Wales Governance recommendations
Appendices	Appendix 1 – WHSSC Internal Audit Tracker Report Appendix 2 – Update on the Audit Wales report on WHSSC Committee Governance Arrangements.

Welsh Health Specialised Services Committee
Register of Recommendations from the Internal Audit Report on the Positron Emission Tomography Scanner Service
February 2023

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	COMPLETE
IA PET 2022 5	<p>We noted WHSSC responsibility for programme delivery, and the associated need for clear accountabilities. There is an associated need therefore for the programme plan to include relevant assurances from delivery partners at such milestones e.g. of defined governance; resourced project plans (to fit the agreed programme); Service Level Agreements; procurement strategy; sign-off of procurement specifications; design sign-off (room data sheets etc); costings to approved budgets; recruitment; and commissioning arrangements etc.</p> <p>Milestones should therefore provide appropriate assurances to the PET Programme Board at defined points within the programme.</p>	<p>Milestones included at the programme plan should include key confirmations by delivery partners.</p> <p>The risks are</p> <ul style="list-style-type: none"> • The programme is not optimally progressed. • Time, cost or quality delivery are impacted. 	MEDIUM	March 2022 changed to September 2022	Managing Director	PET Programme Manager	<p>We will ensure that a Critical Path is clearly articulated in the Programme Plan and that it is updated when Project Plans are written/amended, seeking confirmation that key milestones are delivered.</p> <p>PROGRESS:</p> <p>This action is delayed while awaiting Project plans and timelines to feed into the critical path.</p> <p>Project plans for two of the three projects are in place. Work streams are set up. However, detailed plans are required for these.</p> <p>Programme plan is in draft form and is to be approved at the July 2022 programme board. This has now been moved to September Programme Board. Further works is required to establish the critical path.</p> <p>Update to October ARC: Due to work continuing from Health Board Project Plans and Workstream Plans, the overarching Programme Plan remains in draft. Plan is to finalise at the November Board. Satisfactory progress continues on all fronts.</p> <p>Update to January ARC: The Programme Plan, which consists of all Project and Workstream Plans and Benefits Realisation Plans is complete. Progress against these plans is being actively monitored and recorded by the PMO. Progress from all delivery partners is reviewed and discussed at each Programme Board, which meets bi-monthly. Critically, key milestones are included in the Programme Plan - for instance All Wales PET scanner procurement, review of Project business cases. Please note that milestones such as "design sign-off (room sheets etc)" is not appropriate to be reviewed at Programme Board and instead, responsibility lies with the Project Boards, with routes for escalation of issues clear within ToRs of groups.</p> <p>**PROPOSE AS: CLOSED - TO BE MANAGED AS PART OF PROGRAMME FUNCTION**</p>	COMPLETE

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	COMPLETE
IA PET 2022 6a	<p>Programme governance documentation indicated the intended operation of a number of sub-groups to drive the programme e.g., workstreams for:</p> <ul style="list-style-type: none"> · Radiopharmaceuticals · Centres of Excellence · Workforce; and · Procurement <p>To appropriately support on-time delivery, such support groups should have a schedule for deliverables co-ordinated with the programme.</p> <p>In turn, the Cardiff project included workstreams for:</p> <ul style="list-style-type: none"> · Estates · Service Provision · IT, and · Governance, regulation, and contract <p>To appropriately support on-time delivery, similarly, each project should also provide assurances that such workstreams have a schedule for deliverables co-ordinated with their project plan.</p>	<p>Where applicable, programme workstreams should have a schedule for deliverables co-ordinated with PET programme scrutiny dates to support overall delivery.</p> <p>There is a risk that Support group work outputs are not timely</p>	MEDIUM	April 2022 changed to September 2022	Managing Director	PET Programme Manager	<p>We will ensure that all programme work streams have a schedule for deliverables co-ordinated with PET programme scrutiny dates to support overall delivery.</p> <p>PROGRESS:</p> <p>This action was delayed while awaiting Project plans and timelines to feed into the critical path. Suggested date amend to May 2022.</p> <p>PROGRESS:</p> <p>Project plans for two of the three projects are in place. Work stream planning is underway, with one of the four having met five times already. The programme plan which is inclusive of the work streams, is in draft and will be taken to the July 2022 programme board.</p> <p>Its is now anticipated that the formal approval of this programme plan will take place in September 2022.</p> <p>Update to October ARC: Due to work continuing from Health Board Project Plans and Workstream Plans, the overarching Programme Plan remains in draft. Plan is to finalise at the November Board. Satisfactory progress continues on all fronts.</p> <p>Update to January ARC: Workstreams have been set-up in a phased manner, in line with needs of the Programme. Each Workstream has an appropriate level of schedules of deliverables. The Procurement Workstream is closely aligned with the requirements and milestones of Projects 2 & 3. The Workforce Workstream is in the process of aligning its work to the requirements of the Projects. The Critical Path aspect of the Radiopharmaceutical Workstream has been decoupled from the wider scope of the Workstream, to ensure deliverability to Projects 2&3. There are currently no identified critical path milestones identified for the Centres of Excellence Workstream.</p> <p>**PROPOSE AS: CLOSED - TO BE MANAGED AS PART OF PROGRAMME FUNCTION**</p>	COMPLETE

Welsh Health Specialised Services Committee
Register of Recommendations from the Internal Audit Report on Risk Management
February 2023

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA RM 2022 1	<p>Since the approval of the Risk Management Strategy and the revised approach to managing risk, the risk management process has continued to evolve. As such, some parts of the evolved process are not captured in the strategy, and there are some inconsistencies with other documents. We identified:</p> <ul style="list-style-type: none"> • A Risk Scrutiny Group was formed after the strategy was written, as such there is no reference to the group in the strategy or in the appended process flow charts. • The strategy provides some information in relation to risk appetite, though no detailed information is given on the agreed appetite level, or how the level is to be applied in the risk management process. The strategy references how a risk with a high numerical value may be acceptable, suggesting that risk appetite is applied on a risk-by-risk basis. In contrast there is a statement relating to an annual review of risk appetite by the Joint Committee to ensure progress is being made toward the risk appetite WHSSC wishes to achieve. This would suggest that appetite is set at an organisational level. • The strategy makes reference to processes, procedures and risk assessments in relation to risk management, but there is no detailed information contained within the strategy. The risk assessment pro forma is not appended to the strategy. • The risk register process flow chart contained in the Corporate Risk Assurance Framework (CRAF) cover reports set out the process for non-commissioning risks. The strategy makes no differentiation between commissioning and non-commissioning risks, implying all follow the same process. 	<p>As the Risk Management Strategy and new processes have been operational for nearly a year, a review of the strategy should take place to ensure it fully and accurately captures current process and information, and is aligned to other risk management documents used by WHSSC. There is a risk of an inconsistent approach to risk management across the organisation.</p>	MEDIUM	September 2022 changed to May 2023	Director of Planning	Committee Secretary	<p>WHSSC accept the recommendation and the Risk Management Strategy will be reviewed and updated to address the recommendations made, including adding reference to the newly established Risk Scrutiny Group (RSG).</p> <p>PROGRESS: The Risk Management Strategy was reviewed in the autumn following the risk workshop on 20th September, and will be presented to the JC in its May 2023 meeting . (After it has been through CDBG, ARC etc) .</p>	ONGOING
IA RM 2022 3	<p>Whilst risk management training, via a series of workshops has been provided to senior staff, it has not been rolled out to all staff. The Risk Management Strategy states all members of staff are accountable for maintaining risk awareness and identify and reporting risks to their line manager.</p>	<p>Consideration should be given to rolling out risk management training and awareness sessions across the organisation so that all staff are fully aware of their responsibility and the processes they should follow in relation to identification and management of risks.</p> <p>There is a risk that risks are not properly identified or captured if staff are not trained on the process to follow, the organisations strategy and approach or the system used to capture risk.</p>	MEDIUM	December 2022 changed to May 2023	Director of Planning	Committee Secretary	<p>WHSSC accept the recommendation and will roll out risk management training and awareness sessions across the organisation to ensure that all staff are fully aware of their responsibility and processes they should follow in relation to identification and management of risks.</p> <p>PROGRESS: Once the risk management strategy has been updated the training will be rolled out to all staff.</p>	ONGOING

Welsh Health Specialised Services Committee
 Register of Recommendations from the Internal Audit Report on Neurosciences and Long Term Conditions Services
 February 2023

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA NLTC 2022 1	<p>Sample testing of information held within the policy control spreadsheet, identified that out of the 32 policies listed on the policy control document:</p> <ul style="list-style-type: none"> · five policies were removed as the responsibility for these now belonged to a different commissioning team. · two policies had been reviewed by the Policy Review Group in March 2022, but the status had not been changed within the policy control document. · two policies had passed their due date for review. Policy PP155 - Pasireotide for Cushings Disease was due for review in June 2022 and Policy CP07 - Hyperbaric Oxygen Therapy became due to review in August 2022. <p>The Policy Review Group uses the policy control spreadsheet to monitor the review process for all polices, therefore it is important that the spreadsheet is accurate and up to date.</p>	<p>Arrangements should be put in place to ensure that the policy control spreadsheet is reviewed and updated in a timely manner.</p> <p>There is a risk that commissioned services are not directed by policies and service specifications that have been subject to timely review and aligned accountability.</p>	MEDIUM	November 2022 changed to March 2023	Director of Planning	Specialised Planner Neurosciences and Complex Conditions	<p>The Neurosciences commissioning team will review the process of updating the policy control spreadsheet with the Assistant Director of Evidence and Evaluation, the WHSSC Policy Officer and will reference the information to the monthly work plan. This meeting is scheduled for 14th September 2022.</p> <p>The policy control spreadsheet will be considered at the monthly commissioning team meeting alongside the work plan to ensure both documents match.</p> <p>The policy control spreadsheet will be updated to be reviewed for sign off at the commissioning team meeting to be held on the 20th October 2022 and monthly thereafter.</p> <p>PROGRESS: The outstanding policy position was discussed at the meeting in October, after this, the policy position was updated to ensure that those which should be removed have been and those which require extensions have been noted.</p>	ONGOING

Welsh Health Specialised Services Committee
Summary Position Regarding Progress on Internal and External Audit Reports
February 2023

Summary Position Regarding Internal Audit Recommendations

Report Title	Report Date	Audit Committee Date	Number of Recommendations Made	Number of Recommendations Achieved	Number of Recommendations Outstanding	Recommendations Not Yet Falling Due	Recommendations over due (Original Date)	Recommendations with a revised due date
Cardiac Services	August 2019	October 2019	3	3	0	0	0	0
Information Governance	October 2019	October 2019	4	4	0	0	0	0
Financial Systems	December 2020	April 2021	2	2	0	0	0	0
Women & Children's Services	March 2021	April 2021	2	2	0	0	0	0
Cancer and Blood Programme Team	July 2021	August 2021	1	1	0	0	0	0
Positron Emission Tomography Scanner Service	January 2022	February 2022	15	15	0	0	0	0
Risk Management 2022	May 2022	May 2022	4	2	2	0	2	2
Neurosciences and Long Term Conditions	September 2022	October 2022	1	0	1	0	1	1
Quality Assurance Reporting	October 2022	October 2022	1	1	0	0	0	0

Summary Position Regarding Audit Wales Recommendations

Report Title	Report Date	Audit Committee Date	Number of Recommendations Made	Number of Recommendations Outside of WHSSC Control	Number of Recommendations Within WHSSC Control	Actions Agreed	Actions Completed	Actions in Progress
Governance Arrangements	May 2021	August 2021	7	3	4	13	10	3

Recommendations from the Audit Wales Report Welsh Health Specialised Services Committee Governance Arrangements

Audit Tracker– Update **December 2022**

In May 2021, Audit Wales published the “Welsh Health Specialised Services Committee Governance Arrangements”¹ which found that the governance, management and planning arrangements at WHSSC have improved, however the impact of COVID-19 will require a clear strategy to recover key services and that the Welsh Government’s long-term model for health and social care ‘A Healthier Wales’, and the references made to WHSSC should be re-visited.

Audit Wales made a number of recommendations for both WHSSC and Welsh Government and the management response was presented to the Joint Committee on the 13 July 2021. Progress against actions to address the recommendations will be monitored through the Integrated Governance Committee (IGC).

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
Quality governance and management				
R1 Increase the focus on quality at the Joint Committee. This should ensure effective focus and discussion on the pace of improvement for those services in escalation and driving quality and outcome improvements for patients.				
a) We will include in our routine reports to Joint Committee (JC) on quality, performance and finance a section highlighting key areas of concern to promote effective focus and discussion.	Sept 2021	Director of Finance Director of Nursing & Quality Director of Planning	As a consequence of the COVID-19 pandemic the routine reports on activity, quality and financial performance presented to each Joint Committee (JC) meeting have evolved to include additional detailed analysis of the position and any key points to promote effective focus and discussion. For 2021 the position is very stable with an improving underspend position.	Completed

¹ [Welsh Health Specialised Services Committee Governance Arrangements \(audit.wales\)](https://audit.wales)

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
			<p>In addition, to ensure effective governance we have reviewed the structure of the committee report template for routine reports (including for quality, performance and finance) and have updated it to include a section on governance, quality and risk which specifically captures key areas of concern to promote effective focus and discussion. This ensures effective focus and discussion on the pace of improvement for those services in escalation and driving quality and outcome improvements for patients. This will be used from January 2022 onwards.</p> <p>The new template was considered by the Corporate Directors Group Board (CDGB) in September and in November 2021, and was considered by the Integrated Governance Committee (IGC) on the 12 October and will approved by them on the 13 December 2021.</p> <p>The JC received a detailed presentation on "Recovery" at its meeting on the 7 September 2021 which focussed on quality, performance and finance and which highlighted key areas of risk and</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
			concern. The presentation was also given to the Management Group (MG) sub committee on the 23 September 2021 for assurance.	
b) We will develop a revised suite of routine reports for JC that will include elements of the activity reporting, that we introduced during the pandemic, and will take into account the quality and outcome reporting that is currently being developed by Welsh Government (WG).	Mar 2022	Director of Finance Director of Nursing & Quality Director of Planning	<p>As a consequence of the COVID-19 pandemic the routine reports on activity, quality and financial performance presented to each JC were reset to include more explicit, measurable intentions to measure achievement against. This includes detailed analysis of the position and any key points to promote effective focus and discussion.</p> <p>Detailed activity performance reports are prepared on a monthly basis and provide qualitative information and quantitative data to the JC and MG. The reports detail delivery by provider and specialty against historic performance and waiting times. Prospectively activity reports will also include performance compared to provider agreed recovery plans and waiting list profiles. A presentation dashboard format of the waiting times position has been agreed and details variation from agreed activity delivery, referral rates and overall waiting lists whenever possible.</p>	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
			<p>The activity dashboard will evolve and align to the quality and outcome reporting that is currently being developed by Welsh Government (WG).</p> <p>The WHSSC Commissioning Assurance Framework (CAF) was considered by the JC in May 2021 and approved in <u>September 2021</u>. Assurance against the CAF is achieved through service specifications, Service Level Agreement (SLA) and performance monitoring through the Quality and Patient Safety Committee (QPS) and the Integrated Governance Committee (IGC).</p>	
<p>c) We will encourage members of the JC to engage in consideration and discussion of key areas of concern that are highlighted.</p>	<p>Sept 2021</p>	<p>Chair of WHSSC</p>	<p>The Joint Committee received a detailed presentation on "Recovery" at its meeting on the 7 September 2021 which focussed on quality, performance and finance and which highlighted key areas of risk and concern.</p> <p>The Recovery presentation encouraged wide-ranging discussion and it was agreed that structured highlight reports will be presented to the JC from November 2021 onwards.</p> <p>Following on from the recovery discussion WHSSC have requested further detailed plans from providers as</p>	<p>Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
			<p>additional detail was required from Health Board's (HBs) in some areas.</p> <p>As part of WHSSC's commitment to improving the effectiveness and efficiency of the Joint Committee and WHSSC we have embarked on a development programme, which included the JC participating in an equity workshop in May 2021, and there are plans for further development sessions to review the Integrated Commissioning Plan (ICP) and to revisit equity going forward.</p>	
<p>d) We will include routinely at JC an invitation for an oral report to be delivered by, or on behalf of, the Chair of the WHSSC Quality & Patient Safety Committee (Q&PSC) based on the written report from the Chair of Q&PSC.</p>	<p>Sep 2021</p>	<p>Chair of WHSSC/ Committee Secretary</p>	<p>Each JC meeting receives a Chairs assurance report from each of the sub-committees which provides an update on the business discussions of each sub-committee meeting. Each relevant chair is asked to present the Chairs report and to outline any salient points during the JC meeting.</p> <p>The Chair of WHSSC invites the Chair of the Quality & Patient Safety Committee (QPSC)/and or the Director of Nursing and Quality as Executive lead to provide a verbal update based on the written report at each JC meeting.</p>	<p>Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
Programme Management				
R2 Implement clear programme management arrangements for the introduction of new commissioned services. This should include clear and explicit milestones which are set from concept through to completion (i.e. early in the development through to post implementation benefits analysis). Progress reporting against those milestones should then form part of reporting into the Joint Committee.				
<p>a) Building Programme Management competency/capacity</p> <p>A number of new staff have recently joined WHSSC in senior positions in the planning team who bring with them strong programme and project management skills. There are 'lunch and learn' sessions planned to share this approach, and the use of common templates is embedding, it is anticipated that this approach will grow programme management competency and capacity within the organisation. The approach is already starting to embed in the way the planning team operates, with programme management approaches already applied to the two strategic pieces committed to through the 2021 ICP (namely paediatrics and mental health) and to the management of the CIAG prioritisation process.</p> <p>Common templates apply to highlight and exception reporting, risk logs and timelines/milestones.</p>	Nov 2021	Director of Planning	<p>We have built programme management capacity and competency and implemented programme management arrangements for the introduction of new commissioned services including:</p> <ul style="list-style-type: none"> • undertaking a recruitment exercise to appoint 3 dedicated Project Manager roles (2 generic PM roles and one to specifically support Traumatic Stress Wales (TSW)), The posts work as part of the PMO hosted within the planning directorate to share learning, skill and competencies, as well as integrating a project management approach across WHSSC, • the PM roles will review our existing programme management methodology, and introduce new specific templates for project initiation, project highlight reports, risk assessments and project closure reports, 	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
			<ul style="list-style-type: none"> develop a project management training package, provide project highlight updates to JC. <p>Programme Management arrangements are now in place for all new programmes of strategic work (e.g. Paediatrics and Mental Health).</p>	
<p>b) Programme management on WHSSC commissioned services. Programme arrangements have previously been used for strategic service reviews and the development of the PET (positron Emission Therapy) business case. We will further develop this approach as outlined above, i.e. through a common approach to programme management across the organisation and to and the use of common templates. These will become the basis of reporting through programme structures and as necessary to Joint Committee.</p>	Nov 2021	Director of Planning	<p>We have built programme management capacity and competency and implemented programme management arrangements for the introduction of new commissioned services including:</p> <ul style="list-style-type: none"> the programme management arrangements for the All Wales Positron Emission Tomography (PET) Programme demonstrate how WHSSC has developed and strengthened its approach to programme management and the Programme Business Case (PBC) for the project was approved by HBs and endorsed by Welsh Government (WG) Ministers on the 25 August 2021. The All Wales PET Programme Board will utilise its governance structure and reporting arrangements to provide ongoing assurance on 	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
			<p>progress and it is proposed that it reports into the JC going forward,</p> <ul style="list-style-type: none"> • we have appointed 3 dedicated Project Manager roles. The posts work as part of the PMO hosted within the planning Directorate to share learning, skill and competencies, as well as integrating a project management approach across WHSSC, • the PM roles will review our existing programme management methodology, and introducing specific templates for project initiation, project highlight reports, risk assessments and project closure reports, • developing a project management training package, • providing project highlight updates to JC. <p>With increased project and programme management capacity and competency, this structured approach will be adopted consistently for all future major projects.</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
<p>c) HB Commissioned Services – when services are not the sole responsibility of WHSSC, and where the senior responsible officer is outside of WHSSC, we will contribute to the programme arrangements, offering clarity about the role of WHSSC and the scope of the responsibilities it has within the programme. We will seek to deliver against any key milestones set, and report progress, risk and exception accordingly.</p>	<p>Oct 2021</p>	<p>Director of Planning</p>	<p>We have built programme management capacity and competency and implemented programme management arrangements for the introduction of projects for new commissioned services. Each project has its own specific terms of reference outlining the purpose and scope of the project, and including the membership and roles and responsibilities.</p> <p>Where services are not the sole responsibility of WHSSC we ensure that the membership includes representatives from HBs, professional groups etc and that the project plan includes measurable milestones with regular reports on progress being presented to the reporting sponsor, for example the JC.</p>	<p>Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
			<p>to monitor performance against plans. A joint Executive to Executive meeting has been agreed between WHSSC, CVUHB, SBUHB and BCUHB, in order to discuss the Welsh position across the plans and where necessary identify alternate pathways or Welsh patients. Any Significant variance from plans will be managed through the WHSSC escalation process, discussed with the relevant provider and reported to the QPS Committee and the JC,</p> <p>iv. The final Commissioning Assurance Framework (CAF) was formally approved by the JC on the 7 September 2021 and is supported by a Performance Assurance Framework, Risk Management Strategy, Escalation Process and a Patient Engagement & Experience Framework,</p> <p>v. Following on from a discussion at JC in February 2021, as part of WHSSC's commitment to improving the effectiveness and efficiency of the Joint Committee and WHSSC we have embarked</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
			advert will go live in December 2023.	
<p>c) Financial consequences of services that were commissioned and under-delivered as a result of COVID-19</p> <p>i. This information is already captured through our contract monitoring process and compared against the national block contract framework implemented to maintain income stability through COVID-19. This will inform future planned baselines and contract negotiation, where the negotiation is within our control. WHSSC is working with contracted providers across Wales and England to establish their specialised recovery trajectories and where appropriate will secure recovery funding from WG to direct to providers for recovery performance if above established contracted baseline levels.</p>	In Place	Director of Finance	Information pertaining to the financial consequences of services that were commissioned and under delivered as a consequence of COVID-19 are monitored through block contracts which remain in place during 2021-22 with the position reviewed for 2022-23. The planned position for 2022-23 will be return to cost and volume contracting to ensure full incentives to deliver commissioned volumes. WHSSC are fully participating in the English recovery incentive process with additional funding secured from Welsh Government.	Completed
<p>d) Reporting Analysis</p> <p>We will review and analyse the business intelligence gathered from the actions outlined in points a, b and c above and use the real-time and historical data to inform our decision making on managing existing, and developing new specialised commissioned services. We will report our analysis and outcomes to</p>	Sept 2021	Director of Finance Director of Nursing & Quality Director of Planning	We have reviewed and analysed the business intelligence gathered from real-time monitoring and reporting of waiting times, demand monitoring compared to historical levels for high volume specialties and contract monitoring and developed a full information	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
the Joint Committee, Welsh Government and the Management Group as appropriate.			reporting system which provides monthly updates on delivery against historic activity levels, delivery against recovery plans, referral levels against plan and waiting list positions. We report our analysis and outcomes to the JC, Welsh Government and the MG as appropriate.	
Specialised Services Strategy				
<p>R4 The current specialised services strategy was approved in 2012. WHSSC should develop and approve a new strategy during 2021. This should:</p> <ul style="list-style-type: none"> a. embrace new therapeutic and technological innovations, drive value, consider best practice commissioning models in place elsewhere, and drive a short, medium, and long-term approach for post pandemic recovery. b. be informed by a review of the extent of the wider services already commissioned by WHSSC, by developing a value-based service assessment to better inform commissioning intent and options for driving value and where necessary decommissioning. <p>The review should assess services:</p> <ul style="list-style-type: none"> • which do not demonstrate clinical efficacy or patient outcome (stop); • which should no longer be considered specialised and therefore could transfer to become core services of health boards (transfer); • where alternative interventions provide better outcome for the investment (change); currently commissioned, which should continue. 				
<p>a. Embrace New Innovations</p> <p>i. We will continue to utilise our well-established horizon scanning process to identify new therapeutic and technological innovations, drive value and benchmark</p>	Jul 2021	<p>Managing Director</p> <p>Director of Finance</p>	i. The dual processes of horizon scanning and prioritisation is firmly embedded in WHSSC's commissioning practice and has been applied successfully since	Partially Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
<p>services against other commissioning models to support , short, medium, and long-term approach for post pandemic recovery,</p> <p>ii. We will continue to develop our relationship with NICE, AWMSG and HTW in relation to the evaluation of new drugs and interventions,</p> <p>iii. We will engage with developments for digital and Artificial intelligence (AI),</p> <p>iv. We will continue our regular dialogue and knowledge sharing with the four nations’ specialised services commissioners,</p> <p>v. We will continue to build upon our existing relationships with the Royal Colleges,</p> <p>vi. We will continue to develop our work on value-based commissioning,</p> <p>vii. We will develop a communication and engagement plan to support and inform the strategy.</p> <p>viii. As previously agreed with Joint Committee a stakeholder engagement exercise will be undertaken to gain insight on long-term ambitions and to inform how we shape and design our services for the future. This will inform the Specialised Services Strategy and the supporting the 3 year integrated commissioning plan.</p>	<p>Q3 2021- 22</p> <p>In Place</p> <p>Dec 2021</p> <p>Dec 2021</p>	<p>Director of Nursing & Quality</p> <p>Director of Planning</p>	<p>2016. The process helps ensure the NHS in Wales effectively commissions’ new and innovative treatments that are both clinically and cost effective, and are made available in a timely manner. Horizon scanning identifies new interventions which may be suitable for funding, and prioritisation allows them to be ranked according to a set of pre-determined criteria, including clinical and cost effectiveness. This information when combined with information around demands from existing services and interventions will underpin and feed into the development of the WHSSC Integrated Commissioning Plan (ICP). A horizon scanning exercise was undertaken by the Medical Directorate between January and May 2021, which informed the new Interventions Prioritisation Panel on the 20 July 2021, and the Clinical Impact Advisory Group (CIAG) prioritisation day on the 3 August 2021,</p> <p>ii. WHSSC continues to develop its relationships including:</p> <p>a. Three members of the WHSS team are current members of</p>	<p style="background-color: yellow;"></p>

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
			<p>NICE appraisal committees (AC – TA committee A; ID – TA committee D; SD – HST committee). AC is also Chair of the NICE Welsh Health Network,</p> <p>b. WHSSC has a built a strong working relationship with HTW. A MoU was signed in 2018 (currently being updated) and WHSSC is represented on their Assessment Group, Appraisal Group and Stakeholder Forum. A joint proposal to support all Wales policy development of HTW guidance was supported by MG in June and the HTW Executive Board in July 2021. Funding for two posts (Project Manager and Admin) to support this work is now being sought from WG</p> <p>c. WHSSC also has a close working relationship with AWMSG, focused mainly on medicines management and horizon scanning. A MoU is now being developed between WHSSC and AWMSG to</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
			<p>formalise these links and to share knowledge and expertise. The appointment of a WHSSC Medicines Management Pharmacist (due to start January 2022) will further strengthen this partnership.</p> <p>iii. We continue to engage with developments for digital and Artificial intelligence (AI)</p> <p>iv. We continue to attend the four nations' specialised services commissioners meetings,</p> <p>v. We continue to build upon our existing relationships with the Royal Colleges,</p> <p>vi. We continue to develop our work on value-based commissioning,</p> <p>vii. We have developed a communication and engagement plan to support and inform the strategy which will be presented to the CDGB in January 2022,</p> <p>viii. It was previously agreed with Joint Committee that a stakeholder engagement exercise would be undertaken in December 2021/January 2022 to gain insight on long term ambitions and to inform how we shape and design our</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
	<p>Sept 2022</p> <p>March 2023</p>		<p>services for the future. This would inform the Specialised Services Strategy which would be presented to the JC in January/March 2022. The timetable for this is however being revised in response to the system pressures related to the current wave of the pandemic and the letter from Judith Paget CEO of NHS Wales regarding use of the Options Framework and the necessity to step down non-essential activities.</p> <p>ix. A Project Manager (PM) has been employed on an interim basis to lead the work required to develop and agree the specialised services strategy. On the 6 September 2022 the Joint Committee approved the overall approach to developing a ten year strategy for specialised services and provided feedback on the engagement and communications plan, themes and the stakeholder survey. The engagement process was undertaken between 20 September and 22 December 2022 with the aim of a draft strategy being presented to the Management Group in early</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
			2023 prior to final approval by the Joint Committee in May 2023.	
<p>b. Approach to Review of Services will be considered in strategy engagement</p> <p>i. The draft strategy will consider our approach to the review of the existing portfolio of commissioned services and undertake a value based services assessment to assess if existing services are still categorised as specialised,</p> <p>ii. We will continue to undertake our annual prioritisation panel with HB's to assess new specialised services that could be commissioned,</p> <p>iii. We will continue to undertake a process of continuous horizon scanning to identify potential new and emerging services and drugs, and to focus on existing and new hyper-specialised services,</p> <p>iv. WHSSC will investigate opportunities for strengthening its information function through internal re-organisation and investment. This will include the development of an outcome manager post to support both the WHSSC strategic approach to outcome measurement as well as a feasibility analysis of currently</p>	<p>Sept 2021</p> <p>March 2022</p> <p>Sept 2022</p> <p>March 2023</p>	<p>Director of Finance</p> <p>Director of Nursing & Quality</p> <p>Director of Planning</p>	<p>The draft new specialised services strategy:</p> <p>It was previously agreed with Joint Committee a stakeholder engagement exercise would be undertaken in December 2021/January 2022 to gain insight on long term ambitions and to inform how we shape and design our services for the future. This would inform the Specialised Services Strategy which would be presented to the JC in January/March 2022. The timetable for this is however being revised in response to the system pressures related to the current wave of the pandemic and the letter from Judith Paget, CEO of NHS Wales regarding use of the Options Framework and the necessity to step down non-essential activities. A Project Manager (PM) has been employed on an interim basis to lead the work required to develop and agree the specialised services strategy. On the 6 September 2022 the Joint Committee approved the overall</p>	Partially Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
<p>available tools. We will pursue our planned investment to utilise the SAIL database with a view to assessing the population impact of services in a number of pilot areas. As previously agreed with the Joint Committee a stakeholder engagement exercise will be undertaken to gain insight from our stakeholders on long term ambitions and to inform how we shape and design our services for the future. This will inform transferring commissioned services into and out of the WHSSC portfolio to meet stakeholder and patient demand.</p>			<p>approach to developing a ten year strategy for specialised services and provided feedback on the engagement and communications plan, themes and the stakeholder survey. The engagement process was undertaken between 20 September and 22 December 2022 with the aim of a draft strategy being presented to the Management Group in early 2023 prior to final approval by the Joint Committee in May 2023.</p> <p>i. On the 28 September 2021 the WHSSC executive team met with Improvement Cymru (IC) to discuss and explore potential options for them to support WHSSC in developing its new specialist services strategy and WHSSC agreed to hold a Quality Improvement workshop facilitated by IC in January 2022 and to develop improvement and audit days with nursing teams with a view to undertaking our own internal competency assessment to drive improvement, and considered predictive modelling for interventions, and international collaborative networks,</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
			<p>ii. WHSSC are required to agree annually those services that should be planned on a national basis and those that should be planned locally (section 1.1.4 WHSSC SO's), to support this, following a discussion at the JC 7 September 2021 a workshop was held with the MG on the 25 November 2021 to evaluate the commissioning of services. MG members were requested to submit expressions of interest to evaluate specific commissioned services in order to evaluate the merits of the service being commissioned locally at HB level or through WHSSC.</p> <p>iii. A recovery workshop was held with the MG on the 16 December 2021 to discuss recovery Planning and Quality and Outcome Improvement for Patients. A second recovery workshop was held with the Joint Committee on the 12 July 2022 at their request to discuss HB recovery plans and trajectories. At their request, a follow up deep dive into paediatrics was given to the Joint Committee on the 6 September 2022, and further recovery update session on the 8 November 2022.</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
			<ul style="list-style-type: none"> iv. The annual prioritisation panel with HB's to assess new specialised services that could be commissioned was held on the 20 July 2021, v. The process of continuous horizon scanning to identify potential new and emerging services and drugs, and to focus on existing and new hyper-specialised services was undertaken between January and May 2021 and informed the prioritisation panel on the 20 July 2021, vi. We have investigated opportunities for strengthening our information function through internal re-organisation and investment and have strengthened the staffing model of the information function to enable more timely information. The WHSSC staffing structure has been reviewed to include a senior outcomes commissioner to design outcome systems and monitor and report outcomes. 	
Welsh Government Recommendation - Independent member recruitment				

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
R5 Review the options to recruit and retain WHSSC independent members. This should include considering measures to expand the range of NHS bodies that WHSSC members can be drawn from, and remuneration for undertaking the role				
<p>Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated: I am aware there have been challenges in securing nominations from health boards to undertake the independent member role at WHSSC. My officials have been looking at options in relation to recruitment, remuneration and retention of independent members and I am currently considering their advice before the matter is raised with the Minister. There are a number of options, some of which could be achieved relatively simply and others which would require changes to the legislation. I will write to you again when we have a clear way forward.</p>			<p><u>WG update received 15 March 2022</u></p> <p>The Chair of WHSSC and the Committee Secretary have met with WG officials on a monthly basis since June 2021 to progress the IM remuneration discussions.</p> <p>A report was presented to the Joint Committee on the 18 January 2022 and they approved the proposal to transition to a fair and open selection process for appointing WHSSC IMs through advertising the vacancies through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs, approved that the existing arrangements for appointing a CTM audit lead IM, could transition to advertising for an Audit/Finance IM through a fair and open selection process through advertising the vacancy through the HB Chairs and the Board Secretaries, and approved the suggested proposals to remunerate WHSSC IMs including the requirement for a review following the recruitment process.</p>	Complete d

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
			<p>A letter was received from Welsh Government on the 15 March 2022 advising that the Director General/CEO NHS Wales had written to the Senedd's Public Accounts & Public Administration Committee (PAPAC) and the Auditor General for Wales to report progress on the IM remuneration recommendation and to inform them that they consider Recommendation 5 to be completed following the Joint Committee meeting on the 18 January 2022 during which the Committee agreed to all the proposed arrangements including:</p> <ul style="list-style-type: none"> • A recruitment process which will seek written expressions of interest from HB independent members via their Chairs. A concise candidates pack and selection panel process will be developed to support this arrangement and to assist candidates, • The WHSSC independent member who leads on audit and financial issues may be drawn from any of the HB's, not just the host body as is currently the case, 	

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
			<ul style="list-style-type: none"> Existing WHSSC members will be remunerated from 1 April 2022, HB's will meet the costs of the additional remuneration via n uplift to the WHSSC Direct Running Costs (DRC) budget, agreed by the JC on the 18 January 2022; and The transition to the selection process for new members will start in June 2022 with the appointment of the audit lead first (from autumn 2022) and the remaining two members from April 2023 to align with the tenure of the existing WHSSC independent members. 	
Welsh Government Recommendation - Sub-regional and regional programme management				
<p>R6 This is linked to Recommendation 2 made to WHSSC in this report. When new regional or sub-regional specialised services are planned which are not the sole responsibility of WHSSC, ensure that effective multi- partner programme management arrangements are in place from concept through to completion (i.e. early in the development through to post-implementation benefits analysis).</p>				
<p>Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated: As you have highlighted, whilst some key service areas like major trauma have been developed successfully and with good collaboration across organisations, the timelines around such changes have been slow and often hampered by a lack</p>			<p><u>WG update received 22 August 2022</u> Letter received from the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group advising that she had written to Mark Isherwood, Chair of the PAPAC regarding recommendations</p>	<p>Partially Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
<p>of clarity on who is driving the process. I agree with your view that end-to-end programme management of such schemes, which are not within the sole remit of WHSSC, should be strengthened. The National Clinical Framework which we published on 22 March, sets out a vision for a health system that is co-ordinated centrally and delivered locally or through regional collaborations. Implementation will be taken forward through NHS planning and quality improvement approaches and our accountability arrangements with NHS bodies.</p>			<p>6 and 7 of the Audit Wales report into WHSSC Governance arrangements.</p> <p>In relation to recommendation 7, the letter stated "that a review of the WHSSC arrangements along with other national hosted and specialist advisory functions should be undertaken. WG are in the process of setting up new piece of work to review the national commissioning arrangements in NHS Wales. The scope of this work and a timetable were currently being considered. However, we will be sure to take account of the recommendations as part of the rationale behind the work".</p> <p>Having described the work that was now in progress, it was suggested that the recommendations from the Audit Wales report were now completed. The letter was copied to Mr Adrian Crompton, the Auditor General for Wales for assurance. Discussion with WG on the 31 August 2022 confirmed that the recommendations could be categorised as completed.</p> <p><u>WG update received 27 September 2022</u></p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
			<p>WHSSC received a further update from WG advising that Audit Wales had written to the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group to express the view that, at this stage, it was premature to consider the recommendations as closed and that they would like to keep them open and receive an update from WG in six months' time. WG have confirmed they are content to accept the suggestion and that WG will provide an update to Audit Wales in six months' time with a view, to closing the recommendations at that point.</p> <p>An update will be given to the Joint Committee on the 17 January 2023 and the final report will be presented in May 2023.</p>	
Welsh Government Recommendation - Future governance and accountability arrangements for specialised services				
<p>R7 A Healthier Wales included a commitment to review the WHSSC arrangements along with other national hosted and specialist advisory functions. COVID-19 has contributed to delays in taking forward that action. It is recommended that the Welsh Government set a revised timescale for the action and use the findings of this report to inform any further work looking at governance and accountability arrangements for commissioning specialised services as part of a wider consolidation of current national activity.</p>				
Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:			<u>WG update received 22 August 2022</u>	Partially Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
<p>A Healthier Wales committed to reviewing the WHSSC arrangements alongside other hosted national and specialised functions, in the context of the development of the NHS Executive function. The position of WHSSC within this landscape needs to be carefully considered. On the one hand, there are strengths in the current system whereby health boards, through the joint committee, retain overall responsibility for the commissioning of specialised services. This requires collaboration and mature discussion from both the commissioner and provider standpoint. However, I recognise the inherent risk of conflict of interest in this arrangement and note the reference made in your report to the Good Governance Institute’s report of 2015 which suggested a more national model may be appropriate.</p> <p>In my letter to health boards of 14 August 2019, I indicated that, as recommended by the Parliamentary Review, the governance and hosting arrangements for the existing Joint Committees would be streamlined and standardised. I also said that it was intended the NHS Executive would be become a member of the Joint Committees’ Boards in order to</p>			<p>Letter received from the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group advising that she had written to Mark Isherwood, Chair of the PAPAC regarding recommendations 6 and 7 of the Audit Wales report into WHSSC Governance arrangements.</p> <p>In relation to recommendation 7, the letter stated “that a review of the WHSSC arrangements along with other national hosted and specialist advisory functions should be undertaken. WG are in the process of setting up new piece of work to review the national commissioning arrangements in NHS Wales. The scope of this work and a timetable were currently being considered. However, we will be sure to take account of these recommendations as part of the rationale behind the work”.</p> <p>Having described the work that was in progress, it was suggested that the recommendations from the Audit Wales report were now completed. The letter was copied to Mr Adrian Crompton, the Auditor General for Wales for assurance. Discussion with WG on the</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments December 2022	RAG
<p>ensure there is a stronger national focus to decision making. However, the thinking at the time was that the joint committee functions would not be subsumed into the NHS Executive function. We will continue to look at this as the NHS Executive function develops further and I will update you should there be any change to the direction of travel I indicated in 2019.</p>			<p>31 August 2022 confirmed that the recommendations could be categorised as completed.</p> <p><u>WG update received 27 September 2022</u> WHSSC received a further update from WG advising that Audit Wales had written to the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group to express the view that, at this stage, it was premature to consider the recommendations as closed and that they would like to keep them open and receive an update from WG in six months' time. WG have confirmed they are content to accept the suggestion and that WG will provide an update to Audit Wales in six months' time with a view, to closing the recommendations at that point.</p> <p>An update will be given to the Joint Committee on the 17 January 2023 and the final report will be presented in May 2023.</p>	



AGENDA ITEM

4.5

AUDIT AND RISK COMMITTEE

EASC UPDATE

Date of meeting	13/02/2023
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Gwenan Roberts, Committee Secretary / Assistant Director Corporate
Presented by	Stephen HARRY
Approving Executive Sponsor	Chief Ambulance Services Commissioner
Report purpose	ENDORSE

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
EASC Management Group	October 2022	Endorsed
EAS Joint Committee	January 2023	Approved
NCCU Risk Register NCCU Management Board	January 2023	Approved

ACRONYMS

DAG	Delivery Assurance Group
EMRTS	Emergency Medical Retrieval and Transfer Service
NEPTS	Non-Emergency Patient Transport Service
WAST	Welsh Ambulance Services NHS Trust

1. SITUATION/BACKGROUND

- 1.1 The purpose of the report is to provide an EASC update to the CTMUHB Audit and Risk Committee (as host body) for assurance purposes.
- 1.2 The following areas are included:
 - EASC Risk register
 - NCCU Risk Register
 - EASC Action Plan.

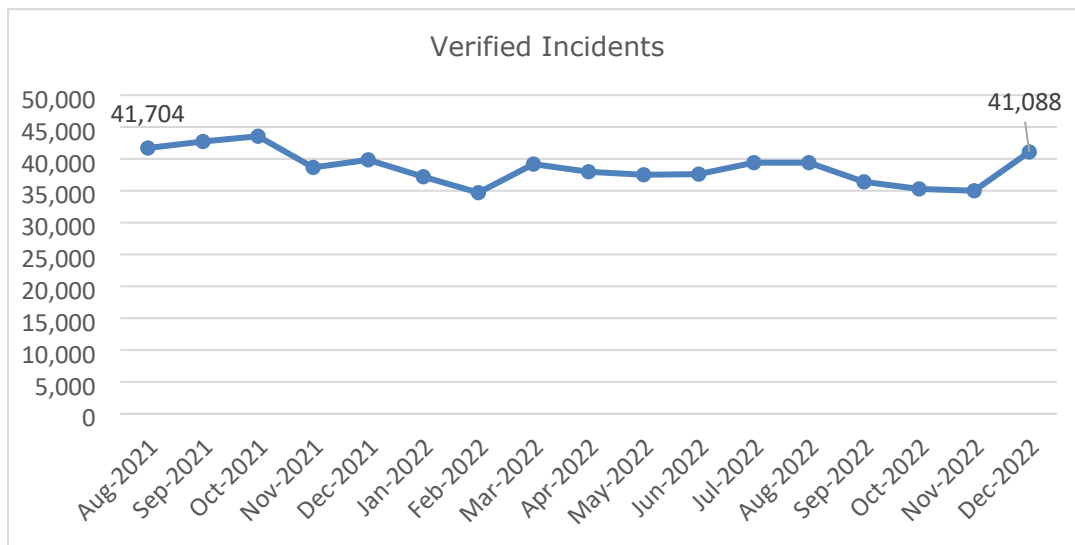
2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

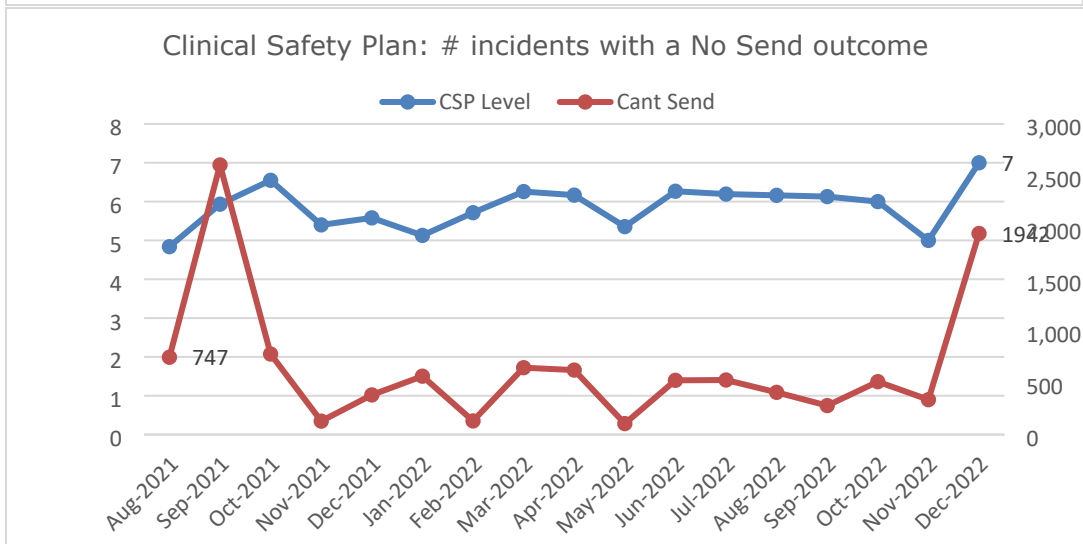
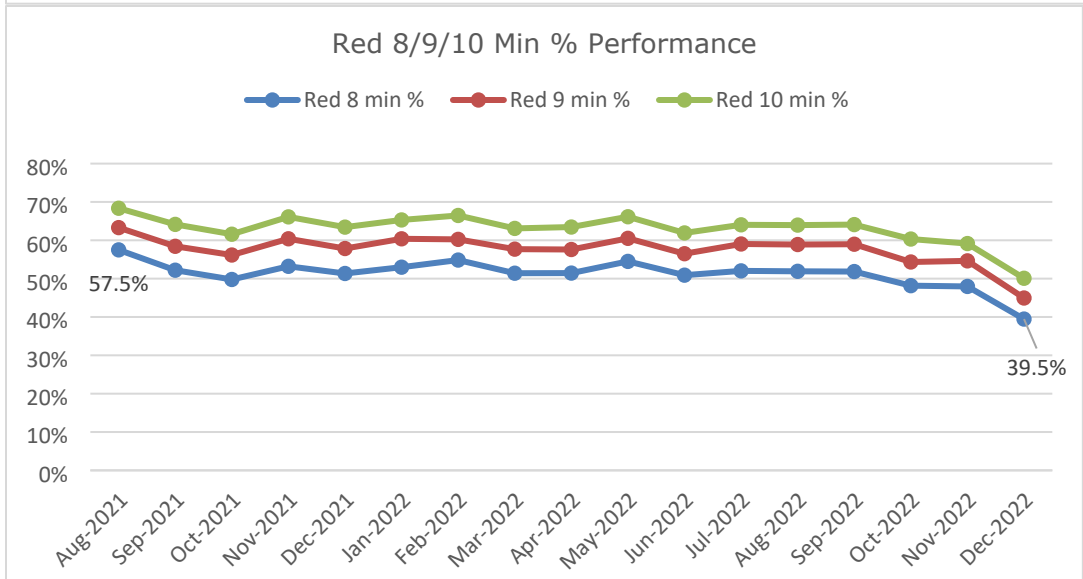
EASC Risk Register

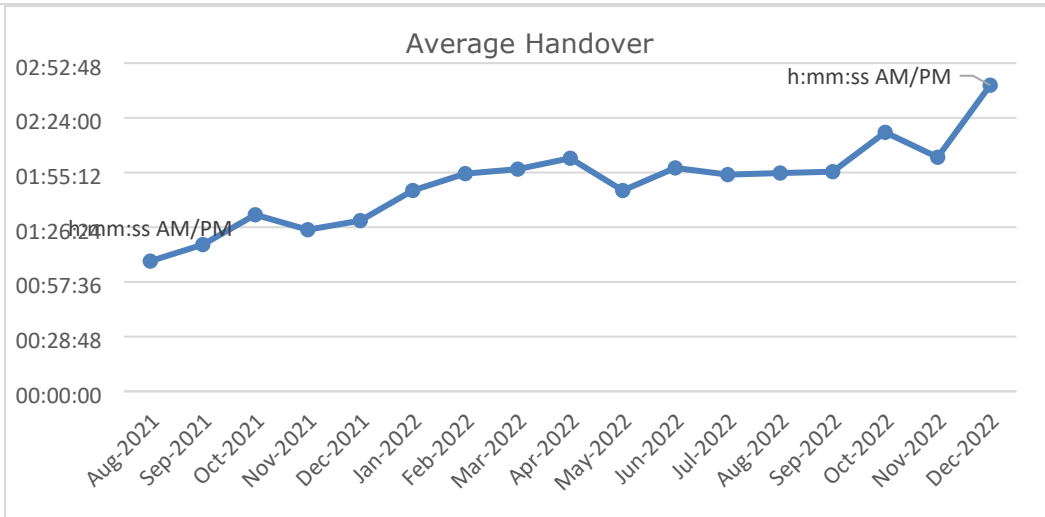
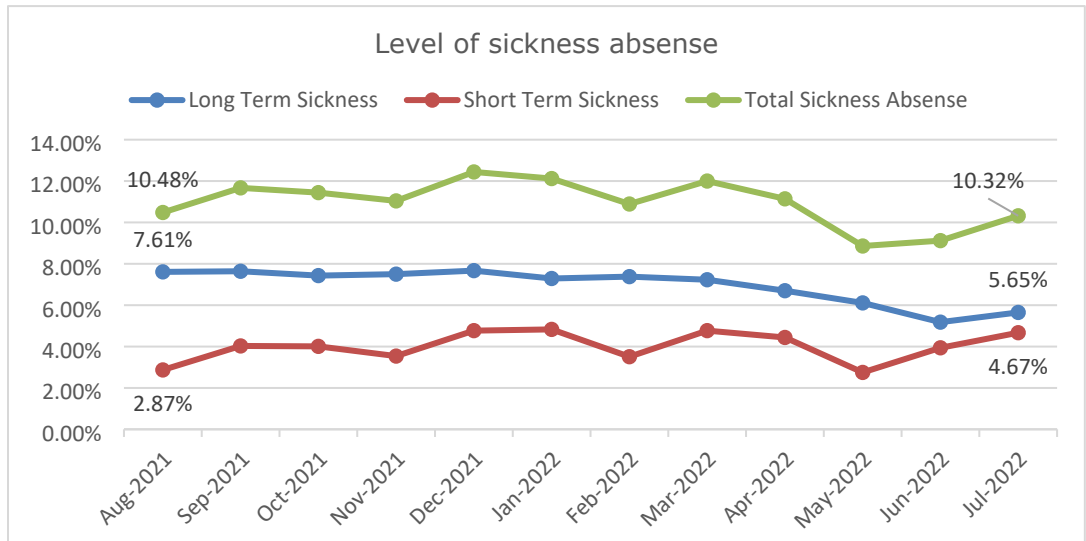
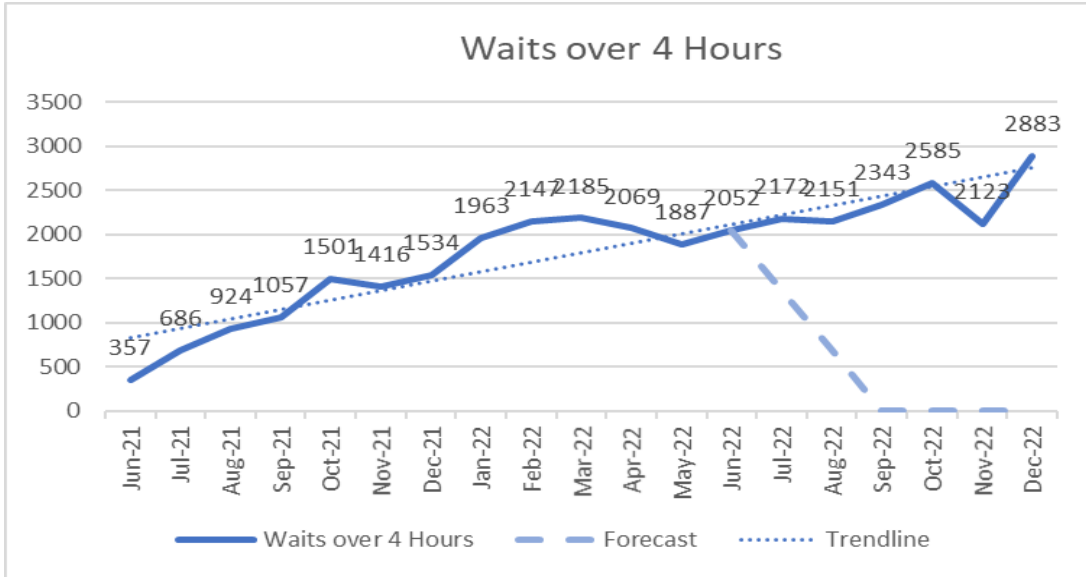
- 2.1 The Risk Register has been reviewed and updated by the EASC Team during January 2023 in response to issues raised at the Cwm Taf Morgannwg University Health Board Audit and Risk Committee meeting on 12 December 2022 (as the host body). The updated EASC Risk Register was approved at the EASC meeting on 17 January 2023.
- 2.2 Additional information has been included related to the ongoing system pressures and the impact on patients and the increasing risk of harm.
- 2.3 The updated Risk Register is attached at **Appendix 1**.
- 2.4 A new risk has been added namely
Failure to secure sufficient ambulance capacity to meet the needs of the population
If: sufficient ambulance capacity is not available
Then: organisational and clinical safety levels level 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 EASC. **Risk Rating 5x5=25, Red.**
- 2.5 Risk 4503, Failure to deliver the Ministerial direction that EASC effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers rating has been increased to 4x3=12 (from 4x2) and remains rated amber

- 2.6 Other ongoing red risks include:
- Failure to achieve agreed performance standard for category red calls
 - Failure to achieve agreed performance standard for amber category calls.
 - Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation
- 2.7 EASC Members agreed that the EASC Assurance Framework be updated for the next meeting in line with the changes above approved for the Risk Register. The updated EASC Assurance Framework will be presented to the Audit and Risk Committee for assurance once approved by the EAS Joint Committee (as agreed on a quarterly basis).

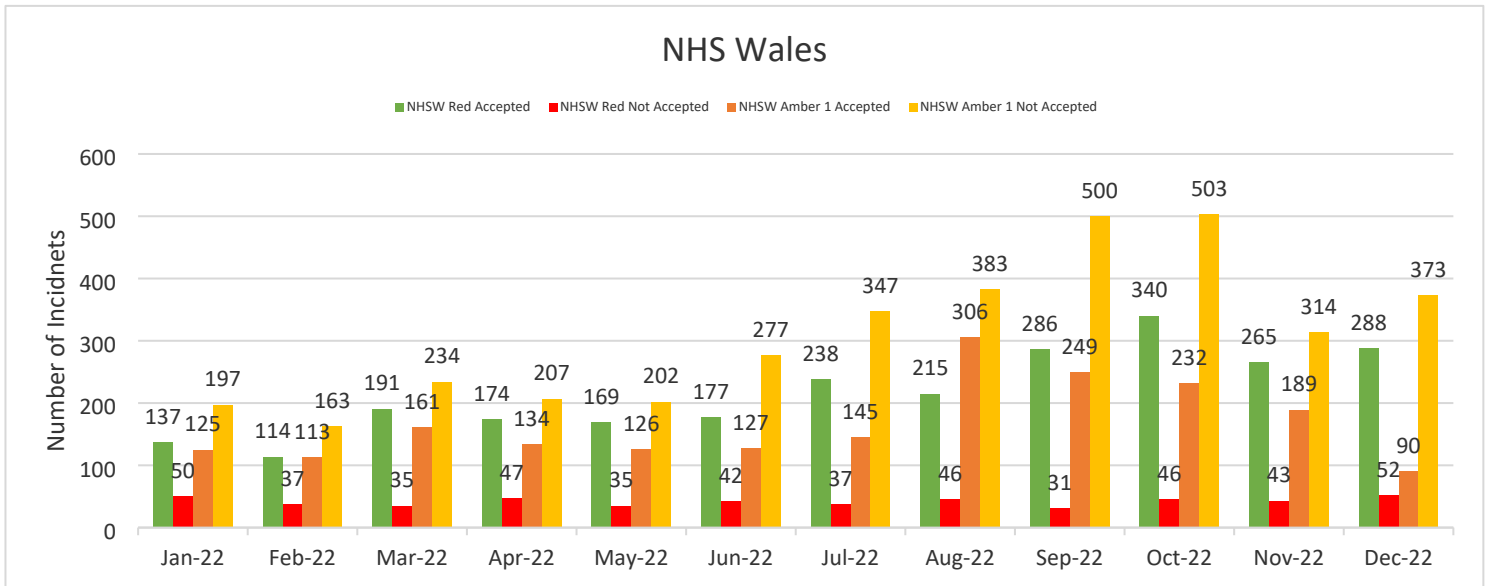
Information from the EASC Action Plan







Immediate Release information



2.8 All of the existing risks are included on the Datix Risk Management System in line with the requirements of the host body Cwm Taf Morgannwg UHB. New risks will be added once approved by EASC.

National Collaborative Commissioning Unit (NCCU) Risk Register

2.9 The Risk Register was presented and approved at the NCCU Management Board meeting in January 2023.

2.10 The Risk Register is attached at **Appendix 2** (all risks presented).

2.11 There are 7 risks identified, 3 amber risks, 2 yellow and 2 green risks. There are no red risks at the time of reporting.

2.12 All of the risks are included and have been updated on the Datix Risk Management System in line with the requirements of the host body Cwm Taf Morgannwg UHB.

3. KEY RISKS/MATTERS FOR ESCALATION

3.1 The updated EASC risk register captures the key actions being taken to mitigate and control the risks relating to red performance. Additional information had been included and related to the ongoing system pressures and the impact on patients and the increasing risk of harm.

3.2 The controls that are in place are included in the WAST Performance Improvement Plan (PIP) and the EASC Action Plan (latest version attached as **Appendix 3**) coordinated by the Chief Ambulance Services Commissioner (CASC) (submitted to the Minister on a monthly basis), these are monitored at:

- bi-monthly Quality and Delivery meetings between the EASC Team and WAST.
 - The PIP focuses on the actions being taken by WAST to mitigate risks and to increase capacity and emergency ambulance performance including red performance
 - monthly meetings with Welsh Government officials with a focus on the actions being taken across the urgent and emergency care system (including the commissioning of additional emergency ambulance clinician capacity, system escalation and demand management).
- 3.3 As reported above the work to mitigate and control the risks relating to red performance is ongoing with progress monitored on a commissioner-provider level, via the EASC governance arrangements and also with oversight by Welsh Government.
- 3.4 Members should note that the Integrated Commissioning Action Plan meetings continue to take place on a fortnightly basis between the EASC Team, key operational health board staff and WAST to further develop and monitor progress of health board handover improvement plans. The process to date has delivered:
- Collaborative Infrastructure to develop thinking, identify innovation and establish local commissioning arrangements for emergency ambulance services
 - Local ambulance handover improvement plans for each local health board in Wales
 - Commitment through board structures to deliver ambulance handover actions operationally
 - An all Wales composite handover delay plan that identifies similarity and areas for targeted investment
 - Weekly dashboards to support and monitor performance against agreed trajectories
 - Internal Audit to provide assurance on the process.
- 3.5 A Ministerial Summit was held on 28 November 2022 to discuss improving the timeliness of ambulance patient handover as part of the work to deliver Goal 4 for Six Goals for Urgent and Emergency Care Programme. The summit was well attended and short presentations were received on best practice from across the UK.
- 3.6 The next steps involve the further development of Integrated Commissioning Action Plans (iCAPS) for each health board. These will support nationally delivery of Goal 4 of the Six Goals for Urgent & Emergency Care and commissioning and local commissioning and improvement of ambulance handover delays.
- 3.7 There remain significant concerns regarding the safety of patients currently due to the increasing number of handover delays and lost hours.

- 3.8 The EASC Risk Register is presented for endorsement.
- 3.9 The NCCU Risk Register is presented for endorsement.
- 3.10 The EASC Standing Orders were due for review at the November 2022 meeting. However, there was ongoing work with the Standing Financial Instructions related to the Welsh Health Specialised Services Committee (WHSSC) /EASC and it was felt would be helpful to receive both sets of Standing Orders and Standing Financial Instructions at the same meeting. This will now take place in March 2023 and will then be presented to the Audit and Risk Committee for assurance.
- 3.11 The term of the Vice Chair for EASC would be completed in February 2023 and a new Vice Chair would need to be agreed at the meeting in March, the Chair thanked Steve Moore, the current Vice Chair, for his help and support over the last two years.
- 3.12 A letter was received on 22 November 2022 from the Welsh Language Commissioner (WLC) which indicated that a member of the public had concerns regarding documentation on the EASC website and related to the EMRTS Service Development Proposal. The member of the public had visited the website on 11 November 2022 and had been unable to find a Welsh language version of the EMRTS Service Development Proposal on the website. This occurred due to annual leave of a member of the EASC Team with responsibility for updating the website. Further, arrangements have now been made to avoid this happening again. The EASC website has been reviewed to ensure compliance with the Welsh Language standards including ensuring that Welsh was not treated less favourably than English and also that the Welsh website is of the same standard as the English website in terms of content. A further update will be provided as the investigation continues.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The impact of handover delays will inevitably affect the patient experience and also quality and safety aspects of patient care. Specific mitigations are the responsibility of the health boards and the Welsh Ambulance Services NHS Trust working together.
Related Health and Care standard(s)	Governance, Leadership and Accountability

Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Commissioning Intentions	The Committee's overarching role is to ensure its Commissioning Strategy for Emergency Ambulance Services utilising the five step patient pathway outlined within the National Collaborative Commissioning Quality and Delivery Agreement and the related outcomes for each care standard aligned with the Institute of Healthcare Improvement's (IHI) 'Quadruple Aim' are being progressed.
Link to Main WBFG Act Objective	Commitment to corporate social responsibility and improving health & social equity, work with our staff, partners and communities to build strong local relationships and solid foundations of the past

5. RECOMMENDATIONS

- 5.1 The Audit and Risk Committee is asked to:
- **ENDORSE** the EASC Risk Register (Appendix 1)
 - **ENDORSE** the NCCU Risk Register (Appendix 2)
 - **NOTE** the EASC Action Plan (Appendix 3).

EASC RISK REGISTER

Datix ID	Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date
4260	Chief Ambulance Services Commissioner	Set the Strategic Commissioning direction	Failure to produce an agreed Commissioning Frameworks and Commissioning Intentions	<p>IF: There is a failure to produce and agree Commissioning Frameworks and commissioning intentions</p> <p>Then: The commissioned providers would not be clear regarding expectations for the quality, effectiveness and efficiency of services within an agreed financial plan.</p> <p>Resulting in: Lack of clarity in the direction of the commissioned organisations (WAST and EMRTS)</p>	<ul style="list-style-type: none"> Ensuring a programme approach to developing commissioning frameworks for delivery with focus on monitoring progress through the EASC Sub Groups Commissioning Intentions collaboratively developed and agreed with quarterly updates to be provided Forward look developed for all EASC Sub Groups including receiving progress on the deliverables within the plans Regular reporting of the Commissioning Update from EASC Sub Groups to the EAS Joint Committee on progress Commitment from the EASC for commissioning cycles EMS Commissioning Framework refreshed Local integrated commissioning action plans developed by HBs and WAST, process supported by EASC Team 	EASC Commissioning Cycle in place to set out the process and timeline for the development of Commissioning Intentions and Commissioning Frameworks; Commissioning Intentions agreed for EMS, NEPTS and EMRTS monitored at each EASC Management Group (bi-monthly) meeting and with quarterly updates to EASC; Commissioning Frameworks enacted for all commissioned services, Refreshed Emergency Ambulance Services Commissioning Framework agreed at September EASC meeting	<ul style="list-style-type: none"> EASC Commissioning Cycle EASC Commissioning Intentions Commissioning Frameworks – reported to EASC every meeting (quarterly information) Minutes of EASC Sub Group meetings monitoring progress against plans Quarterly updates against EASC IMTP and Commissioning Intentions 	4x1 = 4	CXL 4x1=4	↔	01/08/2020	Reviewed 9 Jan 2023 Next review August 2023
4502	Chief Ambulance Services Commissioner	Meet the Ministerial direction to produce an EASC IMTP	Failure to develop an agreed EASC IMTP for endorsement by the Joint Committee seeking approval from the Welsh Government	<p>IF: There is no agreement for the EASC IMTP</p> <p>Then: The Commissioning Frameworks and Commissioning Intentions would not be supported</p> <p>Resulting in: Lack of clarity in the direction of the commissioned organisations (WAST and EMRTS)</p>	<ul style="list-style-type: none"> CASC Quality and Delivery meeting held monthly to discuss quality and performance matters Detailed work to deliver EASC IMTP overseen by EASC Management Group EASC IMTP (2022 to 2025) approved by EASC (March 2022) EASC IMTP Quarterly update reports via EASC Commissioning Update reports to EASC CASC IQPD (Integrated Quality and Performance Delivery) meeting with Welsh Government bi-monthly CASC meetings with Welsh Government planning department EASC IMTP 2022-25 confirmed as acceptable (with accountability conditions) by Welsh Government with quarterly updates in-year 	EASC IMTP recently confirmed as acceptable by WG (with accountability conditions); Quarterly updates now to be provided;	<ul style="list-style-type: none"> Consistency between EASC IMTP with WAST IMTP and also with Health Boards Letter of support received from the Welsh Government with accountability conditions EASC Approval of the plan and WG confirmation Quarterly IMTP updates to EASC and its sub groups 	4x1=4	CXL 4x1= 4	↔	01/08/2020	Reviewed 9 Jan 2023 Next review August 2023
4503	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to deliver the Ministerial direction that EASC effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers	<p>IF: The EASC fail to plan and secure services and maintain effective collaborative relationships with providers</p> <p>Then: The purpose and effectiveness of the EAS Joint Committee would not be met</p> <p>Resulting in: Potential Ministerial and Welsh Government intervention</p>	<ul style="list-style-type: none"> Agreed collaborative commissioning methodology Review and refine commissioning arrangements and refresh Commissioning Frameworks Effective function of the EASC Joint Committee Independent Chair Effective governance arrangements in place CASC and Welsh Government IQPD meetings (bi-monthly) Minister meets with the Chair and CASC quarterly Meet regularly with providers to ensure continued development of open and transparent relationship Model Standing Orders agreed for EASC July 2021 Special meeting of EASC with Minister and clear expectations received Ministerial Summit meeting on Handover Improvement plans (as a result of increasing numbers of hours lost) 	<ul style="list-style-type: none"> Commissioning framework and monitoring at EASC and its sub groups Annual Governance Statement produced Monitoring of EASC IMTP at EASC and sub groups Review and refine governance arrangements Maintaining close working and collaborative relationships during unprecedented system pressures EASC action plan for Ministerial priorities and monthly monitoring return commitment including Integrated Commissioning Action Plans 	<ul style="list-style-type: none"> Internal and external audit Welsh Government EASC Committee members Annual Governance Statement Strategic Commissioning intentions and Commissioning Frameworks Continued engagement with the commissioning process and EASC Governance EASC Action Plan with monthly update to the Minister and review Chair's appraisal letter with Minister ICAP meeting implementation plan 	5x3=15	CXL 5x1=5	↑	01/08/2020	Reviewed 9 Jan 2023 Next review April 2023
4504	Chief Ambulance Services Commissioner	Outcome measurement	Failure to respond to requirements identified within commissioned work related to the ambulance services	<p>IF: Work commissioned is failed to be acted upon</p> <p>Then: risks and issues identified will not be acted upon and implemented</p> <p>Resulting in: a missed opportunity to improve services for patients leading to harm</p>	<ul style="list-style-type: none"> Forward plan (Annual Business Plan) for EASC and all sub groups Development of action plans which are received, endorsed and approved by the EASC for action Action log for EASC and all sub groups Regular review of Ambulance Service Indicators with dedicated group jointly chaired with WAST Commissioning intentions - including measurement across the system Commissioner request for system wide measures Ongoing refresh of the Commissioning Frameworks 	<ul style="list-style-type: none"> Governance and planning for EASC and all sub groups and supporting meetings Reviews of the commissioning frameworks EASC Action Plan and monthly monitoring return commitment 	<ul style="list-style-type: none"> Amber Review ORH Report D&C EMS Emergency Ambulances Framework - updated Sept 2022 McClelland Review of Welsh Ambulance Services (2013) Internal and external audit CASC IQPD meeting with Welsh Government Annual Governance Statement 	4x3=12	CXL 4 x2 = 8	↑	01/08/2020	Reviewed 9 Jan 2023 Next review April 2023

EASC RISK REGISTER

Datix ID	Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date
4505	Chief Ambulance Services Commissioner	Ministerial direction	Failure to achieve the agreed Chair's objectives with the Minister	<p>IF: The agreed Chair's objectives with the Minister are not delivered</p> <p>Then: Then the confidence of the Minister will be potentially compromised</p> <p>Resulting in: The Minister not being assured that necessary progress has been made in the commissioning of ambulance services and the wider connections to unscheduled care services in Wales</p>	<ul style="list-style-type: none"> Regular meetings with the EASC team to discuss any issues as well as quality issues and the development of improved reporting arrangements Cross reference to the work to deliver the Six Goals for Urgent and Emergency Care Programme and particularly Goal 4 	<ul style="list-style-type: none"> Commissioner support for commissioning EASC Commissioning intentions Refresh Commissioning Frameworks EASC IMTP Focus on' sessions at EASC to discuss wider system issues 	<ul style="list-style-type: none"> Minister's response following Chair's appraisal Six Goals for Urgent and Emergency Care Programme delivery particularly Goal 4 Updated objectives for Chair received 	3x2=6	CXL 3 x2 = 6	↔	01/08/2020	Reviewed 9 Jan 2023 Next review October 2023
4506	Chief Ambulance Services Commissioner	Securing safe ambulance services	Failure to achieve agreed performance standard for category red calls which is 65% of calls responded to within 8 minutes	<p>IF: The red performance level is less than 65% response rate within 8 minutes across Wales as a whole on a monthly basis</p> <p>Then: The core target will be missed</p> <p>Resulting in: Unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p>	<ul style="list-style-type: none"> The necessary resources secured in the EASC IMTP Performance monitoring on a daily basis and month to date position Bi monthly CASC IQPD meetings with Welsh Government 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 EASC meeting Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored Quality and Safety Report presented at every EASC meeting Commissioner element of EMS Demand and Capacity plan for additional staff supported; 	<ul style="list-style-type: none"> Delivery of EASC IMTP and WAST IMTP Implementation of the commissioning intentions through the commissioning agreement Role of the EASC Management Group to provide oversight on operational performance Development of WAST performance improvement plan EASC Action Plan includes detailed clinical review of red incidents to understand clinical need of patients to assess improvement opportunities 	<ul style="list-style-type: none"> Ambulance Service Indicators Daily weekly and monthly performance reports Remedial Action plans (if required) Specific targeted actions as required Commissioner Ambulance Availability Taskforce Implementation of the Demand and Capacity Review Commissioner EASC Action Plan including monthly submission and review CASC liaison with Chief Operating Officers Additional £3m investment in year to support front line services which will also support the commencement of the Cymru High Acuity Response Unit (CHARU) 	5x5=25	CXL 4x3= 12	↔	Aug-20	Reviewed 9 Jan 2023 Next review April 2023
4507	Chief Ambulance Services Commissioner	Securing safe ambulance services	Failure to achieve agreed performance for amber category calls	<p>IF: The average and longest times for amber incidents do not reduce</p> <p>Then: Patients will not receive the care they need in a timely manner</p> <p>Resulting in: unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p>	<ul style="list-style-type: none"> The necessary resources secured in the EASC IMTP/ Annual Plan performance monitoring on a daily basis and month to date position CASC Monthly quality and delivery meetings with WAST Bi monthly CASC Quality and Delivery meeting with Welsh Government 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 and implementation being monitored Quality and Safety Report presented at every EASC meeting Weekly dashboard shared across NHS Wales – sent to all EASC members and key senior NHS staff 	<ul style="list-style-type: none"> EASC IMTP accepted with accountability conditions awaiting outcome of WAST IMTP Implementation of the commissioning intentions through the commissioning agreement Role of the EASC Management 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 EASC Action plan includes detailed clinical review of amber incidents to understand clinical need of patients to assess improvement opportunities 	<ul style="list-style-type: none"> Ambulance Service Indicators Daily weekly and monthly performance reports Remedial Action plans (if required) Specific targeted actions as required Commissioner Ambulance Availability Taskforce Implementation of the Demand and Capacity Review EASC Action Plan for Minister including monthly submission and review CASC liaison with Chief Operating Officers (multiple arenas) 	5x5=25	CXL 4x3= 12	↔	Aug-20	Reviewed 9 Jan 2023 Next review April 2023
4653	Chief Ambulance Services Commissioner	Set the Strategic Commissioning Direction	Failure by the whole system, policy makers, commissioners and providers to utilise EASC in matters which relate to its areas of responsibility during times of escalation	<p>IF: The system does not utilise the arrangements in place at EASC</p> <p>Then: The governance and purpose of EASC will be undermined</p> <p>Resulting in: a lack of consistency, duplication of services and resources, poor governance and non compliance with the Statutory Instrument leading to unnecessary system pressures</p>	<ul style="list-style-type: none"> Accountable officers of health boards are members of EASC Memorandum of understanding and commitment from all EASC members Sharing information on service developments Alignment to the 6 Goals for Urgent and Emergency Care Programme Board Model Standing Orders agreed and reviewed annually Commissioning Frameworks reviewed 	<ul style="list-style-type: none"> Collaborative commissioning agreements EASC Management group representing all organisations Aligning EASC IMTP with WAST and Health board IMTPs CASC meeting with Welsh Government planners CASC IQPD meeting with Welsh Government CASC Quality and Delivery meeting with WAST Chair of EASC and CASC meetings with Health Boards CASC Member of NHS Leadership Board 	<ul style="list-style-type: none"> Memorandum of understanding Independent Chair Governance arrangements Commitment to collaborative nature of working External audit Welsh Government and Commissioner support for EASC EASC Action Plan EASC Standing orders and Standing Financial Instructions 	4x2 =8	CXL 4x1= 4	↔	Aug-20	Reviewed 9 Jan 2023 Next review April 2023

EASC RISK REGISTER

Datix ID	Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date
5005	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation	<p>IF: Commissioning actions are not taken to manage patient safety and minimise clinical risks</p> <p>Then: Patients are more likely to come to harm</p> <p>Resulting in: poorer patient outcomes and patient experience, increased SAIs, litigation and reputational damage</p>	<ul style="list-style-type: none"> •Discussion at EASC Committee •Discussion at EASC Management Group •CASC 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 received at every EASC meeting 	<ul style="list-style-type: none"> •Joint escalation plan developed and approved at NHS Leadership Board (not yet actioned) •Commissioning Operational Delivery Unit (not yet actioned) to avoid unilateral WAST decision-making •Provide necessary funding to WAST 	<ul style="list-style-type: none"> •WAST Equality Impact Assessment (to be completed) •Commitment to collaborative nature of working and implementation of system-wide escalation policy •Ongoing discussions around system-wide escalation •EASC Management Group agreed to set up two task and finish groups 1. Response to Healthcare Inspectorate Wales review related to handover delays 2. Appendix B 	5x4 = 20	CXL 5x1 = 5	↑	Dec-21	Reviewed 9 Jan 2023 Next review April 2023
5006	Chief Ambulance Services Commissioner	Outcome measurement	Failure to receive timely and quality assured information for publication as a result of the transition to new information systems (ECNS, ePCR)	<p>IF: Timely and quality assured data is not provided</p> <p>Then: EASC will be unable to publish data or assure itself of the quality of service provision</p> <p>Resulting in: a lack of consistency and public confidence, duplication of services and resources, poor governance and non compliance with reporting requirements set out in the commissioning framework</p>	<ul style="list-style-type: none"> •Regular meetings with the project team to discuss any issues as well as with the clinical audit team around the development of reporting arrangements •Weekly dashboard shared across NHS Wales – sent to all EASC members and key senior NHS staff 	<ul style="list-style-type: none"> •Provide oversight on operational performance •Implementation plans for new information systems (ECNS, ePCR) 	<ul style="list-style-type: none"> •Ambulance Service Indicators •Daily weekly and monthly performance reports •Remedial Action plans (if required) •Specific targeted actions as required •Ambulance Service Indicator Group meetings 	3x3 = 9	CXL 3x2 = 6	↓	Dec-21	Reviewed 9 Jan 2023 Next review April 2023
	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to secure sufficient ambulance capacity to meet the needs of the population	<p>IF: sufficient ambulance capacity is not available</p> <p>Then: organisational and clinical safety levels level of escalation will be higher and for longer durations within the clinical safety plan and patients will not receive a response</p> <p>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.</p> <p>Lack of compliance with statutory requirements for EASC.</p>	<ul style="list-style-type: none"> •The necessary resources secured in the EASC IMTP performance monitoring on a daily basis and month to date position •Bi monthly CASC IQPD meetings with Welsh Government •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 EASC meeting 	<ul style="list-style-type: none"> •Delivery of EASC IMTP and WAST IMTP •Implementation of the commissioning intentions through the commissioning agreement •Role of the EASC Management Group to provide oversight on quality and safety •Development of WAST performance improvement plan •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 	<ul style="list-style-type: none"> •Ambulance Service Indicators •Daily weekly and monthly performance reports •Remedial Action plans (if required) •Implementation of the Demand and Capacity Review Commissioner •EASC Action Plan including monthly submission and review •CASC liaison with Chief Operating Officers •Additional £3m investment in year to support front line services which will also support the commencement of the Cymru High Acuity Response Unit (CHARU) •EASC receive a quality and safety report at each meeting 	5x5 = 25	CXL5x2=10	New	Jan-23	Developed on 9 Jan 2023 Next review April 2023

Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date
Managing Director NCCU	Meet the planning guidance and produce an NCCU Annual Business Plan	Failure to develop an agreed NCCU Annual Business Plan for endorsement by the Management Board	IF: There is no agreement for the NCCU Annual Business Plan Then: The work of the NCCU would not be supported Resulting in: Lack of clarity in the direction of the commissioned organisations	Regular meetings with HBs Regular meetings with WG Regular meetings with Shared Services Regular meetings with WHSSC Detailed work to deliver NCCU Annual Business Plan overseen by the Management Board NCCU ABP approved by Management Board Managing Director meetings with Welsh Government planning department	Agreed timescales with Management Board for the development of the draft NCCU Annual Business Plan, now agreed	Consistency between NCCU ABP and HB, WHSSC and Shared Services IMTPs Letter of support from the Welsh Government Management Board approval of the plan Bi-monthly ABP progress updates to Management Board	4x1=4	CXL 4x1= 4		01/06/2022	01/06/2023
Managing Director NCCU	Effective Commissioning	Failure to deliver the Ministerial direction and HB requirements that the NCCU effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers	IF: The NCCU fail to plan and secure services and maintain effective collaborative relationships with providers Then: The purpose and effectiveness of the NCCU Management Board would not be met Resulting in: Potential Ministerial and Welsh Government intervention	Agreed collaborative commissioning methodology Review and refine commissioning arrangements and refresh commissioning and procurement frameworks Undertake quality assurance visits and reviews Effective function of the NCCU Management Board Effective governance arrangements in place Meet regularly with providers to ensure continued development of open and transparent relationship	Commissioning and procurement frameworks and monitoring arrangements; Monitoring of NCCU Annual Business Plan at Management Board Review and refine governance arrangements; Maintaining close working and collaborative relationships during unprecedented system pressures;	Internal and external audit Welsh Government Management Board members Commissioning and procurement frameworks Continued engagement with the commissioning process	5x2=10	CXL 5x1=5		01/06/2022	01/06/2023
Managing Director NCCU	Outcome measurement	Failure to respond to requirements identified within commissioned work related to Mental Health, CAMHS and Learning Disabilities services	IF: Work commissioned is failed to be acted upon Then: Risks and issues identified will not be acted upon and implemented Resulting in: A missed opportunity to improve services for mental health, CAMHS and LD patients	Reviews and annual visits for all providers Undertake bespoke reviews Implement escalation policy if necessary Forward plan (Annual Business Plan) for Management Board; Action log for Management Board and all sub groups Regular review of key performance indicators Refresh of commissioning and procurement frameworks	Governance and planning for Management Board Review of commissioning and procurement frameworks Review of inspection and review visits Quarterly meetings with HBs and WHSSC Regular meetings with WG Commissioner action plan and monthly monitoring return commitment	Commissioning and procurement framework review programme Internal and external audit Inspection visits Escalation and de-escalation of providers	3x2=6	CXL 3x1=3		01/06/2022	01/06/2023
Managing Director NCCU	Provider performance	Failure to identify poor performing service providers	IF: The required standards of service/level performance are not achieved Then: The patients will receive inadequate care Resulting in: Potential harm and the long term exacerbation of mental health issues for patients	Agreed commissioning and procurement frameworks Regular audits and reviews Escalation framework Inspection mechanisms Real time feedback Protocols for moving patients to different providers	Compliance with agreed protocols and processes Annual visit Audits and spot checks undertaken Oversight of escalation	Annual Position Statement Safety and performance Indicators (CCAPS) Quarterly meetings with HBs, WHSSC and Shared Services Annual attendance at CTM UHB Quality & Safety Committee Link to lead Chief Executive Officer lead for MH Link to WG	4x2=8	CXL 4x1=4		01/06/2022	01/06/2023
Managing Director NCCU	Undertake regular reviews of commissioning and procurement frameworks	Failure to undertake regular reviews will result in out of date frameworks and non-compliance with procurement strategies	IF: Frameworks aren't reviews regularly Then: Frameworks will become out of date and non-compliant Resulting in: Poor standards of patient care, value for money and legal challenges	Work with Shared Services to review commissioning and procurement frameworks in line with agreed timescales	Tried and tested review mechanisms followed Programme management approach adopted to ensure timescales are delivered Collaborative working between NCCU and Shared Services Procurement Division Liaison with HBs and service providers	Memoranda of understanding Compliance with procurement processes Approval through Shared Services governance Internal and external audit; Healthcare Inspectorate Wales (HIW) and WG	4x1=4	CXL 4x1=4		01/06/2022	01/06/2023
Managing Director NCCU	Effective commissioning	Failure to take appropriate actions to support the providers in their management of patient safety and to minimise clinical risk	IF: 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	Discussion at Management Board Quarterly meetings with all HBs, WHSSC and Shared Services Annual Report to CTM UHB Quality & Safety Committee Annual Position Statement	Escalation and suspension protocols for providers Protocol to move patients between providers	Reports for each service provider Safety reports generated through CCAPS Annual Position Statement	3x2=6	CXL 3x1=3		01/06/2022	01/06/2023

Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date
Managing Director NCCU	Outcome measurement	Failure to receive timely and quality assured information	<p>IF: Timely and quality assured data is not provided</p> <p>Then: The QAIS / NCCU will be unable to assure itself of the quality of service provision</p> <p>Resulting in: Providers being on commissioning and procurement frameworks while unable to deliver the required standards of patient care</p>	<p>CCAPS real time information system in place;</p> <p>Audit checks undertaken as part of annual inspection visits;</p> <p>Agreement with DHCW to manage the CCAPS system</p> <p>Weekly dashboard of management information developed and shared</p>	<p>Data requirements included in commissioning and procurement frameworks;</p> <p>CCAPS system regularly reviewed and updated;</p> <p>Regular reports generated for HBs, senior managers and providers</p>	<p>Annual Report;</p> <p>Keepig daily, weekly, monthly performance reports;</p> <p>Remedial Action plans (if required);</p> <p>Specific targeted actions as required</p>	3x2=6	CXL 3x1=3		01/06/2022	01/06/2023



Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee

nittee: Action Plan

the Welsh Ambulance Services NHS Trust Ambulance Service on both a daily
times worksheet to meet the legal accessibility regulations. It is intended to be
by the Welsh Ambulance Services NHS Trust Health Informatics Department prior to submission.



Uned Gomisiynu Gydweithredol Genedlaethol
GWASANAETHAU DIGIDOL
DIGITAL SERVICES
National Collaborative Commissioning Unit

Also included is the Emergency Ambulance Services Committee action plan

Source

Welsh Ambulance Services NHS Trust Qlik Management Information
Welsh Ambulance Services EMS Performance Tracker

Caveats

- * Data is correct at time of collection
- * Area and Dates Covered: All Wales for date period
- * For information relating to Incidents - the patients local health board has been used to determine the national figure
- * For information relating to hospital handovers and hospital lost hours - the hospital attended has been used to determine the national figure

Disclaimer

The information presented has been prepared using sources believed by the National Collaborative Commissioning Unit to be reliable and accurate. It must be used as management information only unless otherwise stated and is not for public release.

Contact details

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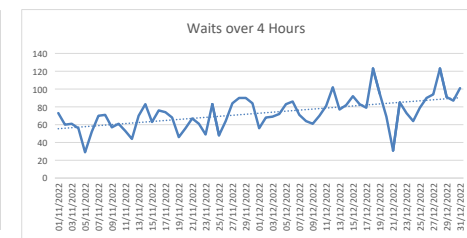
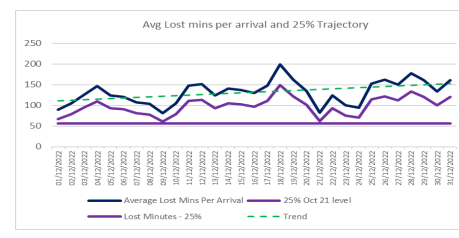
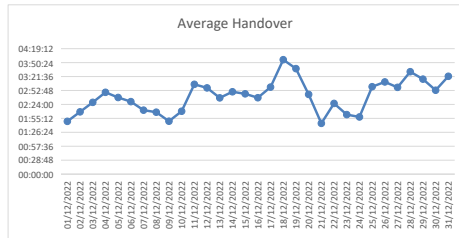
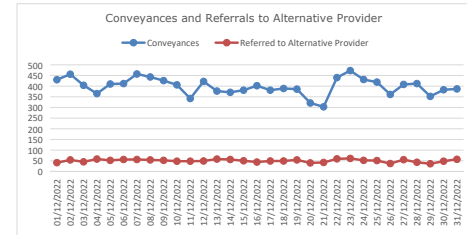
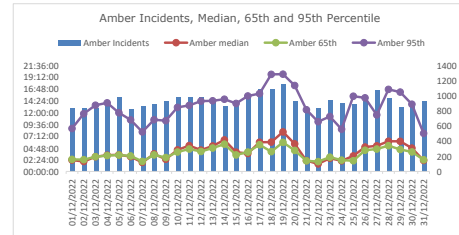
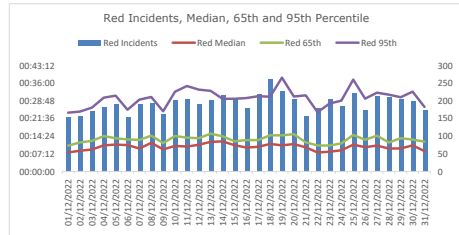
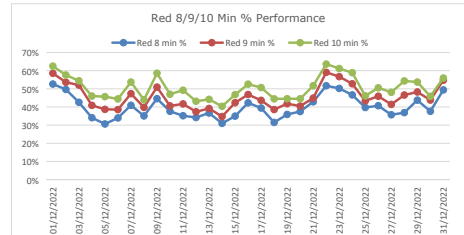
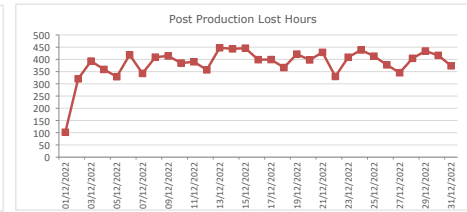
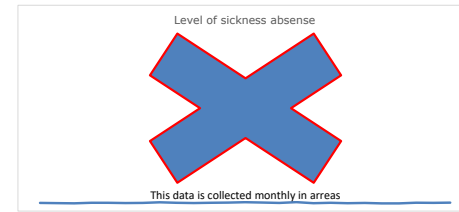
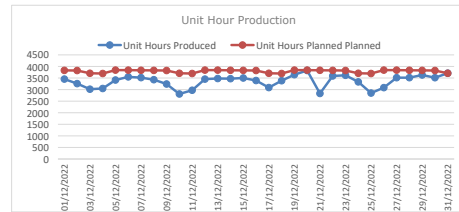
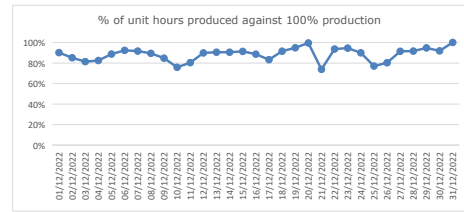
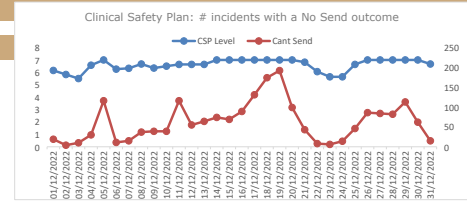
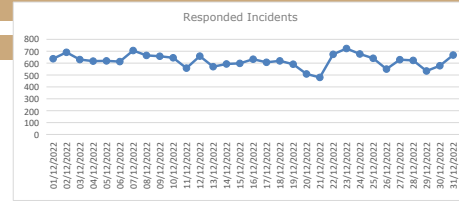
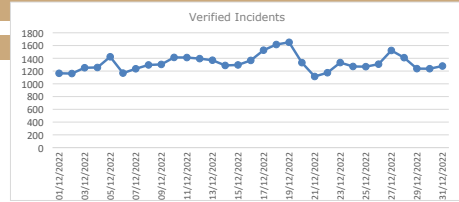
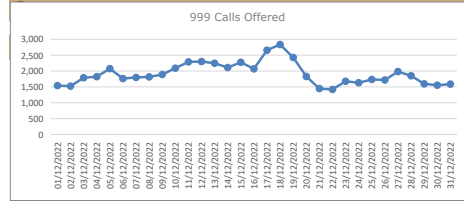
Table of contents

Worksheet name	Worksheet description	Date this data was first published	Next publication date	Source
Action Plan	EASC Action Plan	Friday, August 05, 2022	Wednesday, January 05, 2022	Emergency Ambulance Services Committee Local Health Boards
Wales_Overview_Daily	Welsh Ambulance Services NHS Trust: National Daily view (1 month)	Friday, August 05, 2022	Wednesday, January 05, 2022	Welsh Ambulance Services NHS Trust
Wales_Overview_12month	Welsh Ambulance Services NHS Trust: National 12-month overview	Friday, August 05, 2022	Wednesday, January 05, 2022	Welsh Ambulance Services NHS Trust

Welsh Ambulance Services NHS Trust: National Daily view (1 month)

Please note: the current months data is updated following the WAST data upload at 10:30am

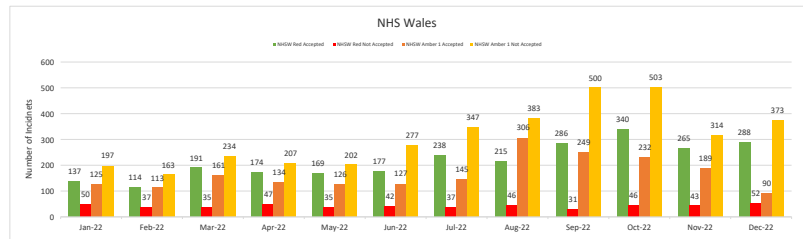
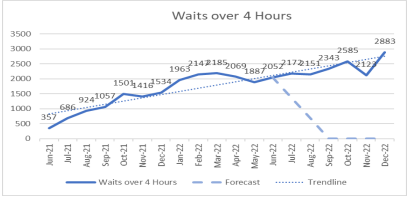
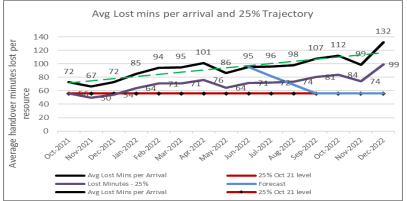
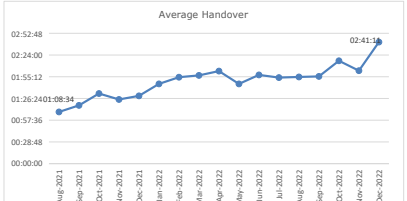
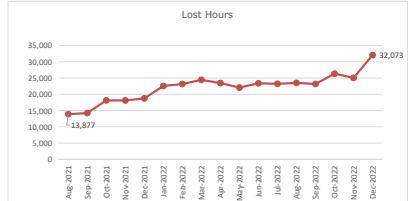
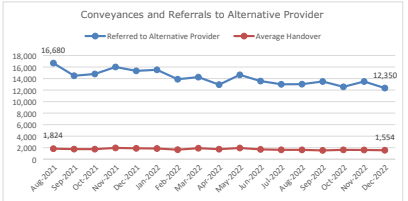
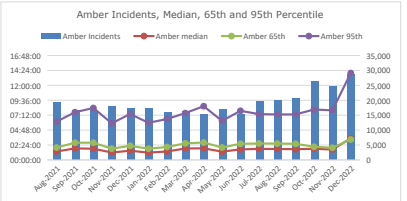
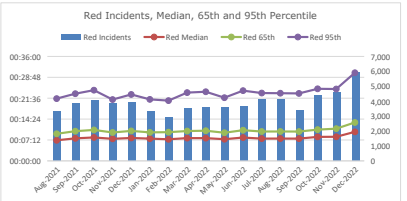
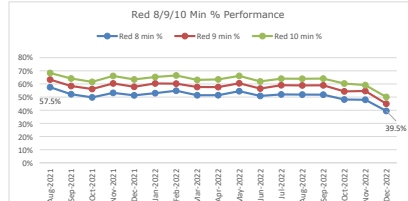
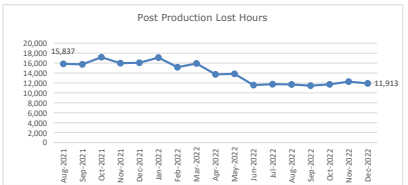
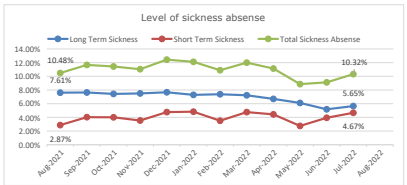
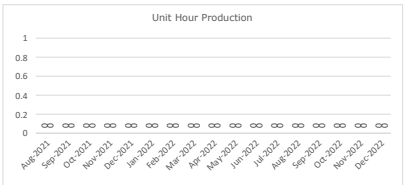
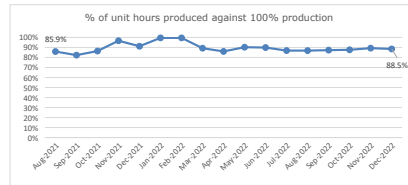
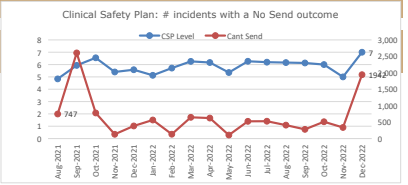
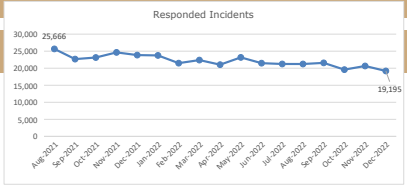
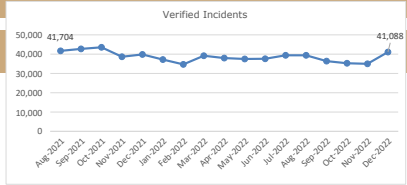
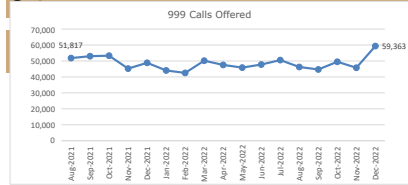
Demand Capacity



Welsh Ambulance Services NHS Trust: National 12-month overview

Please note: the current months data will always be lower than previous months as the data builds over the month

Demand Capacity





Report Title	PET Scanner Progress Report	Agenda Item	4.5		
Meeting Title	Audit & Risk Committee	Meeting Date	13/02/2023		
FOI Status	Public				
Author	All Wales PET Programme Lead				
Executive Lead	Director of Finance				
Purpose of the Report	To update the Audit and Risk Committee (ARC) on progress to implement the recommendations from the Internal Audit Report on the Positron Emission Tomography (PET) Scanner Programme.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s):

Members are asked to:

- **Note** the progress made by the PET Programme Office (PMO) at WHSSC in implementing the Internal Audit Report recommendations.

ALL WALES PET PROGRAMME PROGRESS REPORT

1.0 SITUATION

To update the Audit and Risk Committee (ARC) on progress to implement the recommendations from the Internal Audit Report on the Positron Emission Tomography (PET) Scanner Programme.

2.0 BACKGROUND

WHSSC commissions PET scanning as a specialist service. The issues facing the Welsh PET service are longstanding and were first described in several strategic documents published in 2018^{1,2}. Consequently, the All Wales PET Advisory Board (AWPET) wrote to Welsh Government (WG) with a series of key recommendations³. In response, WG asked WHSSC to host and manage a Strategic Programme of work to review the issues facing PET delivery in Wales, such as numbers of scanners, workforce, radiopharmaceutical supply and research.

The output of this Strategic Programme was a national Programme Business Case (PBC) (May 2021). The PBC recommended that four new fixed, digital PET scanners should be put in place across Wales in a phased manner over the next five years.

Following WG scrutiny and receipt of support from all Health Boards (HBs) and Velindre University NHS Trust, Ministers endorsed the £25M capital All Wales PET PBC on the 25th August 2021. Due to the success of the Programme, the Director General/CEO NHS Wales issued a second mandate⁴ (October 2021) requesting that WHSSC take on responsibility for the All Wales PET Programme implementation phase. The Implementation Programme structure is outlined in **Figure 1** below.

In line with WG capital programme development, assurance and scrutiny processes, the PET Programme was subject to a Programme Assessment Review (PAR) in June 2021. The PAR was organised by the WG Integrated Assurance Team and involved several external, programme expert reviewers. The PAR assessed the likely deliverability of the Programme and made several recommendations. All actions associated with this assurance review are closed. In line with due process, the Programme underwent an internal audit assessment between October and December 2021. A final report was issued in January 2022. The recommendations of the internal audit report reflected the stage of the

¹ Welsh Government, Imaging Statement of Intent (Mar 2018)

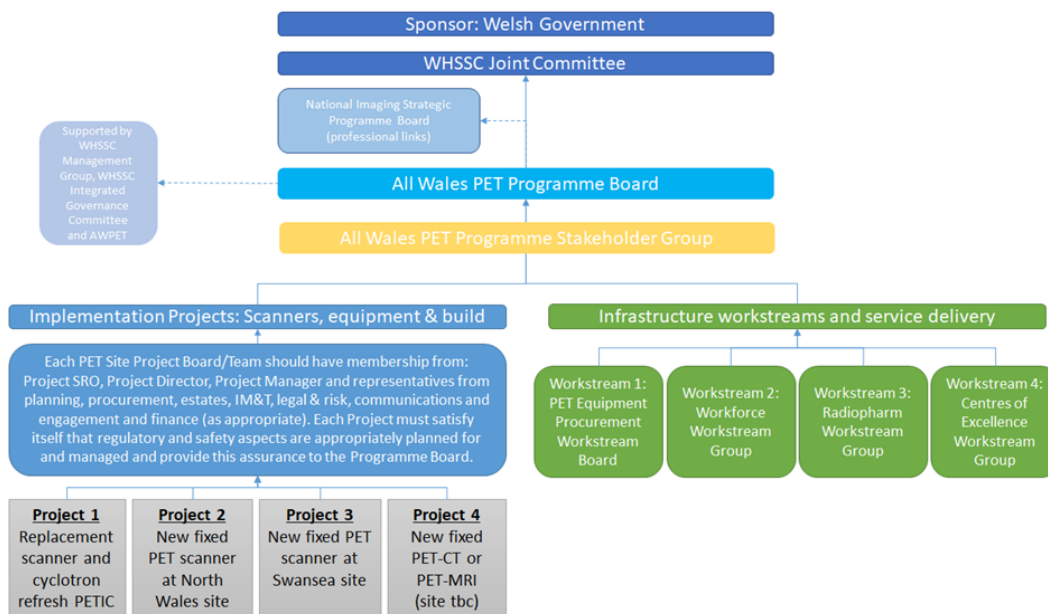
² Auditor General for Wales (Wales Audit Office), Radiology Services in Wales (Nov 2018)

³ All Wales PET Advisory Group (AWPET) and the Welsh Scientific Advisory Committee (WSAC), Positron Emission Tomography (PET) in Wales - Overview and Strategic Recommendations (Nov 2018)

⁴ Goodall, A. 2021. Letter to Sian Lewis. 28 October

Programme at that time, i.e. in a phase of transition between development and implementation.

Figure 1. Programme structure to deliver the organisational accountability



This Programme is the first time a national capital programme of work had been set-up in this way. As such, the All Wales PET Programme approach was a “first” for WG, WHSSC and HBs. As a result, some aspects took longer to set up than originally anticipated, for example defining the role and function of the Programme Board. This led to a delay in launching the Programme Board as a formal group (May 2022). The Programme Board first met in July 2022 and will continue to meet on a bi-monthly basis for the duration of the Programme. Furthermore, at the time of the audit, resource was limited to one fixed-term Programme Manager (funded until March 2022) managing the entire programme. This inevitably led to a small delay to setting up the Programme.

A separate detailed business case was approved by WG in April 2022 to fund a small PMO of 3.5 WTE staff based at WHSSC to run the Programme. The team now has considerable resilience with 3.5 WTE staff now in post:

- 1.0 WTE Band 8b Programme Lead,
- 0.5 WTE Band 4 Project Support (appointed March 2022),
- 1.0 WTE Band 8a Programme Manager (appointed August 2022), and
- 1.0 WTE Band 5 Assistant Project Manager (appointed January 2023).

3.0 ASSESSMENT

There are some important considerations and context for the internal audit recommendations:

- The recommendations relate to a Programme structure that oversees Projects at HBs i.e. it does not hold responsibility for clinical or financial aspects of a service, and
- The internal audit was auditing a 'Programme', not the PET service.

3.1 Summary of Internal Audit Recommendations

The internal audit report made 15 recommendations. The status of the actions relating to these recommendations are:

- 11 recommendations were achieved and marked as complete in December 2022.
- 2 recommendations were removed from the register in December 2022 as they are managed through other mechanisms within the Programme:
 - **Action 6b** relates to crossover between Projects and Workstreams, and assurances around Project Plans and Workstream deliverables. The PMO is fully resourced, and this is part of the business as usual (and ongoing) function of the PMO.
 - **Action 8a** is related to costed risk registers. The requirement for "costed" risks has been communicated to each Project Team, and discussions on practicalities have concluded. Feedback from the Project Manager at each PET site is that it is incredibly difficult to cost all risks at early stages of business case writing. However, the Programme Board will be accepting costed risks, when practicable.
- In August 2022, 2 recommendations were noted as past their planned due dates, which were revised to September 2022. These actions are now noted as closed and we propose that they are also moved to the archive as they are managed through other mechanisms within the Programme:
 - **Actions 5 & 6a** are noted as complete. These actions describe a critical path and workstream schedule of deliverables. Delays in receiving all Project Plans from HBs meant that this piece of work was not achievable within the original timeframe. However, considerable local site progress has now been made across all Projects and Workstreams, with a draft Programme Plan and a critical path log in place. Programme Board scrutiny of progress (and any slippage) of HB Projects and Workstreams is occurring via the bi-monthly Highlight Reporting.

A summary of the overall position to date and details of progress made on the outstanding recommendations is presented at **Appendix 1**. For assurance, the PMO continue to review and maintain focus on the actions resulting from the audit and will continue to do so. This can be noted in the further updates within the attached Audit Recommendations Progress Tracker in **Appendix 1**.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the progress made by the PET Programme Office (PMO) at WHSSC in implementing the Internal Audit Report recommendations.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	None
Health and Care Standards	Governance, Leadership and Accountability Effective Care
Principles of Prudent Healthcare	Public and professionals are equal partners through co-production
NHS Delivery Framework Quadruple Aim	Reducing the per capita cost of health care Improving Patient Experience (including quality and Satisfaction)
Organisational Implications	
Quality, Safety & Patient Experience	There are no direct impacts arising from this report. A strong governance framework as assessed by Internal Audit reports is essential to ensuring patients experience the greatest possible levels of safety and quality in the services commissioned by WHSSC. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Finance/Resource Implications	There are no direct impacts arising from this report.
Population Health	-
Legal Implications (including equality & diversity, socio economic duty etc)	There may be an adverse effect on the organisation if arrangements are not put in place to ensure robust and detailed governance arrangements as determined through internal audit assessment.
Long Term Implications (incl WCFG Act 2015)	Ensuring a robust governance framework as documented and supported by Internal Audit will have a positive impact on the commissioning of specialised services.
Report History (Meeting/Date/ Summary of Outcome)	CDGB – supported.
Appendices	Appendix 1 – Audit Recommendations Tracker PET Scanner Programme

Welsh Health Specialised Services Committee
 Register of Recommendations from the Internal Audit Report on the Positron Emission Tomography Scanner Programme

Jan-23

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed	RAG status
IA PET 2022 5	We noted WHSSC responsibility for programme delivery, and the associated need for clear accountabilities. There is an associated need therefore for the programme plan to include relevant assurances from delivery partners at such milestones e.g. of defined governance; resourced project plans (to fit the agreed programme); Service Level Agreements; procurement strategy; sign-off of procurement specifications; design sign-off (room data sheets etc); costings to approved budgets; recruitment; and commissioning arrangements etc. Milestones should therefore provide appropriate assurances to the PET Programme Board at defined points within the programme.	Milestones included at the programme plan should include key confirmations by delivery partners. The risks are • The programme is not optimally progressed. • Time, cost or quality delivery are impacted.	MEDIUM	Sep-22	Managing Director	PET Programme Manager	We will ensure that a Critical Path is clearly articulated in the Programme Plan and that it is updated when Project Plans are written/amended, seeking confirmation that key milestones are delivered.	ONGOING This action has been delayed while awaiting Health Board Project plans and timelines to feed into the critical path. Project plans for two of the three projects are in place. Workstreams are set-up, however detailed plans are required for these. Update to August ARC: Programme plan is in draft. Shifted date from July to September Programme Board. Update to October ARC: Due to work continuing from HealthBoard Project Plans and Workstream Plans, the overarching Programme Plan remains in draft. Plan is to finalise at the November Board. Satisfactory progress continues on all fronts. Update to January ARC: The Programme Plan, which consists of all Project and Workstream Plans and Benefits Realisation Plans is complete. Progress against these plans is being actively monitored and recorded by the PMO. Progress from all delivery partners is reviewed and discussed at each Programme Board, which meets bi-monthly. Critically, key milestones are included in the Programme Plan - for instance All Wales PET scanner procurement, review of Project business cases. Please note that milestones such as "design sign-off (room sheets etc)" is not appropriate to be reviewed at Programme Board and instead, responsibility lies with the Project Boards, with routes for escalation of issues clear within ToRs of groups. **PROPOSE AS: CLOSED - TO BE MANAGED AS PART OF PROGRAMME FUNCTION**	
IA PET 2022 6a	Programme governance documentation indicated the intended operation of a number of sub-groups to drive the programme e.g., workstreams for: · Radiopharmaceuticals · Centres of Excellence · Workforce; and · Procurement To appropriately support on-time delivery, such support groups should have a schedule for deliverables co-ordinated with the programme. In turn, the Cardiff project included workstreams for: · Estates · Service Provision · IT, and · Governance, regulation, and contract To appropriately support on-time delivery, similarly, each project should also provide assurances that such workstreams have a schedule for deliverables co-ordinated with their project plan.	Where applicable, programme workstreams should have a schedule for deliverables co-ordinated with PET programme scrutiny dates to support overall delivery. There is a risk that Support group work outputs are not timely	MEDIUM	Sep-22	Managing Director	PET Programme Manager	We will ensure that all programme workstreams have a schedule for deliverables co-ordinated with PET programme scrutiny dates to support overall delivery.	ONGOING This action was delayed while awaiting Project plans and timelines to feed into the critical path. Project plans for 2 of the three projects are in place. Workstream planning is underway, with one of the four having met five times already. Programme plan, which is inclusive of the workstreams, is in draft and will be taken to the July Programme Board for comment. Update to August ARC: Programme plan is in draft. Shifted date from July to September Programme Board. Update to October ARC: Due to work continuing from HealthBoard Project Plans and Workstream Plans, the overarching Programme Plan remains in draft. Plan is to finalise at the November Board. Satisfactory progress continues on all fronts. Update to January ARC: Workstreams have been set-up in a phased manner, in line with needs of the Programme. Each Workstream has an appropriate level of schedules of deliverables. The Procurement Workstream is closely aligned with the requirements and milestones of Projects 2 & 3. The Workforce Workstream is in the process of aligning its work to the requirements of the Projects. The Critical Path aspect of the Radiopharmaceutical Workstream has been decoupled from the wider scope of the Workstream, to ensure deliverability to Projects 2&3. There are currently no identified critical path milestones identified for the Centres of Excellence Workstream. **PROPOSE AS: CLOSED - TO BE MANAGED AS PART OF PROGRAMME FUNCTION**	

No.	Findings
IA PET 2022 1	<p>Where PET scanners are currently in place, these are older analogue models. Indicative increased annual workforce costs for staffing an individual scanner were stated as follows: Minimum additional staffing costs £347,906 Maximum additional staffing costs £392,077</p> <p>Noting the above staffing requirement, there was therefore a need to develop viable models for delivery within the time frames of the project targets.</p> <p>A workforce group has been proposed to report to the PET Programme Board to address workforce issues. It had also been agreed that this body would report to the national Imaging Workforce & Education Group (IWEG), and that the Chair of this workstream will be the Head of Healthcare Sciences at Health Education Inspectorate Wales.</p> <p>While this matter is noted as important, it is not presently time critical for the phase of the programme.</p>
IA PET 2022 2a	<p>Both the project team (project 1), and PET Programme Board were stated to have responsibility for time and cost delivery (in their “draft” terms of reference). There was a need therefore to define the ability to mandate decisions at the Project Teams e.g., the PETIC project (project 1) involves a joint team of WHSSC & Cardiff & Vale UHB and also includes (non NHS) Cardiff University members. Its decisions may have time and cost implications for these parties. An external body cannot necessarily mandate such decisions or continue to hold them responsible for delivery to time and cost in such circumstances. There is therefore a need to obtain timely assurances and ratification of team / programme decisions from these bodies (e.g., Cardiff University at the Cardiff programme may ratify decisions from the prior meeting etc.). This would provide clarity as to ownership of project issues by the lead bodies, while still ensuring effective oversight.</p> <p>A Project / Programme Execution Plan (PEP) is recognised as best practice to document integrated governance controls. Such a project control reference can be updated as applicable during the programme lifecycle e.g., for delegated change control authorities and more general time, cost and risk reporting arrangements.</p>

IA PET 2022 2b	<p>Both the project team (project 1), and PET Programme Board were stated to have responsibility for time and cost delivery (in their “draft” terms of reference). There was a need therefore to define the ability to mandate decisions at the Project Teams e.g., the PETIC project (project 1) involves a joint team of WHSSC & Cardiff & Vale UHB and also includes (non NHS) Cardiff University members. Its decisions may have time and cost implications for these parties. An external body cannot necessarily mandate such decisions or continue to hold them responsible for delivery to time and cost in such circumstances. There is therefore a need to obtain timely assurances and ratification of team / programme decisions from these bodies (e.g., Cardiff University at the Cardiff programme may ratify decisions from the prior meeting etc.). This would provide clarity as to ownership of project issues by the lead bodies, while still ensuring effective oversight.</p> <p>A Project / Programme Execution Plan (PEP) is recognised as best practice to document integrated governance controls. Such a project control reference can be updated as applicable during the programme lifecycle e.g., for delegated change control authorities and more general time, cost and risk reporting arrangements.</p>
IA PET 2022 3	<p>The NHS Wales Capital Investment Manual identified best practice principles to be applied at capital investment projects. It identifies the Project Board as the accountable body for project delivery.</p> <p>In this case, it is intended that the PET Programme Board exercises the function of oversight and assurance, with individual project organisations being accountable for project delivery.</p> <p>Each project team therefore provides detailed scrutiny of the individual projects, providing assurance to the Programme Board. Presently it is proposed that only the WHSSC Programme Director attends the individual project team meetings.</p> <p>Specialist financial and technical expertise had already been identified to attend the PET Project Board. However, governance arrangements should be reviewed to ensure an effective range of scrutiny throughout structures as projects progress to construction and installation phases e.g. WHSSC financial and project management expertise.</p>

IA PET 2022 4a	<p>As noted in the Programme Business Case, individual project structures will deliver projects under the programme co-ordination and oversight of WHSSC.</p> <p>At the time of audit however, Terms of Reference for the new PET Programme Board included responsibilities for time and cost delivery, with joint responsibilities at a Project Team level.</p> <p>As noted, pending approval of the PMO WHSSC presently lack the ability to exercise a sufficient oversight and scrutiny role to match such responsibilities MA 2 & 3. WHSSC would benefit from confirmation as to whether the intention is to provide a PMO resource capable of advice, oversight and co-ordination, or of full responsibility for time, cost and quality delivery of the entire programme, including at a project level.</p> <p>This would appear to be confirmatory in nature i.e. to confirm that the role previously defined at the PBC for Strategic Programme Board, remains the intended operation of the Programme Board at the delivery stage. Key to this, is responsibility for delivery of the programme objectives.</p> <p>Programme objectives at the PBC include service enhancement, but not delivery of individual projects within time and cost parameters. However, it is recognised that these objectives are linked to agreed funding (providing a level of ambiguity).</p>
IA PET 2022 4b	<p>As noted in the Programme Business Case, individual project structures will deliver projects under the programme co-ordination and oversight of WHSSC.</p> <p>At the time of audit however, Terms of Reference for the new PET Programme Board included responsibilities for time and cost delivery, with joint responsibilities at a Project Team level.</p> <p>As noted, pending approval of the PMO WHSSC presently lack the ability to exercise a sufficient oversight and scrutiny role to match such responsibilities MA 2 & 3. WHSSC would benefit from confirmation as to whether the intention is to provide a PMO resource capable of advice, oversight and co-ordination, or of full responsibility for time, cost and quality delivery of the entire programme, including at a project level.</p> <p>This would appear to be confirmatory in nature i.e. to confirm that the role previously defined at the PBC for Strategic Programme Board, remains the intended operation of the Programme Board at the delivery stage. Key to this, is responsibility for delivery of the programme objectives.</p> <p>Programme objectives at the PBC include service enhancement, but not delivery of individual projects within time and cost parameters. However, it is recognised that these objectives are linked to agreed funding (providing a level of ambiguity).</p>

IA PET 2022 6b	<p>Programme governance documentation indicated the intended operation of a number of sub-groups to drive the programme e.g., workstreams for:</p> <ul style="list-style-type: none"> · Radiopharmaceuticals · Centres of Excellence · Workforce; and · Procurement <p>To appropriately support on-time delivery, such support groups should have a schedule for deliverables co-ordinated with the programme.</p> <p>In turn, the Cardiff project included workstreams for:</p> <ul style="list-style-type: none"> · Estates · Service Provision · IT, and · Governance, regulation, and contract <p>To appropriately support on-time delivery, similarly, each project should also provide assurances that such workstreams have a schedule for deliverables co-ordinated with their project plan.</p>
IA PET 2022 7a	<p>The programme plan included milestones to document lessons learnt from completed projects. However, noting the multi-phased nature of the projects, with over-lapping delivery, there is merit in more dynamic feedback of project stages, such as business case, procurement, installation, commissioning, and implementation (additional to any fuller post project reviews).</p> <p>Also recognising the multiple projects, and groups, there may also be merit in considering more dynamic / detailed learning via common memberships (perhaps in an observer role).</p>
IA PET 2022 7b	<p>The programme plan included milestones to document lessons learnt from completed projects. However, noting the multi-phased nature of the projects, with over-lapping delivery, there is merit in more dynamic feedback of project stages, such as business case, procurement, installation, commissioning, and implementation (additional to any fuller post project reviews).</p> <p>Also recognising the multiple projects, and groups, there may also be merit in considering more dynamic / detailed learning via common memberships (perhaps in an observer role).</p>

IA PET 2022 8a	<p>The Cardiff Business Justification Case referenced compilation of a risk register as a future event, and a project risk register was not evidenced during the course of the audit.</p> <p>Risk register content & operation</p> <p>Similarly, the programme risk register did not contain the top costed project risks at the time of audit.</p> <p>Active review of the programme risk register was evident. Of 21 identified risks, 16 had been addressed at the time of audit. These related to the potential impacts of:</p> <ul style="list-style-type: none"> · COVID 19 · Funding for a programme management office · workforce funding omitted from IMTP · the need for effective governance definition and escalation mechanisms, and · Risk of refusal of the Cardiff business case <p>Noting issues raised in the audit relating to the need for effective programme management, moving forward, it should be confirmed therefore that there are only five remaining risks.</p> <p>The risk register would also benefit from discrete assignment of risks to those best placed to control them, with time parameters for action.</p> <p>At the time of audit, individual project risk registers were not evidenced. It is noted that top project risks would inform the programme risk register, and an appropriate interface should be operated.</p> <p>Associated reporting arrangements e.g., of top project / programme risks also remained to be defined</p>
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IA PET 2022 8b	<p>The Cardiff Business Justification Case referenced compilation of a risk register as a future event, and a project risk register was not evidenced during the course of the audit.</p> <p>Risk register content & operation</p> <p>Similarly, the programme risk register did not contain the top costed project risks at the time of audit.</p> <p>Active review of the programme risk register was evident. Of 21 identified risks, 16 had been addressed at the time of audit. These related to the potential impacts of:</p> <ul style="list-style-type: none"> · COVID 19 · Funding for a programme management office · workforce funding omitted from IMTP · the need for effective governance definition and escalation mechanisms, and · Risk of refusal of the Cardiff business case <p>Noting issues raised in the audit relating to the need for effective programme management, moving forward, it should be confirmed therefore that there are only five remaining risks.</p> <p>The risk register would also benefit from discrete assignment of risks to those best placed to control them, with time parameters for action.</p> <p>At the time of audit, individual project risk registers were not evidenced. It is noted that top project risks would inform the programme risk register, and an appropriate interface should be operated.</p> <p>Associated reporting arrangements e.g., of top project / programme risks also remained to be defined</p>
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IA PET 2022 8c	<p>The Cardiff Business Justification Case referenced compilation of a risk register as a future event, and a project risk register was not evidenced during the course of the audit.</p> <p>Risk register content & operation</p> <p>Similarly, the programme risk register did not contain the top costed project risks at the time of audit.</p> <p>Active review of the programme risk register was evident. Of 21 identified risks, 16 had been addressed at the time of audit. These related to the potential impacts of:</p> <ul style="list-style-type: none"> · COVID 19 · Funding for a programme management office · workforce funding omitted from IMTP · the need for effective governance definition and escalation mechanisms, and · Risk of refusal of the Cardiff business case <p>Noting issues raised in the audit relating to the need for effective programme management, moving forward, it should be confirmed therefore that there are only five remaining risks.</p> <p>The risk register would also benefit from discrete assignment of risks to those best placed to control them, with time parameters for action.</p> <p>At the time of audit, individual project risk registers were not evidenced. It is noted that top project risks would inform the programme risk register, and an appropriate interface should be operated.</p> <p>Associated reporting arrangements e.g., of top project / programme risks also remained to be defined</p>
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IA PET 2022 8d	<p>The Cardiff Business Justification Case referenced compilation of a risk register as a future event, and a project risk register was not evidenced during the course of the audit.</p> <p>Risk register content & operation</p> <p>Similarly, the programme risk register did not contain the top costed project risks at the time of audit.</p> <p>Active review of the programme risk register was evident. Of 21 identified risks, 16 had been addressed at the time of audit. These related to the potential impacts of:</p> <ul style="list-style-type: none"> · COVID 19 · Funding for a programme management office · workforce funding omitted from IMTP · the need for effective governance definition and escalation mechanisms, and · Risk of refusal of the Cardiff business case <p>Noting issues raised in the audit relating to the need for effective programme management, moving forward, it should be confirmed therefore that there are only five remaining risks.</p> <p>The risk register would also benefit from discrete assignment of risks to those best placed to control them, with time parameters for action.</p> <p>At the time of audit, individual project risk registers were not evidenced. It is noted that top project risks would inform the programme risk register, and an appropriate interface should be operated.</p> <p>Associated reporting arrangements e.g., of top project / programme risks also remained to be defined</p>
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Recommendation and Risk	Priority	Timescale	Lead Director	Owner
<p>The PET Programme Board obtain staged assurances that viable, funded and All Wales integrated workforce models have been put in place to deliver safe, high quality and effective services, in accordance with WHSSC's Mission Statement and within the time frames of the various projects. There is a risk that projects cannot safely be implemented due to lack of appropriate staff.</p>	MEDIUM	As per programme dates.	Managing Director	PET Programme Manager
<p>Monitoring, reporting, and decision-making processes for the programme should ensure clarity of accountability (as specified within a Programme Execution Plan).</p> <p>The risks are that Parties key to delivery are not accountable; Contractual changes are nnot effectively controlled</p>	HIGH	Mar-22	Managing Director	PET Programme Manager

<p>Change control protocols and delegations should be defined at a Programme Execution Plan agreed with the parties to each project.</p> <p>The risks are that Parties key to delivery are not accountable; Contractual changes are nnot effectively controlled+C7</p>	MEDIUM	Mar-22	Managing Director	PET Programme Manager
<p>The operation of scrutiny, assurance, and approval arrangements at key programme / project groups will be specified within both Programme and Project Execution Plans (including financial and project management expertise).</p> <p>The risks are that</p> <ul style="list-style-type: none"> • Effective scrutiny is not operated; • Projects are not delivered to time and cost budgets, or desired outcome. 	MEDIUM	As per programme dates.	Managing Director	PET Programme Manager

<p>Confirmation should be obtained from Welsh Government as to whether WHSSC should act in an advisory / co-ordination and oversight role, or be fully accountable for delivery.</p> <p>The risks are</p> <ul style="list-style-type: none"> • Accountabilities are unclear. • Insufficient resource is allocated to delivery accountable functions. 	MEDIUM	Feb-22	Managing Director	PET Programme Manager
<p>Management should confirm with Welsh Government that funded resourcing aligns with intended responsibilities.</p> <p>The risks are</p> <ul style="list-style-type: none"> • Accountabilities are unclear. • Insufficient resource is allocated to delivery accountable functions. 	MEDIUM	Feb-22	Managing Director	PET Programme Manager

<p>For each project - where applicable, assurances should be provided to the programme team, that projects have put in place a schedule for their workstream deliverables that is co-ordinated with their project plan.</p> <p>There is a risk that Support group work outputs are not timely</p>	MEDIUM	PET Programme Board	Managing Director	PET Programme Manager
<p>Milestones included within both programme and project plans should include feedback from completed stages of earlier projects (including the business case).</p> <p>There is a risk that later projects are not optimally informed from earlier projects.</p>	MEDIUM	Mar-22	Managing Director	PET Programme Manager
<p>Additional to WHSSC involvements, observer role cross project memberships should be considered, where appropriate, with observer roles to better inform developing projects.</p> <p>There is a risk that later projects are not optimally informed from earlier projects.</p>	LOW	Apr-22	Managing Director	PET Programme Manager

<p>Project Risk Registers should be costed to enhance project information e.g., to inform assessment in comparison to residual contingencies, and to inform the programme risk register.</p> <p>There is a risk that relevant risks are not allocated and effectively managed.</p>	MEDIUM	Feb-22	Managing Director	PET Programme Manager
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<p>Risks should be individually assigned to those best placed to control them, with time parameters for action, with exception reporting of inaction.</p> <p>There is a risk that relevant risks are not allocated and effectively managed.</p>	MEDIUM	Mar-22	Managing Director	PET Programme Manager
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<p>Both programme and project risk registers should be actively reviewed including appropriate interface.</p> <p>There is a risk that relevant risks are not allocated and effectively managed.</p>	MEDIUM	Mar-22	Managing Director	PET Programme Manager
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<p>An exception report should be published of targeted risk mitigations not achieved.</p> <p>There is a risk that relevant risks are not allocated and effectively managed.</p>	MEDIUM	Mar-22	Managing Director	PET Programme Manager
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Progress

We will:

1. Agree appropriate membership, key outputs/milestones and Terms of Reference for the Workforce Workstream.
2. Convene meetings for the Workforce Workstream.
3. Ensure mechanisms are in place for regular reporting and escalation from the Workforces Workstream into the Programme Board.

We will

1. Make necessary amendments to the Programme Board Terms of Reference (ToR) to ensure that monitoring, reporting and decision-making routes and approvals are defined.
2. Seek approval of these revised ToR by the Programme Board and all Projects reporting into the Programme.
3. Ensure that clarity as to ownership of Project issues by the PET site.
4. Ensure that Programme Board ToR stipulations in regard to monitoring, reporting and decision making are reflected in Project ToR.

We will
Define change control protocols and delegations and
agree these with all parties.

WHSSC will look at routes to strengthen the
resource within the proposed PMO to ensure
capability and expertise is present to effectively
scrutinise the capital and estates aspects of the
Projects within the Programme.

We will seek confirmation from Welsh Government as to the role of the Programme Board: assurance and oversight vs. control and responsible.

We will await Welsh Government decision on the PMO Business Justification Case (BJC) and then work to confirm funded resources against the role and function of Programme Board.

The Programme Office will ensure that cross-over between workstreams and projects is effectively managed, in line with Project plans and workstream outputs.

1. We will put in place lessons learned stages for completed stages of earlier projects.

2. We will seek lessons learned from Programme Board members in re to similar projects.

We will offer and coordinate observer roles to Project Managers for alternate Projects.

We will Inform all Project Board/Teams of the requirement for each Project to have a costed risk register. We will also define a threshold for risk scores to escalate onto the Programme risk register.

We will amend the Programme risk register to include individual assignment for actions and expected time parameters for action, with exception reporting of inaction.

We will ensure that programme and project risk registers are actively reviewed at Programme and Project Board/Team meetings

We will ensure that where risk mitigations are not achieved that exceptions are reported to the appropriate body – internal PET site governance and/or Programme Board (dependent on risk score and threshold).

Completed	RAG status
<p>COMPLETE</p> <p>1. Draft ToR will be reviewed by the new Workstream members at the August meeting. In addition to the Workstream, local workforce plans will be reviewed by Programme Board at the point of Business Case submission. National staffing requirements will be collated and active discussions had with trainers and commissioners.</p> <p>2. Planned for August 2022.</p> <p>3. Included in draft ToR.</p>	
<p>COMPLETE</p> <p>1. Draft ToR were discussed at PET Programme Board in January 2022. They were also circulated to key personnel at WG in January 2022 for review and comment. Amendments following the feedback were included and discussed at the May Programme Board Meeting (26th May). ToR were approved by the Programme Board in May 2022.</p> <p>2. COMPLETE. All Projects reviewed and commented on the Programme Board ToR in May.</p> <p>3. This is reflected in the Programme Board ToR.</p> <p>4. Reflected in ToR.</p>	

COMPLETE

This has been detailed and included in the approved Programme Board ToR.

COMPLETE

Discussions have been ongoing with Shared Services Specialist Estates Team, resulting in agreement that key personnel (Principal Strategic Estate Advisor) will act as a member of the Programme Board to strengthen these capital and estates capabilities.

COMPLETE

WG view is that the Programme Board will act as assurance and oversight function, on behalf of them as Sponsor. This is clarified in the SRO appointment letter.

COMPLETE

WHSSC have been formally notified (April 2022) that the BJC for the PMO has been approved. One post is out for advert with interviews planned for 21st June. The other job description is being written.

<p>CLOSED - ONGOING - PART OF PROGRAMME</p> <p>This has been achieved with the Procurement Workstream.</p> <p>This is being reviewed by the Workforce Workstream in August.</p> <p>This will be reviewed by the Radiopharmaceutical Workstream, however immediate deliverables are not present.</p> <p>This is not applicable to the Centres of Excellence Workstream.</p> <p>Will be further supported by appointment of the Programme Manager, starting 1st August.</p>	
<p>1. COMPLETE This action was delayed while awaiting Project plans and timelines Programme Plan includes Lessons Learned stages. Furthermore, active lesson learning from each Project is discussed openly at Programme Board.</p> <p>2. COMPLETE Scoped widely. No PET specific examples were found, but lessons learned from Major Trauma Programme were captured. Programme Lead is connected with TRAMS and RISP national programmes and active lesson learning is present from this.</p> <p>27.01.23: Additional note of reference - A lessons learned log is now complete and a regular agenda item at the Programme Board. Lessons learned are also being sought as part of the fourth scanner site selection process.</p>	
<p>COMPLETE</p> <p>This was offered to stakeholders at the July Programme Board.</p>	

CLOSED

Requirement for "costed" risk registers has been communicated to each Project, however some discussions about practicalities were ongoing and no concluded.

Feedback from the Project Managers at PET sites is that it is incredibly difficult to cost all risks.

We propose accepting costed risks, when practicable. To be agreed at July Programme Board. As such, we suggest that this is closed.

27.01.23: Additional note of reference - All Projects continue to look at costing risks. PETIC (Project 1) are actively doing this now that costs are received after placing the order for their scanner. Project 3 are also actively looking at this, as they reach an appropriate stage of business case development. Project 2 is not at the correct phase at the moment.

COMPLETE

Programme risk register has been amended to reflect individual assignment for actions, expected time parameters and exception reporting.

Awaiting review at PET Programme Board May Meeting.

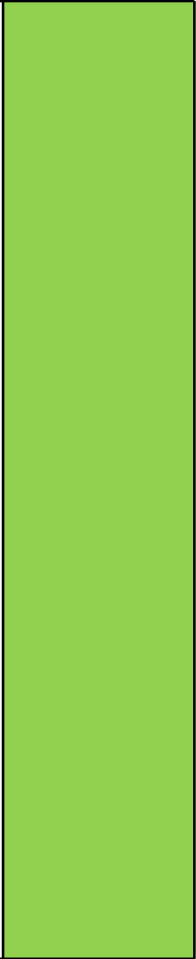
Outcome at May Board was to carry out a Risk Workshop. This will be completed prior to the July Board meeting.

A Programme Risk Workshop was held on the 18th July and risks at Programme level are now captured. Project and Workstream risks scoring 15 or higher are automatically included on the Programme Risk Register and discussed at Programme Board. An escalation route is defined in the Programme Board ToR.

27.01.23: Additional note of reference - Risk log with escalated Project Risks are reviewed at each Programme Board, which meets bi-monthly. Local issues are dealt with on a case-by-case basis.

COMPLETE

Risk registers are items on all agendas.



COMPLETE

Each Project has a local risk register and the Programme Lead attends all Project meetings where the risks are discussed - serving as additional oversight.

The risks scoring 15 or more on a local level are automatically included in the Programme Risk Register and they are discussed at Programme Board through the Project Highlight Reporting.

Escalation process to be followed if risk mitigations are not achieved.

MARKED AS COMPLETED AS MECHANISMS ARE IN PLACE TO MANAGE THIS EFFECTIVELY VIA THE PROGRAMME STRUCTURE.