

Hosted Bodies Audit & Risk Committee

Tue 24 October 2023, 08:30 - 09:30

Virtually via Microsoft Teams

Agenda

08:30 - 08:35 **1. PRELIMINARY MATTERS** 5 min

1.1. Welcome & Introductions

Information Patsy Roseblade, Committee Chair/Independent Member

1.2. Apologies for Absence

Information Patsy Roseblade, Committee Chair/Independent Member

1.3. Declarations of Interest

Information Patsy Roseblade, Committee Chair/Independent Member

08:35 - 08:40 **2. CONSENT AGENDA FOR APPROVAL** 5 min

2.1. Unconfirmed Minutes of the meeting held on 16 August 2023

Decision Patsy Roseblade, Committee Chair/Independent Member

 2.1 Minutes Hosted Bodies Audit Risk Committee 16 August 2023 ARC 24 October 2023.pdf (5 pages)

08:40 - 08:45 **3. MAIN AGENDA** 5 min

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 24 October 2023.pdf (3 pages)

3.2. Matters Arising not Contained within the Action Log

Discussion Patsy Roseblade, Committee Chair/Independent Member

08:45 - 09:25 **4. IMPROVING CARE** 40 min

4.1. WHSSC Corporate Risk Assurance Framework and Risk Register

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

 4.1a CRAF September 2023 Audit & Risk Committee 24 October 2023.pdf (6 pages)

 4.1b Appendix 1 - CRAF September 2023 ARC 24 October 2023.pdf (29 pages)

4.2. WHSSC Audit Recommendations Tracker

Discussion James Leaves, Interim Director of Finance, WHSSC

- 📄 4.2a WHSSC Audit Tracker Report ARC Committee 24 October 2023.pdf (7 pages)
- 📄 4.2b Appendix 1 -Audit Recommendations Progress Tracker 2022-2023 for ARC 24-10-23 (003).pdf (6 pages)
- 📄 4.2c Appendix 2 - Audit Wales WHSSC Governance Tracker - Oct 2023.pdf (20 pages)

4.3. WHSSC Model Standing Orders - Governance & Accountability Framework

Discussion Jacqui Evans, Committee Secretary & Director of Finance

- 📄 4.3a WHSSC Model Standing Orders Governance and Accountability Framework ARC 24 October 2023.pdf (8 pages)
- 📄 4.3b Appendix 1 - Updated Standing Orders September 2023 ARC 24 October 2023.pdf (59 pages)
- 📄 4.3c Appendix 2 - Updated Standing Financial Order ARC 24 October 2023.pdf (33 pages)
- 📄 4.3d Appendix 3 Authorisation matrix September 2023 JC Approved ARC 24 October 2023.pdf (1 pages)

4.4. INTERNAL AUDIT

4.4.1. WHSSC – Welsh Kidney Network

Discussion Paul Dalton, Head of Internal Audit

- 📄 4.4.1 WHSSC-Welsh Kidney Network Final Internal Audit Report ARC 24 October 2023.pdf (15 pages)

4.5. EASC Update

Discussion Gwenan Roberts, Committee Secretary EASC / Deputy Director Corporate NCCU

- 📄 4.5a EASC Report to ARC 24 October 2023.pdf (14 pages)
- 📄 4.5b App1 EASC Risk register ARC 24 Oct 2023.pdf (3 pages)
- 📄 4.5c App 2 Performance Dashboard ARC 24Oct2023 (2).pdf (24 pages)
- 📄 4.5d App 3 ICAP work in each HB area ARC24Oct2023.pdf (9 pages)
- 📄 4.5e App 4 EASC IMTP Tracker ARC 24Oct2023.pdf (14 pages)
- 📄 4.5f App5 Independent report by Steve Combe EASCMG 19Oct2023.pdf (23 pages)

4.6. National Imaging Academy for Wales Risk Register

Discussion Philip Wardle, Academy Director

- 📄 4.6a NIAW Risk Register ARC 24 October 2023 (002).pdf (6 pages)
- 📄 4.6b NIAW Risk Register Appendix 1 ARC 24 October 2023.pdf (2 pages)

09:25 - 09:30 5. ANY OTHER BUSINESS

5 min

Discussion Patsy Roseblade, Committee Chair/Independent Member

09:30 - 09:30 6. DATE AND TIME OF NEXT MEETING TUESDAY 19 DECEMBER 2023 AT 1:00PM

0 min

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)
Hosted Bodies Audit & Risk Committee held on the 16 August 2023 as a
Virtual Meeting via Microsoft Teams**

Members Present:

Patsy Roseblade	Independent Member (Chair)
Jayne Sadgrove	Health Board Vice Chair

In Attendance:

Paul Dalton	NWSSP Head of Internal Audit & Assurance
Sara Utley	Audit Wales
Jacqui Evans	Committee Secretary/Associate Director of Corporate Services (WHSSC)
James Leaves	Interim Director of Finance (WHSSC)
Gwenan Roberts	Committee Secretary EASC / Deputy Director Corporate NCCU
Mark Thomas	Assistant Director of Finance CTMUHB
Owen James	Head of Corporate Finance
Cally Hamblyn	Assistant Director of Governance & Risk
Emma Walters	Head of Corporate Governance & Board Business (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:

- Ian Wells, Independent Member
- Geraint Hopkins, Independent Member
- Stephen HARRY, Chief Ambulance Services Commissioner;
- Steve Spill, Independent Member, WHSSC;
- Sally May, CTMUHB Director of Finance

1.3 **Declarations of Interest**

There were no additional declarations of interest to those declared previously.

2.0.0 **CONSENT AGENDA – FOR APPROVAL**

2.1 **Unconfirmed Minutes of the Meeting held on the 21 June 2023**

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

3.0.0 **MAIN AGENDA**

3.1 **Audit & Risk Committee Hosted Bodies Action Log**

J Evans presented Members with the action log.

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

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

There were no matters arising identified.

4.0.0 **IMPROVING CARE**

4.1 **Emergency Ambulance Services Committee (EASC) Update**

G Roberts presented Members with the report and highlighted the key matters for the attention of Committee members.

J Sadgrove drew attention to the issues that had been experienced in relation to red release and added that whilst over time red release performance was improving, this did not correlate with performance in relation to conveying patients to hospital which had not been improving at the same rate, and suggested that it may be helpful if a discussion could be held at the Quality & Safety Committee regarding this matter. G Roberts advised that this was an important issue and added that she was aware that the Health Board had contacted the Chief Ambulance Services Commissioner regarding concerns in relation to response time performance, particularly in relation to red release. Members noted that the Emergency Ambulance Services Committee were working closely with the Welsh Ambulance Services NHS Trust to address this. Members noted that it appeared that the areas where there had been the longest delays had the best red performance targets.

G Roberts advised that whilst there was an overall system improvement, the red target was constantly being missed and added that the latest reduction in meeting the target was being attributed to handover delays. Members noted that this clearly had an impact on patient safety and noted that this was being reported to the Emergency Ambulance Services Committee via a Quality & Safety report. G Roberts advised that she was working with the Corporate

Governance Team within the Health Board in relation to producing a report for discussion at the Health Board's Quality & Safety Committee. Members agreed that it would be helpful if the Quality & Safety could receive and discuss this report in more detail.

The Committee Chair made reference to the update included in the report in relation to an overtime ban being implemented and the impact that would have in light of continuing high levels of sickness and it being the holiday period. G Roberts advised that this has been queried by EASC as to how much flexibility was in place given the current financial position and financial plan. Members noted that the Welsh Ambulance Services NHS Trust had struggled to recruit into the 100 WTE posts that had previously been agreed by EASC.

The Committee Chair made reference to the Emergency Medical Retrieval Service review and sought clarity as to what progress had been made. G Roberts advised that stage one had been completed and that an external provider had been appointed to analyse the questionnaires that had been received from stakeholders. Members noted that a report including factual information would be developed for stage two of the review and noted that this report would be presented to the Emergency Ambulance Services Committee on 19 September. G Roberts advised that she would be happy to provide a further update at the October Audit & Risk Committee.

The Committee Chair made reference to paragraph 3.6 within the report which made reference to a harm review. G Roberts confirmed that she would be happy to include an update on this in the report being developed for Quality & Safety Committee.

The Committee Chair extended her thanks to G Roberts for presenting the comprehensive update.

Resolution: The report was **NOTED**.

Actions: Report on Red Release Performance/Ambulance Handover Delays/Harm Reviews to be produced and presented to the Quality & Safety Committee

Update on progress being made in relation to the review of the Emergency Medical Retrieval Services to be present to the October 2023 meeting

4.2 WHSSC Corporate Risk Assurance Framework including the Risk Register

J Evans presented Members with the report.

J Sadgrove made reference to the risk relating to CALEA and advised that she would welcome more information in order to understand this risk more clearly. J Sadgrove advised that it appeared that there was an earlier risk in which the score had been reduced and appeared to relate to procurement of the system on an ongoing basis and added that the new risk that had been added appeared

to relate to technical issues and provision. J Sadgrove questioned whether a service had been procured which was not sustainable.

J Leaves confirmed that the older risk related to the procurement process.

Members noted that CALEA had been the provider of home care for a number of years and were a well established provider and noted that the contract with CALEA had been re-established. J Leaves advised that there had been issues where the service had gone into escalation as a result of staff shortages and added that WHSSC had always been notified if there was likely to be an issue with service provision. Members noted that WHSSC had been able to use other providers if escalation was raised which had resulted in there being no impact on patient safety.

J Sadgrove advised that this raised the question in relation to contract management and why the contract had been renewed when there was a clear pattern of issues in relation to escalation. J Sadgrove advised that Committee members would need to be provided with more assurance in relation to this at a future meeting. J Leaves advised that he would be happy to provide an update at a future meeting and provided assurance that whilst the contract had been extended for two years, work was being undertaken to look at internal NHS solutions and other providers in order to lessen the effect.

Resolution: The report was **NOTED**.

Action: Update to be provided to a future meeting in relation to the risk relating to CALEA. Committee Members required more assurance in relation to contract management.

4.3 **WHSSC Audit Recommendations Tracker**

J Leaves presented Members with the report and highlighted the key matters for the attention of the Committee.

The Committee Chair made reference to Risk R3b which related to the job description that had been banded at an 8d level and questioned whether the review being undertaken in relation to National Commissioning arrangements would address or change the requirement for this post to be advertised. The Committee Chair also sought clarity as to whether the prospect of organisational change was causing an issue for staff in WHSSC and impacting on staff turnover. J Evans advised that in relation to the 8d post, which related to the Assistant Medical Director for Public Health, this post had been referenced within the Terms of Reference for the National Review and added that she understood that this post would be advertised at the most appropriate time. In relation to staff turnover, J Evans advised that regular meetings were being held with staff to update them on progress, and added that whilst there was some anxiety, assurance had been given to staff that they would be kept

up to date on progress. Members noted that at present staff turnover was normal, with staff leaving to seek promotion elsewhere.

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 8.30am on Tuesday 24 October 2023.

7.0.0 CLOSE

**HOSTED BODIES AUDIT & RISK COMMITTEE ACTION LOG
FOLLOWING MEETINGS HELD ON 16 AUGUST 2023**

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT OCTOBER 2023
4.1	19/04/2023	National Imaging Academy for Wales (NIAW) Risk Register	Risk 4689 to be re phrased for the next report as it implied that HEIW were not giving NIAW the numbers of trainees required Glossary of terms to be included in the next iteration of the report Make-up of the risk to be included in the next iteration of the report, for example, the consequence times the probability of the risk/impact of the risk.	October 2023	NIAW Academy Manager	On agenda This will be updated for the October 2023 meeting
4.3	19/04/2023	WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register	Reference to be made within future reports as to the rationale behind the capacity within Wales in relation to Mental Health beds.	June 2023 Now August 2023 Now September 2023 Now December 2023	WHSSC Director of Finance	In Progress The Demand and Capacity work is being presented to the WHSSC Joint Committee at a workshop scheduled to coincide with the next Joint Committee meeting 21 November 2023.
4.3	19/04/2023	WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register	Explanation to be included in future reports as to why the consequence and impact of risks had changed.	June 2023 Now December 2023	WHSSC Committee Secretary	In progress This remains a work in progress. Training will be offered to staff to coincide with a revised Risk Management Strategy when this work is completed. Due to competing work pressures this work is currently delayed and will be taken forward during Quarter 3/4.
4.1	16/08/2023	Emergency Ambulance Services Committee (EASC) Update	Report on Red Release Performance/Ambulance Handover Delays/Harm Reviews to be produced and presented to the Quality & Safety Committee Update on progress being made in relation to the review of the Emergency Medical Retrieval Services to be presented to the October 2023 meeting	December 2023 October 2023	Chief Ambulance Services Commissioner	In progress Report has been added to the forward work programme for the November 2023 Quality & Safety Committee On agenda EMRTS Service Review included in October report
4.2	16/08/2023	WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register	Update to be provided to a future meeting in relation to the risk relating to CALEA. Committee Members required more assurance in relation to contract management	TBC	WHSSC Committee Secretary	Completed The query was raised in relation to CALEA being chosen the preferred provider for a contract extension despite the ongoing technical issues experienced which could potentially lead to supply issues and patient harm.

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT OCTOBER 2023
						The Home Parenteral Nutrition contract extension went through a full procurement tendering process conducted by NWSSP. However CALEA were the only viable provider because there was no market competitor that could provide the required volume of provision. Competitors who could offer a part provision did not meet value for money tests as were quoting a 40% premium on the CALEA proposed contract prices. As mitigating actions WHSSC has sourced some production of the feed products from NHS septic units and the longer term plan is to commission a whole NHS solution as part the Transforming Access to Medicines (TRAMS) utilising the IP5 facility.
COMPLETED ACTIONS						
4.3	21/06/2023	Emergency Ambulance Services Committee (EASC) Update	Review to be undertaken of risk three, contained within section one of the assurance framework to determine how the risk score allocated related to each individual aspect of the risk	August 2023	Chief Ambulance Services Commissioner	Completed Added to Risk Register Deliberations for risk score as follows <ul style="list-style-type: none"> • Planning – IMTP (recently approved) • Commissioning through the collaborative approach to developing comprehensive – Quality and Delivery Frameworks in line with CAREMORE methodology • Secure service – via commissioned organisation / services WAST / EMRTS
4.1	21/06/2023	WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register	In relation to Risk 48, further detail was requested in relation to the seven major concerns and the timescales to address this. A discussion was held as to whether the information in relation to this risk was publicly available and J Evans agreed to enquire as to whether this information could be shared publicly as it related to Swansea Bay UHB.	August 2023 Now October 2023	WHSSC Committee Secretary	Completed The escalation of this service was formally reported to the August QPSC and the escalation report was also presented to the JC meeting in September 2023. In addition, the Performance Report also includes updates on services in Escalation and this was presented to the September 2023 JC and this services was specifically mentioned during the JC meeting and SL provided assurance that SBUHB executive team are working with WHSSC on the recommendations

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT OCTOBER 2023
						as outlined in the report. Action completed.



Report Title	Corporate Risk Assurance Framework (CRAF)	Agenda Item	4.1
Meeting Title	Audit & Risk Committee	Meeting Date	24/10/2023
FOI Status	Open/Public		
Author (Job title)	Head of Corporate Governance and Risk and Governance Officer		
Executive Lead (Job title)	Committee Secretary and Associate Director of Corporate Services		

Purpose of the Report	The purpose of this report is to present WHSSC’s updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.				
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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"/>
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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 30 September 2023.

CORPORATE RISK ASSURANCE FRAMEWORK (CRAF)

1.0 SITUATION

The purpose of this report is to present WHSSC's updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.

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.

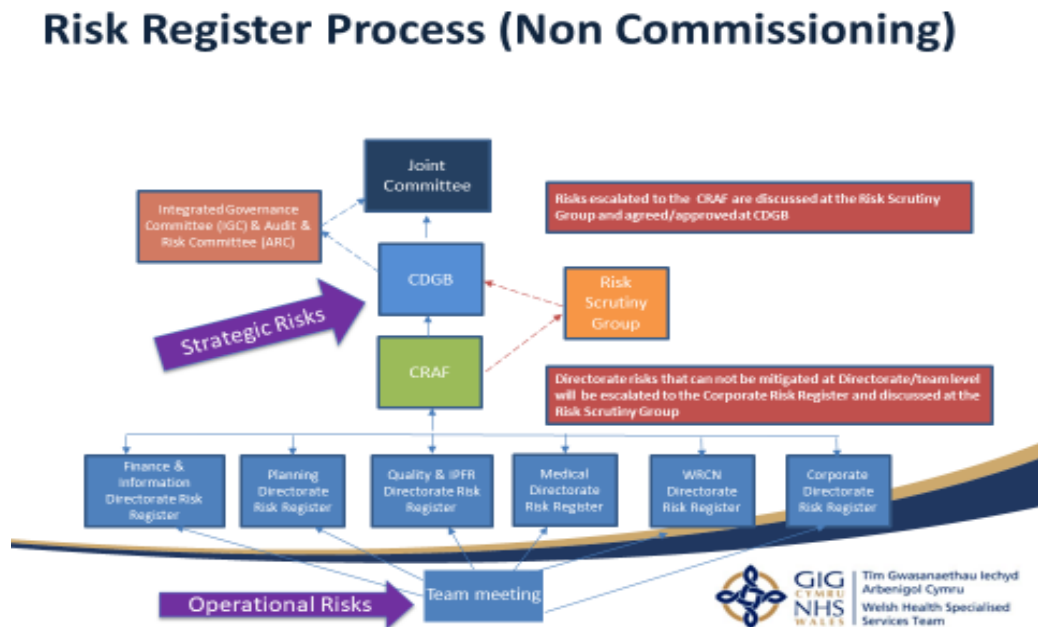
The Executive Directors are responsible for reviewing and discussing their commissioning/corporate risks, and agreeing any new risks and the escalation/de-escalation of operational risks that are on directorate risk registers. It is the role of the Executive Directors to review controls and ensure appropriate 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 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



3.0 ASSESSMENT

3.1 Risk Summary – September 2023

The September 2023 CRAF is presented at **Appendix 1** for information.

As at 30 September 2023, there are **22** risks on the CRAF. A summary of these risks is outlined below.

3.2 Commissioning Risks – September 2023

There are currently **18** 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 that have taken place in September 2023 are outlined in the table below;

Table 1 – Commissioning Risk Summary: September 2023

Commissioning Risk Activity	Update as at September 2023
New Commissioning Risks	3 new Commissioning Risks: <ul style="list-style-type: none"> • Risk 54 – NWS • Risk 55 – CVUHB Neo-natal workforce • Risk 56 – CVUHB Neo-natal infection control
Escalated Commissioning Risks	No risks were escalated.
De-escalated Commissioning Risks	1 Cancer & Blood risk was de-escalated. <ul style="list-style-type: none"> • Risk 43 – (CB01) Patient waiting times related to the All Wales Lymphoma Panel. Score reduced from 15 – 13 as all of the new equipment has been installed and it has been confirmed that this is functioning well and waiting times have improved.
Closed Risks	No risks were closed.

*There was no Intestinal Failure commissioning team meeting during September 2023.

3.3 Organisational Directorate Risks – September 2023

There are currently **4** organisational risks open with a risk score of 15 and above, which are included on the CRAF.

A summary of the changes for September 2023 are outlined in the table below. The full CRAF and risk schedules are presented at **Appendix 1** for information.

Table 2 – Organisational Risk Summary: September 2023

Organisational Risk Activity	Update as at September 2023
New Organisational Risks	No new risks.
Escalated Organisational Risks	No risks were escalated.
De-escalated Organisational Risks	No risks were de-escalated.
Closed Risks	No risks were closed.

The risks scoring below 15 are being managed within the directorate/teams and all risks are monitored through the Risk Scrutiny Group (RSG).

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 30 September 2023.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
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)	CDGB – 11 October 2023
Appendices	Appendix 1 – Corporate Risk Assurance Framework (CRAF) September 2023



Corporate Risk Assurance Framework (CRAF)

September 2023

WHSSC Risk register September 2023

1. Dashboard of Risk

Impact	5			<p>42 Referrals for adults with an eating disorder/disordered eating</p> <p>49 Calea technical issue</p> <p>47 IF - Sustainability and Delivery of Service provided by Cardiff and Vale University Health Board</p>	<p>54 NWAS (NEW RISK)</p>	
	4				<p>06 Paediatric patients waiting for surgery</p> <p>28 Workforce and Capacity</p> <p>35 Bed Capacity Mental Health Patients</p> <p>38 No neonatal cot availability in South Wales due to staffing shortages</p> <p>40 Limited outpatient dialysis capacity in Swansea</p> <p>44 Paediatric cardiac surgery</p> <p>50 Deep Brain Stimulation and delays in communication with gatekeeper/referring clinician</p> <p>51 Deep Brain Stimulation – lack of awareness of eligibility criteria re unmet need</p> <p>52 Additional Dialysis Sessions</p> <p>53 C&VUHB Neurosciences Staffing issues/level</p> <p>55 CVUHB Neo-natal workforce (NEW RISK)</p> <p>56 CVUHB Neo-natal infection control (NEW RISK)</p>	<p>29 WHSSC IPFR Governance</p> <p>34 Lack of paediatric intensive care beds</p> <p>26 Neuropsychiatry patients waiting times</p> <p>48 Wales Fertility Institute</p>
	3					<p>03 Plastic Surgery Delays</p> <p>46 North Wales Outreach Plastic Surgery Clinic Management Arrangements</p>
	2					
	1					
CXL		1	2	3	4	5
				Likelihood		

WHSSC Risk register September 2023

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 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 ↔	29/09/2023	27/10/2023	Joint Committee	Director of Planning
		Provider/s: SBUHB	C3 x L5	C3 x L5	C2 x L3					
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 ↔	19/09/2023	18/10/2023	Joint Committee	Director of Planning
		Provider/s: CVUHB	C4 x C4	C4 x C4	C2 x C2					
26 NCC046 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	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 step down facilities to support the acute centre will also result in delays.	20	20	4	Risk score remains the same ↔	25/09/2023	23/10/2023	Joint Committee	Director of Mental Health
		Provider/s: CVUHB	C4 x L5	C4 x L5	C4 x L1					
28 CS3 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 remains the same ↔	28/09/2023	27/10/2023	Joint Committee	Committee Secretary
		Provider/s: N/A	C5 x L4	C4 x L4	C3 x L3					
29 CS8 Corporate Services / Quality and IPFR	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 ↔	28/09/2023	27/10/2023	Joint Committee	Director of Nursing/ Committee Secretary
		Provider/s: N/A	C4 x L4	C4 x L5	C2 x L2					
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.	12	20	4	Risk score remains the same ↔	19/09/2023	18/10/2023	Joint Committee	Director of Planning

WHSSC Risk register September 2023

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
		Provider/s: CVUHB	C3 x L4	C4 x L5	C2 x L2					
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 There is a risk that mental health patients will be unable to gain a placement due to the lack of available UK beds, which as a consequence may result in inappropriate placement	9	16	6	Risk score remains the same ↔	25/09/2023	23/10/2023	Joint Committee	Director of Mental Health
		Provider/s: SBUHB, BCUHB, NHS England, Independent Sector	C3 x L3	C4 x L4	C3 x L2					
38 P/21/16 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Neonatal Cots 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	16	16	4	Risk score remains the same ↔	19/09/2023	18/10/2023	Joint Committee	Director of Planning
		Provider/s: CVUHB	C4 x L4	C4 x L4	C2 x L2					
40 WKN 08 Welsh Kidney Network	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 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	2	Risk score remains the same ↔	28/09/2023	TBC	Joint Committee	Programme Director
		Provider/s: SBUHB	C3 x L4	C4 x L4	C2 x L1					
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 remains the same ↔	25/09/2023	23/10/2023	Joint Committee	Director of Mental Health
		Provider/s: Independent Sector	C5 x L3	C5 x L3	C4 x L2					
44 P/21/19 Women and Children	Impact on the safety of patients, staff or public (physical/psychological harm)	Paediatric cardiac surgery There is a risk that paediatric cardiac surgery patients referred to Bristol Children's Hospital, will have longer waits than is clinically appropriate due to lack of availability of a PIC bed within the Bristol Hospital. There is a consequence that the condition of the patient could deteriorate whilst waiting.	16	16	4	Risk score remains the same ↔	19/09/2023	18/10/2023	Joint Committee	Director of Planning
	:	Provider/s: University Hospital Bristol	C4 x L4	C4 x L4	C2 x L2					
46 CB06 Cancer & Blood	Impact on the safety of patients, staff or public (physical/psychological harm)	North Wales Outreach Plastic Surgery Clinic Management Arrangements There is a risk that patients may come to harm due to a lack of clinical prioritisation and oversight of waiting lists for outreach plastic surgery clinics in YG and YGC. This is caused by lack of clarity in the governance and management arrangements for these clinics. This could lead to poor patient experience and outcomes.	9	15	4	Risk score remains the same ↔	29/09/2023	27/10/2023	Joint Committee	Director of Planning
		Provider/s: St Helens and Knowsley NHS Trust & BCUHB	C3 x L3	C3 x L5	C2 x L2					

WHSSC Risk register September 2023

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
47 IF14 Intestinal Failure	Impact on the safety of patients, staff or public (physical/psychological harm)	CVUHB delivery of IF service <i>There is a risk</i> that due to issues of provider sustainability and delivery, that Cardiff and Vale University Health Board will no longer be able to provide Intestinal Failure services to the Welsh population and as a consequence resulting in no service available in Wales	20	15	6	Risk score remains the same ↔	09/08/2023	17/10/2023	Joint Committee	Director of Planning & Performance
		Provider: University Hospital of Wales	C5 x L4	C5 x L3	C3 x L3					
48 P/21/20 Women and Children	Impact on the safety of patients, staff or public (physical/psychological harm)	Wales Fertility Institute <i>There is a risk</i> the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital are not providing a safe and effective service <i>due to 7</i> major concerns identified during a relicensing inspection by HFEA in January 2023. <i>There is a consequence</i> that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.	16	20	4	Risk score remains the same ↔	19/09/2023	18/10/2023	Joint Committee	Director of Planning & Performance
		Provider: SBUHB	C4 x L4	C4 x L5	C2 x L2					
49 IF02 Intestinal Failure	Impact on the safety of patients, staff or public (physical/psychological harm)	Calea technical issue <i>There is a risk</i> that the private provider Calea will again experience technical issues in the provision of HPN due to issues of compliance with standards which as a consequence will lead to issues of supply and potential patient harm	8	15	6	Risk score remains the same ↔	09/08/2023	17/10/2023	Joint Committee	Director of Planning & Performance
		Provider: Calea	C4 x L2	C5 x L3	C3 x L2					
50 NCC060 Neurosciences	Impact on the safety of patients, staff or public (physical/psychological harm)	Deep Brain Stimulation and delays in communication with gatekeeper/referring clinician There is a risk that patients with Parkinson's disease, tremor and dystonia who have undergone Deep Brain Stimulation at North Bristol NHS Trust do not receive the correct ongoing treatment including medication due to significant delays in communication with the gatekeeper and referring clinicians.	16	16	4	Risk score remains the same ↔	22/08/2023	17/10/2023	Joint Committee	Director of Planning & Performance
		Provider: North Bristol NHS Trust	C4 x L4	C4 x L4	C2 x L2					
51 NCC061 Neurosciences	Impact on the safety of patients, staff or public (physical/psychological harm)	Deep Brain Stimulation – lack of awareness of eligibility criteria re unmet need There is a risk that patients with Parkinson's disease, tremor and dystonia who could benefit from Deep Brain Stimulation aren't being referred for assessment and treatment due to a lack of awareness of eligibility criteria and potential to benefit amongst referring clinicians.	16	16	4	Risk score remains the same ↔	22/08/2023	17/10/2023	Joint Committee	Director of Planning & Performance
		Provider: North Bristol NHS Trust	C4 x L4	C4 x L4	C2 x L2					
52 WKN12 Welsh Kidney Network	Impact on the safety of patients, staff or public (physical/psychological harm)	Renal Dialysis capacity at BCU: There is a risk that due to the current physical environment of the unit at YGC that additional dialysis sessions will not be able to be accommodated. Mold satellite unit was commissioned to act as the contingency for growth for Wrexham for the next 10 years as well as being able to accept patients from the east of the YGC catchment. BCU has already has to utilise additional capacity at Mold (May/June 23). The financial model at BCUHB creates issues with utilising resources across BCUHB. As a consequence patients may not be able to dialyse in the unit closest to home.	25	16	2	Risk score remains the same ↔	28/09/2023	TBC	Joint Committee	Programme Director & Performance
		Provider: BCUHB	C4 x L4	C4 x L4	C3 x L2					

WHSSC Risk register September 2023

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53 NCC062 Neurosciences	Impact on the safety of patients, staff or public (physical/psychological harm)	CVUHB Neurosciences Staffing issues/level There is a risk that patients requiring admission to the Inpatient Neuro-rehabilitation Unit (C&VUHB) are unable to access specialist rehabilitation due to considerable staffing pressures as the service has a number of current vacancies which the service are unable to recruit to the posts. The gap in the number of posts that has been commissioned is not meeting the national standards.	16	16	2	Risk score remains the same ↔	26/09/2023	17/10/2023	Joint Committee	Director of Planning & Performance
		Provider/s: CVUHB	C4 x L4	C4 x L4	C2 x L2					
54 MH/21/16 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	NWAS 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. (NWAS)	20	20	8	NEW RISK	25/09/2023	23/10/2023	Joint Committee	Director of Mental Health
		Provider/s: BCUHB	C4 x L5	C4 x L5	C4 x L2					
55 P/21/22 Women & Children	Impact on the safety of Patient / Staff /Public Safety (Physical/Psychological harm) Population health	CVUHB PICU – workforce There is a risk that neonates who require tertiary regional neonatal support in South Wales may be inappropriately cared for, due to the impact of the available workforce within UHW, to support the current intensive care demand. There is a consequence that a neonate may be cared for in an inappropriate care setting, where the necessary skills and/or equipment are not available.	16	16	4	NEW RISK	19/09/2023	18/10/2023	Joint Committee	Director of Planning & Performance
		Provider/s: CVUHB	C4 x L4	C4 x L4	C2 x L2					
56 P/21/23 Women & Children	Impact on the safety of Patient / Staff /Public Safety (Physical/Psychological harm) Population health	CVUHB PICU – infection control There is a risk that neonates within the Neonatal Intensive Care Unit environment within UHW, are at greater risk of exposure to IP&C issues, whilst safer practice monitoring is being embedded. This is following a recent MRSA outbreak and identification of other organisms within the clinical area. There is a consequence of increased neonatal morbidity, if processes to address these issues are not effectively implemented.	16	16	4	NEW RISK	19/09/2023	18/10/2023	Joint Committee	Director of Planning & Performance
		Provider/s: CVUHB	C4 x L4	C4 x L4	C2 x L2					

WHSSC Risk register September 2023

3 Risk Schedules – Risk on a Page

Risk Ref: 3 Plastic Surgery Delays (CB03) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Planning & Performance 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: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023																					
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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) Work to change the commissioning model has progressed and approved by Joint Committee The outcome from these workshops i.e. a recommendation that WHSSC establish a project to re-align commissioning responsibilities between WHSSC and Health Boards was approved by Joint Committee in January 2023. A Project initiation Document (PID) is due to go to MG in April 2023 outlining timescales for this project. Monthly escalation level 2 meetings are in place. At the meeting on 28th July, a delivery plan was not provided as core theatre sessions were still being balanced internally with other specialties in the prioritisation of capacity. However an action plan for additional activity was presented which included 3 sessions of theatre time per week for hand surgery in the day surgery unit at Singleton starting in Sept 2023. It was subsequently confirmed in a letter to Sian Lewis that SBUHB will not be able to clear the 104 week waiting list within the WG target. Data received from the service which suggests a significant improvement in performance. To be cross-validated with DHCW data. Current delivery plan will still mean there will be >200 breaches of those waiting >104 weeks. 		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). Escalation Level 1 agreed by CDGB in December 2022 and weekly submission of activity and waiting list data is required.</td> <td>LA – Senior Planner</td> <td>Completed</td> </tr> <tr> <td>To request further detail on the recently received delivery plan and to review the recently received quality report. To re-assess the escalation level in June.</td> <td>LA – Senior Planner VDJ – Quality Lead</td> <td>Complete</td> </tr> <tr> <td>Escalation increased to level 2 (letter to SBU on 7th July). SBU action plan and revised delivery plan requested. Level 2 escalation meeting scheduled 28th July.</td> <td>LA – Senior Planner</td> <td>Complete. Next escalation meeting: 15th Sept.</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). Escalation Level 1 agreed by CDGB in December 2022 and weekly submission of activity and waiting list data is required.	LA – Senior Planner	Completed	To request further detail on the recently received delivery plan and to review the recently received quality report. To re-assess the escalation level in June.	LA – Senior Planner VDJ – Quality Lead	Complete	Escalation increased to level 2 (letter to SBU on 7 th July). SBU action plan and revised delivery plan requested. Level 2 escalation meeting scheduled 28 th July.	LA – Senior Planner	Complete. Next escalation meeting: 15th Sept.
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Additional comments: March 23 – The C&B commissioning team agreed that the escalation level should remain at 1 until further detail on the delivery plan is provided by SBUHB at the next performance meeting and secondly review of the SBUHB plastic surgery quality report has been undertaken by WHSSC’s quality lead. A further review will then take place in April. May 23 – Further detail on the delivery plan not yet received therefore escalation level not yet reviewed. The PID for the Realignment of Plastic Surgery Commissioning project was approved at MG in April. June 23 – Escalation increased to level 2 (lack of assurance that the delivery plan will achieve WG targets). Monthly performance meetings are in place. A quality visit is planned in August. July 23 –September 23 – Risk score remains the same																								

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 & Performance 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 Provider/s: CVUHB	Date last reviewed by: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023																																				
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What controls have we put in place for the risk: <ul style="list-style-type: none"> Ongoing monitoring at Quarterly Commissioner Assurance Meeting with provider This risk is included within the W&C register for monitoring purposes, it is included within the overarching risk for waiting times (Risk 33(CS/10 CD03) Welsh Government Priority Delivery Measures. Plan in place for a number of children to be outsourced to NHS England and the Private Sector. Performance Management arrangements have been re-established and this allows WHSSC to identify and monitor issues that need addressing. Monthly escalation meetings have been established – first meeting scheduled 26/04. Continue with outsourcing to NHS England and the Private Sector. 		What actions should we take: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>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 </td> <td>W&C Planner</td> <td>Quarterly</td> </tr> <tr> <td>Requested information on long waiting patients from provider to support potential outsourcing arrangements.</td> <td>W&C Planner</td> <td>Complete</td> </tr> <tr> <td>Meetings being scheduled with NHS England providers to discuss outsourcing capacity</td> <td>W&C Planner</td> <td>Complete</td> </tr> <tr> <td>Requested plan from C&V to manage long waiting patients, with clear trajectories and timeframes.</td> <td>W&C Planner</td> <td>Complete</td> </tr> <tr> <td>Requested revised recovery plan further to Joint Committee</td> <td>W&C Planner</td> <td>Complete</td> </tr> <tr> <td>Discussing with local Health Boards scope for mutual aid.</td> <td>W&C Planner</td> <td>Complete</td> </tr> <tr> <td>Place service in escalation Level 3</td> <td>W&C Planner</td> <td>Complete</td> </tr> <tr> <td>Performance Management arrangements to be re-instigated</td> <td>Director of Planning</td> <td>Monthly</td> </tr> <tr> <td>Requested revised trajectories that reach contract baseline as a minimum</td> <td>Director of Planning</td> <td>Complete</td> </tr> <tr> <td>Performance reporting to JC & MG via performance report</td> <td>Director of Planning</td> <td>Monthly</td> </tr> <tr> <td>Update against escalation action plan</td> <td>Director of Planning</td> <td>12/09/23</td> </tr> </tbody> </table>		Action	Lead	Date	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	Requested information on long waiting patients from provider to support potential outsourcing arrangements.	W&C Planner	Complete	Meetings being scheduled with NHS England providers to discuss outsourcing capacity	W&C Planner	Complete	Requested plan from C&V to manage long waiting patients, with clear trajectories and timeframes.	W&C Planner	Complete	Requested revised recovery plan further to Joint Committee	W&C Planner	Complete	Discussing with local Health Boards scope for mutual aid.	W&C Planner	Complete	Place service in escalation Level 3	W&C Planner	Complete	Performance Management arrangements to be re-instigated	Director of Planning	Monthly	Requested revised trajectories that reach contract baseline as a minimum	Director of Planning	Complete	Performance reporting to JC & MG via performance report	Director of Planning	Monthly	Update against escalation action plan	Director of Planning	12/09/23
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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. June, July and August 23 - W&C Commissioning team reviewed the risk which remains unchanged.																																							

WHSSC Risk register September 2023

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 Mental Health 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 2021
	Provider/s: CVUHB
Date last reviewed by: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023	

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What controls have we put in place for the risk:

- Business case received and developed ICP scheme
- Service transferred to the Mental Health portfolio in July 2021.
- 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
- Funding release was submitted to the March 2023 MG meeting for Phase 2A of the All-Wales Neuropsychiatry Scheme. The funding release was not approved and went back to the April 2023 MG meeting. It was not approved at the April 2023. It was due to be considered by the July 2023 JC meeting but the item was not discussed due to the extreme financial pressures highlighted by Welsh Government. **WHSSC has a risk assessment process for any uncommitted funds or funds released but not yet utilised and the Neuropsychiatry funding release will be considered via this process.**

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
Funding release was deferred and will now be risk assessed due to the extreme financial pressures.	Senior Planning Manager	End of 2023

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.
 April 23 – Risks reviewed agreed it is appropriate for risk score to remain the same and to be reviewed May 22nd
 August 23 – Risk remains the same
August 23 – Risk score increased due to delays of funding release for Neuro to be revised following discussions around risk assessment verses financial plans
September 23 – Risk remains the same pending outcome of the risk assessment process.

WHSSC Risk register September 2023

Risk Ref: 28 Workforce and Capacity (CS3 / CD01) Risk Domain: Workforce and Capacity		Director Lead: Committee Secretary Assuring Committee: CDGB																												
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 Provider/s: N/A	Date Last Reviewed by: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023																											
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What controls have we put in place for the risk: <ul style="list-style-type: none"> 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. In the long term a workforce strategy will be considered to assist with succession planning and the long term planning risk concerning workforce capacity. 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 and is being discussed at OD sessions. 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. 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 term, workloads should be monitored and work should be prioritised. Some vacancies have arisen within the Finance department and there is a need to review the finance structure to ensure sufficient resource. There continues to be workforce pressures within the WKN due to some staff absences. Work has increased due to Value in Healthcare Programme. WHSSC has been asked to commission new services including Sacral Nerve Stimulation for faecal incontinence in South Wales and Neurophysiology. The workload will be absorbed into existing WHSSC team capacity. A review of the longer term workload impact will inform the 2024-25 ICP. A review of National Commissioning has now reported and this may have an impact on staffing and resourcing across the organisation going forward. The review recommendations are in the implementation stage. The recruitment freeze is delaying the recruitment into some posts and this will have an impact on capacity and workloads. E.g. Network Manager resigned, job advertised then pulled by CTM as a consequence of the current embargo on administrative posts. A joint WHSSC/EASC vacancy panel has been set up and will meet to consider any recruitment requests. 		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WHSSC Risk register September 2023

<p>Risk Ref: 29 – WHSSC IPFR ToR & Governance (CS8) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health</p>		<p>Director Lead: Director of Nursing/Committee Secretary Assuring Committee: Joint Committee</p>																															
<p>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.</p>		<p>Date Added to Register:20/10/21</p>	<p>Date last reviewed by: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023</p>																														
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<p>What controls have we put in place for the risk:</p> <ul style="list-style-type: none"> 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. A quality review of other IPFR notes from HB panels will be undertaken as a way of benchmarking. JC approved an uplift to the WHSSC IPFR DRC budget to assist with staffing costs due to increased scrutiny. 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. 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. A new HB IM Interim Chair has been appointed from 1 August 2022 to ensure business continuity for a 6 month period to ensure business continuity. The Joint Committee approved that this interim could be extended until 31 March 2023, at its meeting on 8 November 2023. This was subsequently extended again to 31 September 2023. The formal engagement process to review the WHSSC IPFR panel ToR and the specific and limited review of the all Wales IPFR policy, was launched on 10 November 2022 for a 6 week period following the Joint Committee supporting the proposed engagement process at its meeting on the 8 November 2022. The engagement exercise closed on the 22 December 2022. An IPFR stakeholder engagement event to review the WHSSC IPFR panel ToR and a specific, limited review of the all Wales IPFR policy was held on the 2 December 2022, supported by a briefing from a Kings Counsel (KC) for the NHS Wales Medical Directors Peer Group and a stakeholder engagement session on the 2 December 2022. The updated WHSSC ToR were approved by the Joint Committee on 14 March 2023. In addition, the results of the engagement exercise for the All Wales Policy review were presented. Following approval of the ToR in March 2023 The updated All Wales IPFR Policy was not discussed at the July 2023 JC meeting as issues were raised immediately before the meeting regarding the approval process. Since then it has been agreed that a Task and Finish Group will be formed to finalise the work on the IPFR policy. A paper on the recruitment process for a new Chair was approved in an Extraordinary JC meeting on 1 August 2023. The IPFR Chair position was advertised and interviews are being held on 10th October 2023. The IPFR Task & Finish group met to discuss the ToR and agreement was reached on the outstanding issues. An updated ToR are in the process of being finalised ready for the November 2023 JC meeting. 		<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>The Chair of the IPFR panel stepped down from the position on the 1 April 2022. 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<p>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.</p>																																	

WHSSC Risk register September 2023

Risk Ref: 34 - Lack of Paediatric Intensive Care Beds (P/21/02) Risk Domain: Workforce		Director Lead: Director of Planning & Performance 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 Provider/s: C&VUHB	Date last reviewed by: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 CDGB – 7 August 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023																					
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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 Health board escalated to level 2 in line with WHSSC escalation framework Health board escalated to level 3 in line with WHSSC escalation framework Offer of increase investment sent to the provider to provide financial support over the winter period 		What actions should we take: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>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>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>Requested amended surge plan following collaborative working discussion with Adult Critical Care colleagues.</td> <td>W&C planner</td> <td>31/05/2023</td> </tr> <tr> <td>Requested action plan against the escalation objectives</td> <td>W&C planner</td> <td>Complete</td> </tr> <tr> <td>Escalation meeting to discuss detail and progress against action plan</td> <td>W&C planner</td> <td>30/08/23</td> </tr> <tr> <td>Development of plan to formally commission High Dependency to stabilise the overall unit</td> <td>W&C planner</td> <td>31/03/24</td> </tr> </tbody> </table>		Action	Lead	Date	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	Review risk score following analysis of data and assurances presented at Quarterly Commissioner Assurance Meeting.	W&C	Quarterly	Requested amended surge plan following collaborative working discussion with Adult Critical Care colleagues.	W&C planner	31/05/2023	Requested action plan against the escalation objectives	W&C planner	Complete	Escalation meeting to discuss detail and progress against action plan	W&C planner	30/08/23	Development of plan to formally commission High Dependency to stabilise the overall unit	W&C planner	31/03/24
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Additional comments: 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 Dec 22 – As service has been in a period of surge throughout December the risk score has increased. Aug 23 – W&C commissioning Team reviewed the risk which remains unchanged Sept 23 - W&C commissioning Team reviewed the risk which remains unchanged. Service escalation increased to Level 3 due to limited progress on the action plan objectives, the daily dashboard returns deviate from nursing standards and the high refusal rates when they are not at capacity due to work force issues.																								

WHSSC Risk register September 2023

Risk Ref: 35 Bed Capacity Mental Health Patients (MH/21/06) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Mental Health 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 Provider/s: SBUHB, BCUHB, NHS England, Independent Sector	Date Last Reviewed by: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023												
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Initial	3x3	9													
Current	4x4	16													
Target	3x2	6													
<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. The demand and capacity report has been further delayed and we are anticipating receipt of the final report in late September. The delays have been attributed to difficulties in obtaining the data from HBs, however all data has now been received and we do not anticipate any further delays at this stage. 	<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> <tr> <td>Review demand and capacity report when received.</td> <td>Director of Mental Health/ Senior Planning Manager</td> <td>October 2023</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	Review demand and capacity report when received.	Director of Mental Health/ Senior Planning Manager	October 2023
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<p>Additional comments:</p> 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 19 th December to reflect pressure in the NHSE medium secure bed provision April 23 – Risk reviewed agreed it is appropriate for risk score to remain the same and to be reviewed May 22 nd May 23 - NHS England informed no capacity for medium secure placement in NHS England or Independent Sector therefore we may be in a position where we are unable to place June 23 – Risk description discussed and agreed that in addition to this risk an additional risk will be added to capture whether patients in medium secure units are being treated at the appropriate level of security, this additional risk will be developed for discussion at the next Commissioning Team meeting in July 23 July 23 – An additional risk was discussed but this will be held off until the full report comes in from Demand & Capacity work August and September 23- Risk remains the same however will be considered in Autumn following the Demand & Capacity work															

WHSSC Risk register September 2023

<p>Risk Ref: 38 – Neo 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</p>		<p>Director Lead: Director of Planning & Performance Assuring Committee: Joint Committee</p>																																																										
<p>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.</p>		<p>Date Added to Register: 26/07/2022</p>	<p>Date last reviewed by: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023</p>																																																									
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<p>What controls have we put in place for the risk:</p> <ul style="list-style-type: none"> WHSSC are attending (the scheduled) SITREP meeting(s), hosted by the Maternity and Neonatal Network where the neonatal unit and maternity position is discussed. The daily SITREP meetings continue to take place, these meetings still show significant fragility within the system, and despite the cot work progressing there will be a lead in time before this will help. 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. New cot day tariff implemented, overall investment of over £5m for the South & West Wales Meetings with each provider to discuss implementation of cot re-configuration being scheduled. Letter issued to chief nursing officer and national clinical director highlighting system concern 		<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>Requested an escalation plan from each provider, on what steps are taken when staffing falls below the numbers required to open all commissioned cots</td> <td>Planning Manager</td> <td>completed</td> </tr> <tr> <td>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 </td> <td>Planning Manager</td> <td>Quarterly</td> </tr> <tr> <td>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.</td> <td>Head of Quality WHSSC</td> <td>Completed</td> </tr> <tr> <td>WHSSC to arrange a workforce workshop</td> <td>Planning Manager</td> <td>31/08/23</td> </tr> <tr> <td>Meetings with each provider to discuss implementation of cot re-configuration</td> <td>Associate Medical Director</td> <td>AB UHB - 14/09/23 C&V UHB - 05/09/23 CTM UHB - TBC HD UHB – 28/09/23 SB UHB - 08/09/23</td> </tr> </tbody> </table>		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	WHSSC to arrange a workforce workshop	Planning Manager	31/08/23	Meetings with each provider to discuss implementation of cot re-configuration	Associate Medical Director	AB UHB - 14/09/23 C&V UHB - 05/09/23 CTM UHB - TBC HD UHB – 28/09/23 SB UHB - 08/09/23																																							
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<p>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. July 23 - W&C Commissioning team reviewed the risk which remains unchanged. Aug 23 – W&C commissioning Team reviewed the risk which remains unchanged</p>																																																												

WHSSC Risk register September 2023

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: Programme Director, WKN 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 Provider/s SBUHB	Date Last Reviewed by: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 WKN/SBU Regional Meeting – 8 th September 2023 CDGB – 11 September 2023																					
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Initial	3x4	12																						
Current	4x4	16																						
Target	2x1	2																						
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. The funding release was agreed by the JC in January 2023 but there are awaiting WG sign-off. Any delays in the process has a knock on effect to the operational date of the two new builds. Procurement supported by WG. Contract awarded Implementation programme commenced New units in place NB risk score will not reach target until new units are in place and therefore additional capacity is available Risk will need to be tolerated until then. WKN has provided funding for a Project Manager role in SBU to support the implementation of the project/programme Funding release to assist with new equipment, consumables as per the new contract 		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. Preferred provider identified. Approval from JC and SBUHB Board provided. Awaiting WG sign-off.</td> <td>SBUHB SRO/WKN Manager</td> <td>Complete Contract awarded</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>Contract awarded Implementation Programme started 12 month programme September 2023</td> </tr> <tr> <td>Increase opportunity for home dialysis.</td> <td>Home Dialysis Clinical Lead/WKN Manager.</td> <td>Value in Health Bid supported investment of an additional £130K in Swansea Bay region to support home dialysis and transplantation Programme on-going Evaluation in 12 months April 2024 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>Complete</td> </tr> <tr> <td>Implementation Programme for new dialysis units in place</td> <td>WKN Deputy Manager</td> <td>Complete</td> </tr> <tr> <td>New units in place</td> <td>WKN</td> <td>September 2024</td> </tr> </tbody> </table>		Action	Lead	Date	Completion of procurement process. Preferred provider identified. Approval from JC and SBUHB Board provided. Awaiting WG sign-off.	SBUHB SRO/WKN Manager	Complete Contract awarded	Support mobilisation of contract to ensure efficiency of implementation, noting that new units unlikely to be operational until September 2023.	SBUHB SRO/WKN Manager	Contract awarded Implementation Programme started 12 month programme September 2023	Increase opportunity for home dialysis.	Home Dialysis Clinical Lead/WKN Manager.	Value in Health Bid supported investment of an additional £130K in Swansea Bay region to support home dialysis and transplantation Programme on-going Evaluation in 12 months April 2024 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	Complete	Implementation Programme for new dialysis units in place	WKN Deputy Manager	Complete	New units in place	WKN	September 2024
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<p>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: 28/09/22</p>	<p>Date Last Reviewed by: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023</p>																																																			
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<p>What controls have we put in place for the risk:</p> <ul style="list-style-type: none"> Interim Contract in place WHSSC are pursuing two avenues in order to secure an Inpatient Eating Disorders Service in Wales, one involving an independent provider being placed on the National Collaborative Commissioning Unit (NCCU) Framework and the second via a tendering process currently being developed and supported by Legal Advisors. Discussions ongoing with potential unit within Wales outcome anticipated in October this risk will be reviewed at that time. Discussions with Cheshire & Wirral Partnership for North-Wales patients are in progress. 	<p>What actions should we take:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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 - A paper was presented to the March JC 2023.</td> <td>Senior Planner / Shane Mills</td> <td>April 23</td> </tr> <tr> <td>Tender process is under development.</td> <td>DOM/H</td> <td>October 2023</td> </tr> <tr> <td>Discussions ongoing with potential unit within Wales and Cheshire and Wirral Partnership for North Wales.</td> <td>DOM/H</td> <td>October 2023</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 - A paper was presented to the March JC 2023.	Senior Planner / Shane Mills	April 23	Tender process is under development.	DOM/H	October 2023	Discussions ongoing with potential unit within Wales and Cheshire and Wirral Partnership for North Wales.	DOM/H	October 2023																																				
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<p>Additional comments: Sept 22 – Risk added December 22 – Risk score agreed and added January 22 – 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. April 23 – Risks reviewed agreed it is appropriate for risk score to remain the same and to be reviewed May 22nd August 23 – Risk remains the same September 23 – Remains the same as above and potential discussions with Cheshire & Wirral Partnership for North-Wales patients this risk will be reviewed in October.</p>																																																					

WHSSC Risk register September 2023

Risk Ref: 44 Paediatric cardiac surgery (P/21/19) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning & Performance Assuring Committee: Joint Committee Reviewed Assurance																																								
Risk: <i>There is a risk</i> that paediatric cardiac surgery patients will have longer waits than is clinically appropriate <i>due to</i> lack of availability of a PIC bed. <i>There is a consequence</i> that the condition of the patient could deteriorate whilst waiting.		Date Added to Register: 24/01/23 Provider/s: University Hospital Bristol	Date Last Reviewed by: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023																																							
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What controls have we put in place for the risk: <ul style="list-style-type: none"> Fortnightly report requested from Bristol Children’s Hospital requesting detail on patient waits, steps taken to reschedule and management plan. Meeting with clinical team in Bristol took place to understand the mitigations, agreed trajectories will be provided Health board escalated to level 3 in line with WHSSC escalation framework. 		What actions should we take: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Arrange meeting with Bristol Children’s Hospital</td> <td>W&C Planner</td> <td>Complete</td> </tr> <tr> <td>Trajectories for patients breaching waiting list standards to be shared with WHSSC.</td> <td>W&C Planner</td> <td>31/05/23</td> </tr> <tr> <td>Fortnightly updates being issued by the Provider to support the monitoring of patients on the waiting list.</td> <td>W&C Planner</td> <td>Fortnightly</td> </tr> <tr> <td>Formally write to Bristol Childrens to seek formal assurance on planned trajectories</td> <td>W&C Planner</td> <td>31/07/23</td> </tr> <tr> <td>Meeting scheduled with Bristol Children’s’ Hospital to discuss outsourcing</td> <td>W&C Planner</td> <td>30/08/23 – completed</td> </tr> <tr> <td>Requested action plan from provider to address escalation objectives</td> <td>W&C Planner</td> <td>04/10/23</td> </tr> </tbody> </table>		Action	Lead	Date	Arrange meeting with Bristol Children’s Hospital	W&C Planner	Complete	Trajectories for patients breaching waiting list standards to be shared with WHSSC.	W&C Planner	31/05/23	Fortnightly updates being issued by the Provider to support the monitoring of patients on the waiting list.	W&C Planner	Fortnightly	Formally write to Bristol Childrens to seek formal assurance on planned trajectories	W&C Planner	31/07/23	Meeting scheduled with Bristol Children’s’ Hospital to discuss outsourcing	W&C Planner	30/08/23 – completed	Requested action plan from provider to address escalation objectives	W&C Planner	04/10/23																		
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WHSSC Risk register September 2023

Risk Ref: 46 North Wales Outreach Plastic Surgery Clinic Management Arrangements (CB06) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning & Performance Assuring Committee: Joint Committee Reviewed Assurance																																																				
Risk: There is a risk that patients may come to harm due to a lack of clinical prioritisation and oversight of waiting lists for outreach plastic surgery clinics in YG and YGC. This is caused by lack of clarity in the governance and management arrangements for these clinics. This could lead to poor patient experience and outcomes		Date Added to Register: 09/09/22 Provider/s: St Helens and Knowsley NHS Trust & BCUHB	Date Last Reviewed by: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023																																																			
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What controls have we put in place for the risk: <ul style="list-style-type: none"> BCUHB has established a Task & Finish Group to address the issue including colleagues from St Helen’s & Knowsley. WHSSC quality team meets regularly with the assistant director of quality BCUHB and has established links with the quality team at SH&K. WHSSC has written formally to BCUHB to raise the concerns around the management of the outreach clinics and seek clarity on the reporting and accountability arrangements in the health board for the Task & Finish Group. BCUHB to report to WHSSC on progress of the T&F Gp at the interface planning meeting and the SLA meeting. It has been agreed that Welsh Government will lead the escalation of the management of the plastic surgery outreach clinics as a part of their wider escalation of the dermatology service in north Wales. Concern was expressed that progress appears to have slowed. It was noted that escalation is being taken forward within the Welsh Government special measures process rather than the WHSSC escalation process. WHSSC continues to engage through fortnightly meetings with Welsh Government and participation on the Task & Finish Group led by BCUHB. 		What actions should we take: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>WHSSC Quality team to continue to liaise closely with quality leads in BCUHB and SHK Trust.</td> <td>VDJ – Quality Lead</td> <td>Nov 22</td> </tr> <tr> <td>To follow up with regard to the letter to BCUHB to obtain a response and respond accordingly.</td> <td>Planner</td> <td>Complete</td> </tr> <tr> <td>Meeting between WHSSC, SHK and BCUHB to ascertain what is required to review all patients on the waiting list.</td> <td>LA – Senior Planner</td> <td>Complete</td> </tr> <tr> <td>Work with SHK and BCUHB to agree the terms of reference and implement the review.</td> <td>LA – Senior Planner & VDJ – Quality Lead</td> <td>Complete</td> </tr> <tr> <td>Confirm WHSSC’s role in the escalation led by Welsh Government</td> <td>NJ – Director of Planning / Sian Lewis – Managing Director</td> <td>Apr 23</td> </tr> <tr> <td>Monitor the findings from the patient harm review currently being undertaken by St Helen’s & Knowsley</td> <td>LA – Senior Planner & VDJ – Quality Lead</td> <td>From Mar 23 to Jun 23</td> </tr> <tr> <td>Continue to work with BCUHB and SHK, and with Welsh Government, to support addressing the risks relating to the outreach clinics.</td> <td>NJ – Director of Planning, DGW - North Wales Assistant Planner, VJD – Quality lead, LA Planner.</td> <td>On going</td> </tr> <tr> <td>VDJ to contact BCUHB Head of Patient Safety (Tracey Radcliffe) regarding the two outstanding incidents</td> <td>VDJ – Quality lead</td> <td>Complete</td> </tr> </tbody> </table>		Action	Lead	Date	WHSSC Quality team to continue to liaise closely with quality leads in BCUHB and SHK Trust.	VDJ – Quality Lead	Nov 22	To follow up with regard to the letter to BCUHB to obtain a response and respond accordingly.	Planner	Complete	Meeting between WHSSC, SHK and BCUHB to ascertain what is required to review all patients on the waiting list.	LA – Senior Planner	Complete	Work with SHK and BCUHB to agree the terms of reference and implement the review.	LA – Senior Planner & VDJ – Quality Lead	Complete	Confirm WHSSC’s role in the escalation led by Welsh Government	NJ – Director of Planning / Sian Lewis – Managing Director	Apr 23	Monitor the findings from the patient harm review currently being undertaken by St Helen’s & Knowsley	LA – Senior Planner & VDJ – Quality Lead	From Mar 23 to Jun 23	Continue to work with BCUHB and SHK, and with Welsh Government, to support addressing the risks relating to the outreach clinics.	NJ – Director of Planning, DGW - North Wales Assistant Planner, VJD – Quality lead, LA Planner.	On going	VDJ to contact BCUHB Head of Patient Safety (Tracey Radcliffe) regarding the two outstanding incidents	VDJ – Quality lead	Complete																								
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Additional comments: Feb 23 – The C&B team agreed to raise the risk score to 3x5=15 to reflect the lack of progress to date in transferring waiting list management to SHK, the delay in commencing the patient review and further risks raised by SHK NHST at the SLA meeting. April 23 – Risk reviewed and score remains the same May 23 – The commissioning team noted that the patient harm review is approximately 50% complete with all patients requiring review being offered appointments. Task & Finish Group in progress and meeting fortnightly. Welsh Government special measures for BCUHB includes plastic surgery. Risk remains until completion of harm review and SLA in place for the outreach clinics. June 23 – It was noted that WHSSC DoP attends fortnightly meetings with WG and BCUHB. WHSSC also attends the fortnightly Task & Finish Group. July 23 – position unchanged: work continues via the T&F Group to address the issues. Escalation via the meeting with WG and BCUHB. Aug 23 – Concern was expressed that progress appears to have slowed but position remains unchanged and work continues via the T&F Group to address the issues. Escalation via the meeting with WG and BCUHB.																																																						

WHSSC Risk register September 2023

Sept 23 – the Task & Finish Group continues its work and remains within the WG escalation process. Action plan being implemented but position remains unchanged.

<p>Risk Ref: 47 Sustainability and Delivery of Service provided by Cardiff and Vale University Health Board (IF14) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health</p>	<p>Director Lead: Director of Planning & Performance Assuring Committee: Joint Committee Reviewed Assurance</p>																									
<p>Risk: There is a risk that due to issues of provider sustainability and delivery, that Cardiff and Vale University Health Board will no longer be able to provide Intestinal Failure services to the Welsh population and as a consequence resulting in no service available in Wales.</p>	<p>Date Added to Register: 17/05/23</p> <p>Provider: Cardiff and Vale University Health Board</p>	<p>Date Last Reviewed by : Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023</p>																								
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<p style="text-align: right;">Groups discussed risk during period</p> <p>Commissioning Team 17/05/23 Commissioning Team 14/06/23 Commissioning Team 12/07/23 (Cancelled) Commissioning Team 09/08/23 No meeting during September 2023</p>																										
<p>What controls have we put in place for the risk:</p> <ul style="list-style-type: none"> Provision of Intestinal Failure service escalated to CDGB and Chief Executive at CVUHB Written to CVUHB for a formal position It was noted that an update was awaited from the Tertiary Services Oversight Group, however that assurance had been given by the clinical board that patients were continuing to receive care, and from the CEO letter there remains a commitment to deliver the service. 	<p>What actions should we take:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1eef6;"> <th style="width: 70%;">Action</th> <th style="width: 15%;">Lead</th> <th style="width: 15%;">Date</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Assurance received from CVUHB that the sustainability of the service is being reviewed. They are exploring options around additional medical cover as well as future training and recruitment that will ensure service resilience whilst keeping the model attractive and sustainable. Further information to be received at the next Tertiary Services Operational Group, following which WHSSC will receive an agreed position.</td> <td style="padding: 5px;">Assistant Director of Planning</td> <td style="padding: 5px;">July 2023</td> </tr> </tbody> </table>		Action	Lead	Date	Assurance received from CVUHB that the sustainability of the service is being reviewed. They are exploring options around additional medical cover as well as future training and recruitment that will ensure service resilience whilst keeping the model attractive and sustainable. Further information to be received at the next Tertiary Services Operational Group, following which WHSSC will receive an agreed position.	Assistant Director of Planning	July 2023																		
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<p>Additional comments: May 23 - Commissioning Team reviewed the risk and agreed it remains the same score until further information received from the service. June 23 – Commissioning Team reviewed the risk and confirmed confirmation had been received re: CVUHB provision of IF services. The team agreed to lower the score from 20 to 15 but for the risk to remain on the CRAF until actions had been formally agreed. July 23 – Meeting was cancelled, therefore score remains the same August 23 – Score currently remains the same.</p>																										

Risk Ref: 48 Wales Fertility Institute (WFI) P/21/20 Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Director Lead: Director of Planning & Performance Assuring Committee: Joint Committee Reviewed Assurance																															
<p>There is a risk the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital are not providing a safe and effective service due to concerns with regards to the information flows from the service into WHSSC; late submission of contract monitoring which does not reconcile with finance returns.</p> <p>There is a consequence that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.</p>	Date Added to Register: 16/05/23	Date Last Reviewed by: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023																														
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What controls have we put in place for the risk: <ul style="list-style-type: none"> Received the report from the HFEA to support monitoring Requested action plan from the service to improve against the concerns identified by the HFEA. WHSSC attendance at SBUHB monthly Gold Command meeting attended 27/06/23 Service escalated to level 3 formally requested action plan Executive to Executive action plan submitted to WHSSC Contents of Action Plan agreed. 	<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Requested HFEA report from WFI</td> <td>Head of Quality WHSSC</td> <td>Complete</td> </tr> <tr> <td>Requested Action plans from WFI based on HFEA report</td> <td>Head of Quality WHSSC</td> <td>complete</td> </tr> <tr> <td>Formal recommendation to CDGB to escalate service to level 3</td> <td>Assistant Specialised Planner WHSSC</td> <td>Complete</td> </tr> <tr> <td>Contract monitoring, MDS and RTT are due each month on 18th, these have been requested by WHSSC Information and planning last requested 16/05/23</td> <td>Assistant Specialised Planner WHSSC</td> <td>18/07/23</td> </tr> <tr> <td>Escalation meetings to be established and held monthly</td> <td>Assistant Specialised Planner WHSSC</td> <td>September 2023 onwards</td> </tr> <tr> <td>Quality visit at WFI Neath Port Talbot and Cardiff sites</td> <td>Assistant Specialised Planner WHSSC</td> <td>November 2023</td> </tr> </tbody> </table>		Action	Lead	Date	Requested HFEA report from WFI	Head of Quality WHSSC	Complete	Requested Action plans from WFI based on HFEA report	Head of Quality WHSSC	complete	Formal recommendation to CDGB to escalate service to level 3	Assistant Specialised Planner WHSSC	Complete	Contract monitoring, MDS and RTT are due each month on 18th, these have been requested by WHSSC Information and planning last requested 16/05/23	Assistant Specialised Planner WHSSC	18/07/23	Escalation meetings to be established and held monthly	Assistant Specialised Planner WHSSC	September 2023 onwards	Quality visit at WFI Neath Port Talbot and Cardiff sites	Assistant Specialised Planner WHSSC	November 2023									
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Additional comments: May 23 – New Risk – SBUHB escalated to Gold Command based on the HEFA report which identified 7 major concerns. June 23 - W&C Commissioning team reviewed the risk which remains unchanged. July 23 - W&C Commissioning team reviewed the risk which remains unchanged. Aug 23 – W&C commissioning Team reviewed the risk, with the HFEA inspection and the HB reporting service fragility the risk score has increased to 20 Sept 23 - W&C Commissioning team reviewed the risk which remains unchanged																																

WHSSC Risk register September 2023

Risk Ref: 49 Calea technical issue (IF02) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning & Performance Assuring Committee: Joint Committee Reviewed Assurance										
Risk: There is a risk that the private provider Calea will again experience technical issues in the provision of HPN due to issues of compliance with standards which as a consequence will lead to issues of supply and potential patient harm		Date Added to Register: 19/01/22 Provider: Calea	Date Last Reviewed by: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023									
Risk Rating (impact x likelihood)	<table border="1"> <tr> <td>Initial</td> <td>4x2</td> <td>8</td> </tr> <tr> <td>Current</td> <td>5x3</td> <td>15</td> </tr> <tr> <td>Target</td> <td>3x2</td> <td>6</td> </tr> </table>	Initial	4x2	8	Current	5x3	15	Target	3x2	6	Risk Rating	Groups discussed risk during period Commissioning Team 25/01/23 Commissioning Team 22/02/23 Cancelled Commissioning Team 22/03/23 Cancelled Commissioning Team 19/04/23 Commissioning Team 17/05/23 Commissioning Team 14/06/23 Commissioning Team 12/07/23 (Cancelled) Commissioning Team 09/08/23 No meeting during September 2023
Initial	4x2	8										
Current	5x3	15										
Target	3x2	6										
What controls have we put in place for the risk: <ul style="list-style-type: none"> WHSSC received notice of Implementation of Contingency Strategy from Calea 15.06.23 CDGB members, Intestinal Failure Lead and CVUHB Clinical Team notified of issues and actions taken to date. Calea are putting additional measures in place to avoid prolonging the impact on patients. Regular review meetings between Calea and procurement (acting on our behalf) are in place. 		What actions should we take: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Due to recent staff absence in Calea production unit and downtime of equipment, Calea are experiencing a persistent backlog in Parenteral Nutrition production. Decision to implement additional contingency strategies starting with deliveries from Wednesday 21st June 2023. The contingencies include: <ul style="list-style-type: none"> Implementing multi-chamber bag (MCB) alternatives for those patients on compounding identified by Trusts as green for a 4-week period and patients on the amber list for a 2- week period, (in agreement with clinical teams) Not permitting the addition of new patients to our PN service, except for patients prescribed multi-chamber bags Outsourcing some manufacturing </td> <td>Tracey Prothero/Jennifer Tresilian</td> <td>Weekly</td> </tr> <tr> <td>Increase communication channels between Calea and Procurement colleagues acting on behalf of WHSSC.</td> <td>Tracey Prothero</td> <td>Weekly</td> </tr> </tbody> </table>		Action	Lead	Date	Due to recent staff absence in Calea production unit and downtime of equipment, Calea are experiencing a persistent backlog in Parenteral Nutrition production. Decision to implement additional contingency strategies starting with deliveries from Wednesday 21st June 2023. The contingencies include: <ul style="list-style-type: none"> Implementing multi-chamber bag (MCB) alternatives for those patients on compounding identified by Trusts as green for a 4-week period and patients on the amber list for a 2- week period, (in agreement with clinical teams) Not permitting the addition of new patients to our PN service, except for patients prescribed multi-chamber bags Outsourcing some manufacturing 	Tracey Prothero/Jennifer Tresilian	Weekly	Increase communication channels between Calea and Procurement colleagues acting on behalf of WHSSC.	Tracey Prothero	Weekly
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Additional comments: May 23 - Commissioning Team reviewed the risk and agreed the risk is to remain on the register for monitoring purposes June 23- Commissioning Team reviewed the risk and agreed the risk score remains the same 14/06/23. Update – 15.06.23 notification received from Procurement re: contingency strategy implemented. Commissioning team informed and agreed the score is to be escalated from 8 to 15. July 23 – Meeting was cancelled, therefore score remains the same August 23 – commissioning team reviewed risk and confirmed no change												

WHSSC Risk register September 2023

<p>Risk Ref: 50 Deep Brain Stimulation and delays in communication with gatekeeper/referring clinician (NCC060) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health</p>		<p>Director Lead: Director of Planning & Performance Assuring Committee: Joint Committee Reviewed Assurance</p>																						
<p>Risk: There is a risk that patients with Parkinson’s disease, tremor and dystonia who have undergone Deep Brain Stimulation at North Bristol NHS Trust do not receive the correct ongoing treatment including medication due to significant delays in communication with the gatekeeper and referring clinicians.</p>		<p>Date Added to Register: 25.7.23</p> <p>Provider: North Bristol NHS Trust</p>	<p>Date Last Reviewed by: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023</p>																					
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<p>What controls have we put in place for the risk:</p> <ul style="list-style-type: none"> WHSSC and the gatekeeper met with the service on the 31st May 2023 and are meeting with the service on the 21st September 2023. Clinical safety concerns when alterations to medication and FP10 prescriptions are provided to patients in the absence of communicating this change to the primary caring team in south Wales have been raised. WHSSC have had internal discussions and are working with the gatekeeper A Welsh single point of contact had been established for NBT Re-instated the south Wales DBS gatekeeper attendance at the weekly Multi-disciplinary team (MDT) meeting NBT to develop a Standing Operating procedure that covers both outpatient and discharge communication 		<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>Met with North Bristol team on the 31st of May 2023 to understand the risks.</td> <td>Planning Manager/Quality Manager</td> <td>Quarter 1 2023</td> </tr> <tr> <td>Meeting with the North Bristol team on the 21st September 2023.</td> <td>Planning Manager</td> <td>Quarter 2 2023</td> </tr> </tbody> </table>		Action	Lead	Date	Met with North Bristol team on the 31 st of May 2023 to understand the risks.	Planning Manager/Quality Manager	Quarter 1 2023	Meeting with the North Bristol team on the 21 st September 2023.	Planning Manager	Quarter 2 2023												
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WHSSC Risk register September 2023

<p>Risk Ref 51 - Deep Brain Stimulation – lack of awareness of eligibility criteria re unmet need (NCC061) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health</p>		<p>Director Lead: Director of Planning & Performance Assuring Committee: Joint Committee Reviewed Assurance</p>																						
<p>Risk: There is a risk that patients with Parkinson’s disease, tremor and dystonia who could benefit from Deep Brain Stimulation aren’t being referred for assessment and treatment due to a lack of awareness of eligibility criteria and potential to benefit amongst referring clinicians</p>		<p>Date Added to Register: 25.7.23</p> <p>Provider: North Bristol NHS Trust</p>	<p>Date Last Reviewed by: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023</p>																					
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WHSSC Risk register September 2023

Risk Ref: 52 Additional Dialysis Sessions (WKN 12) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Risk Appetite Level:		Director Lead: WKN Programme Director Assuring Committee: Joint Committee Reviewed Assurance																																																																												
Risk: Dialysis capacity at Glan Clwyd Unit: There is a risk that due to the current physical environment of the unit that additional dialysis sessions will not be able to be accommodated. As a consequence patients may not be able to dialyse in the unit closest to home.		Date Added to Register: 04/05/21	Date Last Reviewed by: Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Integrated Governance Committee – 15 August 2023 Quality Patient Safety Committee – 16 August 2023 CTMUHB Audit & Risk Committee –16 August 2023 CDGB – 11 September 2023																																																																											
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What controls have we put in place for the risk: <ul style="list-style-type: none"> Ongoing discussion with provider regarding possible options for refurbishment/expansion. Six day patient transport service now available. Risk narrative has been changed to include the BCU position as a whole as this is the commissioning agreement. Formal letter issued to IHC Director for YGC regarding renal capacity 18.05.23 Formal letter issued to CEO & Medical Director of BCU regarding Serious Concerns raised as part of the Peer Review Process for Unit Dialysis with BCU 15.06.23 		What actions should we take: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Review of obligations under contract to determine liability for costs of refurbishment/expansion</td> <td>BCUHB Directorate Manager/ WKN Manager</td> <td>April 23</td> </tr> <tr> <td>Refurbishment of dialysis unit at YGC to accommodate a dedicated training area for Home Haemodialysis being completed. Expected to be operational by April 23</td> <td>BCUHB Directorate Manager/ WKN Manager</td> <td>April 2023</td> </tr> <tr> <td>Review of patient residence to ensure all are dialysing in centre closest to home now additional transport capacity is available.</td> <td>BCUHB Directorate Manager/ WKN Manager</td> <td>April 23</td> </tr> <tr> <td>Escalate through the WHSSC performance management structure within the WHSSC/BCU interfacing meeting</td> <td>WKN Exec Lead</td> <td>June 23</td> </tr> <tr> <td>Meeting to take place with BCU CEO & Medical Director to discuss the BCU organisational structure which currently limits flexibility across the 3 Integrated Health Communities (IHC) and the ability of the north Wales services to meet demand</td> <td>BCU CEO Exec/WHSSC Exec/WKN Management Team including Clinical and QPS lead</td> <td>August/Sept 2023</td> </tr> </tbody> </table>		Action	Lead	Date	Review of obligations under contract to determine liability for costs of refurbishment/expansion	BCUHB Directorate Manager/ WKN Manager	April 23	Refurbishment of dialysis unit at YGC to accommodate a dedicated training area for Home Haemodialysis being completed. Expected to be operational by April 23	BCUHB Directorate Manager/ WKN Manager	April 2023	Review of patient residence to ensure all are dialysing in centre closest to home now additional transport capacity is available.	BCUHB Directorate Manager/ WKN Manager	April 23	Escalate through the WHSSC performance management structure within the WHSSC/BCU interfacing meeting	WKN Exec Lead	June 23	Meeting to take place with BCU CEO & Medical Director to discuss the BCU organisational structure which currently limits flexibility across the 3 Integrated Health Communities (IHC) and the ability of the north Wales services to meet demand	BCU CEO Exec/WHSSC Exec/WKN Management Team including Clinical and QPS lead	August/Sept 2023																																																									
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Additional comments: March 23 – The WKN core team discussed the risk and agreed the score remains the same July 23 – Risk discussed in QPS, issues that have arisen from the lack of inability to flex the resources across Pan wide BCU organisational structure, which currently limits flexibility across the 3 IHCs and the ability of the north Wales services to meet demand, and the intervention required has resulted in the risk being increased from 12 to 16. September 23 – Points addressed in joint meeting on 25.08.23, full suite of Peer reviews to be sent through to CEO. Risk remains the same.																																																																														

WHSSC Risk register September 2023

Risk Ref 53 C&VUHB Neurosciences Staffing issues/level (NCC062) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning & Performance Assuring Committee: Joint Committee Reviewed Assurance																			
Risk: There is a risk that patients requiring admission to the Inpatient Neuro-rehabilitation Unit (C&VUHB) are unable to access specialist rehabilitation due to considerable staffing pressures as the service has a number of current vacancies which the service are unable to recruit to the posts. The gap in the number of posts that has been commissioned is not meeting the national standards		Date Added to Register: 30.8.23 Provider: Cardiff and Value University Health Board	Date Last Reviewed by: CDGB – 11 September 2023																		
Risk Rating (impact x likelihood)	<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> <table border="1"> <thead> <tr> <th>Month</th> <th>Risk Rating</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>aug-23</td> <td>16</td> <td>4</td> </tr> <tr> <td>sep-23</td> <td>16</td> <td>4</td> </tr> </tbody> </table>	Month	Risk Rating	Target	aug-23	16	4	sep-23	16	4	Groups discussed risk during period Commissioning Team meeting 22/08/23 Commissioning Team meeting 26/09/23
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Additional comments: August 23 - WHSSC have met with C&VUHB to discuss the staffing issues/level. The quality team met with Neurosciences lead nurse on the 02/08/2023. September 23 – Risk remains the same.																					

Risk Ref: 54 CAHMS Environment and Workforce (MH/23/16) NEW RISK 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 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. (NWAS)		Date Added to Register: 25/09/23	Date Last Reviewed by: CDGB – 11 September 2023									
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Unit have recorded and escalated this risk within BCUHB	BCUHB	October 2023										
Additional comments: September 23 - There is an issue with the doors at NWAS and has been escalated accordingly. This risk will decrease when the matter has been resolved.												

WHSSC Risk register September 2023

Risk Ref: 55 Neonatal Workforce (P/21/22) NEW RISK Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning & Performance Assuring Committee: Joint Committee Reviewed Assurance																
<p><i>There is a risk</i> that neonates who require tertiary regional neonatal support in South Wales may be inappropriately cared for, <i>due to</i> the impact of the available workforce within UHW, to support the current intensive care demand.</p> <p><i>There is a consequence</i> that a neonate may be cared for in an inappropriate care setting, where the necessary skills and/or equipment are not available.</p>		Date Added to Register: 19/09/23	Date Last Reviewed by Quality & Patient Safety Committee:															
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<p>Additional comments: Sept 23 –Evidence supplied to WHSSC highlighting staffing shortages impacting the neonatal service provided</p>		<p>Groups discussed risk during period Commissioning Team – 19/09/23</p>																

WHSSC Risk register September 2023

Risk Ref: 56 Neo-natal Infection Control (P/21/22) NEW RISK Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning & Performance Assuring Committee: Joint Committee Reviewed Assurance																
<p><i>There is a risk</i> that neonates within the Neonatal Intensive Care Unit environment within UHW, are at greater risk of exposure to IP&C issues, whilst safer practice monitoring is being embedded. This is following a recent MRSA outbreak and identification of other organisms within the clinical area.</p> <p><i>There is a consequence</i> of increased neonatal morbidity, if processes to address these issues are not effectively implemented.</p>		Date Added to Register: 19/09/23	Date Last Reviewed by Quality & Patient Safety Committee:															
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Additional comments: Sept 23 – Concern highlighted to WHSSC that IP&C pathways are not robust to prevent spread of infection increasing neonatal morbidity on the unit																		

WHSSC Risk register September 2023

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	2	3	4	5
	Rare	Unlikely	Possible	Likely	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



Report Title	Audit Recommendations Tracker		Agenda Item	4.2	
Meeting Title	Audit and Risk Committee		Meeting Date	24/10/2023	
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 (ARC) 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 (ARC) 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 2020

Since April 2020, the following internal audit reports have been issued to WHSSC:

- 8 reports have been issued,
- 29 recommendations have been made,
- 24 recommendations have been achieved,
- 2 recommendations are outstanding in relation to the report on Risk Management. The due dates for both items have been revised to March 2024; and
- A new internal audit assessment report on the Wales Kidney Network (WKN) is being presented for the first time. There are 2 recommendations outstanding and, while both have now reached their due dates, the Network has requested that these be extended to January 2024.

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

3.1.2 Summary of Planned Audits for 2023-2024

The following reviews are planned for completion by Internal Audit during 2023-2024:

Audit Theme	Quarter	Assurance Rating
Welsh Kidney Network (WKN)	Q1	Substantial
Integrated Commissioning Plan (ICP)	Q2	-
Mental Health	Q4	-

The original 2022-2023 internal audit programme was impacted by the need to defer two audits into 2023-2024 (WKN and MH) 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).

All of the WHSSC actions have been completed.

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

WG Update 11 October 2023

WG have sought clarification from Audit Wales on the detail of the recommendation and WHSSC will be notified once a response is received.

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.

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 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

WG Update 11 October 2023

The Minister for Health & Social Services asked Steve Combe, MBE to undertake an independent review of national commissioning functions at the beginning of this year. Following engagement with stakeholders and analysis of the evidence, review findings and recommendations were presented to the Minister in May 2023 and were accepted in full. Programme arrangements have been put in place to deliver those recommendations to deliver a new national commissioning joint committee by 1 April 2024. Audit Wales colleagues receive the papers for the overarching, WG Oversight Board for information on a monthly

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.

basis.

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 a 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 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.

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. This time has now elapsed and WG are in discussion with Audit Wales on how to progress the outstanding actions.

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 November 2023. Thereafter an update will be submitted to Audit Wales and to HB Audit Committees for assurance in early 2024. 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 Risk Management
October 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 changed to March 2024	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> <p>PROGRESS: The Joint Committee approved its risk appetite statement in January 2023 and the strategy has been further reviewed.</p> <p>PROGRESS: Due to competing work pressures this work is currently paused. WHSSC is in the process of preparing its legacy statement as part of the ongoing work to develop a new Joint Committee in response to the Welsh Government's review of National Commissioning arrangements. The governance work stream supporting the delivery of the programme will review and develop a revised Risk Management approach for when the new Joint Committee is formed.</p> <p>In the interim the monthly WHSSC Corporate Risk and Assurance Framework (CRAF) continues to be developed and presented at each and every Corporate Directors Group Board (CDGB) meeting, Integrated Governance Committee (IGC), Quality & Patient Safety Committee (QPSC) and the CTMUHB Audit & Risk Committee for hosted bodies. The CRAF is presented every 6 months to the Joint Committee for assurance and approval. This mitigates the risks of there being an inconsistent approach to risk management during this transitional period.</p>	ONGOING

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
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	<p>December 2022 changed to May 2023 changed to March 2024</p>	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: The Corporate Governance Team have undertaken research on risk management training methodologies across other NHS bodies and are in the process of developing a training programme to coincide with the new risk management strategy. Once the risk management strategy has been approved training will be rolled out to all staff.</p> <p>PROGRESS: Due to competing work pressures this work is currently delayed. The Risk Scrutiny Group continues to meet bi-monthly and staff are able to seek advice on any risk queries via the Corporate Governance Team. The Welsh Kidney Network (WKN) recently received a substantial assurance assessment rating from the NWSSP internal audit team in relation to high level risks being communicated and appropriately escalated to WHSSC and this demonstrates that the WHSSC risk management strategy is embedded throughout WHSSC.</p>	ONGOING

Welsh Health Specialised Services Committee

Register of Recommendations from the Internal Audit Report on Neurosciences and Long Term Conditions Services

October 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> <p>PROGRESS: The policy list is circulatedd at every Commissioning Team meeting. In August 2023, the WHSSC Policy Lead was invited to the meeting so that she could have an update on the position of the ongoing policies and also provide information on what was to be submitted to Policy Group.</p>	COMPLETE

Welsh Health Specialised Services Committee
Register of Recommendations from the Internal Audit Report on the Wales Kidney Network
October 2023

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA WKN 2023 1	<p>The Network Board has implemented several forums and task and finish groups to carry out various aspects of its work. The groups either report directly into the Network Board or into the National Quality & Patient Safety Performance Assurance Group, which is a sub-committee of the Network Board. Our review of the terms of reference (ToR) for the various groups identified:</p> <ul style="list-style-type: none"> • National Quality & Patient Safety Performance Assurance group ToR was due for review in 2021. • Clinical Reference Group – ToR was dated May 2021 and marked as draft. • 3rd Sector Collaborative Group – no ToR. • While both the All-Wales Patient Education Group and Welsh Kidney Patient Network Group both had ToRs dated January 2022, these had no time frame for review 	<p>Arrangements should be put in place to ensure that the remit and focus of task and finish groups and other groups that support the work of the Welsh Kidney Network Board are clearly set out within a Terms of Reference, and that they are regularly reviewed and updated to reflect current arrangements.</p> <p>There is a risk that:</p> <ul style="list-style-type: none"> • Governance arrangements are not properly undertaken. • Inappropriate decisions are made by committees or individuals where responsibilities are not defined and documented. 	MEDIUM	September 2023 Updated to January 2024	Network Executive Lead Director	Deputy Network Manager	<p>A full review of the ToRs will be undertaken and recommendations implemented an operational register for ToRs, will be developed and maintained to ensure that reviews are undertaken in line with the review dates.</p> <p>PROGRESS: Partial completion Operational register completed. Plans in place to review all existing ToRs and take to WKN's Board Meeting December 23</p>	
IA WKN 2023 2	<p>The Network's governance arrangements and alignment to WHSSC were subject to an independent review in 2022. The resultant report made 16 recommendations. We reviewed the report and the latest version of the action plan available (dated January 2023) and undertook testing to verify the progress made to implement the recommendations. The action plan showed that 13/16 recommendations had been implemented, with further work required to implement the three remaining recommendations, although these had passed their originally agreed target dates. From our verification work we were able to establish that two of the three outstanding recommendations had since been implemented. The remaining outstanding recommendation relates to:</p> <ul style="list-style-type: none"> • Recommendation ID 16 – 'There is a need to agree with providers (health boards) what performance information is required, when it is required and for what purpose.' As at July 2023 the action has been partially implemented. We note that initial discussions have taken place amongst the Network Core Team, however the suite of information is yet to be formally agreed. In contrast, following our testing, we felt two other recommendations that have been categorised as implemented, should be partially implemented. • Recommendation ID 4 – "The role of the executive lead should be clearly set out and referenced in the individual's job description and personal objectives, as well as in the schemes of delegation within Standing Orders". The schemes of delegation have been updated, although the executive lead's job description still requires updating. • Recommendation ID 11 – "The risk register should be reviewed to reflect commissioning risks and, once the strategic direction of the network is confirmed, be linked to each objective". The Network's commissioning risks could be exacerbated by the outcome of the National Commissioning Review which was recently undertaken by the NHS Executive. The outcome of the review may impact on the Network strategic objectives, so further work may be needed in this area 	<p>Arrangements be put in place to implement the remaining recommendations from the independent governance review and confirm full implementation of all other recommendations.</p> <p>There is a risk that:</p> <ul style="list-style-type: none"> • Governance arrangements are not properly undertaken • Inappropriate decisions are made by committees of individuals where responsibilities are not defined and documented • Lack of transparency in decisions made if appropriate records are not maintained. 	LOW	September 2023 Updated to January 2024	Network Executive Lead Director	Deputy Network Manager	<p>The final recommendations will be implemented in line with a review of the action plan. Those recommendations identified in the audit as above will be discussed at WKN Board in September and a further assessment made of their implementation. Where they have not been fully implemented this will be reflected on a revised action plan</p> <p>PROGRESS: Partial completion Executive Lead role descriptor updated and agreed at WKN Board 03.10.23 - complete Risk register reflective of Commissioning risk - complete Paper presented to WKN Board 03.10.23 on Data Sources; All data sources and monitoring requirements agreed with the exception of the Nurse Audit Data. This is the only work now outstanding with a group of lead nurses from each region meeting planned for November and recommendations on the way forward to be presented at next WKN Board meeting in December.</p>	

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA WKN 2023 3	We reviewed the Welsh Kidney Network's risk register as at July 2023 and note that for several risks, the information relating to mitigating controls and/or agreed actions to improve the mitigation of the risks were not being updated in a timely manner. We also note that several actions had progressed however this was not reflected within the risk register.	<p>Arrangements be put in place to ensure that the WKN risk register information is updated in a timely manner</p> <p>There is a risk of exposure to reputational damage due to inadequate identification, assessment and monitoring of risks.</p>	LOW	September 2023	Network Executive Lead Director	Deputy Network Manager	The Risk Register will be reviewed at the monthly team meeting. The Network co-ordinator will take the lead on prompting actions and updates are done in a timely manner prior to scrutiny at the WKN QPS committee	COMPLETED

Welsh Health Specialised Services Committee
Summary Position Regarding Progress on Internal and External Audit Reports
October 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
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	1	0	0	0	0
Quality Assurance Reporting	October 2022	October 2022	1	1	0	0	0	0
Wales Kidney Network	September 2023	October 2023	3	1	2	0	2	2

Summary Position Regarding Audit Wales Recommendations

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

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

Audit Tracker– Update **October 2023**

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 October 2023	RAG
Recovery Planning				
<p>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:</p> <ul style="list-style-type: none"> a. the backlog of waits for specialised services, how these will be managed whilst reducing patient harm. b. potential impact and cost of managing hidden demand. That being patients that did not present to primary or secondary care during the pandemic, with conditions potentially worsening. c. the financial consequences of services that were commissioned and under-delivered as a result of COVID-19, including the under-delivery of services commissioned from England. This should be used to inform contract negotiation. 				
<p>b) Potential impact and cost of managing hidden demand.</p> <p>i. Introduction of demand monitoring compared to historical levels for high volume specialties, findings to be reported</p>	In place	Director of Finance	<p>i. The introduction of demand monitoring comparing historical levels for high volume specialties is routinely undertaken and the findings are reported to the WG</p>	Completed

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

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
<p>to the WG Planned Care Board and HBs to inform non- WHSSC commissioned pathway development.</p> <p>ii. Appointment of an Associate Medical Director for Public Health to work with Health Board Directors of Public Health to assess impact.</p>	<p>Q3/Q4 2021-22</p> <p>Feb 2023</p>	<p>Director of Nursing & Quality</p> <p>Director of Planning</p> <p>Medical Director</p>	<p>Planned Care Board and HBs to inform non- WHSSC commissioned pathway Development. Demand monitoring continuously features as part of the ICP process, board presentations to HBs and through strategic reviews highlighting variations in access using data systems,</p> <p>ii. WHSSC began the process to advertise for an Associate Medical Director for Public Health via NHS jobs in Autumn 2022. Since then delays were encountered with the process for advertising a clinical role and an agenda for change role in tandem. The Job description has been reviewed by the job evaluation panel at CTMUHB and has been banded, however in light of the WG Review of National Commissioning Arrangements, it is proposed that the post be advertised after the Ministers announcement on the future of commissioning bodies.</p>	<p style="background-color: green; color: white; text-align: center;">RAG</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
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 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>Jul 2021</p> <p>Q3 2021-22</p>	<p>Managing Director</p> <p>Director of Finance</p> <p>Director of Nursing & Quality</p> <p>Director of Planning</p>	<p>i. The dual processes of horizon scanning and prioritisation is firmly embedded in WHSSC’s commissioning practice and has been applied successfully since 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,</p>	<p>Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
<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>In Place</p> <p>Dec 2021</p> <p>Dec 2021</p>		<p>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> <ul style="list-style-type: none"> a. Three members of the WHSS team are current members of NICE appraisal committees (AC – TA committee A; ID – TA committee D; SD – HST committee). AC is also Chair of the NICE Welsh Health Network, b. WHSSC has a built a strong working relationship with HTW. A MoU was signed in 2018 (currently being updated) and WHSSC is 	

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
			<p>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 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>	

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
			<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 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</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
	May 2023		<p>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. The draft strategy was presented to the Management Group on 23 March 2023, discussed at a workshop on the 17 April 2023 and was approved by the Joint Committee on 16 May 2023. View here - Strategies and Plans - Welsh Health Specialised Services Committee (nhs.wales)</p>	
<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</p>	<p>Sept 2021</p> <p>March 2022</p>	<p>Director of Finance</p> <p>Director of Nursing & Quality</p>	<p>The draft new specialised services strategy:</p> <p>i. It was previously agreed with Joint Committee a stakeholder engagement exercise would be undertaken in December</p>	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
<p>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 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</p>	<p>May 2023</p>	<p>Director of Planning</p>	<p>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 approach to developing a ten year strategy for specialised services and provided feedback on the engagement and communications plan, themes</p>	<p style="background-color: green; color: white; text-align: center;">RAG</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
<p>future. This will inform transferring commissioned services into and out of the WHSSC portfolio to meet stakeholder and patient demand.</p>			<p>and the stakeholder survey. The engagement process was undertaken between 20 September and 22 December 2022. The draft strategy was presented to the Management Group on 23 March 2023, discussed at a workshop on the 17 April 2023 and was approved by the Joint Committee on 16 May 2023 – view here Strategies and Plans - Welsh Health Specialised Services Committee (nhs.wales)</p> <p>ii. 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</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
			<p>interventions, and international collaborative networks,</p> <p>iii. 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>iv. 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 the JC's request, a follow up deep dive into paediatrics was given to the Joint Committee on the 6 September</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
			<p>2022, and further recovery update session on the 8 November 2022.</p> <p>v. The annual prioritisation panel with HB's to assess new specialised services that could be commissioned was held on the 20 July 2021,</p> <p>vi. 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,</p> <p>vii. 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.</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
Welsh Government Recommendation - Independent member recruitment				
Welsh Government Recommendation - Sub-regional and regional programme management				
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>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.</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 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>Partially Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
			<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> <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>	

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
			<p><u>WG Update Received 25 January 2023</u></p> <p>WG informed WHSSC that the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group had written to Audit Wales to provide them with an update on a proposed review of national commissioning functions. Copies of letters issued to NHS Chairs and Chief Executives on 23 January 2023 were included, along with the terms of reference for an independent review which had been agreed by the Minister for Health & Social Services. The review commenced week commencing 23 January and will conclude by April 2023. The terms of reference were discussed at the NHS Wales Leadership Board 24 January 2023 and NHS organisations confirmed their commitment to participating in the review.</p> <p>An update was given to the Joint Committee on the 17 January 2023.</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
			<p><u>WG Update 31 May 2023</u> Meeting with WG confirmed that due to a change in portfolio within the HSSG at WG, the Committee Secretary at WHSSC will liaise with Trudi Burton, WG to keep updated on the two recommendations pertaining to the WG to obtain an update for Joint Committee in July 2023.</p> <p><u>WG Update 11 October 2023</u> WG have sought clarification from Audit Wales on the detail of the recommendation and WHSSC will be notified once a response is received.</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
Welsh Government Recommendation - Future governance and accountability arrangements for specialised services				
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: 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><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 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>Partially Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
<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 become a member of the Joint Committees' Boards in order to ensure there is a stronger national focus to decision making. However, the thinking at the time was that the joint committee functions would not be subsumed into the NHS Executive function. We will continue to look at this as the NHS Executive function develops further and I will update you should there be any change to the direction of travel I indicated in 2019.</p>			<p>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 31 August 2022 confirmed that the recommendations could be categorised as completed.</p> <p><u>WG update received 27 September 2022</u></p> <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>	

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
			<p><u>WG Update Received 25 January 2023</u></p> <p>WG informed WHSSC that the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group had written to Audit Wales to provide them with an update on a proposed review of national commissioning functions. Copies of letters issued to NHS Chairs and Chief Executives on 23 January 2023 were included, along with the terms of reference for an independent review which had been agreed by the Minister for Health & Social Services. The review commenced week commencing 23 January and will conclude by April 2023. The terms of reference were discussed at the NHS Wales Leadership Board 24 January 2023 and NHS organisations confirmed their commitment to participating in the review.</p> <p>An update was given to the Joint Committee on the 17 January 2023.</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
			<p><u>WG Update 31 May 2023</u> Meeting with WG confirmed that due to a change in portfolio within the HSSG at WG, Committee Secretary at WHSSC will liaise with Trudi Burton to keep updated on the two recommendations pertaining to the WG to obtain an update for Joint Committee in July 2023.</p> <p><u>WG Update 11 October 2023</u> The Minister for Health & Social Services asked Steve Combe, MBE to undertake an independent review of national commissioning functions at the beginning of this year. Following engagement with stakeholders and analysis of the evidence, review findings and recommendations were presented to the Minister in May 2023 and were accepted in full. Programme arrangements have been put in place to deliver those recommendations to deliver a new national commissioning joint committee by 1 April 2024. Audit Wales colleagues receive the papers for the overarching, WG Oversight</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments October 2023	RAG
			<p>Board for information on a monthly basis.</p> <p>WG have sought clarification from Audit Wales on the detail of the recommendation and WHSSC will be notified once a response is received.</p>	



Report Title	WHSSC Model Standing Orders – Governance and Accountability Framework	Agenda Item	4.3		
Meeting Title	Audit & Risk Committee	Meeting Date	24/10/2023		
FOI Status	Open				
Author (Job title)	Committee Secretary				
Executive Lead (Job title)	Committee Secretary & Director of Finance				
Purpose of the Report	The purpose of this report is to provide an update on the WHSSC Model Standing Orders and Governance and Accountability Framework.				
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 report,
- **Note** the proposed changes to the WHSSC Standing Orders (SOs),
- **Note** the proposed changes to the WHSSC Standing Financial Instructions (SFIs),
- **Note** that there are no changes to the Memorandum of Agreement (MoA),
- **Note** the changes to the financial limits for Individual Patient Funding Request (IPFR) approvals,
- **Note** that the Joint Committee approved the updated documents at its meeting on 19 September 2023; and
- **Note** that these documents have been sent to Health Boards (HBs) for inclusion as schedule 4.1 within the respective HB SO's.

WHSSC MODEL STANDING ORDERS – GOVERNANCE AND ACCOUNTABILITY FRAMEWORK

1.0 SITUATION

The purpose of this report is to provide an update on the WHSSC Model Standing Orders and Governance and Accountability Framework.

2.0 BACKGROUND

2.1 Model Standing Orders and Standing Financial Instructions

In accordance with the WHSSC Regulations 2009, each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Joint Committee proceedings and business. These Joint Committee standing orders form a schedule to each LHB's own standing orders, and have effect as if incorporated within them. Together with the adoption of the Scheme of Decisions Reserved to the Joint Committee; the Scheme of Delegations to Officers and Others; and the Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement (MoA) setting out the governance arrangements for the seven LHBs and a Hosting Agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board (CTMUHB) (as the Host LHB), form the basis upon which the Joint Committee's Governance and Accountability Framework is developed.

The revised Governance and Accountability Framework documents, including the SOs, SFIs MoA and Hosting Agreement for WHSCC were last approved by the Joint Committee on 14 March 2023 and were subsequently taken forward for approval by the seven LHBs for inclusion as schedule 4.1 within their respective LHB SOs. The changes related to bespoke elements required for WHSSC.

To ensure effective governance and to comply with the provisions of the WHSSC Standing Orders (SOs) it is important that the SOs and Standing Financial Instructions (SFIs) are kept up to date to comply with the need for:

- The Joint Committee to take appropriate action to assure itself that all matters delegated are effectively carried out; and that
- The framework of delegation is kept under active review and, where appropriate, is revised to take account of organisational developments, review findings or other changes.

The revised Governance and Accountability Framework documents, including the SOs and SFIs, for WHSCC were approved by the Joint Committee on 19 September 2023, and were sent to Board Secretaries on 21 September 2023 to be presented to individual HBs for approval for inclusion as schedule 4.1 within their respective LHB SOs. At the time of writing it was confirmed that the majority of HBs took the revised SOs through their September 2023 Board Meetings, and

that Cardiff & Value University Health Board (CVUHB) and Swansea Bay University Health Board (SBUHB) will be presenting the revised documents to their Board meetings in November 2023.

3.0 SUMMARY OF PROPOSED CHANGES

Welsh Government (WG) published updated Model SO's and Model SFIs for WHSSC in correspondence received on the 12 June 2023 and 28 June 2023 respectively. The updated SOs and SFIs are presented at **Appendices 1 and 2** for information. The only changes relate to the WG model guidance element of the SOs and SFIs.

The main changes WG have made to the SOs relate to:

- a) reflecting the provisions of the Health and Social Care (Quality and Engagement) Act 2020 specifically the introduction of the duty of quality and duty of candour; and
- b) Changes linked to the establishment of Llais and the dissolution of the Community Health Councils and the Board of Community Health Councils.

The main changes to the SFIs are administrative updates and are detailed in **Table 1**. For further assurance, a summary of all updates made are also outlined in **Table 1** below:

Table 1 - Summary of Proposed Changes to the WHSSC Governance and Accountability Framework

Standing Orders – see Appendix 1	
Page 4	Contents Page 6.2 Working with Llais (Llais replaced Community Health Councils).
Page 7 – new section added	<p>The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1) (the 2020 Act) makes provision for:</p> <ul style="list-style-type: none"> • Ensuring NHS bodies and ministers think about the quality of health services when making decisions (the Duty of Quality); • Ensuring NHS bodies and primary care services are open and honest with patients, when something may have gone wrong in their care (the Duty of Candour); • The creations of a new Citizens Voice Body for Health and Social Care, Wales (to be known as Llais) to represent the views of and advocate for people across health and social care in respect of complaints about services; and • The appointment of statutory vice-chairs for NHS Trusts. <p>The act has been commenced at various stages with the final provision, relating to the preparation and publication of a code of practice regarding access to premises coming into effect in June 2023.</p>

	<p>Local Health Boards will need ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance.</p> <p>The guidance outlines the responsibilities of Local Health Board when commissioning services for their population. WHSSC shall ensure they consider these responsibilities in the discharge of their duties.</p> <p>The Duty of Quality statutory guidance 2023 can be found at https://www.gov.wales/duty-quality-healthcare</p> <p>The NHS Duty of Candour statutory guidance 2023 can be found at https://www.gov.wales/nhs-duty-candour</p>
<p>Page 8 slight change to the wording</p>	<p>The overarching NHS governance and accountability framework within which the Joint Committee must work incorporates the LHBs SOs; Schedule of Powers reserved for the Board; and Scheme of Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; Health and Care Quality Standards 2023, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.</p>
<p>Page 23 New sub- sections added</p>	<p>6.2 Working with Llais</p> <p>6.2.1 Part 4 of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1) (the 2020 Act) places a range of duties on LHBs in relation to the engagement and involvement of Llais in their operations.</p> <p>6.2.2 The 2020 Act places a statutory duty on LHBs to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and considered.</p> <p>The Statutory Guidance on Representations made by the Citizen Voice Body can be found at https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf</p> <p>6.2.3 The 2020 Act also places a statutory duty on LHBs to make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions. LHBs must also have regard to the Code of Practice on access to premises when it comes into effect in June 2023.</p>

	6.2.4 The LHBs and Joint Committee will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning and commissioning services.
	6.2.5 The Joint Committee shall ensure arrangements are in place to engage and co-operate with representatives of Llais as appropriate.
Standing Financial Instructions – see <i>Appendix 2</i>	
Page	3.1.1 PDF file included instead of hyperlink
Page	4.1.2 PDF file included instead of hyperlink
Page	4.3.2 Annual IMTP hyperlink deleted
Page	5.5.1 link to monitoring returns deleted

The MoA which includes the Hosting Agreement were last updated and approved in March 2023, and no changes have been made to these documents.

4.0 CHANGES TO THE FINANCIAL SCHEME OF DELEGATION FOR IPFR APPROVALS

Under the scheme of delegation, Individual Patient Funding Requests (IPFRs) require a two level authorisation process. There is a requirement for both a medical and a financial authorisation.

Updates to the financial limits of the WHSSC financial scheme of delegation were last approved at the 10 January 2023 JC meeting.

Since then, with the retirement of the Director of Finance and the Assistant Director of Finance acting up, all IPFR funding requests valued above £50,000 will have to be authorised by the Assistant Director of Finance. An analysis of funding requests approved in 2022-2023 shows that 243 fell into this category.

In the absence of the IPFR manager, the Head of Quality and Patient Care will have to provide clinical approval for all IPFR funding requests to the value of £50,000. In 2022-2023 there were 1482 requests in this category.

Therefore, on the 19 September 2023 the Joint Committee approved the following amendments to the delegated financial limits. An updated Scheme of financial Delegation authorisation limits schedule is attached at **Appendix 3**. Given the cost increases expected to happen in the coming year it was also requested that the changes be made permanent.

Clinical Delegated Limits	
IPFR Senior Project Manager (new)	£50,000
IPFR Manager (increase)	£50,000
Financial Delegated Limits	
Financial Accountant (increase)	£100,000
Head of Financial Planning (increase)	£100,000

5.0 GOVERNANCE & RISK

To ensure effective governance the WHSSC Governance and Accountability Framework is reviewed annually, and the WHSSC Integrated Governance Committee (IGC) were informed of the proposed changes received from WG on 15 August 2023.

The Joint Committee approved the updated governance and accountability framework on 19 September 2023 and they were then issued to HBs to be taken forward for approval by the Boards of the seven HBs for inclusion as schedule 4.1 within their respective HB SOs.

6.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the proposed changes to the WHSSC Standing Orders (SOs),
- **Note** the proposed changes to the WHSSC Standing Financial Instructions (SFIs),
- **Note** that there are no changes to the Memorandum of Agreement,
- **Note** the requested changes to the financial limits for Individual Patient Funding Request (IPFR) approvals,
- **Note** that the Joint Committee approved the updated documents at its meeting on 19 September 2023; and
- **Note** that these documents have been sent to Health Boards (HBs) for inclusion as schedule 4.1 within the respective HB SO's.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Yes
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Reduce inappropriate variation
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	A strong financial governance framework is essential to ensuring patients experience the greatest possible levels of safety and quality in the services commissioned by WHSSC Informed decisions within the environment of a clear financial governance framework are more likely to impact favourably on the quality, safety and experience of patients and staff.
Finance/Resource Implications	The WHSSC Standing Financial Instructions (SFI's) outline the financial scheme of delegation, non-pay expenditure limits and accountability arrangements.
Population Health	There are no specific population health implications related to the activity outlined in this report.
Legal Implications (including equality & diversity, socio economic duty etc)	The Model Standing Orders, Reservations and Delegation of Powers (SO's) were last issued by Welsh Government in June 2023 for Local Health Boards, Trusts, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC). The revised model documents are issued in accordance the Ministerial direction contained within sections 12(3) (for Local Health Boards) and 19(1) (for NHS Trusts) and 23(1) (Special Health Authorities) of the National Health Service (Wales) Act 2006.
Long Term Implications (incl WBFQ Act 2015)	WHSSC is committed to considering the long-term impact of its 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)	15 August 2023 – Integrated Governance Committee – verbal update on progress 5 September 2023 – Corporate Directors Group Board

	<p>19 September 2023 – WHSSC Joint Committee – approved September 2023 and November 2023 – HB Board Meetings.</p>
<p>Appendices</p>	<p>Appendix 1 – Updated WHSSC Standing Orders (SOs) Appendix 2 – Updated WHSSC Standing Financial Instructions (SFIs) Appendix 3 – Updated Scheme of Financial Delegation – authorisation limits schedule</p>

Schedule 4.1

STANDING ORDERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

**This Schedule forms part of, and shall have effect as if incorporated in the
Local Health Board Standing Orders**

Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 4.1 WHSSC Standing Orders

Status: Final
V9

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Foreword

Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. When agreeing Standing Orders Local Health Boards must ensure they are made in accordance with directions as may be issued by Welsh Ministers. Each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Welsh Health Specialised Services Committee's (the WHSSC or the Joint Committee) proceedings and business¹. These WHSSC Standing Orders (WHSSC SOs) form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009² and LHB Standing Order 3 into day to day operating practice. Together with the adoption of a Schedule of decisions reserved to the Joint Committee; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement dated made between the Joint Committee and the seven LHBs in Wales that defines the respective roles of the seven LHB Accountable Officers and a hosting agreement dated between the Joint Committee and Cwm Taf Morgannwg University LHB (the host LHB), form the basis upon which the Joint Committee governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members, Joint Committee members, LHB and Welsh Health Specialised Services Team (WHSST) staff must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Committee Secretary of the Joint Committee will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements for the Joint Committee. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>.

¹ Reference Part 3, Regulation 12 of WHSSC Regulations 2009 and Regulation 14(b) and 15(5) of the LHB Regulations 2009.

² (2009/3097 (W.270))

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Section: A – Introduction

Statutory framework

- i) The Welsh Health Specialised Services Committee (the Joint Committee) is a joint committee of each Local Health Board (LHB) in Wales, established under the **Welsh Health Specialised Services Committee (Wales) Directions 2009** (the WHSSC Directions). The functions and services of the Joint Committee are listed in Annex 1 of the WHSSC Directions and are subject to variations to those functions agreed from time to time by the Joint Committee. Annex 1 was amended by the **Welsh Health Specialised Services Committee (Wales) (Amendment) Directions 2014** following the establishment of the Emergency Ambulance Services Committee. The Joint Committee is hosted by the host LHB on behalf of each of the seven LHBs.
- ii) The principal place of business of the WHSSC is Unit G1, The Willowford, Treforest Industrial Estate, Pontypridd CF37 5YL.
- iii) All business shall be conducted in the name of the Welsh Health Specialised Services Committee on behalf of LHBs.
- iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006³** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006⁴** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions.
- v) Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHBs' statutory functions are set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009.
- vi) However in some cases the relevant function may be contained in other legislation.
- vii) Each LHB's functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and specialised services for the citizens in their respective areas. The WHSSC

³ c.42

⁴ c.41

Directions provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of specialised and tertiary services and will establish the joint committee for the purpose of jointly exercising those functions.

- viii) Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006 the Minister has made the **Welsh Health Specialised Services Committee (Wales) Regulations 2009⁵** (the WHSSC Regulations) which set out the constitution and membership arrangements of the Joint Committee. Certain provisions of the **Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009⁶** (the Constitution Regulations) will also apply to the operations of the Joint Committee, as appropriate.
- ix) In addition to directions the Welsh Ministers may from time to time issue guidance relating to the activities of the Joint Committee which LHBs must take into account when exercising any function.
- x) **The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) makes provision for:
- Ensuring NHS bodies and ministers think about the quality of health services when making decisions (the Duty of Quality);
 - Ensuring NHS bodies and primary care services are open and honest with patients, when something may have gone wrong in their care (the Duty of Candour);
 - The creations of a new Citizens Voice Body for Health and Social Care, Wales (to be known as Llais) to represent the views of and advocate for people across health and social care in respect of complaints about services; and
 - The appointment of statutory vice-chairs for NHS Trusts.

The act has been commenced at various stages with the final provision, relating to the preparation and publication of a code of practice regarding access to premises coming into effect in June 2023.

Local Health Boards will need ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance.

The guidance outlines the responsibilities of Local Health Board when commissioning services for their population. WHSSC shall ensure they consider these responsibilities in the discharge of their duties.

The Duty of Quality statutory guidance 2023 can be found at <https://www.gov.wales/duty-quality-healthcare>

5 (2009/3097 (W.270)

6 (2009/779 W.67)

The NHS Duty of Candour statutory guidance 2023 can be found at <https://www.gov.wales/nhs-duty-candour>

- xi) The Host LHB shall issue an indemnity to the Chair, on behalf of the LHBs

NHS framework

- xii) In addition to the statutory requirements set out above, the Joint Committee, on behalf of each of the LHBs, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.
- xiii) Adoption of the principles will better equip the Joint Committee to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.
- xiv) The overarching NHS governance and accountability framework within which the Joint Committee must work incorporates the LHBs SOs; Schedule of Powers reserved for the Board; and Scheme of Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the Health and Care Quality Standards 2023, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.
- xv) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the **Well-being of Future Generations (Wales) Act 2015**, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.
- xvi) The **Well-being of Future Generations (Wales) Act 2015** also places duties on LHBs and some NHS Trusts in Wales. Sustainable development in the context of the act means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.
- xvii) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Ministers' Citizen

Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>. Directions or guidance on specific aspects of Committee/LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Joint Committee Framework

- xviii) The specific governance and accountability arrangements established for the Joint Committee are set out within:
- These WHSSC SOs and the Schedule of Powers reserved for the Joint Committee and the Scheme of Delegation to others;
 - The WHSSC SFIs;
 - A Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers; and
 - A hosting agreement between the Joint Committee and the host LHB in relation to the provision of administrative and any other services to be provided to the Joint Committee.
- xix) Annex 2 to these SOs provides details of the key documents that, together with these SOs, make up the Joint Committee's governance and accountability framework. These documents must be read in conjunction with the WHSSC SOs.
- xx) The Joint Committee may from time to time, subject to the prior approval of each LHB's Board, agree operating procedures which apply to Joint Committee members and/or members of the WHSST and others. The decisions to approve these operating procedures will be recorded in an appropriate Joint Committee minute and, where appropriate, will also be considered to be an integral part of these WHSSC SOs and SFIs. Details of the Joint Committee's key operating procedures are also included in Annex 2 of these SOs.

Applying WHSSC Standing Orders

- xxi) The WHSSC SOs (together with the WHSSC SFIs and other documents making up the governance and accountability framework) will, as far as they are applicable, also apply to meetings of any joint sub-Committees established by the Joint Committee, including any Advisory Groups. The WHSSC SOs may be amended or adapted for the joint sub-Committees or Advisory Groups as appropriate, with the approval of the Joint Committee. Further details on joint sub-Committees and Advisory Groups may be found in Annexes 3 and 4 of these WHSSC SOs, respectively.
- xxii) Full details of any non-compliance with these WHSSC SOs, including an

explanation of the reasons and circumstances must be reported in the first instance to the Committee Secretary, who will ask the nominated Audit Committee to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members and Joint Committee officers have a duty to report any non-compliance to the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported. **Ultimately, failure to comply with WHSSC SOs is a disciplinary matter.**

Variation and amendment of WHSSC Standing Orders

- xxiii) Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the Joint Committee determines that it is necessary to vary or amend the SOs during the year. In these circumstances, the Chair of the Joint Committee, advised by the Committee Secretary, shall submit a formal report to each LHB Board setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:
- Each of the seven LHBs are in favour of the amendment; or
 - In the event that agreement cannot be reached, Welsh Ministers determine that the amendment should be approved.

Interpretation

- xxiv) During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the WHSSC SOs, the Chair of the Joint Committee shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair should take appropriate advice from the Committee Secretary.
- xxv) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these WHSSC SOs when interpreting any term or provision covered by legislation.

Relationship with LHB Standing Orders

- xxvi) The WHSSC SOs form a schedule to each LHB's own SOs, and shall have effect as if incorporated within them.

The role of the Committee Secretary

- xxvii) The role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee

Secretary acts as the guardian of good governance within the Joint Committee:

- Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance;
- Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its joint sub-Committees and Advisory Groups;
- Ensuring that Joint Committee members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- Monitoring the Joint Committee's compliance with the law, WHSSC SOs and the framework set by the LHBs and Welsh Ministers.

xxviii) As advisor to the Joint Committee, the Committee Secretary's role does not affect the specific responsibilities of Joint Committee members for governing the Committee's operations. The Committee Secretary is directly accountable for the conduct of their role to the Chair of the Joint Committee.

Section: B – WHSSC Standing Orders

1. THE JOINT COMMITTEE

1.1 Purpose and Delegated functions⁷

1.1.1 The Joint Committee has been established for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

1.1.2 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of specialised and tertiary services for residents within their area.

1.1.3 Each LHB will have appropriate arrangements to equip the Chief Executive to represent the views of the individual Board and discharge their delegated authority appropriately.

1.1.4 The Joint Committee's role is to:

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Commissioning Plan, for agreement by the Committee in conjunction with the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the

⁷ The WHSSC (Wales) Directions 2009 and The WHSSC (Wales) Regulations 2009

contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;

- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

1.1.5 The Joint Committee must ensure that all its activities are in exercise of these functions or any other functions that may be conferred on it. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its roles. In the event that the Joint Committee is unable to reach agreement, then the matter shall be escalated to the Welsh Government for resolution ultimately by Welsh Ministers.

1.1.6 To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making of the Management Team undertaken at the direction of the Joint Committee.

1.1.7 The Joint Committee shall work with all its partners and stakeholders in the best interests of its population across Wales.

1.2 Membership of the Joint Committees

1.2.1 The membership of the Joint Committee shall be 15 voting members and three associate members, comprising the *Chair* (appointed by the Minister for Health and Social Services) and the *Vice-Chair* (appointed by the Joint Committee from existing non-officer members of the seven LHBs)⁹, together with the following:

Non-Officer Members [known as Independent Members] ¹⁰

1.2.2 A total of 2, appointed by the Joint Committee from existing non-officer members of the seven LHBs.

8 Ref. Welsh Health Specialised Services Committee (Wales) Directions 2009, 5(1) and Welsh Health Specialised Services Committee (Wales) Regulations 2009, Part 2

9 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009, Regulation 4(1) & 4(2)

10 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009, Regulation 4(3)

Chief Executives

1.2.3 A total of 7, drawn from each Local Health Board in Wales.

Officer Members [known as WHSST Directors]

1.2.4 A total of 4, appointed by the Joint Committee, consisting of a Director of Specialised and Tertiary Services¹¹; a Medical Director of Specialised and Tertiary Services; a Finance Director of Specialised and Tertiary Services, and a Nurse Director of Specialised and Tertiary Services. These officer members may have other responsibilities as determined by the Joint Committee and set out in the scheme of delegation to officers. These officer members comprise the Management Team.

1.2.5 Where a post of WHSST Director is shared between more than one person because of their being appointed jointly to a post:

- i. Either or both persons may attend and take part in Joint Committee meetings;
- ii. If both are present at a meeting they shall cast one vote if they agree;
- iii. In the case of disagreement no vote shall be cast; and
- iv. The presence of both or one person will count as one person in relation to the quorum.

Associate Members

1.2.6 The following Associate Members will attend Joint Committee meetings on an ex-officio basis, but will not have any voting rights:

- Chief Executive of Velindre NHS Trust
- Chief Executive of the Welsh Ambulance Services NHS Trust
- Chief Executive of Public Health Wales NHS Trust.

In attendance

1.2.7 The Joint Committee Chair may invite other members of the WHSST or others to attend all or part of a meeting on an ex-officio basis to assist the Joint Committee in its work.

Use of the term 'Independent Members'

1.2.8 For the purposes of these WHSSC SOs, use of the term 'Independent Members' refers to the following voting members of the Joint Committee:

¹¹ The Director of Specialised and Tertiary Services is also known as the Managing Director of Specialised and Tertiary Services Commissioning

- Chair
- Vice-Chair
- Non-Officer Members

unless otherwise stated.

1.3 Member Responsibilities and Accountability

- 1.3.1 The Joint Committee will function as a decision-making body, all voting members being full and equal members and sharing corporate responsibility for all the decisions of the Joint Committee.
- 1.3.2 Independent Members who are appointed to the Joint Committee must act in a balanced manner, ensuring that any opinion expressed is impartial and based upon the best interests of the health service across Wales.
- 1.3.3 All members must comply with the terms of their appointment to the Committee. They must equip themselves to fulfil the breadth of their responsibilities on the Joint Committee by participating in relevant personal and organisational development programmes, engaging fully in the activities of the Joint Committee and promoting understanding of its work.

The Chair

- 1.3.4 The Chair is responsible for the effective operation of the Joint Committee:
- Chairing Joint Committee meetings;
 - Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Joint Committee business is conducted in accordance with WHSSC SOs; and
 - Developing positive and professional relationships amongst the Joint Committee's membership and between the Joint Committee and each LHB's Board.
- 1.3.5 The Chair shall work in close harmony with the Chair of each LHB and, supported by the Committee Secretary, shall ensure that key and appropriate issues are discussed by the Joint Committee in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- 1.3.6 The Chair is directly accountable to the Minister for Health and Social Services in respect of their performance as Chair, to each LHB Board in relation to the delivery of the functions exercised by the Joint Committee on its behalf and, through the host LHB's Board, for the conduct of business in accordance with the defined governance and operating framework.

The Vice-Chair

- 1.3.7 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new Chair is appointed¹².
- 1.3.8 The Vice-Chair is accountable to the Chair for their performance as Vice Chair.

Non-Officer Members

- 1.3.9 Non-Officer members are accountable to the Chair for their performance as Non-Officer members.

WHSST Director of Specialised and Tertiary Services

- 1.3.10 The WHSST Director of Specialised and Tertiary Services (Lead Director), as head of the Management Team reports to the Chair and is responsible for the overall performance of the WHSST. The Lead Director is accountable to the Joint Committee in relation to those functions delegated to them by the Joint Committee. The Lead Director is also accountable to the Chief Executive of the host LHB in respect of the administrative arrangements supporting the operation of the team.

WHSST Directors (excluding the WHSST Director of Specialised and Tertiary Services)

- 1.3.11 The Medical Director of Specialised and Tertiary Services, the Finance Director of Specialised and Tertiary Services, and the Nurse Director of Specialised and Tertiary Services are accountable to the Joint Committee and the Chief Executive of the host LHB through the Lead Director.

1.4 Appointment and tenure of Joint Committee members

- 1.4.1 The **Chair**, shall be appointed by the Minister for Health and Social Services for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term¹³.
- 1.4.2 The **Vice-Chair** and two other **Independent Members** shall be appointed by the Joint Committee from existing Independent Members of the seven

¹² Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 3, Regulation 13

¹³ Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 7

Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than 4 years, in line with that individual's term of office on any LHB Board. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term¹⁴.

1.4.3 The appointment process for the Vice Chair and the two other Independent Members shall be determined by the Joint Committee, subject to the approval of each LHB Board and any directions made by the Welsh Ministers. In making these appointments, the Joint Committee must ensure:

- A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served by the Joint Committee;
- That wherever possible, the overall membership of the Joint Committee reflects the diversity of the population; and
- Potential conflicts of interest are kept to a minimum.

1.4.4 The **WHSST Directors** shall be appointed by the Joint Committee¹⁵, and employed by the host LHB in accordance with the eligibility requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the employment policies of the host LHB, as appropriate. The appointments process shall be in accordance with the workforce policies and procedures of the host LHB and any directions made by the Welsh Ministers.

1.4.5 WHSST Directors tenure of office as Joint Committee members will be determined by their contract of employment.

1.4.6 All Joint Committee members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements set for their role, so far as they are applicable, and as specified in the relevant regulations. Any member must inform the Joint Committee Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office¹⁶.

2. RESPONSIBILITIES AND RELATIONSHIPS WITH EACH LHB BOARD, THE HOST LHB AND OTHERS¹⁷

2.0.1 The Joint Committee is not a separate legal entity from each of the LHBs. It shall report to each LHB Board on its activities, to which it is formally

¹⁴ Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 7

¹⁵ Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 4(3)

¹⁶ Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 6,7,8 and 11

¹⁷ Ref. Welsh Health Specialised Services Committee (Wales) Directions 2009 3(4)

accountable in respect of the exercise of the functions carried out on their behalf. The Joint Committee shall also be held to account by the Welsh Government through the NHS performance management system.

- 2.0.2 The Board of the host LHB will not be responsible or accountable for the planning, funding and securing of specialised services, save in respect of residents within the areas served. The Board of the host LHB shall be responsible for ensuring that the WHSST acts in accordance with its administrative policies and procedures.
- 2.0.3 Each LHB Board may agree that designated board members or LHB officers shall be in attendance at Joint Committee meetings. The Joint Committee Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the relevant LHB Chair.
- 2.0.4 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.
- 2.0.5 The LHB Chairs [*through the lead Chair*] shall put in place arrangements to meet with the Joint Committee Chair on a regular basis to discuss the Joint Committee's activities and operation.

3. RESERVATION AND DELEGATION OF JOINT COMMITTEE FUNCTIONS

- 3.0.1 Within the framework approved by each LHB Board and set out within these WHSSC SOs - and subject to any directions that may be given by the Welsh Ministers - the Joint Committee may make arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made.
- 3.0.2 The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:
 - i. Schedule of matters reserved to the Joint Committee;
 - ii. Scheme of delegation to joint sub-Committees and others; and
 - iii. Scheme of delegation to Officers.

all of which must be formally adopted by the Joint Committee.

- 3.0.3 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.

3.1 Chair's action on urgent matters

- 3.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint Committee Chair and the Lead Director, supported by the Committee Secretary, may deal with the matter on behalf of the Joint Committee - after first consulting with at least one other Independent Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.
- 3.1.2 Chair's action may not be taken where either the Joint Committee Chair or the Lead Director has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or another WHSST Director acting on behalf of the Lead Director will take a decision on the urgent matter, as appropriate.

3.2 Delegation to joint sub-Committees and others

- 3.2.1 The Joint Committee shall agree the delegation of any of its functions to joint sub-Committees or others (including networks), setting any conditions and restrictions it considers necessary and following any directions agreed by the LHBs or the Welsh Ministers.
- 3.2.2 The Joint Committee shall agree and formally approve the delegation of specific powers to be exercised by joint sub-Committees which it has formally constituted or to others.

3.3 Delegation to Officers

- 3.3.1 The Joint Committee will delegate certain functions to the Lead Director. For these aspects, the Lead Director, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Lead Director will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.
- 3.3.2 This must be considered and approved by the Joint Committee (subject to any amendment agreed during the discussion). The Lead Director may periodically propose amendment to the Scheme of Delegation and any such amendments must also be considered and approved by the Joint Committee.
- 3.3.3 Individual Directors are in turn responsible for delegation within their own teams in accordance with the framework established by the Lead Director

and agreed by the Joint Committee.

4. JOINT SUB-COMMITTEES

- 4.0.1 In accordance with WHSSC Standing Order 4.0.3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint joint sub-Committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).
- 4.0.2 These may consist wholly or partly of Joint Committee members or LHB Board members or of persons who are not LHB Board members or Board members of other health service bodies.
- 4.0.3 The Joint Committee shall establish a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs. As a minimum, it shall establish joint sub-Committees which cover the following aspects of Joint Committee business:
- Quality and Safety
 - Audit
- 4.0.4 The Joint Committee may make arrangements to receive and provide assurance to others through the establishment and operation of its own joint sub-Committees or by placing responsibility with the host LHB or other designated LHB. Where responsibility is placed with the host LHB or other designated LHB, the arrangement shall be detailed within the hosting agreement between the Joint Committee and the host LHB or the agreement between the seven LHB Accountable Officers (as appropriate).
- 4.0.5 Full details of the joint sub-Committee structure established by the Joint Committee, including detailed terms of reference for each of these joint sub-Committees are set out in Annex 3 of these WHSSC SOs.
- 4.0.6 Each joint sub-Committee established by or on behalf of the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:
- The scope of its work (including its purpose and any delegated powers and authority);
 - Membership and quorum;
 - Meeting arrangements;
 - Relationships and accountabilities with others;

- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

4.0.7 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the joint sub-Committee, keeping any such aspects to the minimum necessary.

4.0.8 The membership of any such joint sub-Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Depending on the joint sub-Committee's defined role and remit; membership may be drawn from the Joint Committee, LHB Board or committee members, staff (subject to the conditions set in WHSSC Standing Order 4.0.9) or others.

4.0.9 WHSST Directors or officers should not normally be appointed as joint sub-Committee Chairs, nor should they be appointed to serve as members on any committee set up to review the exercise of functions delegated to officers. Designated WHSST Directors or officers shall, however, be in attendance at such joint sub-Committees, as appropriate.

4.1 Other Groups

4.1.1 The Joint Committee may also establish other groups to help it in the conduct of its business.

4.2 Reporting activity to the Joint Committee

4.2.1 The Joint Committee must ensure that the Chairs of all joint sub-Committees and other bodies or groups operating on its behalf report formally, regularly and on a timely basis to the Joint Committee on their activities. Joint sub-Committee Chairs' shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4.2.2 Each joint sub-Committee shall also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

5. EXPERT PANEL AND OTHER ADVISORY GROUPS

5.0.1 The Joint Committee may, and where directed by the LHBs jointly or the Welsh Ministers must appoint an Expert Panel and other Advisory Groups to provide it with advice in the exercise of its functions. Full details of the Expert Panel and other Advisory Groups established by the Joint Committee, including detailed terms of reference are set out in Annex 4 of the WHSSC SOs.

5.0.2 Any Expert Panel or Advisory Group established by the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

5.0.3 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the Expert Panel or Advisory Group, keeping any such aspects to the minimum necessary.

5.0.4 The membership of any Expert Panel or Advisory Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements or directions agreed by the LHBs or the Welsh Ministers.

5.1 Reporting activity

5.1.1 The Joint Committee shall ensure that the Chairs of any Expert Panel or Advisory Group reports formally, regularly and on a timely basis to the Joint Committee on their activities. Expert Panel or Advisory Group Chairs shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

5.1.2 Any Expert Panel or Advisory Group shall also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has

established.

6. MEETINGS

6.1 Putting Citizens first

6.1.1 The Joint Committee's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens and other stakeholders. The Joint Committee, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read, where requested or required, and in electronic formats;
- Requesting that attendees notify the Committee Secretary of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g. Disability Discrimination Act, as well as its Communication Strategy and the provisions made by the host body in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.

6.1.2 The Joint Committee Chair will ensure that, in determining the matters to be considered by the Joint Committee, full account is taken of the views and interests of all citizens served by the Joint Committee on behalf of each LHB, including any views expressed formally.

6.2 Working with Llais

6.2.1 Part 4 of the **Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) places a range of duties on LHBs in relation to the engagement and involvement of Llais in their operations.

6.2.2 The 2020 Act places a statutory duty on LHBs to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and considered.

The Statutory Guidance on Representations made by the Citizen Voice Body can be found at

<https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf>

- 6.2.3 The 2020 Act also places a statutory duty on LHBs to make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions. LHBs must also have regard to the Code of Practice on access to premises when it comes into effect in June 2023.
- 6.2.4 The LHBs and Joint Committee will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning and commissioning services.
- 6.2.5 The Joint Committee shall make arrangements ensure arrangements are in place to engage and co-operate liaise with CHC members representatives of Llais as appropriate.

6.3 Annual Plan of Committee Business

- 6.3.1 The Committee Secretary, on behalf of the Joint Committee Chair, shall produce an Annual Plan of Committee business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan shall also set out any standing items that shall appear on every Joint Committee agenda.
- 6.3.2 The plan shall set out the arrangements in place to enable the Joint Committee to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Joint Committee members to contribute in either English or Welsh languages, where appropriate.
- 6.3.3 The plan shall also incorporate formal Joint Committee meetings, regular Committee Development sessions and, where appropriate, the planned activities of joint sub-Committees, Expert Panel and Advisory Groups.
- 6.3.4 The Joint Committee shall agree the plan for the forthcoming year by the end of March, and this plan shall be published on the organisation's website.

6.4 Calling Meetings

- 6.4.1 In addition to the planned meetings agreed by the Joint Committee, the Joint Committee Chair may call a meeting of the Joint Committee at any time. Any LHB may request that the Chair call a meeting, or an individual

committee member may also request that the Joint Committee Chair call a meeting provided that in either case at least one third of the whole number of Committee members supports such a request.

- 6.4.2 If the Chair does not call a meeting within seven days after receiving such a request from Joint Committee members, then those Joint Committee members may themselves call a meeting.

6.5 Preparing for Meetings

Setting the agenda

- 6.5.1 The Joint Committee Chair, in consultation with the Committee Secretary and the Lead Director, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Joint Committee business; any standing items agreed by the Joint Committee; any applicable items received from joint sub-Committees and other groups as well as the priorities facing the Joint Committee. The Joint Committee Chair must ensure that all relevant matters are brought before the Joint Committee on a timely basis.
- 6.5.2 Any Joint Committee member may request that a matter is placed on the Agenda by writing to the Joint Committee Chair, copied to the Committee Secretary, at least 12 calendar days before the meeting. The request shall set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of Joint Committee business.

Notifying and equipping Joint Committee members

- 6.5.3 Joint Committee members should be sent an Agenda and a complete set of supporting papers at least 10¹⁸ calendar days before a formal Joint Committee meeting. This information may be provided to Joint Committee members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Joint Committee Chair is satisfied that the Joint Committee's ability to consider the issues contained within the paper would not be impaired.
- 6.5.4 No papers should be included for decision by the Joint Committee unless the Joint Committee Chair is satisfied (subject to advice from the Committee Secretary, as appropriate) that the information contained within it is sufficient to enable the Joint Committee to take a reasonable decision. This

¹⁸ See Schedule 3, 2(3) of the LHB (Constitution, Membership and Procedures) Regulations 2009

will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Joint Committee, and the outcome of that assessment shall accompany the report to the Joint Committee to enable the Joint Committee to make an informed decision.

6.5.5 In the event that at least half of the Joint Committee members do not receive the Agenda and papers for the meeting as set out above, the Joint Committee Chair must consider whether or not the Joint Committee would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Joint Committee Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.

6.5.6 In the case of a meeting called by Joint Committee members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

6.5.7 Except for meetings called in accordance with WHSSC Standing Order 6.4, at least 10 calendar days before each meeting of the Joint Committee a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):

- On each LHB's website, together with the papers supporting the public part of the Agenda; as well as
- Through other methods of communication as set out in the Joint Committee's communication strategy.

6.5.8 When providing notification of the forthcoming meeting, each LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

6.6 Conducting Joint Committee Meetings

Admission of the public, the press and other observers

6.6.1 The Joint Committee shall encourage attendance at its formal Joint Committee meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in the business of the Joint Committee. The venue for such meetings must be appropriate to facilitate easy access for attendees and translation services; and should have appropriate facilities to maximise accessibility.

6.6.2 The Joint Committee shall conduct as much of its formal business in public as possible¹⁹. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter affecting a WHSST officer or a patient. In such cases the Chair (advised by the Committee Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Joint Committee shall resolve:

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

6.6.3 In these circumstances, when the Joint Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Joint Committee in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Joint Committee meeting held in public session.

6.6.4 The Committee Secretary, on behalf of the Joint Committee Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

6.6.5 In encouraging entry to formal Joint Committee Meetings from members of the public and others, the Joint Committee shall make clear that attendees are welcomed as observers. The Joint Committee Chair shall take all necessary steps to ensure that the Joint Committee's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

6.6.6 Unless the Joint Committee has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Joint Committee, its joint sub-Committees, Expert Panel or Advisory Groups

6.6.7 The Joint Committee shall decide what arrangements and terms and conditions are appropriate in extending an invitation to observers to attend and address any meetings of the Joint Committee, its joint sub-Committees, Expert Panel or Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Joint Committee will take account of its responsibility to actively encourage the engagement

¹⁹ Schedule 3, 8 of the LHB(Constitution, Membership and Procedures) Regulations 2009

and, where appropriate, involvement of citizens and stakeholders in the work of the Joint Committee (whether directly or through the activities of bodies such as Community Health Councils) and to demonstrate openness and transparency in the conduct of business.

Chairing Joint Committee Meetings

- 6.6.8 The Chair of the Joint Committee will preside at any meeting of the Joint Committee unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice-Chair shall preside. If both the Chair and Vice-Chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.
- 6.6.9 The Chair must ensure that the meeting is handled in a manner that enables the Joint Committee to reach effective decisions on the matters before it. This includes ensuring that Joint Committee members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Joint Committee must have access to appropriate advice on the conduct of the meeting through the attendance of the Committee Secretary. The Chair has the final say on any matter relating to the conduct of Joint Committee business.

Quorum

- 6.6.10 At least 8 voting members, at least 4 of whom are LHB Chief Executives and 2 are Independent Members, must be present to allow any formal business to take place at a Joint Committee meeting.
- 6.6.11 If a LHB Chief Executive is unable to attend a Joint Committee meeting they may nominate a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights.
- 6.6.12 If the Lead Director or another WHSST Director is unable to attend a Joint Committee meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, their voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Joint Committee member in their own right, e.g., a person deputising for the Lead Director will usually be another WHSST Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.
- 6.6.13 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Joint Committee

member or their deputy disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

Dealing with Motions

- 6.6.14 In the normal course of Joint Committee business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Joint Committee member may put forward a motion proposing that a formal review of that service area is undertaken. The Committee Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Joint Committee unless moved by a Joint Committee member and seconded by another Joint Committee member (including the Joint Committee Chair).
- 6.6.15 **Proposing a formal notice of Motion** – Any Joint Committee member wishing to propose a motion must notify the Joint Committee Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Joint Committee Chair has determined that the proposed motion is relevant to the Joint Committee’s business, the matter shall be included on the agenda, or, where an emergency motion has been proposed, the Joint Committee Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.
- 6.6.16 The Joint Committee Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Joint Committee business.
- 6.6.17 **Amendments** – Any Joint Committee member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Joint Committee alongside the motion.
- 6.6.18 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

6.6.19 **Motions under discussion** – When a motion is under discussion, any Joint Committee member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Joint Committee member may not be heard further;
- The Joint Committee decides upon the motion before them;
- An ad hoc committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.6.20 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.6.21 **Withdrawal of Motion or Amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Joint Committee Chair.

6.6.22 **Motion to rescind a resolution** – The Joint Committee may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Joint Committee members.

6.6.23 A Motion that has been decided upon by the Joint Committee cannot be proposed again within six months except by the Joint Committee Chair, unless the motion relates to the receipt of a report or the recommendations of a joint sub-Committee/WHSSC Director to which a matter has been referred.

Voting

6.6.24 The Joint Committee Chair will determine whether Joint Committee members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Joint Committee Chair must require a secret ballot or recorded vote if the majority of voting Joint Committee members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Joint Committee.

6.6.25 In determining every question at a meeting the Joint Committee members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of citizens in Wales. Such views may be presented to the Joint Committee through the Chairs of the LHB's Advisory Groups.

6.6.26 The Joint Committee will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

6.6.27 A nominated deputy of a LHB Chief Executive may vote. In no circumstances may a nominated deputy of a WHSST member vote. Absent Joint Committee members may not vote by proxy. Absence is defined as being absent at the time of the vote.

6.7 Record of Proceedings

6.7.1 A record of the proceedings of formal Joint Committee meetings (and any other meetings of the Joint Committee where the Joint Committee members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Joint Committee member attendance (including the Joint Committee Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Joint Committee, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

6.7.2 Agreed minutes shall be circulated in accordance with Joint Committee members' wishes, and, where providing a record of a formal Joint Committee meeting shall be made available to the public on each LHB's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act, the Joint Committee's Communication Strategy and the host LHB's Welsh language requirements.

6.8 Confidentiality

6.8.1 All Joint Committee members (including Associate Members), together with members of any joint sub-Committee, Expert Panel or Advisory Group established by or on behalf of the Joint Committee and Joint Committee and/or LHB officials must respect the confidentiality of all matters considered by the Joint Committee in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Joint Committee Chair or relevant joint sub-Committee or group, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the WHSSC Values and Standards of Behaviour

(including Gifts and Hospitality) Policy or legislation such as the Freedom of Information Act 2000, etc.

7. VALUES AND STANDARDS OF BEHAVIOUR

7.0.1 The Joint Committee must operate within a set of values and standards of behaviour that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the Joint Committee, including Joint Committee members, WHSST officers and others, as appropriate. The framework adopted by the Joint Committee will form part of the WHSSC SOs.

7.1 Declaring and recording Joint Committee members' interests

7.1.1 **Declaration of interests** – It is a requirement that all Joint Committee members should declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Joint Committee member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Joint Committee's business. Joint Committee members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the relevant Constitution Regulations. Joint Committee members must notify the Joint Committee of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Joint Committee members.

7.1.2 Joint Committee members must also declare any interests held by family members or persons or bodies with which they are connected. The Committee Secretary will provide advice to the Joint Committee Chair and the Joint Committee on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Joint Committee members are in any doubt about what may be considered as an interest, they should seek advice from the Committee Secretary. However, the onus regarding declaration will reside with the individual Joint Committee member.

7.1.3 **Register of interests** – The Lead Director, through the Committee Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Joint Committee members. The register will include details of all Directorships and other relevant and material interests which have been declared by Joint Committee members.

7.1.4 The register will be held by the Committee Secretary, and will be updated

during the year, as appropriate, to record any new interests, or changes to the interests declared by Joint Committee members. The Committee Secretary will also arrange an annual review of the register, through which Joint Committee members will be required to confirm the accuracy and completeness of the register relating to their own interests.

7.1.5 In line with the Joint Committee's commitment to openness and transparency, the Committee Secretary must take reasonable steps to ensure that citizens served by the Joint Committee are made aware of, and have access to view the Joint Committee's Register of Interests. This may include publication on the Joint Committee's website.

7.1.6 **Publication of declared interests in Annual Report** – Joint Committee members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in each LHB Board's Annual Report.

7.2 Dealing with Members' interests during Joint Committee meetings

7.2.1 The Joint Committee Chair, advised by the Committee Secretary, must ensure that the Joint Committee's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Joint Committee members must demonstrate, through their actions, that their contribution to the Joint Committee's decision making is based upon the best interests of the NHS in Wales. This is particularly important as there is an inherent tension in a member's role on the Joint Committee and as a member of the Board of an LHB that provides specialised and tertiary services.

7.2.2 Where individual Joint Committee members identify an interest in relation to any aspect of Joint Committee business set out in the Joint Committee's meeting agenda, that member must declare an interest at the start of the Joint Committee meeting. Joint Committee members should seek advice from the Joint Committee Chair, through the Committee Secretary, before the start of the Joint Committee meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Joint Committees minutes.

7.2.3 It is the responsibility of the Joint Committee Chair, on behalf of the Joint Committee, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may include determination that:

- i. The declaration is formally noted and recorded, but that the Joint Committee member should participate fully in the Joint

Committee's discussion and decision, including voting.

- ii. The declaration is formally noted and recorded, and the Joint Committee member participates fully in the Joint Committee's discussion, but takes no part in the Joint Committee's decision;
- iii. The declaration is formally noted and recorded, and the Joint Committee member takes no part in the Joint Committee discussion or decision;
- iv. The declaration is formally noted and recorded, and the Joint Committee member is excluded for that part of the meeting when the matter is being discussed. A Joint Committee member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Joint Committee.

7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Joint Committee member is compatible with an identified conflict of interest.

7.2.5 Where the Joint Committee Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice-Chair, on behalf of the Joint Committee.

7.2.6 In all cases the decision of the Joint Committee Chair (or the Vice-Chair in the case of an interest declared by the Joint Committee Chair) is binding on all Joint Committee members. The Joint Committee Chair should take advice from the Committee Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

7.2.7 **Members with pecuniary (financial) interests** – Where a Joint Committee member, or any person they are connected with²⁰ has any direct or indirect pecuniary interest in any matter being considered by the Joint Committee including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Joint Committee may determine that the Joint Committee member concerned shall be excluded from that part of the meeting.

7.2.8 **The Local Health Boards (Constitution, Membership and Procedures) Wales Regulations 2009** define 'direct' and 'indirect' pecuniary interests and these definitions always apply when determining whether a member has an interest. The WHSSC SOs must be interpreted in accordance with

²⁰ In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

these definitions.

7.2.9 Members with Professional Interests – During the conduct of a Joint Committee meeting, an individual Joint Committee member may establish a clear conflict of interest between their role as a Joint Committee member and that of their professional role outside of the Joint Committee. In any such circumstance, the Joint Committee shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Committee Secretary.

7.3 Dealing with officers' interests

7.3.1 The Joint Committee must ensure that the Committee Secretary, on behalf of the Lead Director, establishes and maintains a system for the declaration, recording and handling of WHSST officers' interests in accordance with the Values and Standards of Behaviour Framework.

7.4 Reviewing how Interests are handled

7.4.1 The Joint Committee's Audit Committee will review and report to the LHBs upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

7.5 Dealing with offers of gifts,²¹ hospitality and sponsorship

7.5.1 The Standards of Behaviour (including Gifts and Hospitality) Policy adopted by the Joint Committee prohibits Joint Committee members and WHSST officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

7.5.2 Gifts, benefits or hospitality must never be solicited. Any Joint Committee member or WHSST officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Joint Committee member or WHSST officer. Failure to observe this requirement may result in disciplinary and/or legal action.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Committee Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

²¹ The term gift refers also to any reward or benefit.

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the Joint Committee;
- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the Joint Committee; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it must always be declined.

7.5.4 A distinction shall be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

7.6 Sponsorship

7.6.1 In addition gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.

7.6.2 All sponsorship must be approved prior to acceptance in accordance with the WHSSC Values and Standards of Behaviour (including Gifts and

Hospitality) Policy and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

7.7 Register of Gifts, Hospitality and Sponsorship

7.7.1 The Committee Secretary, on behalf of the Joint Committee Chair, will maintain a Register of Gifts, Hospitality and Sponsorship to record offers of gifts, hospitality and sponsorship made to Joint Committee members. WHSST Directors will adopt a similar mechanism in relation to WHSST officers working within their areas.

7.7.2 Every Joint Committee member and WHSST officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and sponsorship made in their capacity as Joint Committee members, including those offers that have been refused. The Committee Secretary, on behalf of the Joint Committee Chair and Lead Director, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship is kept under active review, taking appropriate action where necessary.

7.7.3 When determining what should be included in the register with regard to gifts and hospitality, individuals must apply the following principles, subject to the considerations in WHSSC Standing Order 7.5:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value would not usually need to be recorded, e.g., seasonal items such as diaries/calendars with normally fall within this category.
- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate'²² hospitality need not be included in the Register.

7.7.4 Joint Committee members and WHSST Officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of the Joint Committee;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

²² Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

7.7.5 The Committee Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the Joint Committee to be submitted to the designated Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the LHBs jointly upon the adequacy of the Joint Committees arrangements for dealing with offers of gifts, hospitality and sponsorship.

8. GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS

8.0.1 The Joint Committee shall set out explicitly, within a Risk and Assurance Framework, how it will gain assurance, and how it will in turn provide assurance to LHBs jointly on the conduct of Joint Committee business, its governance and the effective management of risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

8.0.2 The Joint Committee shall ensure that its assurance arrangements are operating effectively, advised by the Joint Committee's Audit Committee.

8.1 The role of Internal Audit in providing independent internal assurance

8.1.1 The Joint Committee shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Ministers.

8.2 Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups

8.2.1 The Joint Committee shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its joint sub-Committees, Expert Panel and any other Advisory Groups. Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated.

8.2.2 Each joint sub-Committee and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.

8.2.3 The Joint Committee, and in turn the LHBs jointly shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Committee Development Programme, as part of an overall Organisation Development framework; and
- Inform each LHBs report of its alignment with the Welsh Government's Citizen Centred Governance Principles, completed as part of its ongoing review and reporting arrangements.

8.3 External Assurance

8.3.1 The Joint Committee shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the LHB's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

8.3.2 The Joint Committee may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Joint Committee itself may commission specifically for that purpose.

8.3.3 The Joint Committee shall keep under review and ensure that, where appropriate, the Joint Committee implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the National Assembly for Wales's Public Accounts Committee and other appropriate bodies.

8.3.4 The Joint Committee shall provide the Auditor General for Wales with assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

9. DEMONSTRATING ACCOUNTABILITY

9.0.1 Taking account of the arrangements set out within these WHSSC SOs, the Joint Committee shall demonstrate to the LHBs jointly, citizens and other stakeholders and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the citizens it serves, its officers and

healthcare professionals.

9.0.2 The Joint Committee shall also facilitate effective scrutiny of its operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

9.0.3 The Joint Committee shall ensure that within the WHSST, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

9.1 Support to the Joint Committee

9.1.1 The Committee Secretary, on behalf of the Joint Committee Chair, will ensure that the Joint Committee is properly equipped to carry out its role by:

- Overseeing the process of nomination and appointment to the Joint Committee;
- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Joint Committee Chair on the conduct of its business and its relationship with LHBs, the host LHB and others;
- Ensuring the provision of secretariat support for Joint Committee meetings;
- Ensuring that the Joint Committee receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups;
- Ensuring an effective relationship between the Joint Committee and its host LHB; and
- Facilitating effective reporting to each LHB

enabling each LHB Board to gain assurance on the conduct of business carried out by Joint Committee on its behalf.

10. REVIEW OF STANDING ORDERS

10.0.1 The WHSSC SOs shall be reviewed annually by the Joint Committee, which shall report any proposed amendments to the LHBs jointly for consideration and approval. The requirement for review extends to all documents having the effect as if incorporated in WHSSC SOs, including the appropriate impact assessment.

Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 4.1 WHSSC Standing Orders

Status: Final
V9

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Annex 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders**

Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 4.1 WHSSC Standing Orders

Status: Final
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SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

Introduction

As set out in WHSSC Standing Order 3, the Welsh Health Specialised Services Committee (the Joint Committee) - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively, and in a manner that secures the achievement of the Joint Committee's aims and objectives. The Joint Committee may delegate functions to:

- i. A sub-Committee of the Joint Committee, e.g., Audit Committee;
- ii. A Group, Expert Panel or Advisory Group , e.g., with other LHBs established to take forward certain matters relating to specialist services; and
- iii. Officers of the Joint Committee (who may, subject to the Joint Committee's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Joint Committee is notified of any matters that may affect the operation and/or reputation of the Joint Committee.

The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Joint Committee;
- Scheme of delegation to sub-Committees or sub-Groups and others; and
- Scheme of delegation to officers.

all of which form part of the WHSSC's SOs.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Joint Committee will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- *Everything is retained by the Joint Committee unless it is specifically delegated in accordance with the requirements set out in WHSSC SOs or WHSSC SFIs*
- *The Joint Committee must retain that which it is required to retain (whether by statute or as determined by the Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the Joint Committee's direction, equipping the Joint Committee to deliver and ensuring achievement of its aims and objectives through effective performance management*
- *Any decision made by the Joint Committee to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility*
- *The Joint Committee must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development*
- *The Joint Committee must take appropriate action to assure itself that all matters delegated are effectively carried out*
- *The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes*
- *The Joint Committee may delegate authority to act, but retains overall responsibility and accountability*
- *When delegating powers, the Joint Committee will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.*

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Joint Committee

The Joint Committee will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Lead Director

The Lead Director will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Joint Committee must formally agree this scheme.

In preparing the scheme of delegation to officers, the Lead Director will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in WHSSC SFIs);
- The Memorandum of Agreement agreed with the seven LHBs and approved by the Joint Committee; and
- The Hosting Agreement agreed with the host LHB and approved by the Joint Committee.

The Lead Director may re-assume any of the powers they have delegated to others at any time.

The Committee Secretary

The Committee Secretary will support the Joint Committee in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Joint Committee is presented to the Joint Committee for its formal agreement;
- Effective arrangements are in place for the delegation of Joint Committee functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Joint Committee for revision, as appropriate.

The Audit Committee

The Audit Committee will provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Joint Committee's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Lead Director of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Joint Committee has set out alternative arrangements.

If the Lead Director is absent their nominated Deputy may exercise those powers delegated to the Lead Director on their behalf. However, the guiding principles governing delegations will still apply, and so the Joint Committee may determine that it will reassume certain powers delegated to the Lead Director or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Joint Committee. The Scheme is to be used in conjunction with the system of control and other established procedures within the Joint Committee.

SCHEDULE OF MATTERS RESERVED TO THE JOINT COMMITTEE²³

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
1	FULL	GENERAL	The Joint Committee may determine any matter for which it has statutory or delegated authority, in accordance with WHSSC SOs
2	FULL	GENERAL	The Joint Committee must determine any matter that will be reserved to the whole Joint Committee. These are detailed below:
3	FULL	GENERAL	Approve the Joint Committee's Governance Framework
4	FULL	OPERATING ARRANGEMENTS	<p>Vary, amend and recommend for approval to the Boards of the Local Health Boards:</p> <ul style="list-style-type: none"> ▪ WHSSC SOs ; ▪ WHSSC SFIs; ▪ Schedule of matters reserved to the Joint Committee; ▪ Scheme of delegation to sub-Committees and others; and ▪ Scheme of delegation to officers. <p>In accordance with any directions set by the Welsh Ministers.</p>
5	FULL	OPERATING	Ratify any urgent decisions taken by the Chair and the Lead Director in accordance

²³ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

		ARRANGEMENTS	with WHSSC Standing Order requirements
6	NO – Nominated Audit Committee	OPERATING ARRANGEMENTS	Formal consideration of report of Committee Secretary on any non-compliance with WHSSC Standing Orders, making proposals to the Joint Committee on any action to be taken.
7	FULL	OPERATING ARRANGEMENTS	Receive report and proposals regarding any non-compliance with WHSSC Standing Orders, and where required ratify in public session any action required in response to failure to comply with SOs.
8	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's Values and Standards of Behaviour framework
9	NO - Chair on behalf of Joint Committee, Vice-chair on behalf of Joint Committee if Chair is declaring interest	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Joint Committee members' interests, in accordance with advice received, e.g. From Audit Committee or Committee Secretary.
10	FULL	STRATEGY & PLANNING	Determine the long term strategic plan for the development of specialised services and tertiary services in Wales, in conjunction with Welsh Ministers.
11	FULL	STRATEGY & PLANNING	Approve the Joint Committee's key strategies and programmes related to: <ul style="list-style-type: none"> ▪ Population Health Needs Assessment and Commissioning Plan

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			<ul style="list-style-type: none"> ▪ The development and delivery of patient and population centred specialised and tertiary services for the population of Wales ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)
12	FULL	STRATEGY & PLANNING	Approve the Joint Committee's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
13	FULL	STRATEGY & PLANNING	Approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
14	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's framework and strategy for performance management.
15	FULL	STRATEGY AND PLANNING	Approve the LHBs framework and strategy for risk and assurance
16	FULL	OPERATING ARRANGEMENTS	Ratify policies for dealing with raising concerns, complaints and incidents in accordance with Putting Things Right and health and safety requirements.
17	FULL	OPERATING ARRANGEMENTS	Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Joint Committee, including standards/requirements determined by Welsh Government, regulators, professional bodies/others, e.g., National Institute of Health and Care Excellence (NICE)
18	FULL	STRATEGY & PLANNING	Approve the Joint Committee's patient, public, staff, partnership and stakeholder engagement and co-production.
19	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Joint Committee determines

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			it so based upon its contribution/impact on the achievement of the Joint Committee's aims, objectives and priorities
20	FULL	ORGANISATION STRUCTURE & STAFFING	Appointment, appraisal, discipline and dismissal of the officer members of the Joint Committee (Directors) in accordance with the provisions of the Regulations and in accordance with Ministerial Instructions.
21	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of any other Joint Committee level appointments and other senior employees, in accordance with Ministerial Instructions e.g. the Committee Secretary.
22	FULL	ORGANISATION STRUCTURE & STAFFING	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.
23	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, [arrange the] review, and revise the Joint Committee's top level organisation structure and Joint Committee policies
24	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss Joint Committee sub-Committees, including any joint sub-Committees directly accountable to the Joint Committee
25	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any sub-Committee, joint sub-Committee or Group set up by the Joint Committee
26	FULL	ORGANISATION STRUCTURE &	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Joint Committee on outside bodies and groups

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		STAFFING	
27	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the standing orders and terms of reference and reporting arrangements of all sub-Committees, joint sub-Committees and groups established by the Joint Committee
28	FULL – except where Chapter 6 specifies appropriate to delegate to Officers.	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts
29	FULL – except where Chapter 6 specifies appropriate to delegate to Officers.	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Lead Director and officers
30	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the Joint Committee
31	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Lead Director set out in the WHSSC SFIs
32	FULL	PERFORMANCE & ASSURANCE	Approve the Joint Committee’s audit and assurance arrangements

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33	FULL	PERFORMANCE & ASSURANCE	Receive reports from the Joint Committee's WHSST Directors on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans
34	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Joint Committee's sub-Committees, groups and other internal sources on the Joint Committee's performance and approve action required, including improvement plans
35	FULL	PERFORMANCE & ASSURANCE	Receive reports on the Joint Committee's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc.) that raise issue or concerns impacting on the Joint Committee's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-Committees (as appropriate)
36	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the Joint Committee's Chief Internal Auditor and approve action required, including improvement plans
37	FULL	PERFORMANCE & ASSURANCE	Receive the annual management report from the Joint Committee's external auditor and approve action required, including improvement plans
38	FULL	PERFORMANCE & ASSURANCE	Receive assurance regarding the Joint Committee's performance against the Health and Care Standards for Wales and the arrangements for approving required action, including improvement plans.
39	FULL	REPORTING	Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required.
40	FULL	REPORTING	Receive, approve and ensure the publication of Joint Committee reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued.

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ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE-CHAIR AND INDEPENDENT MEMBERS			
	Chair		Chair of the Integrated Governance Committee
	Independent Member or Vice-Chair		Audit Lead
	Independent Member or Vice-Chair		Chair of the Quality and Patient Safety Committee

DELEGATION OF POWERS TO SUB-COMMITTEES AND OTHERS²⁴

WHSSC Standing Order 3 provides that the Joint Committee may delegate powers to sub-Committees and others. In doing so, the Joint Committee has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such sub-Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others.

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Joint Committee has delegated a range of its powers to the following sub-Committees and others:

- Audit & Risk Committee (of the host organisation)
- Quality and Patient Safety Committee
- Individual Patient Funding Request (IPFR) Panel (WHSSC)
- Integrated Governance Committee
- Welsh Kidney Network (WKN)
- Management Group

The scope of the powers delegated, together with the requirements set by the Joint Committee in relation to the exercise of those powers are as set out in i) sub-Committee terms of reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Joint Committee's Scheme of Delegation to sub-Committees.

²⁴ As defined in Standing Orders.

SCHEME OF DELEGATION TO WHSST DIRECTORS AND OFFICERS

The WHSSC SOs and WHSSC SFIs specify certain key responsibilities of the Lead Director, the Director of Finance and other officers. The Lead Director’s Job Description sets out their specific responsibilities, and the individual job descriptions determined for other WHSST Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the WHSSC SFIs form the basis of the Joint Committee’s Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Agreeing and signing Health Care Agreements and Contracts with service providers for health care services	Lead Director Director of Finance (Deputy)
Approval to commission Specialist healthcare services	Lead Director
Information Governance arrangements	Committee Secretary (in conjunction with the host LHB)
Management of Concerns	Director of Nursing & Quality Assurance
Health and Safety arrangements	Lead Director/ Committee Secretary (in conjunction with the host LHB)
Investigate any suspected cases of irregularity not related to fraud and corruption in accordance with government directions.	Chair/ Lead Director Director of Finance (Deputy)
Issuing tenders and post tender negotiations.	Lead Director Director of Finance (Deputy)
Legal advice	Committee Secretary

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Action on litigation	Lead Director/ Committee Secretary
Operation of detailed financial matters, including bank accounts and banking procedures	Director of Finance (in conjunction with the host LHB Director of Finance)
Workforce	Committee Secretary
Public consultation	Lead Director
Manage central reserves and contingencies	Director of Finance
Management and control of stocks other than pharmacy stocks	Lead Director
Management and control of computer systems and facilities	Committee Secretary
Monitor and achievement of management cost targets	Lead Director
Recording of payments under the losses and compensation regulations	Director of Finance
Individual Patient Funding Requests	Director of Nursing & Quality Assurance
Approve and ensure the publication of non-statutory Annual Report	Lead Director
Welsh Kidney Network (WKN)	Programme Director

This scheme only relates to matters delegated by the Joint Committee to the Lead Director and other WHSST Directors, together with certain other specific matters referred to in WHSSC SFIs.

Each WHSST Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

Annex 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

Joint Committee framework

The Joint Committee's governance and accountability framework comprises these WHSSC SOs, incorporating schedules of Powers reserved for the Joint Committee and Delegation to others, together with the following documents:

- [WHSSC SFIs](#)
- [Values and Standards of Behaviour Framework](#)
- [Risk Management Strategy](#)
- [Key policy documents](#)

agreed by the Joint Committee. These documents must be read in conjunction with the WHSSC SOs and will have the same effect as if the details within them were incorporated within the WHSSC SOs themselves.

These documents may be accessed from the Committee Secretary by written request.

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>. Directions or guidance on specific aspects of Joint Committee business are also issued electronically, usually under cover of a Welsh Health Circular.

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Annex 3

JOINT COMMITTEE SUB-COMMITTEE ARRANGEMENTS

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[Management Group](#)

[Quality & Patient Safety Committee](#)

[Integrated Governance Committee](#)

[Welsh Kidney Network \(WKN\)](#)

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Annex 4

ADVISORY GROUPS AND EXPERT PANELS TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

**This Annex forms part of, and shall have effect as if incorporated in the
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Annex 2.1

STANDING FINANCIAL INSTRUCTIONS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders and the Local Health Board Standing Orders (incorporated as Schedule 2.1 of SOs).

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Foreword

These Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the Welsh Health Specialised Services Committee's (the "WHSSC" or the "Joint Committee") financial proceedings and business. These WHSSC Standing Financial instructions (WHSSC SFIs) are an annex to the WHSSC Standing Orders (WHSSC SOs) which form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of a schedule of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and WHSSC Standing Orders, they provide the regulatory framework for the business conduct of the WHSSC.

These documents, together with a written Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers and a hosting agreement between the Joint Committee and Cwm Taf Morgannwg LHB (the host LHB), form the basis upon which the WHSSC's governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All Joint Committee members, host LHB and Welsh Health Specialised Services Team (WHSST) staff must be made aware of these WHSSC Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The WHSSC's Committee Secretary or the Director of Finance will be able to provide further advice and guidance on any aspect of the WHSSC SFIs or the wider governance arrangements for WHSSC. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>

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Welsh Health Specialised Services Committee

1. INTRODUCTION

1.1 General

- 1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the Welsh Health Specialised Services Committee's (the "WHSSC" or the "Joint Committee") financial proceedings and business. The Standing Financial Instructions shall apply equally to members and officers of the Joint Committee.
- 1.1.2 **These SFIs shall have effect as if incorporated in the WHSSC Standing Orders (SOs) (incorporated as Schedule 2.1 of SOs), and both should be used in conjunction with the host LHB's SOs and SFIs.**
- 1.1.3 These SFIs detail the financial responsibilities, policies and procedures adopted by WHSSC. They are designed to ensure that the WHSSC's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of decisions reserved to the Committee and the Scheme of delegation adopted by the WHSSC.
- 1.1.4 These SFIs identify the financial responsibilities which apply to everyone working for the Joint Committee, including its joint sub-Committees, staff of the host LHB and staff of WHSST. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial control procedure notes. All financial procedures must be approved by the Finance Director of Specialised and Tertiary Services (and referred to as the Director of Finance within these SFIs) and Audit Committee that deals with WHSSC matters.
- 1.1.5 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Committee Secretary or Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the WHSSC SOs.

1.2 Overriding Standing Financial Instructions

1.2.1 Full details of any non compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Finance and the Committee Secretary, who will ask the Audit Committee that deals with WHSSC matters to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members, members of joint sub-Committees, host LHB staff and WHSST staff have a duty to report any non compliance to the Director of Finance and the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported.

1.2.2 Ultimately, the failure to comply with SFIs and SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Joint Committee.

1.3 Financial provisions and obligations of LHBs and the WHSSC

1.3.1 The financial provisions and obligations for LHBs are set out under Sections 174 to 177 of, and Schedule 8 to, the National Health Service (Wales) Act 2006 (c. 42). The Joint Committee exists for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national All-Wales basis, on behalf of each of the seven LHBs in Wales. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. The Joint Committee must agree an appropriate level of funding for the provision of these services and determine the contribution from each LHB to allow the Joint Committee to plan and secure those services, including the running costs of WHSS. The Joint Committee will prepare an Integrated Medium Term Plan (IMTP) which shall outline the funding requirements in relation to the Relevant Services. The Joint Committee will also be responsible for developing a risk sharing framework which sets out the basis on which each LHB will contribute to any variation from the agreed Integrated Medium Term Plan.

2. RESPONSIBILITIES AND DELEGATION

2.1 The Joint Committee

2.1.1 The Joint Committee via WHSST exercises financial supervision and control by:

- a) Formulating and approving the Medium Term Financial Plan (MTFP) as part of developing and approving the Integrated Medium Term Plan (IMTP);

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- b) Requiring the submission and approval of balanced budgets within approved allocations/overall funding;
 - c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability); and
 - d) Defining specific responsibilities placed on Joint Committee members and officers, and joint sub-Committees, as indicated in the Scheme of delegation document.
- 2.1.2 The Joint Committee has adopted the WHSSC SOs and resolved that certain powers and decisions may only be exercised by the Joint Committee in formal session. These are set out in the 'Schedule of matters reserved to the Joint Committee' section of the WHSSC SOs. The Joint Committee, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of WHSSC may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. This will be via powers and authority delegated in accordance with the 'Scheme of delegation' schedules in the WHSSC SOs.

2.2 The Managing Director and Director of Finance

- 2.2.1 The Managing Director and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.
- 2.2.2 Within the SFIs, it is acknowledged that the Managing Director is ultimately accountable to the Joint Committee in relation to those functions delegated to them by the Joint Committee; and is also accountable to the host Chief Executive in respect of the administrative arrangements supporting the operation of the WHSST by ensuring that the Joint Committee meets its obligation to perform its functions within the available financial resources. The Managing Director has overall executive responsibility for WHSST's activities; is responsible to the Chair and the Joint Committee for ensuring that financial obligations and targets are met; and has overall responsibility for the WHSST's system of internal control.
- 2.2.3 It is a duty of the Managing Director to ensure that Joint Committee members, staff and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

2.3 The Director of Finance

2.3.1 The Director of Finance is responsible for:

- a) Implementing the Joint Committee's financial policies and for co-coordinating any corrective action necessary to further these policies;
- b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- c) Ensuring that sufficient records are maintained to show and explain the Joint Committee's transactions, in order to disclose, with reasonable accuracy, the financial position of the Joint Committee at any time; and
- d) Without prejudice to any other functions of the Joint Committee, and employees of the host LHB and WHSST, the duties of the Director of Finance include:
 - (i) The provision of financial advice to other members of the Joint Committee, joint sub-Committees, Advisory Groups and officers;
 - (ii) The design, implementation and supervision of systems of internal financial control; and
 - (iii) The preparation and maintenance of such accounts, certificates, estimates, records and reports as the Joint Committee may require for the purpose of carrying out its statutory duties.

2.3.2 The Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to affect these SFIs.

2.4 Joint Committee members and officers, and joint sub-Committees

2.4.1 All members of the Joint Committee, its joint sub-Committees, employees of the host LHB (including those employed to perform WHSST functions), severally and collectively, are responsible for:

- a) The security of the property of the Joint Committee and host LHB;
- b) Avoiding loss;
- c) Exercising economy and efficiency and sustainability in the use of

resources; and

- d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Joint Committee members and officers, and joint sub-Committees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Joint Committee, joint sub-Committee and officers discharge their duties must be to the satisfaction of the Director of Finance.

2.5 Contractors and their employees

2.5.1 Any contractor or employee of a contractor who is empowered by the host LHB to commit the Joint Committee to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Managing Director to ensure that such persons are made aware of this.

3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit Committee

3.1.1 An independent Audit Committee is a central means by which the Joint Committee ensures effective internal control arrangements are in place. In addition, the Audit Committee that deals with WHSSC matters provides a form of independent check upon the executive arm of the Joint Committee. Detailed terms of reference and operating arrangements for the Audit Committee that deals with WHSSC matters are set out in Annex 3 to the WHSSC SOs. This Audit Committee will follow the guidance set out in the NHS Wales Audit Committee Handbook.



NHS Wales Audit
Committee Handbook

3.2 Chief Executive

3.2.1 As Chief Executive of the host LHB, the Chief Executive is responsible for:

- a) Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal financial control including the establishment of an

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effective Internal Audit function;

- b) Ensuring that the Internal Audit function meets the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf

- c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;
- d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Joint Committee. The report must cover:
- A clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal Audit Standards;
 - Major internal financial control weaknesses discovered;
 - Progress on the implementation of Internal Audit recommendations;
 - Progress against plan over the previous year;
 - A strategic audit plan covering the coming three years; and
 - A detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation) without necessarily giving prior notice to require and receive:

- a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- b) Access at all reasonable times to any land or property owned or leased by the host LHB;
- c) Access at all reasonable times to Joint Committee members and employees of the host LHB and WHSST;
- d) The production of any cash, stores or other property of the host LHB under a

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Joint Committee member or WHSSC official's control; and

e) Explanations concerning any matter under investigation.

3.3 Internal Audit

3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within a Public Sector Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Internal Audit Standards. Standing Order 9.1 (of the host LHB's SOs) details the relationship between the Head of Internal Audit and the Joint Committee. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Annex 3 of the WHSSC SOs, and the Audit Committee Handbook.

3.3.2 The Chief Executive shall ensure that the annual plan of the Internal Auditor gives due regard to the activities of the Joint Committee in order to inform the audit opinion and the overall internal controls system.

3.4 External Audit

3.4.1 The Joint Committee is not itself a statutory body but is hosted by the host LHB on behalf of the seven LHBs in Wales.

3.4.2 The financial results of the Joint Committee will be separately identified when consolidated into the financial statements of the host LHB and therefore the host LHB must ensure that the Auditor General's representative, give due regard to the transactions and financial affairs of the Joint Committee, in its plan.

3.4.3 More detailed information about the purpose and responsibilities of external audit can be found in section 3.4 of the host LHB's SFIs.

3.5 Fraud and Corruption

3.5.1 In line with their responsibilities, the Managing Director and Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.

3.5.2 The Managing Director and Director of Finance shall report to the Joint Committee and the host LHB's Local Counter Fraud Specialist any matters relating to fraud or corruption.

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3.5.3 More detailed information about counter fraud can be found in section 3.5 of the host LHB's SFIs.

3.6 Security Management

3.6.1 Security matters are the responsibility of the Chief Executive of the host LHB but the Managing Director will ensure that adequate processes are in place to comply with the requirements.

4. FINANCIAL DUTIES

4.1 Legislation and Directions

4.1.1 As the Joint Committee exists for the purpose of jointly exercising functions on behalf of each of the seven LHBs in Wales it must be cognisant of the Local Health Boards two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. Those duties are then set out and retained in the Welsh Health Circular "WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts." They are as follows:

- First Duty - A duty to secure that its expenditure, which is attributable to the performance by it of its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years;
- Second Duty - A duty to prepare a plan to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers

4.1.2 The details and requirements for the two duties for LHBs are set out in the Welsh Health Circular "WHC/2015/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts."



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4.2 First Financial Duty – The Breakeven Duty

4.2.1 WHSSC has a duty to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years, that is to breakeven

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over a 3-year rolling period.

- 4.2.2 In accordance with the WHSSC SOs, the Joint Committee must agree the appropriate level of funding required from each LHB to fulfil its obligations. This will include the running costs of WHSST and will be separately identifiable.
- 4.2.3 WHSST must ensure the Joint Committee approve balanced revenue and capital plans in line with their notified funds before the start of each financial year. Each LHB will be required to make available to the Joint Committee the level of funds approved in the balanced plans which shall be drawn down in cash on a monthly basis from each of the LHBs as proposed by the Director of Finance and agreed by the Joint Committee.
- 4.2.4 The Director of Finance will:
- a) Prior to the start of each financial year submit to the Joint Committee for approval a report showing the total funding to be received, including assumed in-year funding adjustments, and their proposed distribution to delegated budgets, including any sums to be held in reserve;
 - b) Be responsible for the development and operation of the risk sharing framework for any in year variations from the Medium Term Financial Plan. The Director of Finance will also provide monthly reports to the Joint Committee explaining any variations from the Integrated Medium Term Plan and the contributions from each of the LHB under this framework. In cases where the performance report highlights an adverse variance to the Integrated Medium Term Plan or where the report anticipates future unfunded cost pressures, the Joint Committee will be required to put in place contingency measures to ensure that a financially balanced position is maintained. In cases where the performance report highlights a favourable variance to the Integrated Medium Term Plan the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement;
 - c) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;
 - d) Periodically review any assumed in-year funding to ensure that these are reasonable and realistic; and
 - e) Regularly update the Joint Committee on significant changes to the initial funding and the application of such funds.
- 4.2.5 The Chief Executive of the host LHB is not responsible for the outturn of WHSSC

– this is the responsibility of the Joint Committee. Any variations to the Medium Term Financial Plan must be managed by the Joint Committee in accordance with the approved risk sharing framework. Each LHB will be responsible for its share under this risk sharing framework, and any consequent impact on their own LHB First Financial Duty.

4.3. **Second Financial Duty – The Planning Duty**

- 4.3.1 Health Boards have a statutory duty under section 175(2A) of the National Health Service (Wales) Act 2006 to prepare a plan, the Integrated Medium Term Plan (IMTP), to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.
- 4.3.2 To support the LHBs statutory duty the Joint Committee has a duty to prepare an Integrated Medium Term Plan. The Integrated Medium Term Plan(IMTP) must reflect longer-term planning and delivery objectives for the ongoing development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers. The Integrated Medium Term Plan should be continually reviewed based on latest Welsh Government policy and national and local priority requirements. The Integrated Medium Term Plan, produced and approved annually, will be 3 year rolling plans. In particular the Integrated Medium Term Plan must reflect the Welsh Ministers’ priorities and commitments as detailed in the NHS Planning Framework published annually by Welsh Government.
- 4.3.3 The NHS Planning Framework directs NHS organisations to develop, approve and submit an Integrated Medium Term Plan (IMTP) for approval by Welsh Ministers. The plan must:
- describe the context, including population health needs, within which the Joint Committee will deliver key policy directives and operational targets from Welsh Government,
 - demonstrate how the Joint Committee are:
 - delivering their well-being objectives, including how the five ways of working have been applied,
 - contributing to the seven Well-being Goals,
 - establishing preventative approaches across all care and services,
 - demonstrate how the Joint Committee will utilise its existing services and resources, and planned service changes, to deliver improvements in population health and clinical services, and at the same time demonstrate improvements to efficiency of services,
 - demonstrate how the three-year rolling financial breakeven duty is to be achieved.

- 4.3.4 Integrated Medium Term Plans should be based on a reasonable expectation of future service changes, performance improvements, workforce changes, demographic changes, capital, quality, funding, income, expenditure, cost pressures and savings plans to ensure that the Integrated Medium Term Plan(including a balanced Medium Term Financial Plan) is balanced and sustainable and supports the safe and sustainable delivery of patient centred quality services.
- 4.3.5 The Integrated Medium Term Plan will be the overarching planning document enveloping component plans and service delivery plans. The Integrated Medium Term Plan will incorporate the balanced Medium Term Financial Plan and will incorporate the Joint Committee's response to delivering the
- NHS Planning Framework,
 - Quality, governance and risk frameworks and plans, and
 - Outcomes Framework
- 4.3.6 The Integrated Medium Term Plan will be developed in line with the Integrated Planning Framework and include:
- A statement of significant strategies and assumptions on which the plans are based;
 - Details of major changes in activity, service delivery, service and performance improvements, workforce, revenue and capital resources required to achieve the plans; and
 - Profiled activity, service, quality, workforce and financial schedules
 - Detailed plans to deliver the NHS Planning Framework and quality, governance and risk requirements and outcome measures;
- 4.3.7 The Joint Committee will:
- a) Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
 - b) Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level; and
 - c) Agree annually those services that should be planned on a national basis and those that should be planned locally.
- 4.3.8 The Managing Director has overall executive responsibility to develop and submit to the Committee, on an annual basis, the rolling 3 year Integrated Medium Term Plan. The Committee approved Integrated Medium Term Plan will be submitted to Local Health Boards and Welsh Government in line with the requirements set

out in the Integrated Planning Framework.

4.3.9 The Joint Committee will:

- a) Approve the Integrated Medium Term Plan prior to the beginning of the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Committee approval the Plan will be submitted to Local Health Boards and Welsh Government prior to the beginning of the financial year of implementation;
- b) Approve a balanced Medium Term Financial Plan as part of the Integrated Medium Term Plan, which meets all financial duties, probity and value for money requirements;
- c) Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;
- d) Prepare and agree with the Local Health Boards a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the Committee plan is not in place or in balance.

4.3.10 The development, submission and approval of the Integrated Commissioning Plan will discharge the Joint Committee's Integrated Medium Term Plan responsibilities.

5. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL

5.1 Budget Setting

5.1.1 Prior to the start of the financial year the Director of Finance will, on behalf of the Managing Director, prepare and submit budgets for approval and delegation by the Joint Committee. Such budgets will:

- a) Be in accordance with the aims and objectives set out in the Joint Committee Integrated Medium Term Plan, and Medium Term Financial Plan, and focussed on delivery of improved population health, safe patient centred quality services;
- b) Be in line with Revenue, Capital, Commissioning, Activity, Service, Quality, Performance, and Workforce plans contained within the Joint Committee approved balanced IMTP;

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- c) Take account of approved business cases and associated revenue costs and funding;
- d) Be produced following discussion with appropriate Directors and budget holders;
- e) Be prepared within the limits of available funds;
- f) Take account of ring-fenced, specified and non-recurring allocations and funding;
- g) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents);
- h) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and
- i) Identify potential risks and opportunities.

5.2 Budgetary Delegation

5.2.1 The Managing Director may delegate the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with section 33 of the National Health Service (Wales) Act 2006 (c. 42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

- a) The amount of the budget;
- b) The purpose(s) of each budget heading;
- c) Individual or committee responsibilities;
- d) Arrangements during periods of absence;
- e) Authority to exercise virement;
- f) Achievement of planned levels of service; and
- g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

5.2.2 The Managing Director, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Joint Committee.

5.2.3 Budgets must only be used for the purposes designated, and any budgeted

funds not required for their designated purpose(s) revert to the immediate control of the Managing Director, subject to any authorised use of virement.

- 5.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Managing, as advised by the Director of Finance.
- 5.2.5 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.
- 5.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.
- 5.2.7 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.

5.3 Financial Management, Reporting and Budgetary Control

- 5.3.1 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every Joint Committee meeting. Any significant variances should be reported to Joint Committee as soon as they come to light and the Joint Committee shall be advised on any action to be taken in respect of such variances.
- 5.3.2 The Director of Finance will devise and maintain systems of financial management performance reporting and budgetary control. These will include:
 - a) Regular financial reports, for revenue and capital, to the Joint Committee in a form approved by the Joint Committee containing sufficient information for the Joint Committee to:
 - Understand the current and forecast financial position
 - Evaluate risks and opportunities
 - Use insight to make informed decisions
 - Be consistent with other Board reports, and as a minimum the reports will cover:
 - Details of variations from the medium term financial plan showing the contributions to be made by each LHB under the risk sharing framework;
 - Actual income and expenditure to date compared to budget and showing trends and run rates;
 - Forecast year end positions;

- A statement of assets and liabilities, including analysis of cash flow and movements in working capital;
 - Explanations of material variances from plan;
 - Capital expenditure and projected outturn against plan;
 - Investigations and reporting of variances from financial, activity and workforce budgets;
 - Details of any corrective action being taken as advised by the relevant budget holder and the Managing Director's and/or Director of Finance's view of whether such actions are sufficient to correct the situation,;
 - Statement of performance against savings targets;
 - Key workforce and other cost drivers;
 - Income and expenditure run rates, historic trends, extrapolation and explanations; and
 - Clear assessment of risks and opportunities;
- Provide a rounded and holistic view of financial and wider organisational performance.
- b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible;
- c) An accountability and escalation framework to be established for the organisation to formally address material budget variances;
- d) Investigation and reporting of variances from financial, activity and workforce budgets;
- e) Monitoring of management action to correct variances;
- f) Arrangements for the authorisation of budget transfers and virements.

5.3.3 Each Budget Holder will:

- be held to account for managing services within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

5.3.4 Each Budget Holder is responsible for ensuring that:

- a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Managing Director subject to the Joint Committee's scheme of delegation;

- b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement; and
- c) No permanent employees are appointed without the approval of the Managing Director other than those provided for within the available resources and workforce establishment as approved by the Joint Committee.

5.3.5 The Managing Director is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Integrated Medium Term Plan and medium term financial plans.

5.4 Capital Financial Management, Reporting and Budgetary Control

5.4.1 The general rules applying to revenue Financial Management, Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers.

5.5 Reporting to Welsh Government - Monitoring Returns

5.5.1 The Managing Director is responsible for ensuring that the appropriate monitoring returns for the Joint Committee are submitted to the Welsh Ministers in accordance with published guidance and timescales.

5.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Managing Director. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.

5.5.3 All information made available to the Welsh Ministers should also be made available to the Joint Committee. There must be consistency between the medium term financial plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Joint Committee reports.

6. ANNUAL ACCOUNTS AND REPORTS

6.1 The Joint Committee is not a corporate body and does not therefore have a statutory duty to prepare annual accounts and reports

6.2 However, the Joint Committee is hosted by the host LHB and therefore the Chief

Executive of the host LHB is required to ensure that the financial results of the Joint Committee are consolidated into its own financial statements and disclosed as appropriate.

- 6.3 The Managing Director and Director of Finance shall be required to provide all relevant information, financial and non-financial, to the Chief Executive as he or she requires to enable the Chief Executive to fulfil his or her statutory reporting responsibilities.

7. BANKING ARRANGEMENTS

7.1 General

- 7.1.1 The Joint Committee is legally hosted by the host LHB and therefore all banking arrangements are the responsibility of the host LHB. Further details of the banking arrangements can be found in section 7 of the host LHB's SFIs.

8. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS

- 8.1.1 The Joint Committee is generally only an expenditure incurring segment of the host LHB. Any cash requirements for the Joint Committee is likely to be incidental to its main activities.
- 8.1.2 All aspect relating to the recording, handling and collection of cash will be the responsibility of the host LHB.
- 8.1.3 Further details of the processes and responsibilities can be found in section 8 of the host LHB's SFIs.

9. INCOME, FEES AND CHARGES

9.1 General

- 9.1.1 The Joint Committee is generally only an expenditure incurring segment of the host LHB. Any income generated by the Joint Committee is likely to be incidental to its main activities.
- 9.1.2 All aspect relating to the recording, handling and collection of income will be the responsibility of the host LHB.

9.1.3 Further details of the processes and responsibilities can be found in section 9 of the host LHB's SFIs.

10. NON PAY EXPENDITURE

10.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability

10.1.1 The Managing Director will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the Joint Committee's Scheme of Reservation and Delegation of Powers.

10.1.2 The Managing Director will set out in the operational scheme of delegation and authorisation:

- a) The list of managers who are authorised to place requisitions for the supply of goods and services; and
- b) The maximum level of each requisition and the system for authorisation above that level.

10.2 The Director of Finance's responsibilities

10.2.1 The Director of Finance will:

- a) Advise the Board regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs;
- b) Prepare procedural instructions or guidance within the Scheme of Delegation on non-pay expenditure;
- c) Ensure systems are in place for the authorisation of all accounts and claims;
- d) Ensure Directors and officers strictly follow NHS Wales' system and procedures of verification, recording and payment of all amounts payable;
- e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices;
- f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other

payment terms have been agreed;

- g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs; and
- h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures.

10.3 Duties of Budget Holders and Managers

10.3.1 Budget holders and managers must ensure that they comply fully with the Scheme of Delegation, guidance and limits specified by the Director of Finance and that:

- a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;
- b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;
- c) Contracts above specified thresholds are approved by Welsh Ministers prior to any commitment being made;
- d) goods have been duly received, examined and are in accordance with specification and order;
- e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
- f) No order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Joint Committee members or WHSST staff, other than:
 - (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;

(ii) Conventional hospitality, such as lunches in the course of working visits;

This provision needs to be read in conjunction with Standing Order 8.5, 8.6 and 8.7. of the host LHB's SFIs.

- g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Managing Director;
- h) All goods, services, or works are ordered on official orders except works and services executed in accordance with a contract and purchases from petty cash;
- i) Requisitions/orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- j) Goods are not taken on trial or loan in circumstances that could commit WHSSC to a future uncompetitive purchase;
- k) Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance.

10.3.2 The Managing Director and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the scheme of delegation.

10.4 Departures from SFI's

10.4.1 Departing from the application of Chapters 10 and 11 of these SFI's is only possible in very exceptional circumstances. WHSSC must consult with NWSSP Procurement Services, Director of Finance and Committee Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the Scheme of Delegation.

10.5 Accounts Payable

10.5.1 NWSSP Finance, shall on behalf of WHSSC, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable.

10.6 Prepayments

10.3.1 Prepayment should be exceptional, and should only be considered if a good value for money case can be made for them (i.e. that "need" can be demonstrated). Prepayments are only permitted where either:

- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
- It is the industry norm e.g. courses and conferences;
- It is in line with requirements of [Managing Welsh Public Money](#);
- There is specific Welsh Ministers' approval to do so e.g. voluntary services compact;
- The prepayment is part of the routine cash flow system agreed by the Directors of Finance.

10.6.2 In **exceptional** circumstances prepayments can be made subject to:

- a) The appropriate WHSST Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the host LHB or Joint Committee if the supplier is at some time during the course of the prepayment agreement unable to meet his/her commitments;
- b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations where the contract is above a stipulated financial threshold); and
- c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Managing Director if problems are encountered.

11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

11.1 Policies and procedures

11.1.1 The host LHB shall be responsible for all aspects of the procurement and non pay process on behalf of the Joint Committee. Further details can be found in section 11 of the host LHB's SFIs.

11.1.2 In particular, and where appropriate, the Joint Committee should follow the host LHB's SFIs with regards to obtaining consent to enter into contracts exceeding £1m and the monitoring arrangements for contracts below £1m. This is shown as Schedule 1 in the LHB SFI's.

11.2 Requisitioning

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11.2.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Joint Committee. The budget holder will source those goods or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.

11.2.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with host LHB's SFI 11.11 thresholds.

11.2.3 All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

11.3 No Purchase Order, No Pay

11.3.1 WHSSC will ensure compliance with the 'No Purchase Order, No Pay' policy. The All Wales policy was introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.

11.3.2 The new policy ensures that a purchase order is raised at the beginning of a purchase. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

11.4 Official orders

11.4.1 Official Orders must:

- a) Be consecutively numbered; and
- b) State the Joint Committee's terms and conditions of trade.

11.4.2 Official Orders will be issued on behalf of WHSSC by NWSSP Procurement Services.

12. HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES

12.1 Health Care Agreements

12.1.1 The Joint Committee will commission healthcare services for the resident population of all Local Health Boards, both from the LHB provided services, and from Trusts and other providers. The Managing Director is responsible for ensuring the Joint Committee enters into suitable Health Care Agreements, Individual Patient Commissioning Agreements and Contracts with service providers for health care services.

12.1.2 All Health Care Agreements, Individual Patient Commissioning Agreements and Contracts should aim to implement the agreed priorities contained within the Integrated Medium Term Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Managing Director should take into account:

- The standards of service quality expected;
- The relevant quality, governance and risk frameworks and plans;
- The relevant national service framework (if any);
- The provision of reliable information on quality, volume and cost of service; and
- That the agreements are based on integrated care pathways.

All agreements must be in accordance with the functions delegated to WHSSC by the Welsh Ministers.

12.2 Statutory provisions

12.2.1 The National Health Service (Wales) Act 2006 (c. 42) enables Health Boards to commission certain healthcare services. As WHSSC is hosted by the host LHB the Joint Committee will have the same responsibilities. In particular, the following sections are highlighted in relation to the statutory requirements of LHBs and therefore WHSSC for contracting with other bodies for the provision of health services:

- Section 7 sets out the definition of an NHS contract, being an arrangement under which one health service body arranges for the provision to it by another of goods or services which it reasonably requires for the purposes of its functions. It also provides a definition of a health service body;
- Section 9 sets out arrangements to be treated as NHS contracts for ophthalmic and pharmaceutical services;
- Sections 32 makes provision in relation to services which can be provided

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- to Health Boards by local authorities;
- Section 33 enables the Welsh Ministers to make provision which enables Health Boards and Local Authorities to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
 - Part 4 enables Health Boards to make arrangements for the provision of primary medical services;
 - Part 5 enables Health Boards to make arrangements for the provision of primary dental services;
 - Part 6 enables Health Boards to make arrangements for the provision of general ophthalmic services;
 - Part 7 enables Health Boards to make arrangements for the provision of pharmaceutical services;
 - Section 188 enables the Welsh Ministers to make provision which enables Health Boards and the prison service to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
 - Section 194 sets out the Health Boards powers to make payments towards expenditure on community services; and
 - Section 195 sets out the conditions for payment where expenditure proposed under section 194 is in connection with services to be provided by a voluntary organisation.

12.3 Reports to Committee on Health Care Agreements (HCAs)

12.3.1 The Managing Director will need to ensure that regular reports are provided to the Joint Committee detailing performance, quality and associated financial implications of all health care agreements. These reports will be linked to, and consistent with, other Committee reports on commissioning and financial performance.

12.4 Tendering for supply of health care services

12.4.1 Where the Joint Committee is required or elects to invite quotes or tenders for the supply of healthcare services, the host LHB's SFIs in relation to procurement shall apply in relation to such competitive exercises.

12.4.2 The procurement arrangements surrounding the provision of healthcare services is a complex area and as such legal advice must be secured where there is doubt over the applicability or not of applying competitive processes. Further guidance is provided in the host LHB's SFI, Annex A.

13. GRANT FUNDING

13.1 Policies and procedures

13.1.1 The host LHB shall be responsible for all aspects of the grant funding process on behalf of the Joint Committee. Further details can be found in section 13 of the host LHB's SFIs.

14. PAY EXPENDITURE

14.1 Appointments and Remuneration

14.1.1 Appointments to the Joint Committee shall be in accordance with section 1.4 of the WHSSC SOs and the Welsh Health Specialised Services Committee (Wales) Regulations 2009.

14.1.2 All other appointments or recruitments to WHSST and any remuneration or employment contract related matters shall be dealt with by the host LHB on behalf of the Joint Committee in accordance with the host LHB's own SOs and SFIs.

14.1.3 Further details of the host LHB's responsibilities can be found in section 14 of the host LHB's SFIs.

15. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

15.1 General

15.1.1 Capital plans, and annual capital programmes, must be approved by the Joint Committee before the commencement of a financial year and should be in line with the objectives set out in the approved Integrated Medium Term Plan (IMTP) for the organisation. The actual capital plan and programmes must be delivered within capital finance resource limits.

15.1.2 Any capital plans, and capital investment and expenditure incurred, by the Joint Committee or WHSST shall be dealt with in accordance with section 15 of the host LHB's SFIs. This includes the recording and safeguarding of assets.

16. LOSSES AND SPECIAL PAYMENTS

16.1 Losses and Special Payments

- 16.1.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.
- 16.1.2 The Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.
- 16.1.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Managing Director and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Managing Director.
- 16.1.4 Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the host LHB's Local Counter Fraud Specialist (LCFS) and the CFS Wales Team in accordance with Directions issued by the Welsh Ministers on fraud and corruption.
- 16.1.5 The Director of Finance or the host LCFS must notify the Audit Committee dealing with WHSSC matters, the Auditor General's representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.
- 16.1.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:
- a) The Audit Committee on behalf of the Joint Committee, and
 - b) An Auditor General's representative.
- 16.1.7 The Director of Finance shall be authorised to take any necessary steps to safeguard the Joint Committee's and the host LHB's interests in bankruptcies and company liquidations.

- 16.1.8 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.).
- 16.1.9 The Audit Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in Annex 3 of the WHSSC SOs.
- 16.1.10 For any loss or special payments, the Director of Finance should consider whether any insurance claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.
- 16.1.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Health and Social Services Group Director of Finance.
- 16.1.12 All novel, contentious and repercussive cases must be referred to the Welsh Government's Health and Social Services Group Finance Directorate, irrespective of the delegated limit.
- 16.1.13 The Director of Finance shall ensure all losses and special payments are reported to the Audit Committee at every meeting.
- 16.1.14 WHSSC must obtain the Health and Social Services Group Director General's approval for special severance payments.

17. DIGITAL, DATA and TECHNOLOGY

17.1 Digital Data and Technology

- 17.1.1 The Joint Committee and WHSST shall operate within the guidance set out in section 18 of the host LHB's SFIs.

18. RETENTION OF RECORDS

18.1 Responsibilities of the Chief Executive

- 18.1.1 The Managing Director shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic

law considerations via the Data Protection Act 2018, and the Freedom of Information Act 2000 (c .36).

18.1.2 The records held in archives shall be capable of retrieval by authorised persons.

18.1.3 Records held in accordance with regulation shall only be destroyed at the express instigation of the Managing Director. Details shall be maintained of records so destroyed.

Corporate Directors Direct Authority Through Financial Limits Policy								Delegated Authority														EASC / NCCU					Delegated Functions								
Post	Cost Centre	Tier 1 Director Director of EASC	Tier 1 Director Director of Specialised Services	Tier 2 Director Director of Finance & Information	Tier 2 Director Director of Planning & Performance	Tier 3 Director Committee Secretary Nurse Director Medical Director		Assistant Director of Finance	Assistant Director of Planning	Assistant Medical Director	MH & CAMHS Commissioner	CAMHS Case Manager	Gender Services Manager	Commissioning Traumatic Stress Wales	Renal Network Manager	Corporate Governance Manager	Corporate Governance Officer	Office Manager	Financial Accountant	Head of Contracting	Head of Financial Planning	Assistant Financial Accountant	Head of Quality & Patient Care	IPFR Senior Project Manager	IPFR Manager	Commissioning	Corporate	NEPTS	Clinical	Quality	Delegated to NWSSP	Delegated to Cwm Taf			
Current Post Holder		Stephen Harry	Sian Lewis	Stacey Taylor	Nicola Johnson	Jacqueline Maunder-Evans	Carole Bell	Iolo Doull	James Leaves	Claire Harding	Various	Emma King	VACANCY	Krysta Hallowell	Emma Smith	VACANCY	Helen Tyler	VACANCY	Laura Holburn	Helen Harris	VACANCY	Kendal Smith	Nicola Skinner	Adele Roberts	Andrea Richards	Catherine Dew	VACANCY	Gwenan Roberts	Nicola Bowen	Jo Mower	Shane Mills				
Corporate Responsibility as per the Standing																																			
Sign off of Annual Financial Plan for JC		√	√	√																															
Service Level Agreements in line with Standing Financial Instructions																																			
SLA Contract Agreements		√	√	√	√				√	√																									
SLA Contract Payments in Line With Contract Agreements - Wales		Cost Centres H200-H290 √ >£2m	√ >£2m	√ <£2m	√ <£1m				√ <£750k	√ <£750k																									
SLA Contract Payments in Line With Contract Agreements - England		Cost Centres H300-H390, H400 √ >£2m	√ >£2m	√ <£2m	√ <£1m				√ <£750k	√ <£750k																									
IPFR Requests and Other Non Contract Payments																																			
All Patient Funding Requests		Cost Centres H400-H411 √ >£100k	√ >£1m	√ <£1m	√ <£500k	√ <£500k	√ <£500k	√ <£500k	√ **	√ **	√ **								√ <£100k	√ <£50k	√ <£100k		√ <£50k	√ <£50k	√ <£50k ***										
Non Contract and Emergency Activity		Cost Centre H412 √ >£100k	√ >£1m	√ <£1m	√ <£500k	√ <£250k	√ <£250k	√ <£250k	√ <£250k	√ <£250k													√ <£50k	√ <£50k	√ <£50k ***										
Payments Supporting Approved Funding Releases and Developments		Cost Centres H500 - H599 √ >£100k	√ >£1m	√ <£1m	√ <£500k	√ <£250k	√ <£250k	√ <£250k	√ <£250k	√ <£250k																									
Mental Health																																			
Mental Health CAMHS Contracts		Cost Centre H550 √ <£1m	√ <£1m	√ <£1m	√ <£500k	√ <£500k	√ <£500k	√ <£500k	√ **	√ **	√ **	√ <£50k	√ <£30k	√ <£30k					√ <£100k	√ <£50k	√ <£100k		√ <£50k	√ <£50k	√ <£50k ***										
Other Mental Health Contracts		Cost Centres H510-H530 √ <£1m	√ <£1m	√ <£1m	√ <£500k	√ <£500k	√ <£500k	√ <£500k	√ **	√ **	√ **	√ <£50k							√ <£100k	√ <£50k	√ <£100k		√ <£50k	√ <£50k	√ <£50k ***										
Mental Health Secure Services Contracts		Cost Centres H500 / H505 √	√	√	√																														
Networks Running Costs																																			
Networks According to Oracle Authorisation Limits			√ <£100k	√ <£50k										√ <£10k	√ <£10k																				
Committee Running Costs																																			
DRC Requisitions and Orders According to Oracle Authorisation Limits		√ <£100k	√ <£100k	√ <£50k		√ <£20k													√ <£10k	√ <£3k	√ <£0.5k					√ <£20,000	√ <£20,000	√ <£20,000	√ <£20,000	√ <£20,000					
Payroll		Cost Centres H001-H099	Cost Centre H001	Cost Centre H004	Cost Centre H002	Cost Centre H005	Cost Centre H003	Cost Centre H006						Cost Centre H040	Cost Centre H050																				
Payroll New Starters		√	√	√	√	√	√	√						√	√												√	√	√	√	√				
Payroll Leavers		√	√	√	√	√	√	√						√	√												√	√	√	√	√				
Establishment Vacancy Authorisation		√	√	√	√	√	√	√																											
Payroll Changes Financial		√	√	√	√	√	√	√						√	√				√	√							√	√	√	√	√				
Payroll Changes Non Financial (eg Financial Coding)		√	√	√	√	√	√	√						√	√				√	√							√	√	√	√	√				
Payroll Travel Expenses		√	√	√	√	√	√	√						√	√				√	√							√	√	√	√	√				
Payroll Study Leave																																			
Operational Finance Teams Only																																			
Ledger Journals - Reversing				√					√											√	√														
Ledger Journals - Standard				√					√											√	√														
Ledger Journals - Final Accounts				√					√											√	√														
Delegated to External Bodies																																			
Bank Account Management																																			√
Ledger Integrity																																			√
Payroll Calculations																																			√
PANISU																																			√

- √• IPFR packages to be authorised according to the financial limits policy.
- √** Assistant Directors can authorise in lieu of Directors in certain circumstances according to the financial limits policy
- √*** IPFR manager can authorise to delegated limit in absence of Head of Nursing & Quality

Delegated authority to Level 2 and 3 Directors for staff budgets and payroll appointments

Welsh Kidney Network Final Internal Audit Report September 2023

Welsh Health Specialised Services Committee



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Auditors:	Paul Dalton – Head of Internal Audit Emma Samways – Deputy Head of Internal Audit Andrea Calise – Principal Auditor
Executive sign-off:	Karen Preece – Programme Director (Executive Lead for Welsh Kidney Network)
Distribution:	AnnMarie Pritchard – Deputy Network Manager (Welsh Kidney Network) Jacqueline Evans – Committee Secretary and Associate Director of Corporate Services (WHSSC)
Committee:	Audit & Risk Committee



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

Acknowledgement

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

Disclaimer notice - please note

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

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

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with Welsh Health Specialised Services Committee. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Executive Summary

Purpose

The aim of our review was to consider the governance arrangements in place for the Welsh Kidney Network following the independent governance review undertaken in 2022. We also aimed to provide assurance that there are robust and effective risk management arrangements in place that strengthen and contribute to the overall governance framework.

Overview

We have issued substantial assurance on this area.

The Network has robust governance arrangements in place which complement the wider WHSSC governance framework. The Network has made good progress with the implementation of the recommendations of the independent governance review.

We identified one medium priority matter requiring management attention:

- The terms of reference for the National Quality, Patient and Safety Performance and Assurance group need to be updated.

We also identified a small number of low priority recommendations which are reported within the detail of the report.

Report Opinion

Substantial



Few matters require attention and are compliance or advisory in nature.
Low impact on residual risk exposure.

Assurance summary¹

Objectives	Assurance
1 Governance arrangements	Substantial
2 Risk management	Substantial
3 Risk registers and risk escalation	Substantial

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1	Group Terms of Reference	Operation	Medium

1. Introduction

- 1.1 Our review of the Welsh Kidney Network programme of services at the Welsh Health Specialised Services Committee ('WHSSC' or the 'organisation') was completed in line with the 2023/24 Internal Audit plan.
- 1.2 WHSSC is managed through functional directorates (patient care, medical, planning, finance and corporate services), which integrate through six multi-disciplinary programme commissioning teams and networks, one of which is the Welsh Kidney Network (the 'Network' or 'WKN'). The Network provides numerous commissioned services including:
 - Home haemodialysis.
 - Peritoneal dialysis.
 - In centre haemodialysis/ unit haemodialysis.
 - Kidney transplant/transplantation.
 - Vascular access for dialysis.
- 1.3 A workshop was held in March 2022 to consider developing and strengthening the work of the Network. Some issues were identified regarding the complexity of the current governance arrangements, while recognising that since the formation of the Network over ten years ago, there have been significant changes to the governance environment within the NHS in Wales. During this time the governance of the Network had not been reviewed.
- 1.4 In 2022, WHSSC commissioned an independent review of the Network, as a way to identify potential governance issues and their associated risks. A report on the outcomes was presented to the Network Board who developed and agreed an action plan. Our review considered the governance arrangements now in place for the Network following the independent review. We also considered the risk management arrangements, to provide assurance that these are robust and effective and contribute to strengthening the overall governance framework.
- 1.5 The potential audit risks considered as part of this review were as follows:
 - Governance arrangements are not properly undertaken.
 - Inappropriate decisions made by committees or individuals where responsibilities are not defined and documented.
 - Lack of transparency in decisions made if appropriate records are not maintained.
 - Inconsistent management of risks within the Network and therefore impacting on WHSSC.
 - Exposure to reputational damage due to inadequate identification, assessment and monitoring of risks.

- 1.6 The relevant lead for the review was the Programme director (Executive Lead for the Network).

2. Detailed Audit Findings

Objective 1: The Network has appropriate governance arrangements in place, which include designated roles and responsibilities, a defined structure, and clear reporting arrangements into the Joint Committee and has implemented the recommendations from the Independent Governance Review.

- 2.1 The Network's Board is a sub-committee of the WHSSC Joint Committee and as such obtains its authority and responsibility as delegated by local health boards. The delegation arrangements of the Network, including the roles and responsibilities of the Network's leadership staff, are clearly set out within the WHSSC standing orders, which were revised in March 2023 and approved by the WHSSC Joint Committee.
- 2.2 The scope and remit of the Network Board, together with the requirements as set out by the WHSSC standing orders, are clearly set out within the Network Board's terms of reference which were revised in March 2023 and approved by the WHSSC Joint Committee in May 2023.
- 2.3 There is a clear organogram setting out the structure of the Network, the core team of staff that support it, and the committees and groups of the Network, including their inter-relationship.
- 2.4 Quality and patient safety matters that relate to the work of the Network are reviewed and discussed at the National Quality & Patient Safety and Performance Assurance group. The group meets quarterly and has a direct reporting line both to the Network Board and to the WHSSC Quality & Patient Safety sub-committee. We note that the terms of reference for the group are out of date and were due for review in 2021. **(Matter Arising 1 – Medium Priority)**
- 2.5 The work of the WKN and the three health boards that provide renal services within Wales (Swansea Bay, Cardiff & Vale and Betsi Cadwaladr) is supported and coordinated by three WKN regional renal centre interface groups. These groups focus on quality and patient safety including identifying areas of best practice, innovation and lesson learning from one another. The interface groups are composed of staff from the Network and staff from the relevant health board, enabling the group to escalate matters accordingly both within the Network and also to the health boards as appropriate. All three interface groups have an up to date terms of reference.
- 2.6 In addition to the interface groups and the National Quality & Patient Safety Performance and Assurance group, the Network Board has implemented several forums/task and finish groups to carry out various aspects of its work. The terms of reference for some of these groups were out of date or had no review date. For one group, there was no terms of reference. **(Matter Arising 1 – Medium Priority)**

- 2.7 We confirmed that the Network's Board and supporting groups have met in line with their terms of reference. Meetings were minuted, key decisions recorded, and arising matters discussed and reviewed at each meeting, with action logs in place. We also confirmed that the minutes of each meeting and work of the Network (including matters for escalation) are routinely presented and reported to the WHSSC Joint Committee by the Network Board's Chair who attends meetings of the Joint Committee.
- 2.8 The Network's governance arrangements and alignment to WHSSC were independently reviewed in 2022. The resultant report made 16 recommendations for improvement. The report and associated agreed action plan were presented to the WHSSC Joint Committee in January 2023. We reviewed minutes of both the Joint Committee and Network Board and confirmed that progress against the action plan is routinely monitored. We obtained evidence to confirm the implementation of recommendations and noted that one is yet to be implemented and has passed its original implementation date. In a further two cases we felt the recommendations had only been partially implemented and not fully implemented as reported. **(Matter Arising 2 – Low Priority)**

Conclusion:

- 2.9 We have provided Substantial Assurance for this objective. The Network has made excellent progress with the implementation of most of the recommendations made as part of the independent governance review. We also confirmed that the Network's governance arrangements complement the overall governance framework for WHSSC.

Objective 2: There are appropriate risk management arrangements in place, which consider the identification, classification and scoring of Network risks.

- 2.10 As a sub-committee to the WHSSC Joint Committee, the Network is expected to comply with the WHSSC's overarching risk management strategy. We confirmed that the strategy can be accessed on the WHSSC website and is up to date.
- 2.11 In 2022 several risk management training workshop sessions were provided to senior leads of the Network. These focused on improving the alignment of the Network's risk management process to WHSSC. This resulted in a revised risk register template and improved, more timely escalation of Network risks onto the WHSSC Corporate Risk and Assurance Framework (CRAF), where appropriate. (see further detail in objective 3).
- 2.12 Identified risks from renal services in Wales are initially reported at the regional renal centre interface groups and, subject to the risk materiality, are either added to the Network's risk register or, for those risks that are operational in nature, are reported and escalated to the relevant health board.
- 2.13 The Network risk register is presented to various groups for information purposes. Scrutiny and review of the information held within the Network risk register (classification, scoring, mitigating controls etc) is undertaken at the National Quality & Patient Safety Performance and Assurance group.

2.14 We reviewed the WKN risk register (as at July 2023) and note that for several risks, the information relating to mitigating controls and actions to improve mitigating controls had not been updated to reflect the latest position. **(Matter Arising 3 - Low Priority)**

Conclusion:

2.15 We have identified some low priority matters, but we have provided Substantial assurance for this objective. The Network has implemented a sound system of controls for managing Network related risks. There are processes in place to identify and capture risks that affect the Network, and these are collated within the Network Risk Register.

Objective 3: A Network risk register is in place and progress towards managing key risks is regularly monitored, updated and reported. High level risks are communicated and appropriately escalated to WHSSC.

2.16 The Network has a risk register in place which is regularly monitored, updated and reported through the governance structure of the Network, and to the wider WHSSC.

2.17 The Network risk register is administered by the clinical lead for Clinical Governance, Patient Quality and Safety. It is presented through the Network's governance structure for information purposes. We reviewed the governance documentation and confirmed that the risk register is a standard agenda item on the following:

- Welsh Kidney Network Board;
- National Quality & Patient Safety Performance and Assurance Group;
- Welsh Kidney Network operational core team monthly meeting;
- WHSSC Risk and Scrutiny Group – The Deputy Network Manager takes ownership for reporting the Network Risk Register to this group;
- Corporate Directors Group Board.

2.18 The risk register is also shared with the Joint Committee (WHSSC) for information purposes as part of the Network Board Chair's report.

2.19 In line with the WHSSC risk management strategy, Network risks above a residual scoring of 15 are escalated to the WHSSC risk register/Corporate Risk Assurance Framework (CRAF). At the time of our fieldwork there were two Network risks on the WHSSC CRAF. An update on these was presented as part of the CRAF report to the Joint Committee in July 2023. We note that actions have been agreed to mitigate the risks and have agreed target dates.

Conclusion:

2.20 We have provided Substantial assurance for this objective. Our findings confirm that the Network risk register is in place and progress towards managing key risks is regularly monitored, updated and reported in line with the overarching WHSSC

risk management strategy. High level risks that we reviewed were appropriately escalated to the WHSC Corporate Risk Assurance Framework (CRAF).

Appendix A: Management Action Plan

Matter Arising 1: Terms of Reference (Operation)		Potential Impact	
<p>The Network Board has implemented several forums and task and finish groups to carry out various aspects of its work. The groups either report directly into the Network Board or into the National Quality & Patient Safety Performance Assurance Group, which is a sub-committee of the Network Board. Our review of the terms of reference (ToR) for the various groups identified:</p> <ul style="list-style-type: none"> National Quality & Patient Safety Performance Assurance group ToR was due for review in 2021. Clinical Reference Group – ToR was dated May 2021 and marked as draft. 3rd Sector Collaborative Group – no ToR. While both the All-Wales Patient Education Group and Welsh Kidney Patient Network Group both had ToRs dated January 2022, these had no time frame for review. 		<ul style="list-style-type: none"> Governance arrangements are not properly undertaken. Inappropriate decisions made by committees or individuals where responsibilities are not defined and documented. 	
Recommendations		Priority	
1	<p>Arrangements should be put in place to ensure that the remit and focus of task and finish groups and other groups that support the work of the Welsh Kidney Network Board are clearly set out within a Terms of Reference, and that they are regularly reviewed and updated to reflect current arrangements.</p>	Medium	
Agreed Management Action		Target Date	Responsible Officer
1	<p>A full review of the ToRs will be undertaken and recommendations implemented an operational register for ToRs, will be developed and maintained to ensure that reviews are undertaken in line with the review dates.</p>	September 2023	Deputy Network Manager

Matter Arising 2: Independent Governance Review implementation (Operation)	Potential Impact
<p>The Network’s governance arrangements and alignment to WHSSC were subject to an independent review in 2022. The resultant report made 16 recommendations. We reviewed the report and the latest version of the action plan available (dated January 2023) and undertook testing to verify the progress made to implement the recommendations.</p> <p>The action plan showed that 13/16 recommendations had been implemented, with further work required to implement the three remaining recommendations, although these had passed their originally agreed target dates. From our verification work we were able to establish that two of the three outstanding recommendations had since been implemented. The remaining outstanding recommendation relates to:</p> <ul style="list-style-type: none"> • Recommendation ID 16 – <i>‘There is a need to agree with providers (health boards) what performance information is required, when it is required and for what purpose.’</i> As at July 2023 the action has been partially implemented. We note that initial discussions have taken place amongst the Network Core Team, however the suite of information is yet to be formally agreed. <p>In contrast, following our testing, we felt two other recommendations that have been categorised as implemented, should be partially implemented.</p> <ul style="list-style-type: none"> • Recommendation ID 4 – <i>“The role of the executive lead should be clearly set out and referenced in the individual’s job description and personal objectives, as well as in the schemes of delegation within Standing Orders”.</i> The schemes of delegation have been updated, although the executive lead’s job description still requires updating. • Recommendation ID 11 – <i>“The risk register should be reviewed to reflect commissioning risks and, once the strategic direction of the network is confirmed, be linked to each objective”.</i> The Network’s commissioning risks could be exacerbated by the outcome of the National Commissioning Review which was recently undertaken by the NHS Executive. The outcome of the review may impact on the Network strategic objectives, so further work may be needed in this area. 	<ul style="list-style-type: none"> • Governance arrangements are not properly undertaken. • Inappropriate decisions made by committees or individuals where responsibilities are not defined and documented. • Lack of transparency in decisions made if appropriate records are not maintained.

Recommendations		Priority
2	Arrangements be put in place to implement the remaining recommendations from the independent governance review and confirm full implementation of all other recommendations.	Low
Agreed Management Action	Target Date	Responsible Officer
2	The final recommendations will be implemented in line with a review of the action plan. Those recommendations identified in the audit as above will be discussed at WKN Board in September and a further assessment made of their implementation. Where they have not been fully implemented this will be reflected on a revised action plan	September 2023 Deputy Network Manager

Matter Arising 3: Risk register (Operation)		Potential Impact
<p>We reviewed the Welsh Kidney Network’s risk register as at July 2023 and note that for several risks, the information relating to mitigating controls and/or agreed actions to improve the mitigation of the risks were not being updated in a timely manner. We also note that several actions had progressed however this was not reflected within the risk register.</p>		<ul style="list-style-type: none"> Exposure to reputational damage due to inadequate identification, assessment and monitoring of risks.
Recommendations		Priority
3	<p>Arrangements be put in place to ensure that the WKN risk register information is updated in a timely manner.</p>	<p>Low</p>
Agreed Management Action		Target Date
3	<p>The Risk Register will be reviewed at the monthly team meeting. The Network co-ordinator will take the lead on prompting actions and updates are done in a timely manner prior to scrutiny at the WKN QPS committee</p>	September 2023
		Responsible Officer
		Deputy Network Manager

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
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Cardiff
CF15 7QZ

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)



AGENDA ITEM
4.5

AUDIT AND RISK COMMITTEE

EASC UPDATE

Date of meeting	24/10/2023
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	Gwenan Roberts, Committee Secretary / Assistant Director Corporate
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Presented by	Stephen HARRY, Chief Ambulance Services Commissioner
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Approving Executive Sponsor	Chief Ambulance Services Commissioner
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Report purpose	NOTE
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
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Committee/Group/Individuals	Date	Outcome
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EAS Joint Committee	Sept 2023	Approved
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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
 - EASC Performance Dashboard
 - Non-Emergency Patient Transport Services (NEPTS) update
 - Integrated Commissioning Action Plans
 - EASC Integrated Medium Term Plan and tracker
 - Investigation by the Welsh Language Commissioner
 - Emergency Medical Retrieval and Transfer (EMRTS) Service Review
 - National Commissioning Review.

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

- 2.1 The Risk Register has been reviewed in line with the new Cwm Taf Morgannwg (CTMUHB) Risk Management Policy.
- 2.2 The risk register includes information 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 The Red risks are as follows:
 - 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 (4503)
 - Failure to achieve agreed performance standard for category red calls (4506)
 - Failure to achieve agreed performance standard for amber category calls (4507)
 - 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 (5005)
 - Failure to secure sufficient ambulance capacity to meet the needs of the population (5370).
- 2.5 One risk has been closed Risk 5006 – 'Failure to receive timely and quality assured information for publication as a result of the transition to new information systems (ECNS, ePCR)' as these are now embedded and this has been overtaken.
- 2.6 All of the risks are included on the Datix Risk Management System in line with the requirements of the host body Cwm Taf Morgannwg UHB.



EASC Assurance Framework

2.7 The current EASC Assurance Framework was presented to the last meeting of the Audit and Risk Committee. The Framework will be updated and received by EASC at its meeting in November 2023.

EASC Performance Dashboard

2.8 The Performance Dashboard is available at **Appendix 2**.

2.9 At its meeting in September 2023, EASC agreed to feed in the commissioning allocation held into supporting targeted overtime at WAST for Emergency Medical Services (Emergency Ambulances) over the winter period to support performance.

2.10 The dashboard presents time series information across a number of periods, including daily, monthly and annual time periods.

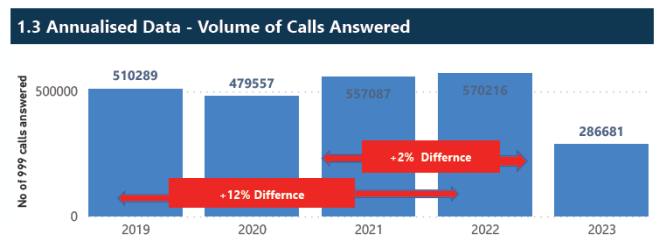
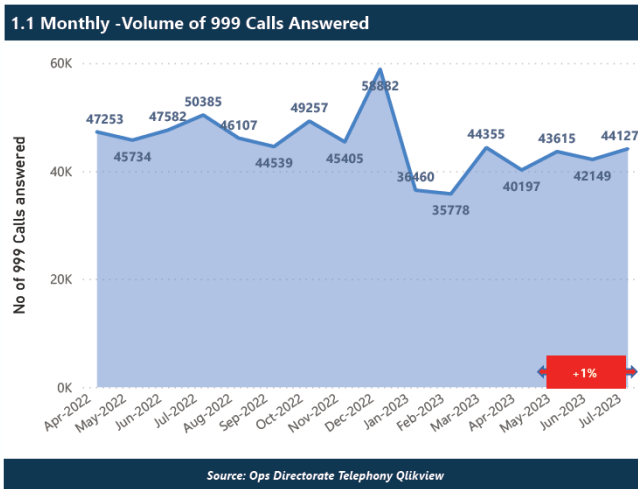
2.11 Of particular note within the dashboard for this reporting period:

- **999 call volumes are around 12% lower than the same period last year**

Performance Report | 999 calls demand



The number of 999 calls saw an 9% increase from April 2023 to July 2023. 999 calls and average number of 999 calls answered are 12% lower in July 2023 as compared July 2022.





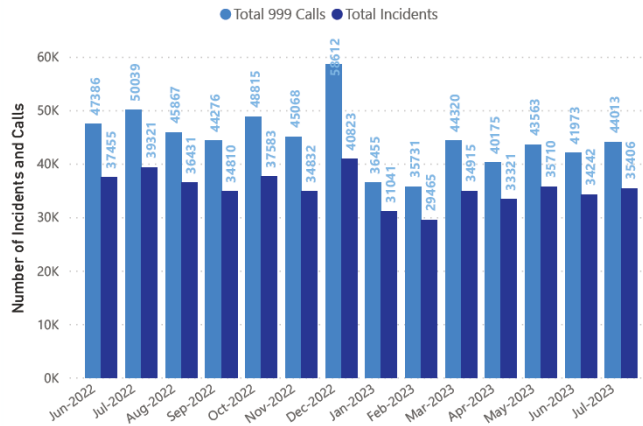
- **10.3% reduction in incidents in July 2023 compared to July 2022**

Performance Report | All incidents

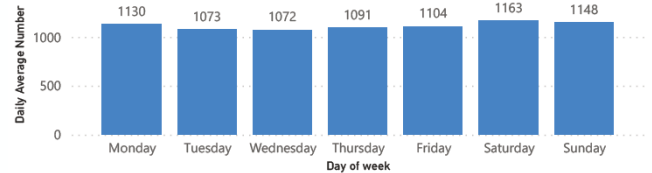


There is an overall reducing trend in call and incidents. July 2023 saw a 12% reduction in calls and a 10.8% reduction in incidents compared to July 2022

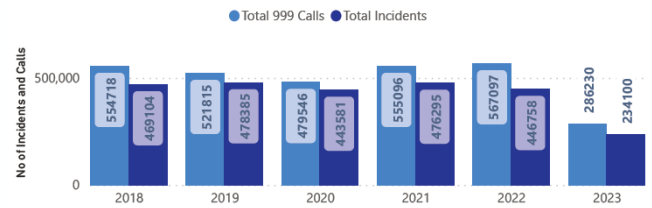
4.1 Monthly Volume of Incidents and Calls



4.2 Average Daily Incidents - 2023



4.3 Annualised Data - Total Incidents and Calls



Source: AQI5 Total number of incidents; Avg Daily Incidents - WAST SQL Data Academy

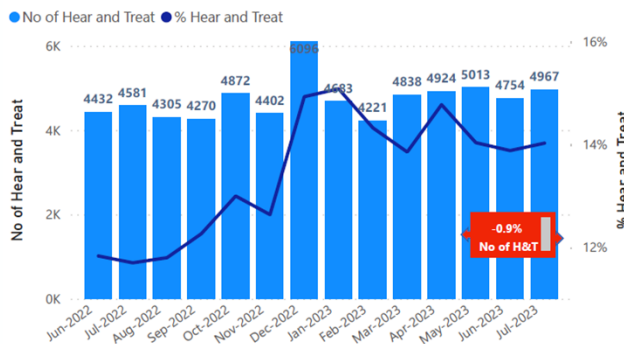
- **Hear and Treat rates were 2.3% (460 incidents) higher in July 2023 compared to July 2022**

Performance Report | Hear and Treat



The number and % of Hear and Treat Incidents has an upward trend for the period shown. The number of Hear and Treat incidents July 2023 is 8% higher than that for the same period last year. The % of Hear and Treat against total incidents is 2.3% higher in July 2023, as compared to July 2022.

5.1 Monthly - Volume of Hear and Treat Incidents

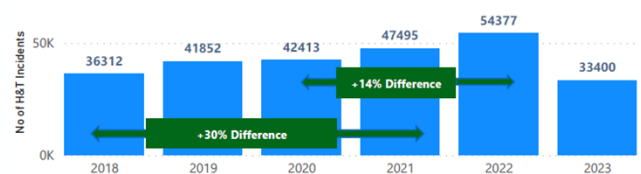


Source: AQI10i Number of calls ended following WAST telephone assessment (Hear and Treat)

5.2 Daily Average - Number of Hear and Treat Incidents



5.3 Annualised Data - Number of Hear and Treat Incidents





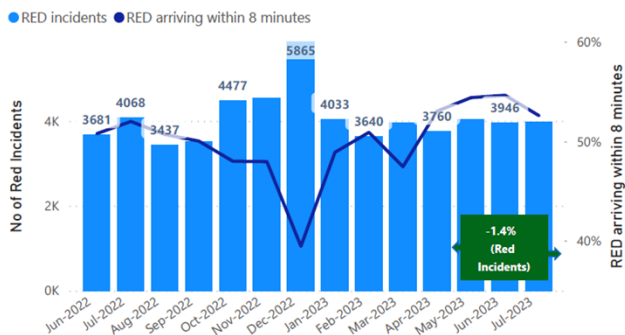
- Delivery of red performance remains challenging

Performance Report | RED incidents



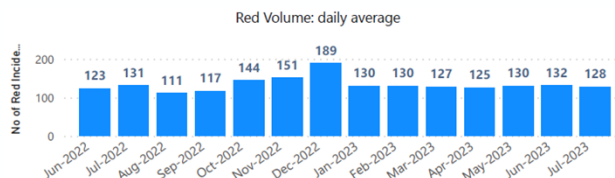
Since December 2022, there is a downward trend of the number red incidents, whilst the 8 minute % performance has been steadily increasing. The number of red incidents in July 2023 was 2.4% lower as compared to July 2022, although the 8 min % performance was consistent for the same time period.

7.1 Monthly Volume of Red Incidents and Red % Performance

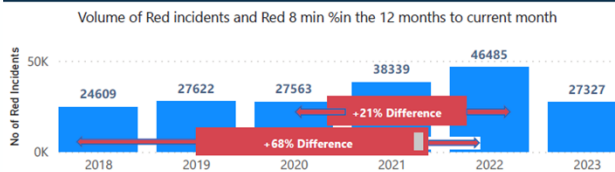


Source: AQ111 Number of RED category incidents resulting in an emergency response

7.2 Daily Average - Red Volume



7.3 Annualised Data - Volume of Red Incidents and Red 8 min %



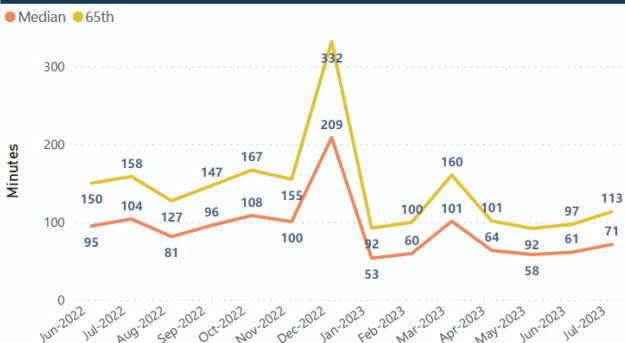
- Amber, median, 65th, 95th and the longest Amber waits remain lower than 2022

Performance Report | AMBER incident response times



Amber Median in July 2023 was 33 minutes lower than 2022, Amber 65th was 28 minutes and Amber 95th was 124 minutes lower in July 2023 as compared to July 2022.

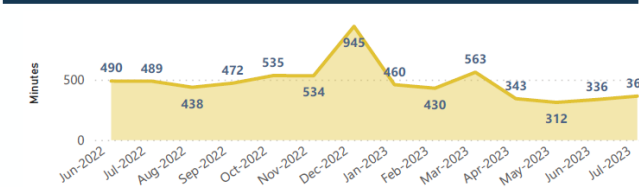
10.1 Median and 65th Percentile Amber Response Time (Minutes)



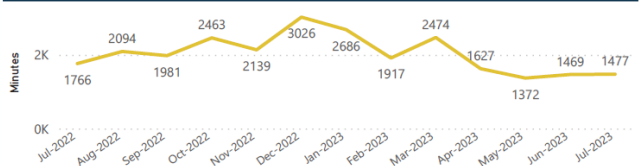
+22% Difference (median)

Source: AQ111 Amber Category Median, 65th and 95th Response Minutes

10.2 95th Percentile Amber Response Time (Minutes)



10.3 Longest Amber (Minutes)



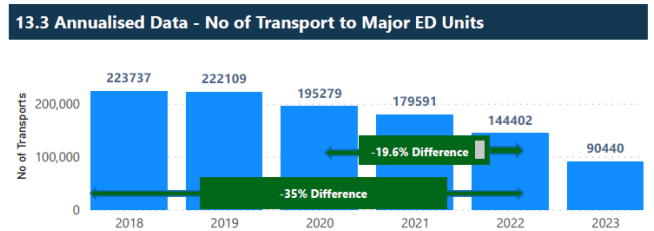
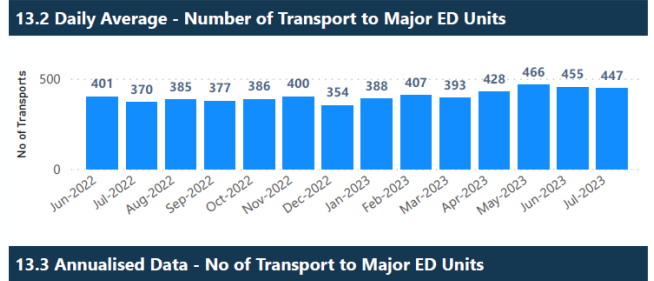
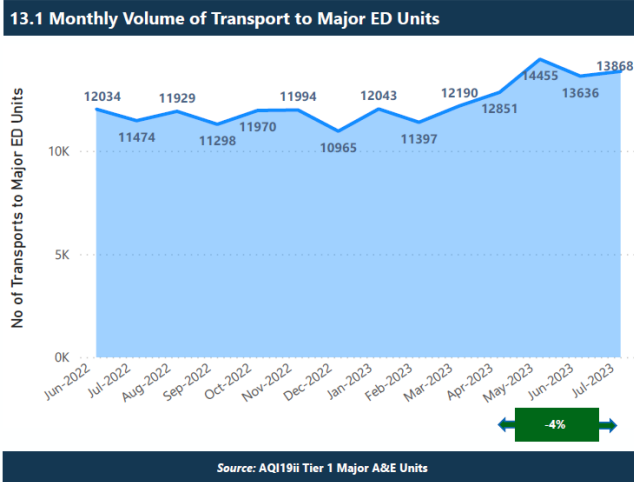


- **The volume of incidents transported to a Tier 1 site (Major ED) has increased, 20% higher in July 2023 compared to July 2022**

Performance Report | Transported to Tier 1 site



The number of incidents transported to Tier 1 sites has been steadily increasing since February 2023. In July 2023, the number of incidents transported to Tier 1 sites was 20.8% higher than July 2022. The daily number of incidents was 77 incidents (20%) higher in July 2023 as compared to July 2022.

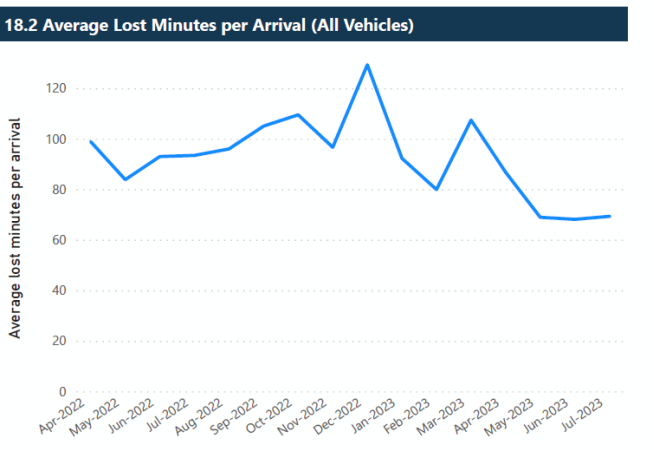
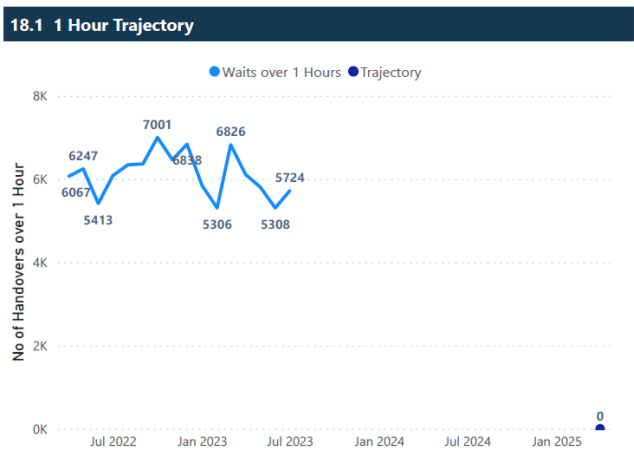


- **Ambulance handover times are stabilizing on a number of metrics, including total lost hours, % handed over in 15 min and handovers over 4 hours**

Performance Report | Trajectory



The number of handovers over 1 hour for July 2023 is lower (5724) than July 2022 (6247). Average lost minutes per arrival for July 2023 is lower (69 mins) than July 2022 (93 mins). HB are expected to eradicate all handovers over 1 hours by the end of April 2025



Source: 4 hour Trajectory - Hospital Handover Delays by Time Band delays . Please note that numbers of delays may be duplicated here as they may fall in several time bands Average Lost Minutes - Welsh Ambulance Services NHS Trust Data Academy SQL

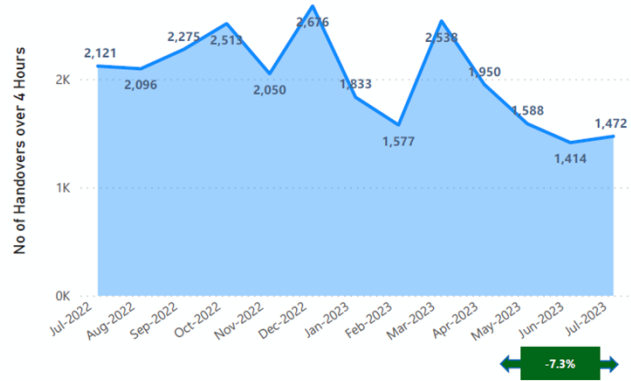


Performance Report | Handover delays over 4-hours

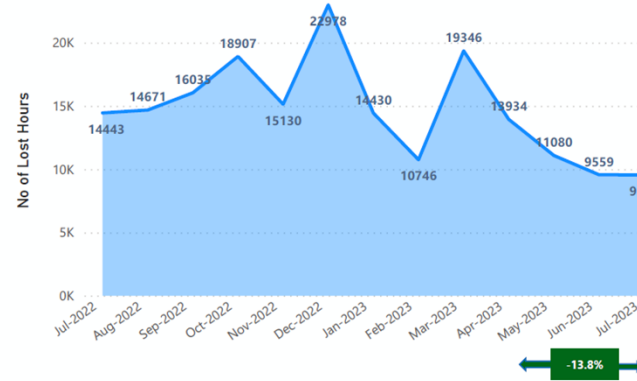


There was a 42% decrease in the number of delays over 4 hours and a 50% decrease in lost hours from March 2023 to July 2023. The number of delays over 4 hours is 30% lower in July 2023 as compared with July 2022, and a 34% reduction in lost hours for the same period.

17.1 Number of Handovers over 4 Hours



17.2 Hours lost for handovers over 4 Hours



Source: Welsh Ambulance Services NHS Trust Data Academy SQL

Non-Emergency Patient Transport Services (NEPTS)

2.12 Work to review the Non-Emergency Patient Transport Services (NEPTS) Commissioning Framework has now begun, the detail of this work will take place at the NEPTS Delivery Assurance Group (DAG) prior to endorsement by EASC Management Group at the end of Quarter 2 prior to onward submission for approval at EASC. The last EASC Management Group was cancelled and the next meeting is taking place at the end of October prior to discussion at the next EASC meeting in November.

2.13 Members will be updated at a future meeting.

Integrated Commissioning Action Plans (ICAP)

2.14 The ICAP process was established as a mechanism to take a collaborative approach to improving ambulance availability for the population of health boards by developing alternative solutions to ambulance conveyance, alternative conveyance pathways and reducing handover delays, which have one of the greatest impacts on ambulance availability.

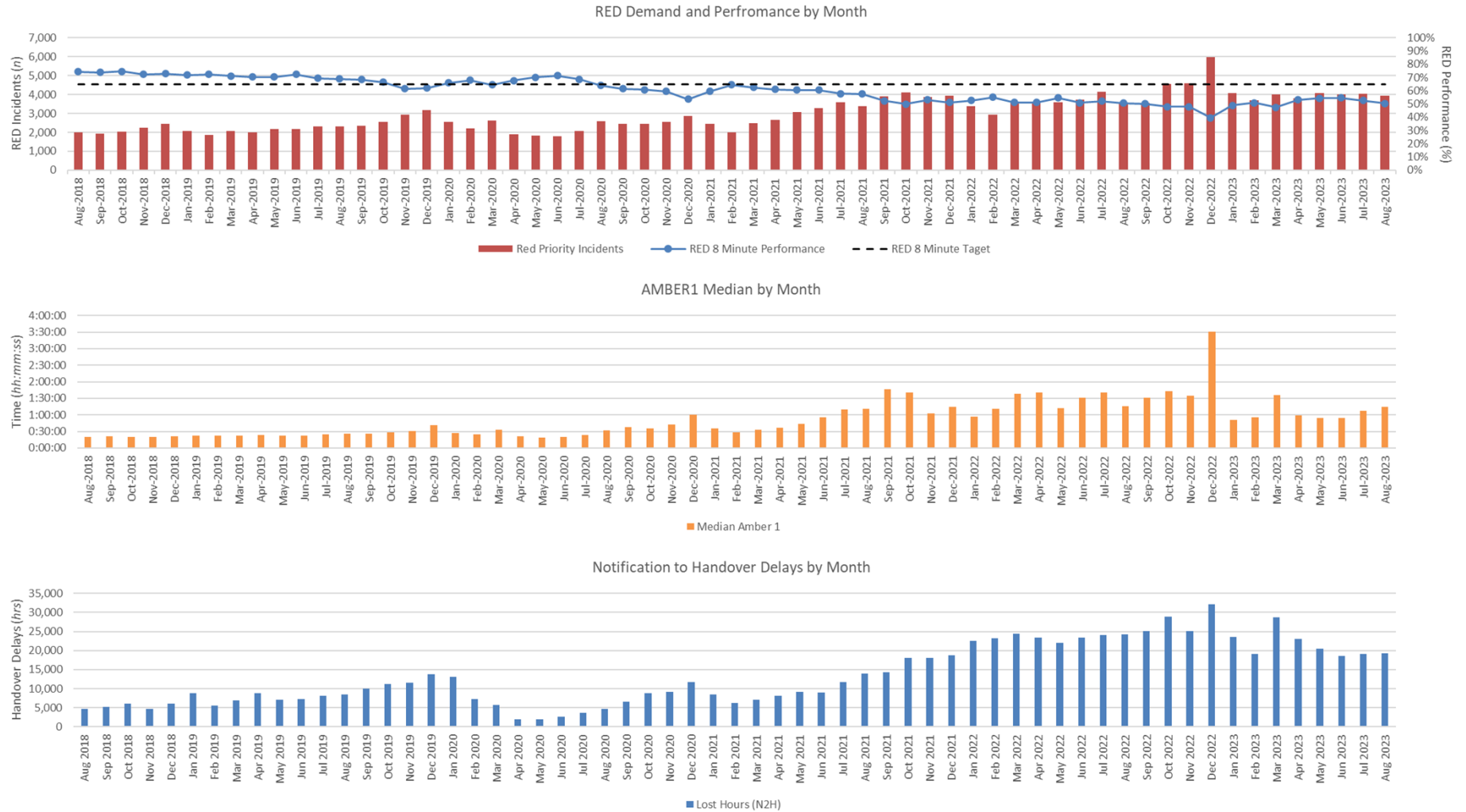
2.15 Since the implementation of the ICAP process, there has been a positive system wide response to implementing actions to reduce handover delays. From January 2023, handover delays had been on a downward trajectory but began plateauing in July 2023.



- 2.16 The EASC IMTP, which was approved by Member at the EASC meeting in March 2023 outlines the performance ambitions for ambulance handover delays for 2023/24. The performance ambitions are: Q2 - total lost hours 15,000, Q3 - total lost hours 12,000 with sustained continuous improvement thereafter. As of August 2023, ambulance handover delay lost hours remain over 19,000 hours.
- 2.17 Through the ICAP meetings, local handover and community response performance is reviewed. With a level of reduction in handover delays, some health boards have highlighted that the reduced levels of handover delays are not accumulating to recognisable improvements in ambulance response performance.
- 2.18 In addition to the ICAP meetings, additional work is being undertaken by the EASC Team in relation to this question. It is noted, that through July and August workforce abstractions have been high and additional NHS financial savings are a factor in workforce capacity.
- 2.19 Additionally, as handover delays have reduced, WAST have maintained reduced levels of escalation and are therefore able to respond to more patients. Although handover delays have reduced from December 2022 there has been significant improvements in some health boards, the overall level of handover delays remain higher than desired.
- 2.20 **Appendix 3** outlines the work being undertaken by each health board and WAST and the impact this work has had on handover delays. *Table 1 - Handover Delays Vs Demand and Response*, provides information on the relation between handover delay levels, levels of demand and the achieved performance outcomes.



Table 1.





EASC Integrated Medium Term Plan (IMTP)

- 2.21 Formal approval of the EASC IMTP by Welsh Government has been received from Welsh Government
- 2.22 The IMTP Performance Improvements and Enablers Tracker is attached at **Appendix 4**. This tracker is updated each month to monitor progress against each of the IMTP commitments.

Investigation by the Welsh Language Commissioner

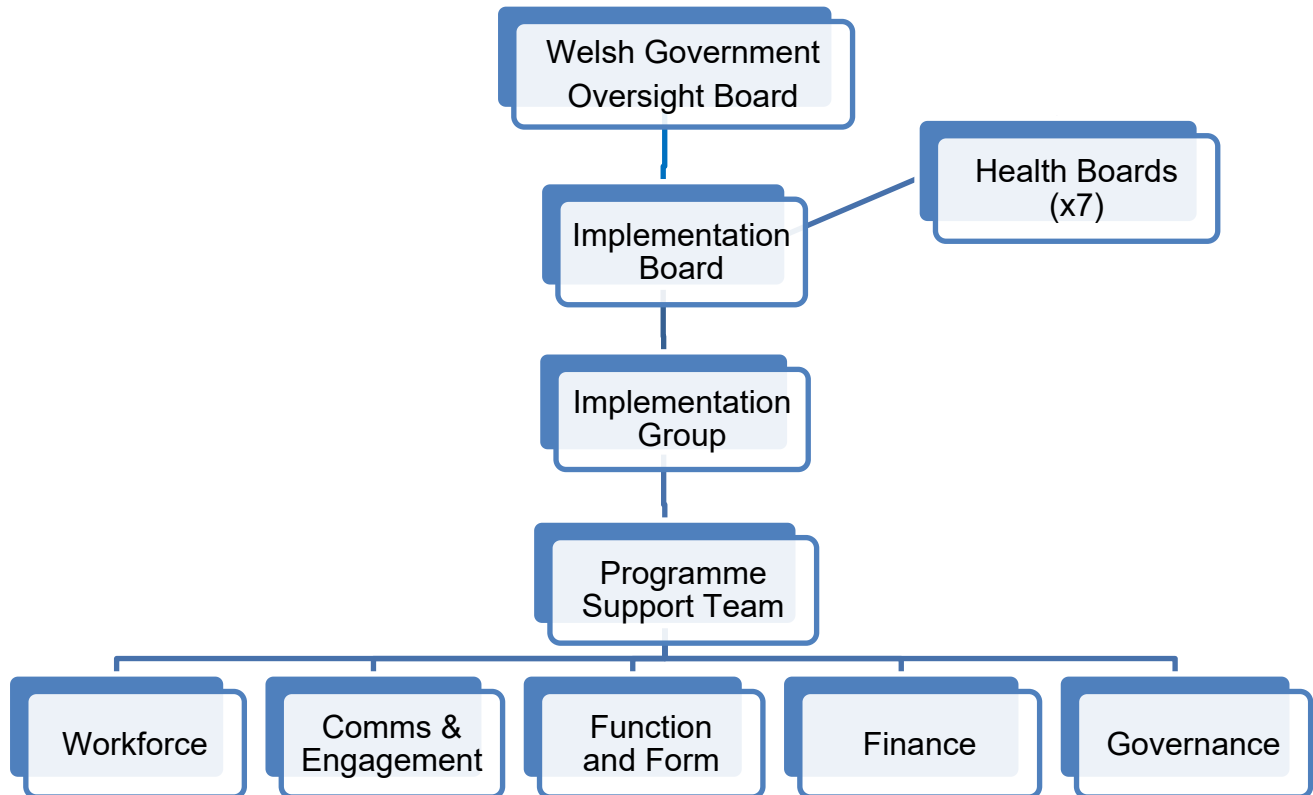
- 2.23 Work has continued to progress, with excellent support from the Welsh Language Team at Cwm Taf Morgannwg UHB.
- 2.24 The Commissioner had asked that changes be made to website software to ensure that Welsh and English languages are treated equally in website development and when publishing papers.
- 2.25 Digital Health and Care Wales (DHCW) has led this work which has now been completed and the new process is in place for the EASC and CTMUHB websites thereby closing the actions proposed in response to the investigation. This new and innovative option is also available to other health boards on request to DHCW.
- 2.26 The Welsh Language Commissioner has written to Paul Mears, CEO at CTMUHB (host body) on 29 September 2023 and confirmed was satisfied by the actions taken and has closed the investigation.

Emergency Medical Retrieval and Transfer Service (EMRTS) Review

- 2.27 The formal engagement process related to the EMRTS Service Review being taken by the Chief Ambulance Services Commissioner for EASC has entered the second phase to feedback on the issues raised in the first phase.
- 2.28 Phase two of the process started on 9 October and will complete on 5 November 2023. There are supporting documents and multiple ways that the public can get involved and express their views.
- 2.29 Members should note that the way the EMRT service is provided will not change. It is anticipated that EASC will make a decision on recommendations at the end of the year.
- 2.30 Further information is available here:
<https://easc.nhs.wales/engagement/sdp/>.

National Commissioning Review

2.31 Members will be aware of the ongoing work to develop a new Joint Committee of the health boards for commissioning. The programme structure has been developed and is as follows



2.32 The Senior Responsible Officer for the Programme is Samia Edmonds, Director of Planning at the Welsh Government

2.33 A Programme team is in place and there are 5 workstreams supporting the work.

2.34 The current areas of focus includes the name for the new Joint Committee, its structure and the functions it will undertake as a Joint Committee of health boards. Work is also underway to agree the supporting commissioning team structure.

2.35 The Independent Review by Steve Combe is attached for information at **Appendix 5**.

2.36 The new Joint Committee will be hosted by Cwm Taf Morgannwg University Health Board and the hosting arrangement will need to be reviewed after the new Joint Committee is established.

2.37 The proposal is for the new Joint Committee to be established by 1 April 2024. Further updates will be provided in due course.

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 coordinated by the Chief Ambulance Services Commissioner (CASC) 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 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 have recently provided substantial assurance on the process and the report will be taken through the EASC governance routes. One recommendation was made and has been immediately actioned.

- 3.5 Work is being continued to deliver Goal 4 for the Six Goals for Urgent and Emergency Care Programme (Goal 4 lead Stephen Harray). The Integrated Commissioning Action Plans (iCAPS) for each health board have been developed and will support the national delivery of Goal 4.
- 3.6 Work is continuing to quantify the level of harm to patients and concerns regarding the safety of patients due to the number of handover delays and lost hours in the previous six months, although these have reduced.

4. IMPACT ASSESSMENT

	Yes (Please see detail below)
Quality/Safety/Patient Experience implications	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. Learning lessons of peaks in demand will be really important
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:
- **NOTE** the updated EASC Risk Register
 - **NOTE** that the EASC Assurance Framework will be provided at the next meeting
 - **NOTE** the EASC Performance Dashboard
 - **NOTE** the ongoing work to develop a long term strategy for NEPTS
 - **NOTE** the ongoing work on the Integrated Commissioning Action Plans (ICAPS)
 - **NOTE** the plan to report on the EASC IMTP approved by the Welsh Government using the IMTP Tracker
 - **NOTE** the completed investigation by the Welsh Language Commissioner
 - **NOTE** the commencement of Phase 2 of the EMRTS Service Review of the formal engagement process
 - **NOTE** the position in relation to the National Commissioning Review.

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 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 and EASC IMTP tracker 	4x1 = 4	CXL 4x1=4	↔	01/08/2020	Reviewed July 2023 Next review January 2024 To remain on risk register
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 (2023 to 2026) approved by EASC (2023) 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 2023-26 confirmed as acceptable (with accountability conditions) by Welsh Government with quarterly updates in-year IMTP tracker in use 	EASC IMTP submitted to WG Awaiting response Quarterly updates to be provided IMTP Tracker developed for overall EMS performance ambitions	<ul style="list-style-type: none"> Consistency between EASC IMTP with WAST IMTP and also with Health Boards Awaiting letter of support from the Welsh Government EASC Approval of the plan Quarterly IMTP updates to EASC and its sub groups and EASC IMTP Tracker 	4x1=4	CXL 4x1= 4	↔	01/08/2020	Reviewed July 2023 Next review April 2024 To remain on Risk Register
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; whole system approach with key stakeholders 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) Committee reviews its effectiveness annually – undertaken in May 2023 – no specific areas of concern identified re commissioning Chair and CASC annual visits with all health boards in Wales planned 	<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 Chair's appraisal letter with Minister 	5x3=15	CXL 5x1=5	↔	01/08/2020	Reviewed October 2023 Next review January 2024 Plan – IMTP Commission – Quality and Delivery Frameworks Secure – via organisation WAST / EMRTS Work together collaboratively through EASC governance mechanisms
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 and publication of ASIs Commissioning intentions - including measurement across the system Commissioner request for system wide measures Ongoing refresh of the Commissioning Frameworks Integrated Commissioning action plans supporting health boards to commission the required ambulance services for their populations 	<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 Work with providers and their partners to ensure services are delivered in line with the expectations of the joint Committee Monthly ICAP meetings and overview report 	<ul style="list-style-type: none"> Amber Review ORH Report D&C Emergency Ambulances Framework - updated Sept 2022 McClelland Review of Welsh Ambulance Services (2013) Internal and external audit CASC IQPD meetings with Welsh Government Annual Governance Statement New D&C for EMS planned to start D&C for NEPTS services completed ICAP report to EASC / AR Committee 	4x3=12	CXL 4x2 = 8	↔	01/08/2020	Reviewed October 2023 Next review April 2024

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 Review term of office – 31 October 2023 – extended to 31 March 2024 	<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 Oct 2023 	3x2=6	CXL 3 x2 = 6	↔	01/08/2020	<p>Reviewed October 2023</p> <p>Next review April 2024</p> <p>To remain on risk register</p>
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; Commissioned a new demand and capacity review (August 2023) Financial commitment to maintain overtime for WAST staff (Sept 2023) 	<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 ICAP meetings and monitoring commitments and deliver 	<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 Implementation of the new Demand and Capacity Review EASC Action Plan CASC liaison with Chief Operating Officers Agreement to maintain front line capacity which will also support the Cymru High Acuity Response Unit (CHARU) 	5x5=25	CXL 5x3= 12	↔	Aug-20	<p>Reviewed October 2023</p> <p>Next review – constantly monitored – daily and weekly dashboard January 2024</p> <p>Until target met, to remain at score 25</p>
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 Implementation of the Demand and Capacity Review EASC Action Plan CASC liaison with Chief Operating Officers (multiple arenas) 	5x4=20	CXL 5x3= 12	↔	Aug-20	<p>Reviewed October 2023</p> <p>Next review January 2024</p> <p>(September data showed deterioration – being closely monitored, daily and weekly)</p>
4508	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 ICAP health board and WAST commitment to meet monthly National task and finish group on operational escalation and CASC an integral part 	<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	<p>Reviewed October 2023</p> <p>Next review April 2024</p>
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 ICAP meeting overseeing performance and outcomes 	<ul style="list-style-type: none"> Joint escalation plan developed and approved at NHS Leadership Board now led by the NHS Executive 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 	5x4=20	CXL 5x1= 5	↔	Dec-21	<p>Reviewed October 2023</p> <p>Next review January 2024</p>

EASC RISK REGISTER

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 	3x2= 6	CXL- 3x2= 6	↓	Dec-21	Reviewed October 2023 and closed
5370	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 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 New demand and capacity review commissioned ICAP meetings with health boards and WAST Performance dashboard IMTP tracker 	<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 Integrated Commissioning Action Plan (ICAP) work maturing 	<ul style="list-style-type: none"> Ambulance Service Indicators Daily weekly and monthly performance reports EASC Action Plan CASC liaison with Chief Operating Officers EASC receive a quality and safety report at each meeting New D&C for EMS (starting summer 2023) ICAPS 	5x5= 25	CXL 5x2= 10	New	Jan 23	<p>Developed on 9 Jan 2023</p> <p>Reviewed October 2023</p> <p>Next review January 2024</p> <p>Review position when red and amber performance improve dramatically</p>

Latest data loaded

31 July 2023



Emergency Ambulance Services Committee

Ambulance Data Portal | Performance Report

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Performance Report | Summary and contents

Contents (Ctrl+Click to go to the required slide and the house symbol to return to summary).

- 1. Front page
- 2. Summary and contents
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- 4. 111 Wales to 999 Transfers
- 5. 999 call answer times
- 6. All incidents and RED performance
- 7. Hear and Treat
- 8. See and Treat
- 9. RED incidents
- 10. RED incident response time
- 11. AMBER incidents
- 12. AMBER incident response times
- 13. GREEN incidents
- 14. GREEN incident response times
- 15. Transported to Tier 1 site
- 16. Transported to non-Tier 1 site
- 17. Handover delays over 15-minutes
- 18. Handover delays over 60-minutes

- 19. Handover delays over 4-hours
- 20. Trajectory
- 21. RED/AMBER release requests
- 22. Unit Hour Production (UHP)
- 23. Glossary of Terms

Data acquisition key

-  **Data acquisition:** EASC Ambulance Service Indicators
-  **Data acquisition:** WAST Qlik Sense
-  **Data acquisition:** WAST Data Academy SQL
-  **Data acquisition:** WAST Microsoft Excel

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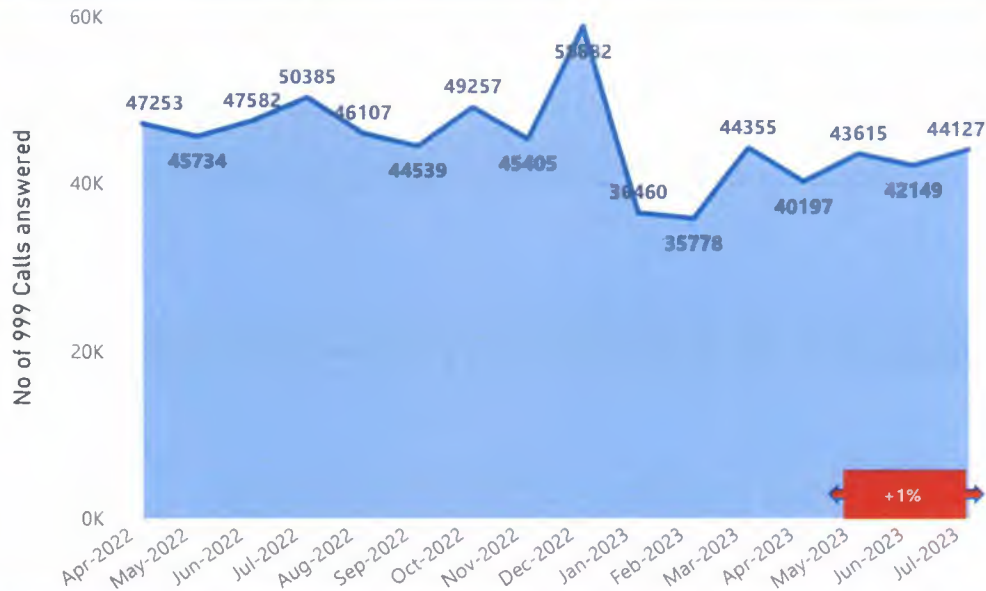
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National Collaborative Commissioning Unit

Performance Report | 999 calls demand



The number of 999 calls saw an 9% increase from April 2023 to July 2023. 999 calls and average number of 999 calls answered are 12% lower in July 2023 as compared July 2022.

1.1 Monthly - Volume of 999 Calls Answered

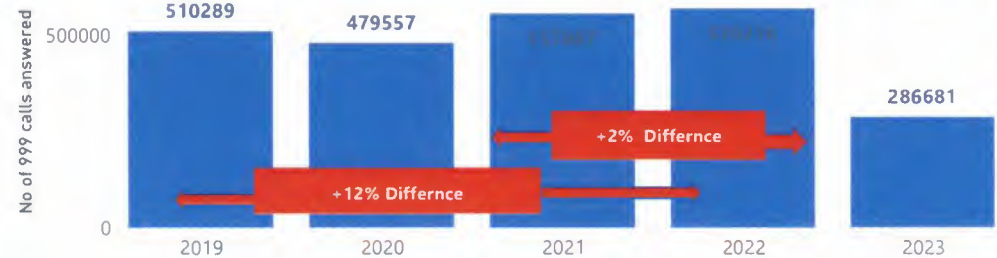


Source: Ops Directorate Telephony Qlikview

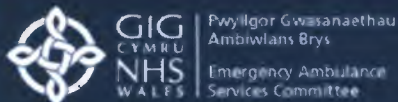
1.2 Daily Average - 999 Calls Answered



1.3 Annualised Data - Volume of Calls Answered



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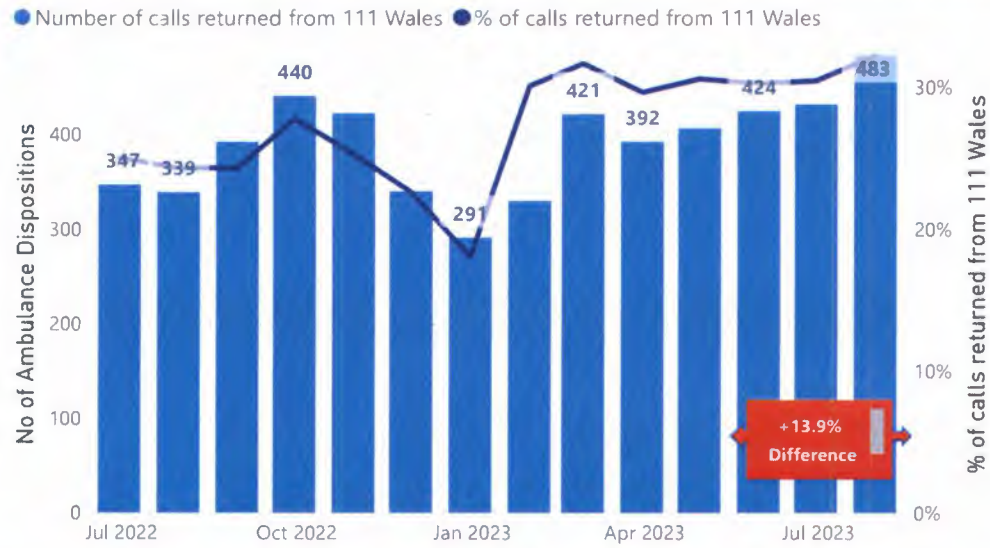
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Performance Report | 111 Wales to 999 Transfers



Despite a downward trend for both the number and % calls returned until December 2023, the number and % calls returned from 111 Wales have been increasing since December. In July 2023, the number of calls returned is 42.4% higher than July 2022, with the % calls being 7.9% higher in July 2023.

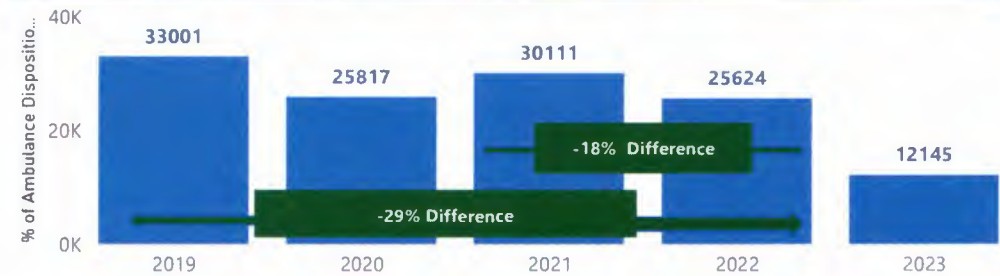
2.1 Monthly - Calls returned from 111 Wales



2.2 Daily Average - Calls Returned from 111 Wales



2.3 Annualised Data - Total Calls Returned from 111 Wales



Source: AQJ9ii Calls Returned from NHS Direct with an Outcome of "Ambulance Required"

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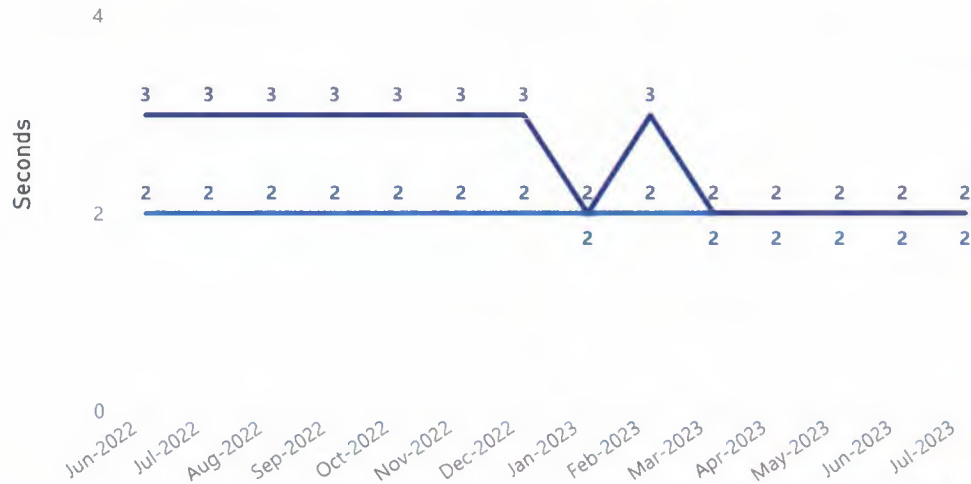


Performance Report | 999 call answer times

999 call answer times have remained constant. The 95th percentile showed a steady increase up to December 2022 and then reduced substantially from January 2023 onwards.

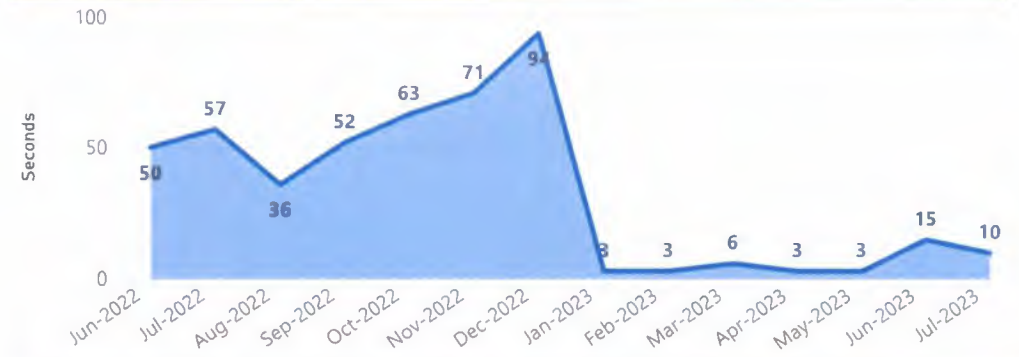
3.1 Median and 65th - 999 Calls: Time to Answer

● Median ● 65th



0% Difference

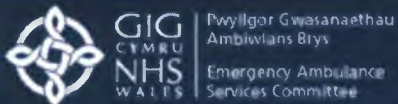
3.2 95th Percentile



3.3 Call Abandonment - TBC

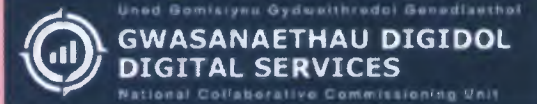
Source: AQ17ii 999 Calls: Time to Answer Median, 65th and 95th percentile (in seconds)

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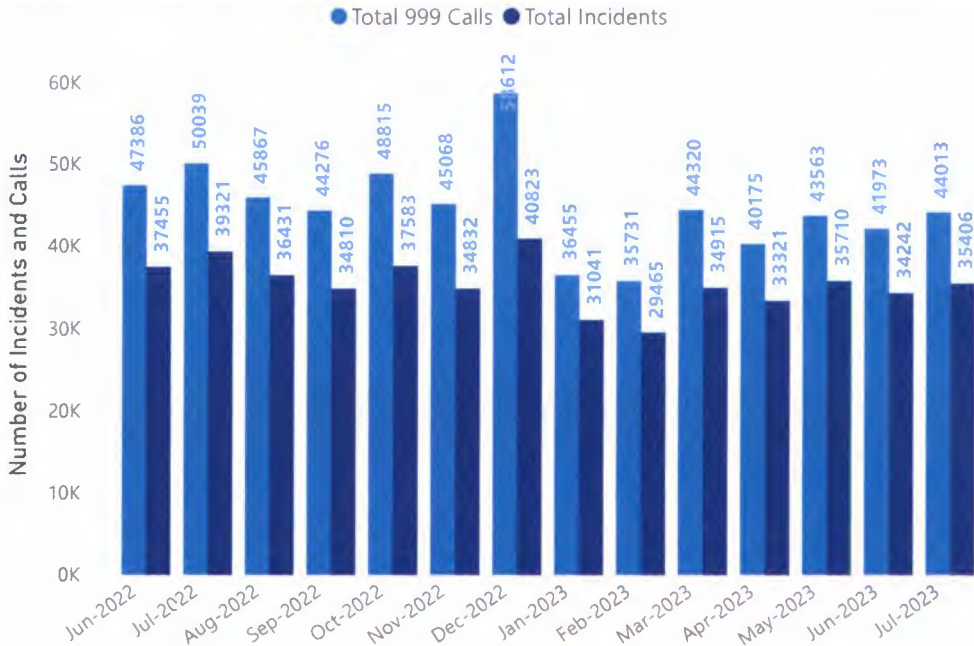


Performance Report | All incidents

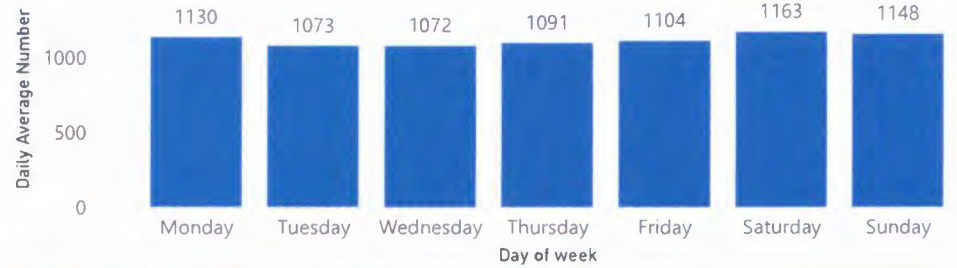


There is an overall reducing trend in call and incidents. July 2023 saw a 12% reduction in calls and a 10.8% reduction in incidents compared to July 2022

4.1 Monthly Volume of Incidents and Calls



4.2 Average Daily Incidents - 2023



4.3 Annualised Data - Total Incidents and Calls



Source: AQIS Total number of incidents; Avg Daily Incidents - WAST SQL Data Academy

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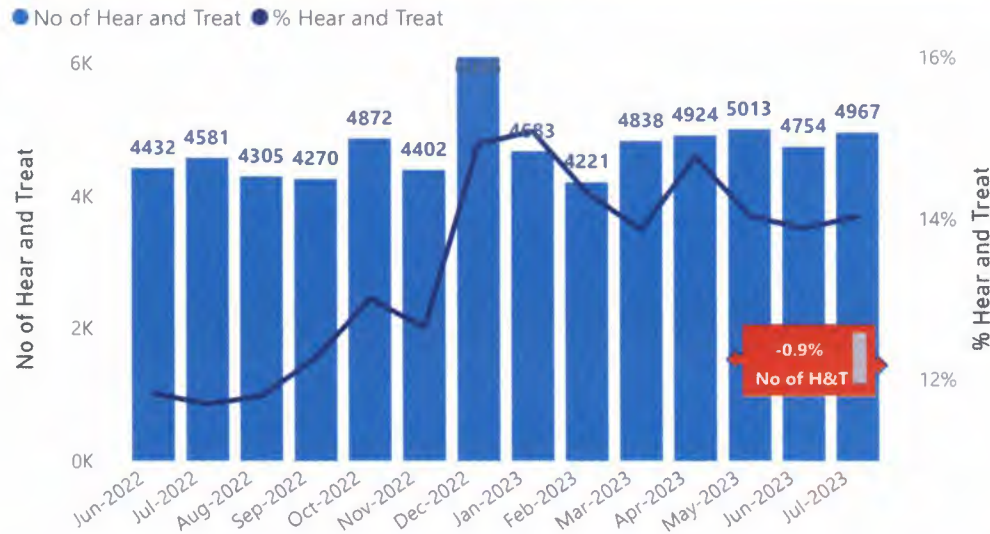
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Performance Report | Hear and Treat



The number and % of Hear and Treat Incidents has an upward trend for the period shown. The number of Hear and Treat incidents July 2023 is 8% higher than that for the same period last year. The % of Hear and Treat against total incidents is 2.3% higher in July 2023, as compared to July 2022.

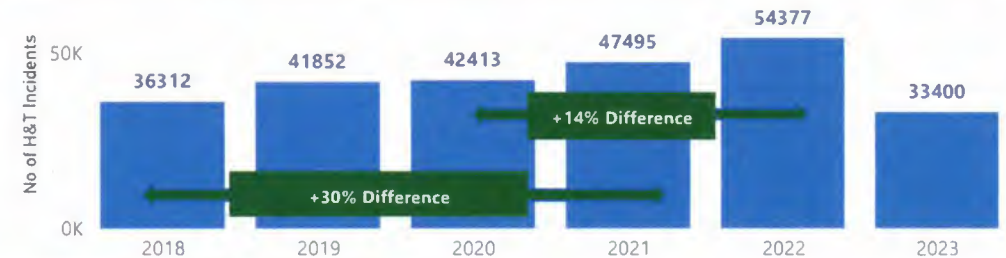
5.1 Monthly - Volume of Hear and Treat Incidents



5.2 Daily Average - Number of Hear and Treat Incidents



5.3 Annualised Data - Number of Hear and Treat Incidents



Source: AQ110i Number of calls ended following WAST telephone assessment (Hear and Treat)

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Performance Report | See and Treat



See and Treat levels are relatively static over the period, whilst there was a dip in the number over the winter of 2022/23, numbers are now returning to historical norms. July 2023 is 3% lower than July 2022.

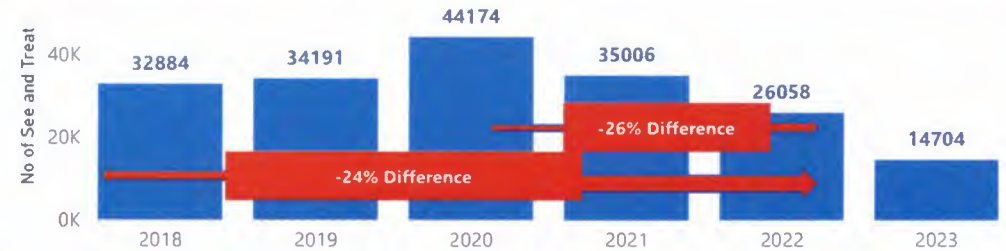
6.1 Monthly Volume of See and Treat Responses



6.2 Daily Average - Number of See and Treat Responses

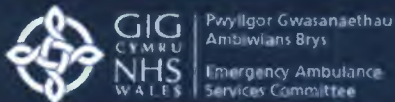


6.3 Annualised Data - Number of See and Treat Responses



Source: AQ119i Total Number of Incidents where an Ambulance Resource Attended Scene

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Performance Report | RED incidents

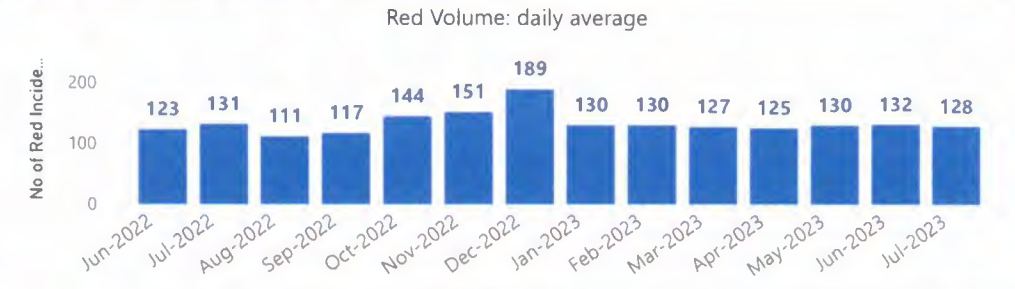


Since December 2022, there is a downward trend of the number red incidents, whilst the 8 minute % performance has been steadily increasing. The number of red incidents in July 2023 was 2.4% lower as compared to July 2022, although the 8 min % performance was consistent for the same time period.

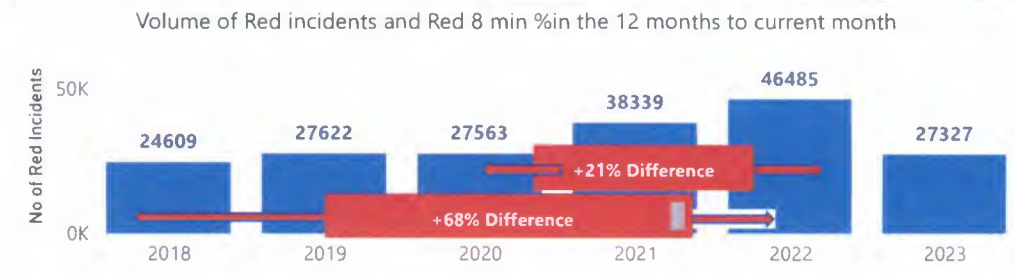
7.1 Monthly Volume of Red Incidents and Red % Performance



7.2 Daily Average - Red Volume



7.3 Annualised Data - Volume of Red Incidents and Red 8 min %



Source: AQI11 Number of RED category incidents resulting in an emergency response

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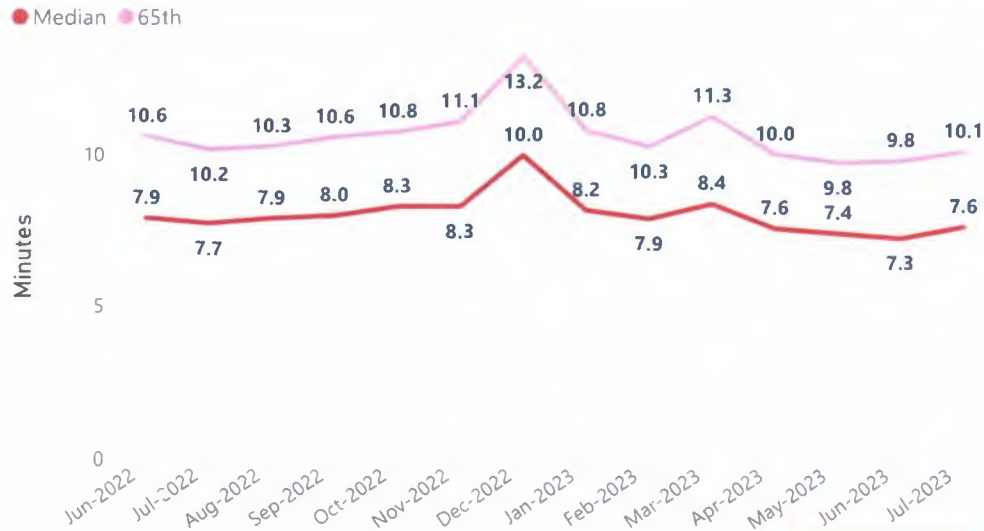


Performance Report | RED incident response time



Despite seeing red median and 65th peak to a all-time high in December 2022, red median and 65th has been slowly reducing throughout the time period reported. Red Median and the longest red was slightly lower in July 2023 than July 2022.

8.1 Median and 65th Percentile Red Response Time (Minutes)



8.2 95th Percentile Red Response Time (Minutes)



8.3 Longest Red



+2.7% Difference Median

Source: AQI11 Red Category Median, 65th and 95th Response Minutes

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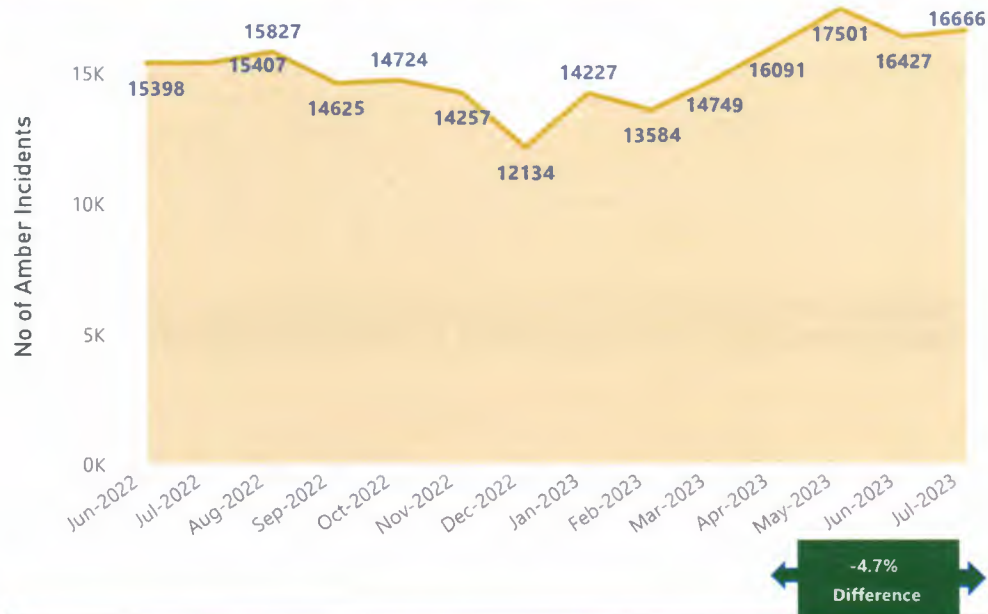


Performance Report | AMBER incidents



Since December 2022, the number of amber incidents being on an upward trend. The number of amber incidents in July 2023 was 8% higher than July 2022. The daily average has seen an increase since December 2022. The daily average in July 2023 is 8% higher than July 2022.

9.1 Monthly Volume of Amber Incidents

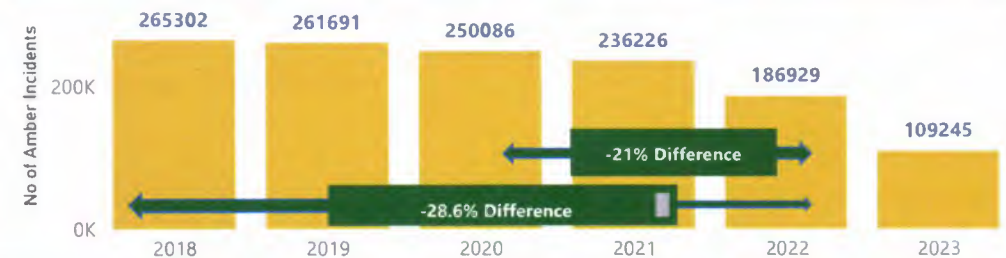


Source: AQI11 Number of Amber category incidents resulting in an emergency response

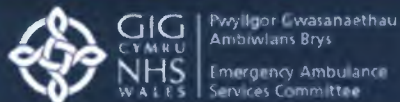
9.2 Daily Average - Number of Amber Incidents



9.3 Annualised Data - Number of Amber Incidents



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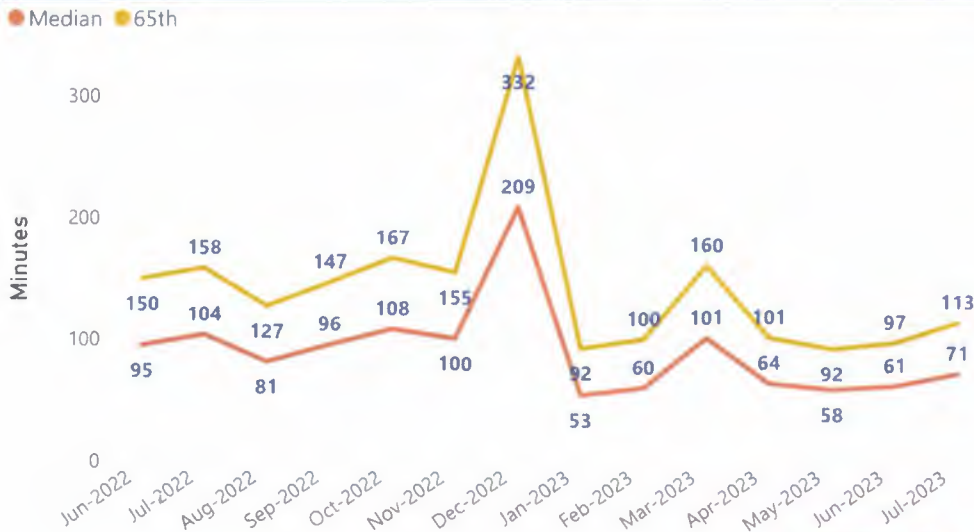
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Performance Report | AMBER incident response times



Amber Median in July 2023 was 33 minutes lower than 2022, Amber 65th was 28 minutes and Amber 95th was 124 minutes lower in July 2023 as compared to July 2022.

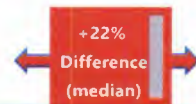
10.1 Median and 65th Percentile Amber Response Time (Minutes)



10.2 95th Percentile Amber Response Time (Minutes)



10.3 Longest Amber (Minutes)



Source: AQI11 Amber Category Median, 65th and 95th Response Minutes

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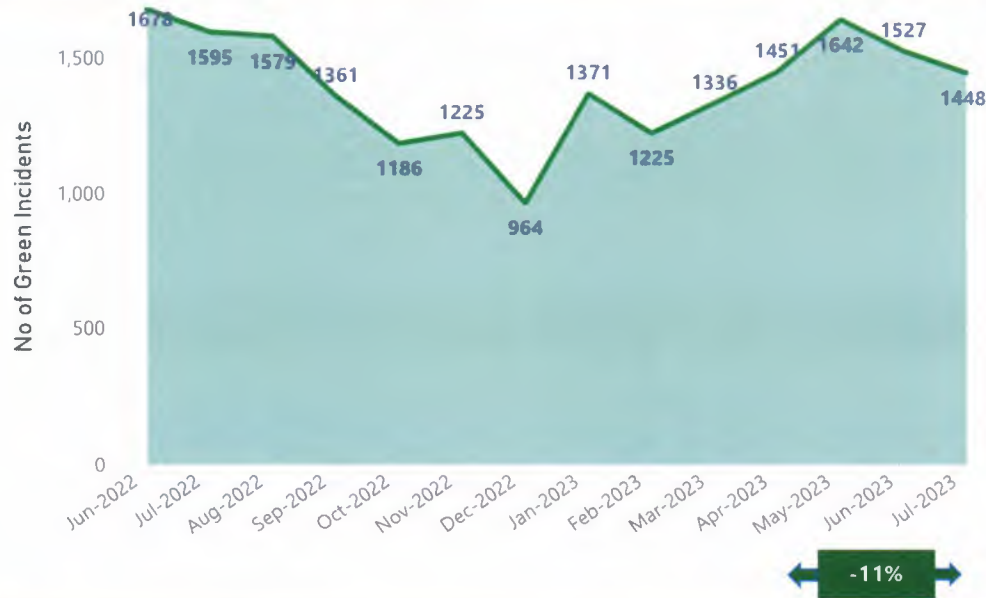


Performance Report | GREEN incidents



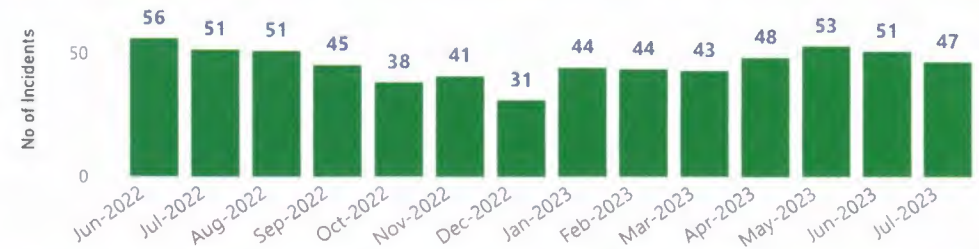
July 2023 saw a 11% reduction since May 2023, but is 9% lower than July 2022. The daily average has reduced throughout the period, with July 2023 being 4 green incidents lower than the same period last year.

11.1 Monthly Volume of Green Incidents

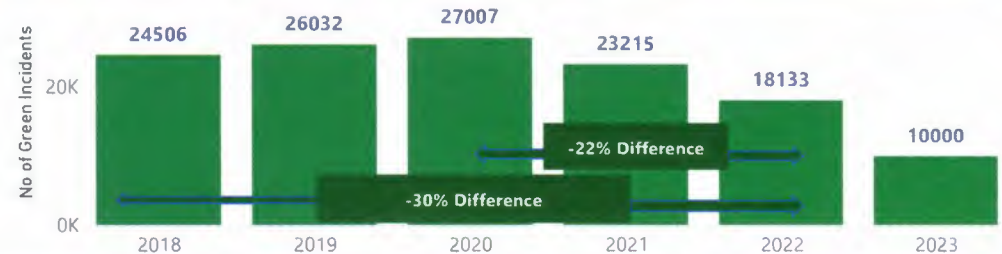


Source: AQI11 Number of Green category incidents resulting in an emergency response

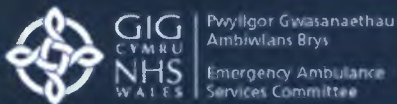
11.2 Daily Average - Number of Green Incidents



11.3 Annualised Data - Number of Green Incidents



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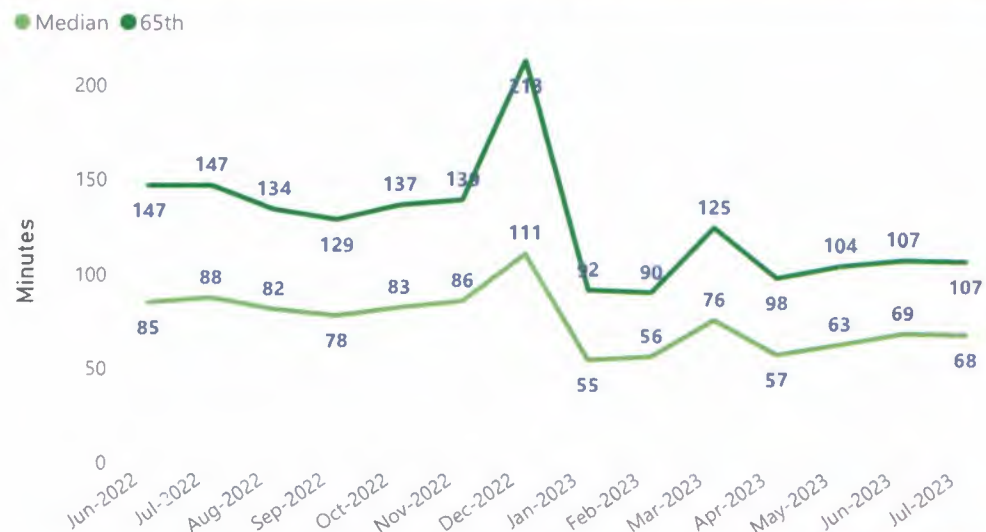


Performance Report | GREEN incident response times



Green median has been reducing overall throughout the time period shown, despite spike in December 2022. Green Median in July 2023 is 20 minutes lower than July 2022. Green 65th is 40 minutes and Green 95th is 78 minutes lower in July 2023 as compared to July 2022.

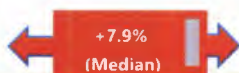
12.1. Median and 65th Percentile Green Response Time (Minutes)



12.2 95th Percentile Green Response Time (Minutes)

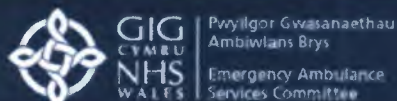


12.3 Longest Green TBC



Source: AQ111 Green Category Median, 65th and 95th Response Minutes

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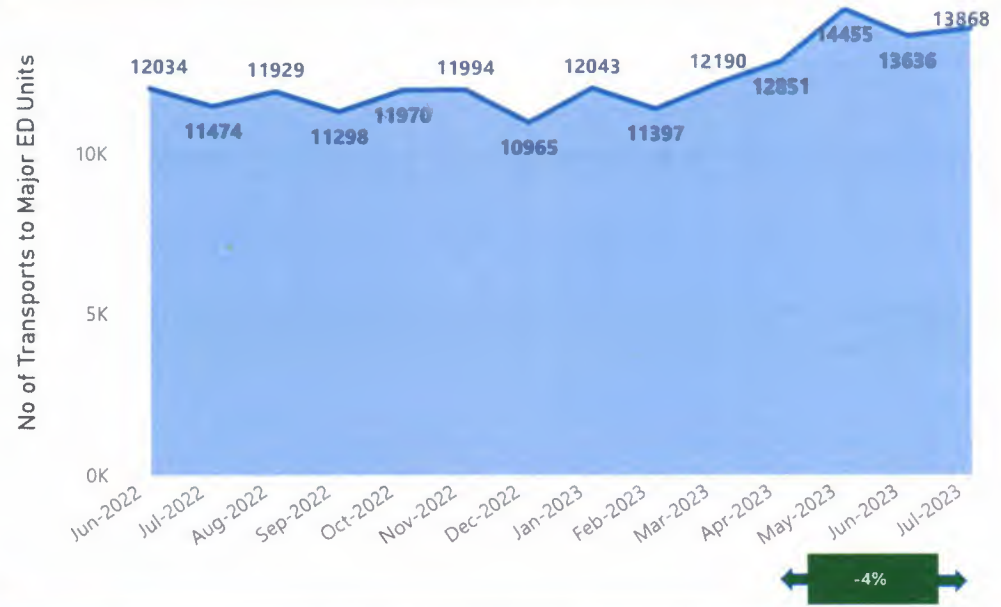


Performance Report | Transported to Tier 1 site



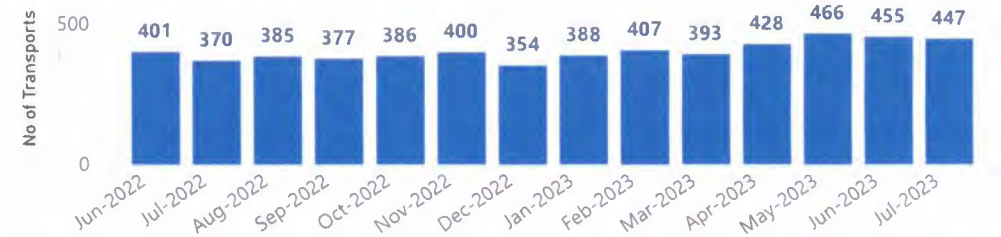
The number of incidents transported to Tier 1 sites has been steadily increasing since February 2023. In July 2023, the number of incidents transported to Tier 1 sites was 20.8% higher than July 2022. The daily number of incidents was 77 incidents (20%) higher in July 2023 as compared to July 2022.

13.1 Monthly Volume of Transport to Major ED Units

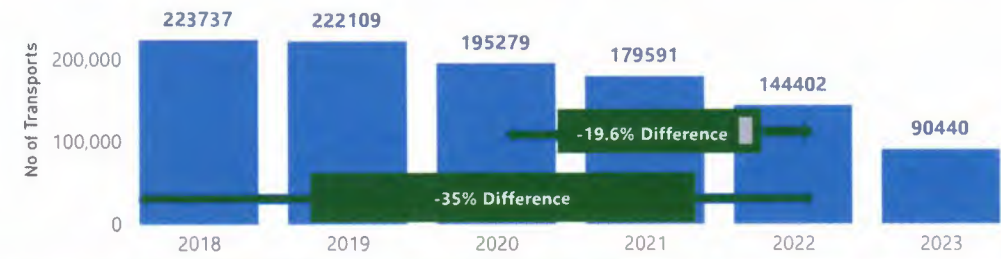


Source: AQ119ii Tier 1 Major A&E Units

13.2 Daily Average - Number of Transport to Major ED Units



13.3 Annualised Data - No of Transport to Major ED Units



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Performance Report | Transported to non-Tier 1 site

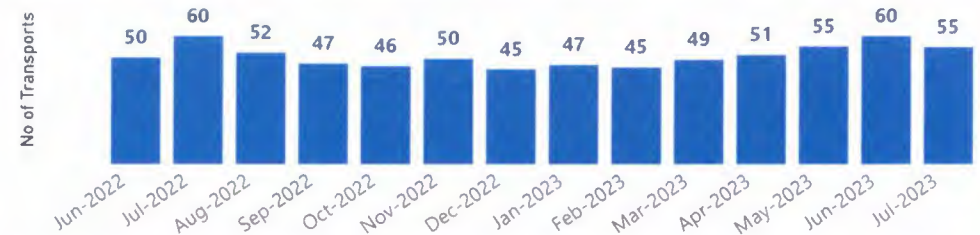


The number of incidents transported to non Tier 1 sites has reduced throughout the period until February 2023. Since February 2023, there has been a 34% increase in the number of incidents transported to non Tier 1 sites. Despite this increase, July 2023 was 8.8% lower than July 2022. The daily average has remained constant, with July 2023 being 5 incidents lower than July 2022.

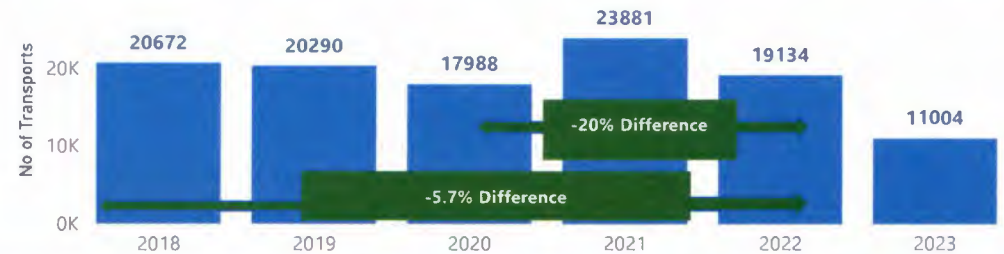
14.1 Monthly Volume of Transport to non Major ED



14.2 Daily Average - Transport to Non Major ED



14.3 Annualised Data - Transport to Non Major ED



Source: AQI19ii Total number of patients conveyed to hospital by type / AQI19ii Tier 1 Major A&E Units

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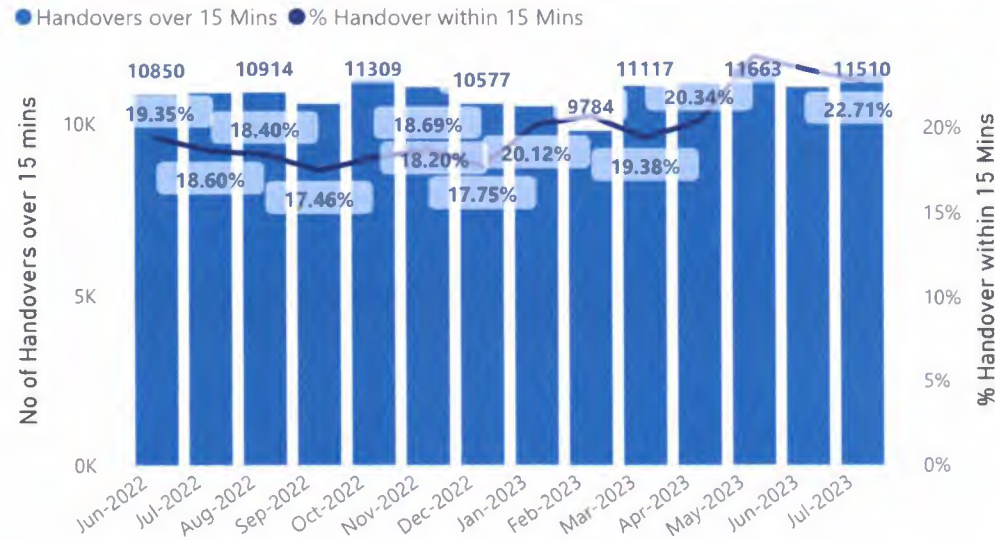


Performance Report | Handover delays over 15-minutes



The number of handovers over 15 mins in July 2023 is 5.6% higher as compared to July 2022, The % of handovers within 15 minutes in July 2023 is 4% higher, compared to July 2022. For lost hours, July 2023 was 20% lower than July 2022.

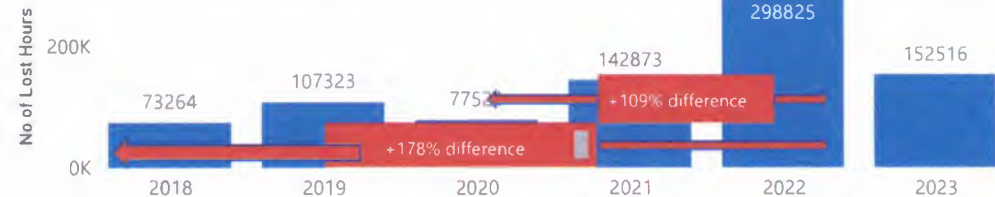
15.1 Volume of Handovers over 15 minutes



15.2 Hours lost for handovers over 15 minutes



15.3 Hours Lost for handovers over 15 minutes



Source: AQI20i Total Number of Handovers / AQI20i Number of Notification to Handover within 15 minutes

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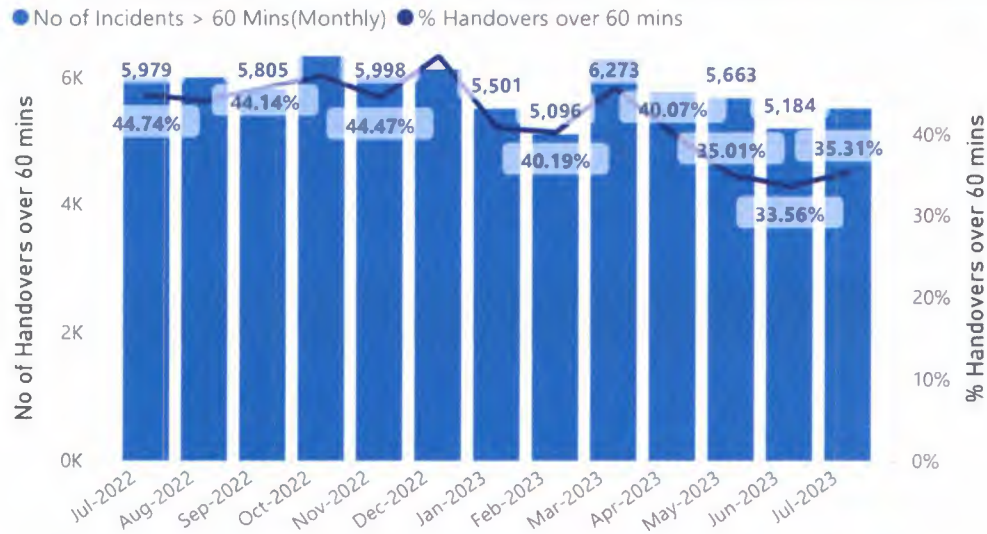


Performance Report | Handover delays over 60-minutes

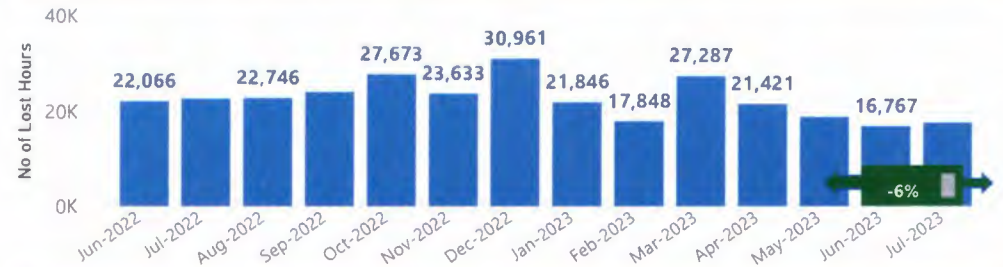


The number and % of handovers over 60 minutes has remained constant throughout the period shown. The number and % of handovers over 60 minutes is 8% lower in July 2023 as compared to July 2022. Lost hours was 22% lower in July 2023, as compared to July 2022.

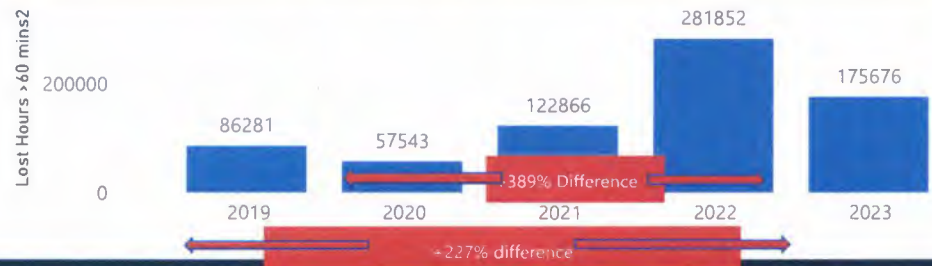
16.1 Number of Handovers over 60 minutes



16.2 Hours lost for handovers over 60 minutes



16.3 Hours Lost for handovers over 60 minutes



Source: Welsh Ambulance Services NHS Trust Data Academy SQL

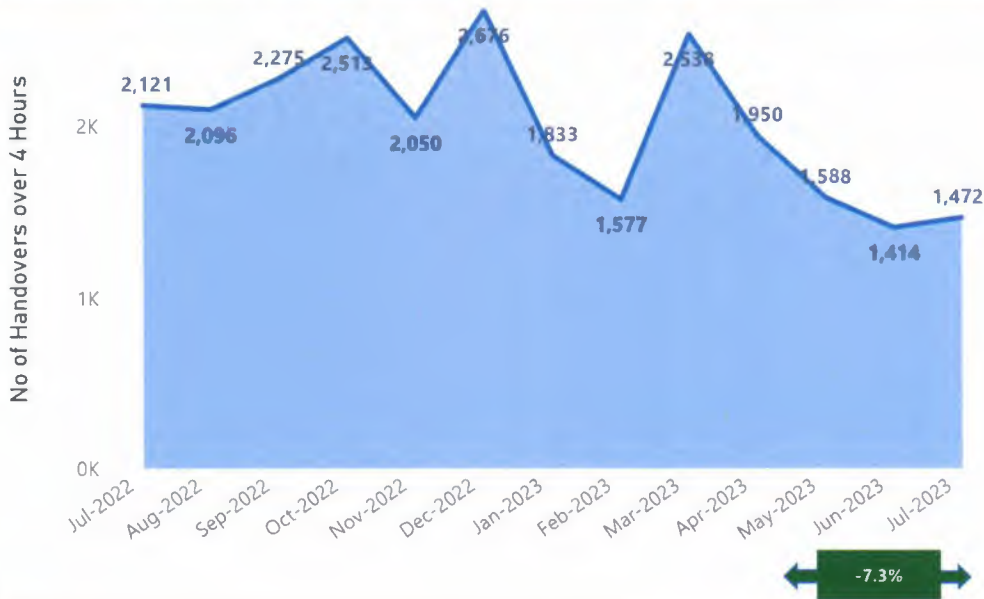
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Performance Report | Handover delays over 4-hours

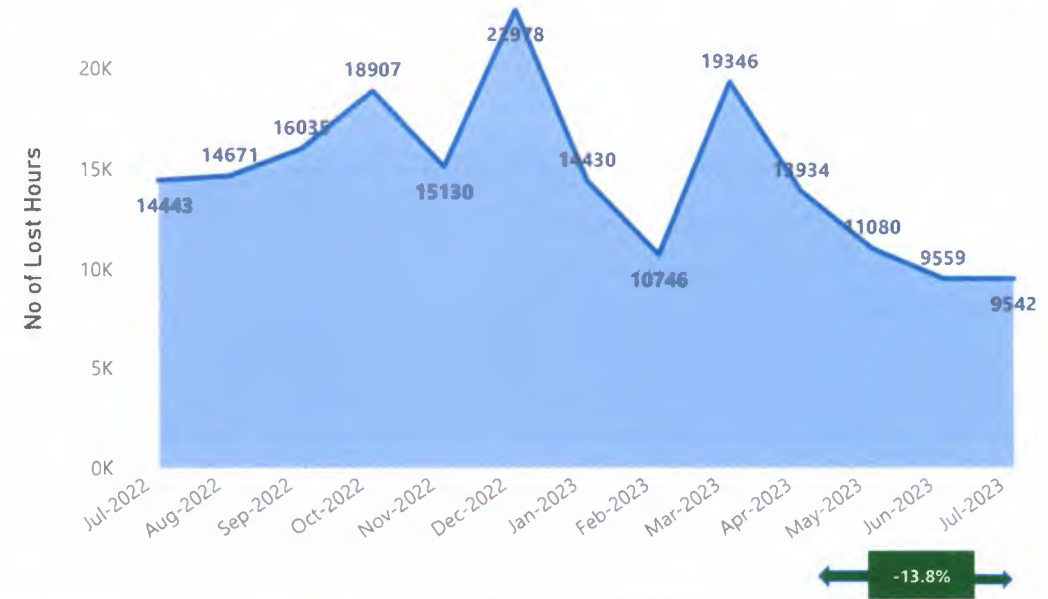


There was a 42% decrease in the number of delays over 4 hours and a 50% decrease in lost hours from March 2023 to July 2023. The number of delays over 4 hours is 30% lower in July 2023 as compared with July 2022, and a 34% reduction in lost hours for the same period.

17.1 Number of Handovers over 4 Hours



17.2 Hours lost for handovers over 4 Hours



Source: Welsh Ambulance Services NHS Trust Data Academy SQL

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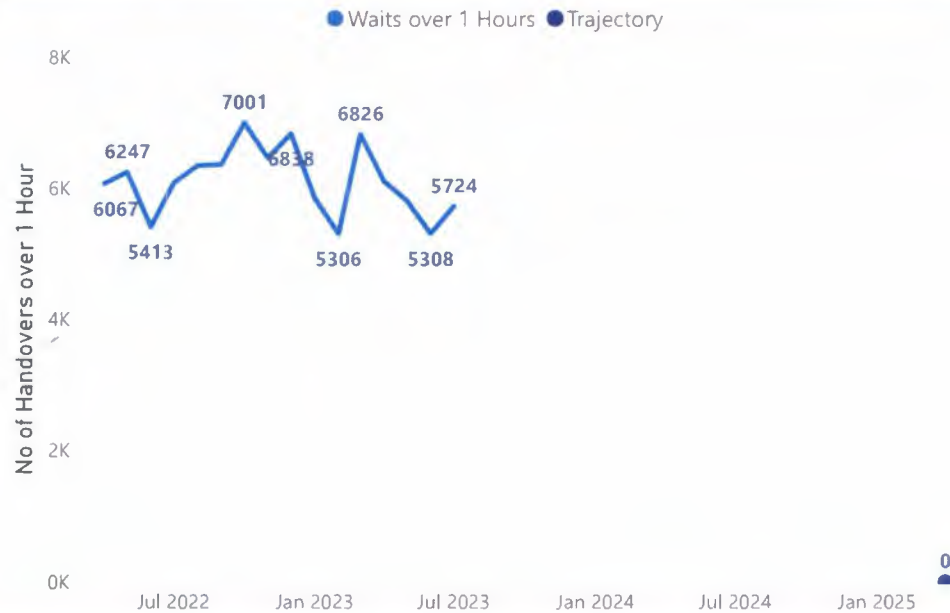


Performance Report | Trajectory



The number of handovers over 1 hour for July 2023 is lower (5724) than July 2022 (6284). Average lost minutes per arrival for July 2023 is lower (69 mins) than July 2022 (93 mins). HB are expected to eradicate all handovers over 1 hours by the end of April 2025

18.1 1 Hour Trajectory



18.2 Average Lost Minutes per Arrival (All Vehicles)



Source: 4 hour Trajectory - Hospital Handover Delays by Time Band delays. Please note that numbers of delays may be duplicated here as they may fall in several time bands. Average Lost Minutes - Welsh Ambulance Services NHS Trust Data Academy SQL

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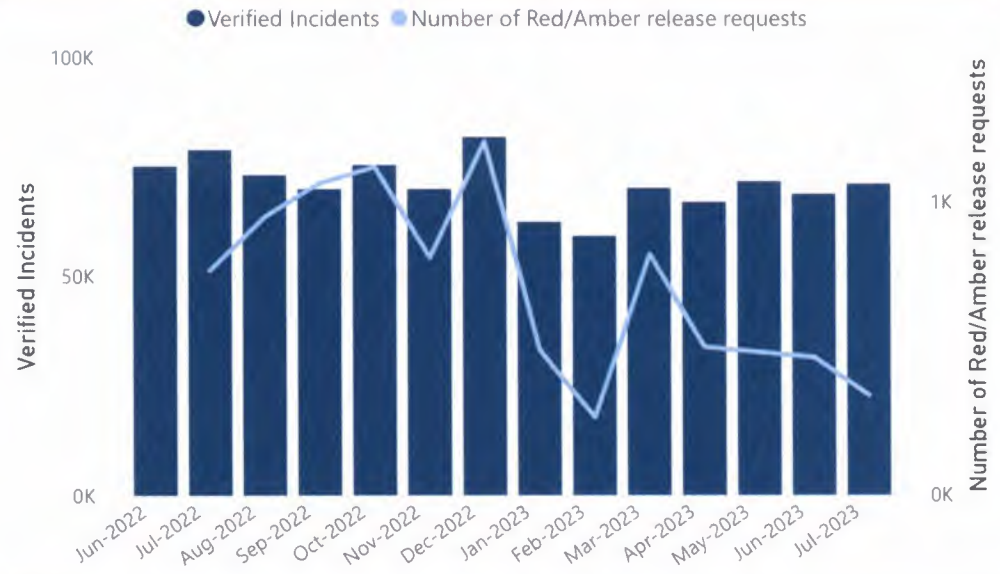


Performance Report | RED/AMBER release requests

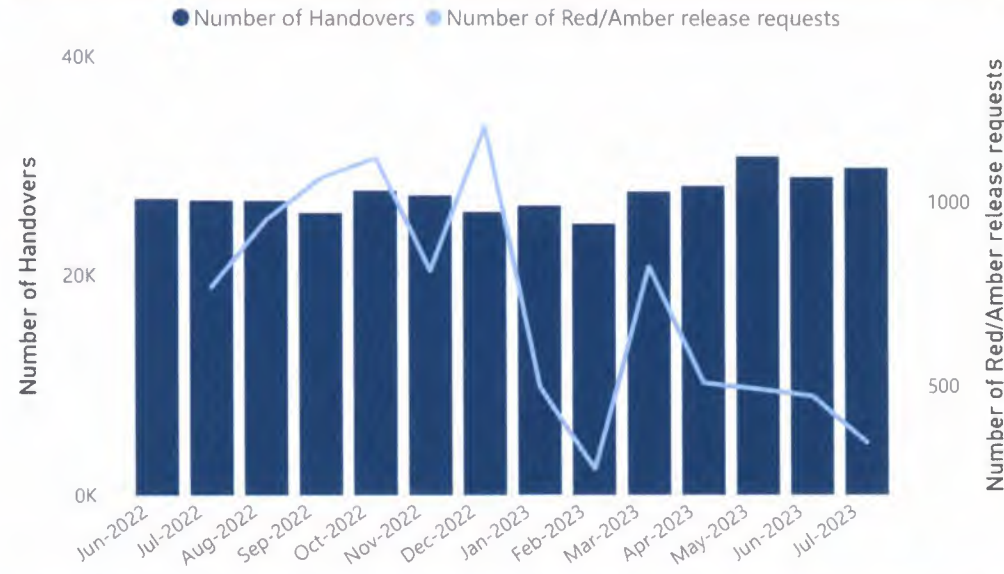


There is a downward trend of both incidents and release requests throughout the period. Release requests are 55% lower in July 2023 as compared to July 2022. Incidents were 10% lower and Handovers were 10% higher for July 2023 as compared to July 2022.

19.1 Red/Amber Release Request v Verified Incidents



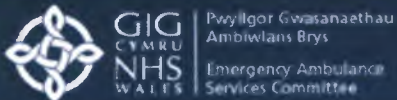
19.2 Red/Amber Release Request v Total Handovers



Source: WAST Red/Amber 1 Immediate Release Weekly Update / AQ15 Total number of incidents

Source: WAST Red/Amber 1 Immediate Release Weekly Update / AQ120i Total Number of Handovers

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Performance Report | Unit Hour Production (UHP)



Lowest Recorded UHP

84.50%

All Wales Latest Month

Average Recorded UHP

89.70%

All Wales Latest Month

Highest Recorded UHP

96.80%

All Wales Latest Month

Lowest Recorded UHP

83.0%

N Wales Latest Month

Lowest Recorded UHP

76.7%

C&W Wales Latest Month

Lowest Recorded UHP

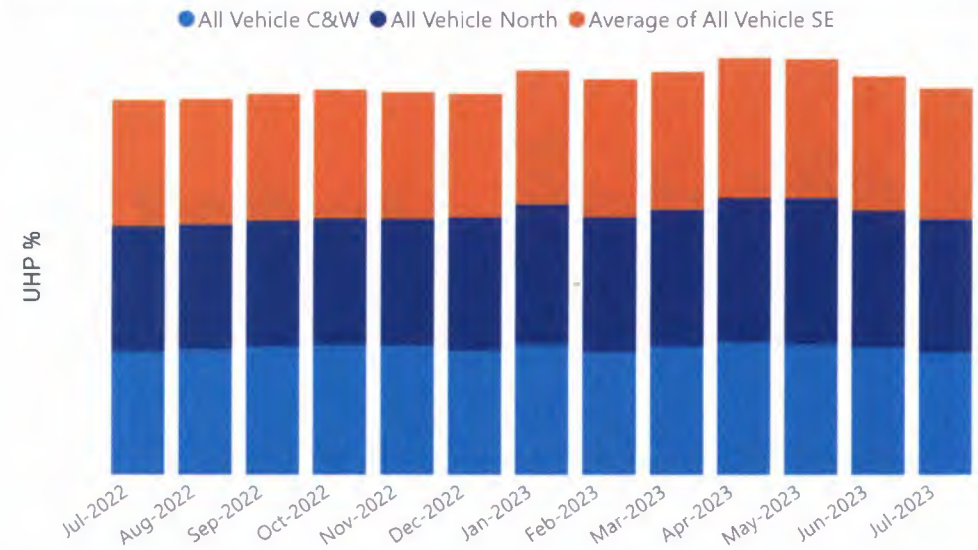
82.1%

SE Wales Latest Month

20.1 Daily UHP %



20.2 Monthly Average UHP % by Area



Source: Welsh Ambulance Services NHS Trust EMS File

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Performance Report | Glossary of Terms

Verified Incidents ambulance service	All incidents recorded in the Call Ambulance System excluding duplicate incidents, errors, information calls, calls made in error or test calls or calls passed to another
Ambulance Dispositions	All Calls with a final outcome of "Referred to 999"
Destinations other than ED	This includes Minor Injury Units (MUIs) and Major Acutes
Red Incidents	The 'Red' category of call is for immediate life-threatening conditions where a person is in imminent danger of death.
Amber Incidents	The 'Amber' category of call is for those patients with serious conditions that are not immediately life-threatening, but which are urgent and may need treatment and care at the scene or rapid transport to a healthcare facility.
Green Incidents	The 'Green' category of call is for non-serious conditions which can often be managed by other health services, including healthcare advice or through self-care.
Hear and Treat	'Hear and Treat' is the telephone advice that callers who do not have serious or life threatening conditions receive from an ambulance service after calling 999. They may receive advice on how to care for themselves or where they might go to receive assistance.
See and Treat	See and treat is when a patient receives advice and care at scene and does not need to be taken to hospital.
UHP (Unit Hour Production)	The actual number of hours the Welsh Ambulance Services NHS Trust were able to produce against planned hours (number of available shifts)

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Emergency Ambulance Services Committee

Integrated Commissioning Action Plans (ICAPs)



ICAP Update

- The Integrated Commissioning Action Plan (ICAP) process was introduced to provide a mechanism to the collaborative development and delivery of actions, to improve the availability of ambulance resources to the population of Wales.
- The ICAP has evolved since the process was established and organisations are currently working on Version 5 of their ICAP.
- There have been visible reductions in ambulance handover delays at a national level but delays are still exceeding performance ambitions.
- Further reductions in ambulance handover delays are required in order to see recognisable improvements in ambulance response times.
- Health boards have delivered improvements in supporting immediate release requests. There are on going discussions regarding the validation of data.
- Expected seasonal variation may result in a decline in ambulance handover delays
- Some health boards have indicated that the additional financial savings being made may impact on their ability to deliver some actions within their ICAP as intended.

Integrated Commissioning Action Plan (ICAP)

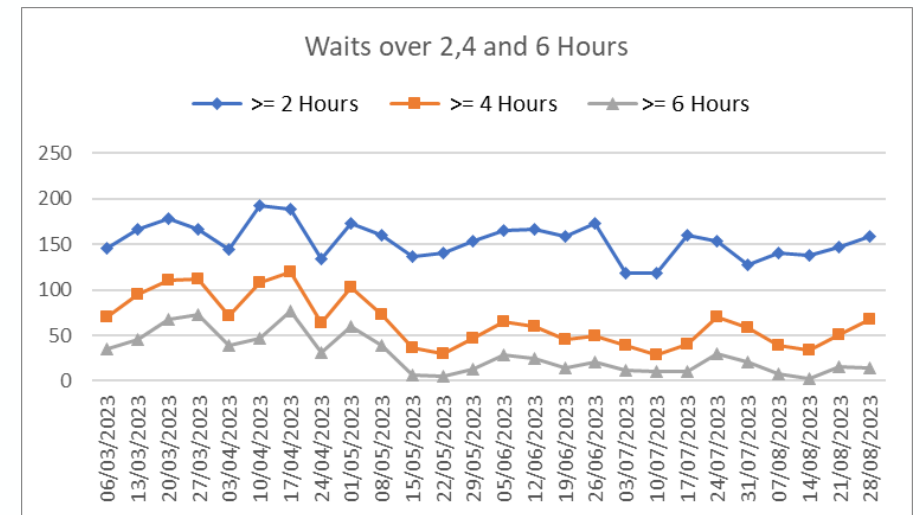
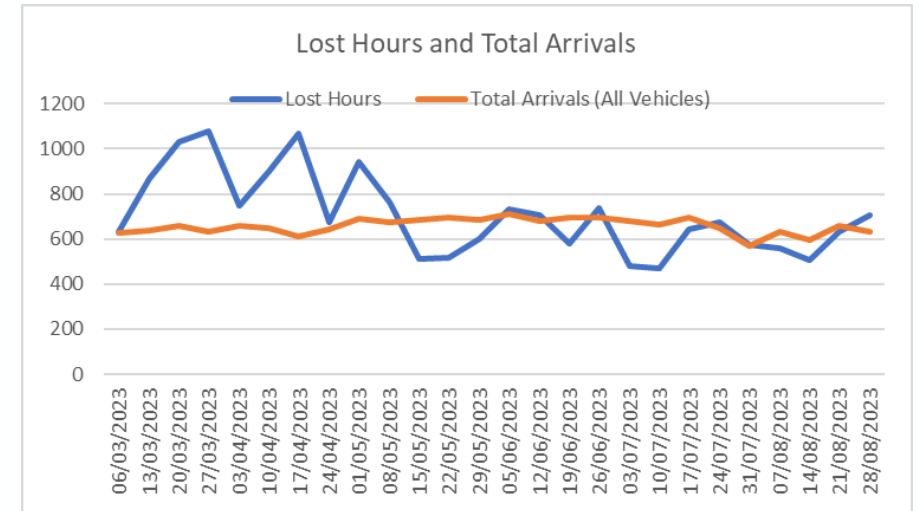
- ICAP Version 5 available, developed between ABUHB and WAST
- 23 active actions
- Strategic focus areas – admission avoidance, escalation and improving flow
- Operational focus areas – ambulance handover processes, ED management of patients, immediate release request validation

Handover Performance

- Initial improvements made in ambulance handover delays
- Improvements made in reducing long waits

Observations

- The ICAP process has provided a platform for ABUHB and WAST to collaboratively review and address local issues
- Further development of remote clinical triage and signposting opportunities to be explored
- An agreed position to be established on PRU and Transfer Service



BCUHB

Integrated Commissioning Action Plan (ICAP)

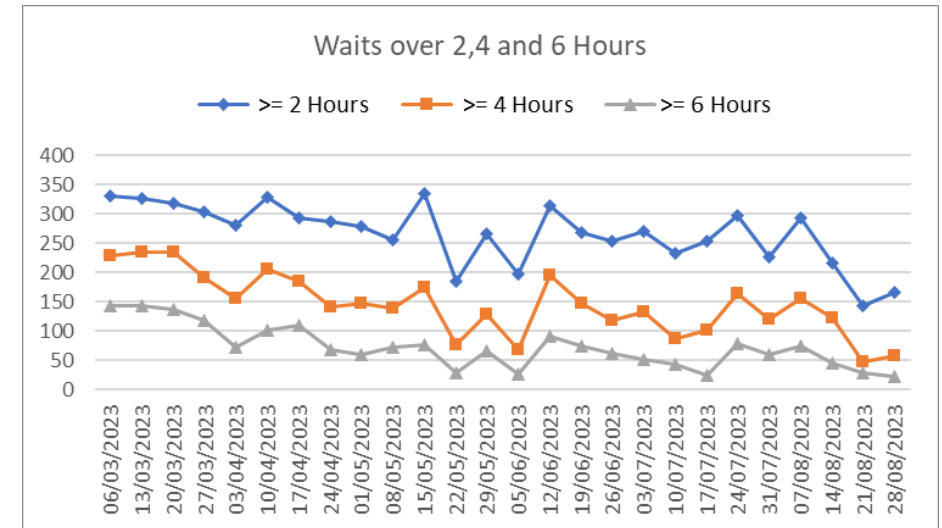
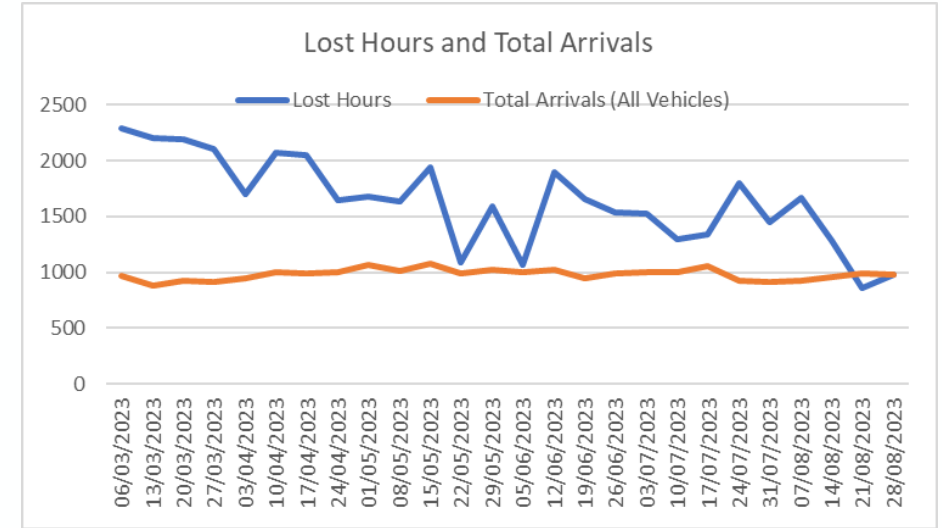
- ICAP Version 5 available, developed between ABUHB and WAST
- 13 active actions
- Strategic focus areas – admission avoidance, clinically safe alternatives and consistency in processes across all sites
- Operational focus areas – escalation processes, capacity management, immediate release request validation

Handover Performance

- Continuous improvements being made in ambulance handover delays
- Improvements made in reducing waits at all time bands

Observations

- The ICAP process has provided a platform for BCUHB to develop a consistent approach to system improvement
- Positive developments in standardising services and processes across all sites
- Establish a consistent Falls service across BCUHB
- Review of internal transfer processes and resource requirements



CTMUHB

Integrated Commissioning Action Plan (ICAP)

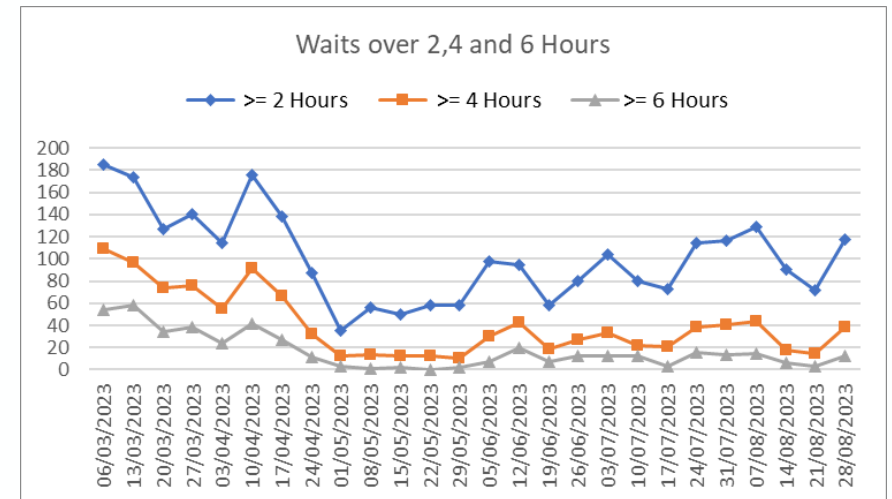
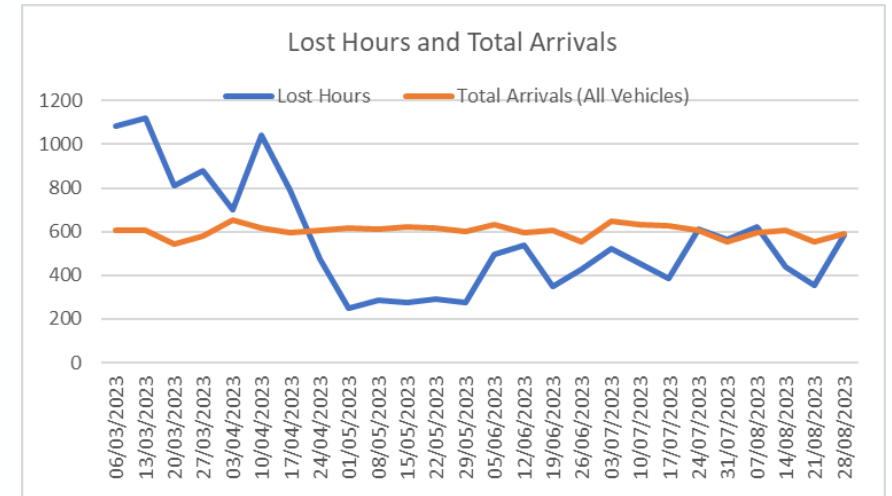
- ICAP Version 5 available, developed between CTMUHB and WAST
- 14 active actions
- Strategic focus areas – remote clinical assessment, improving flow and community bed capacity
- Operational focus areas – ring-fencing ED capacity, escalation process

Handover Performance

- Significant improvements made during April in ambulance handover delays
- Improvements made in reducing waits over 4 hours

Observations

- Opportunities for collaborative working being discussed via ICAP but further local work required
- Further development of remote clinical triage and signposting opportunities to be explored
- Acknowledgement of recognisable improvements at PoW Hospital



Integrated Commissioning Action Plan (ICAP)

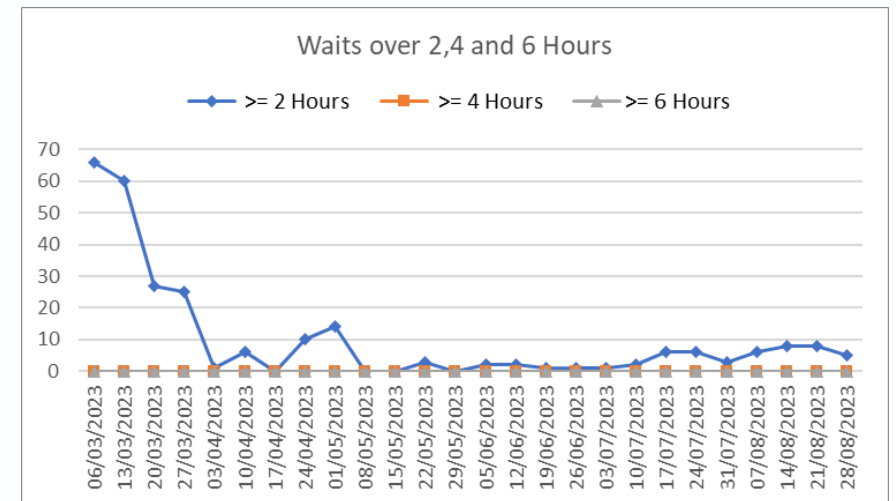
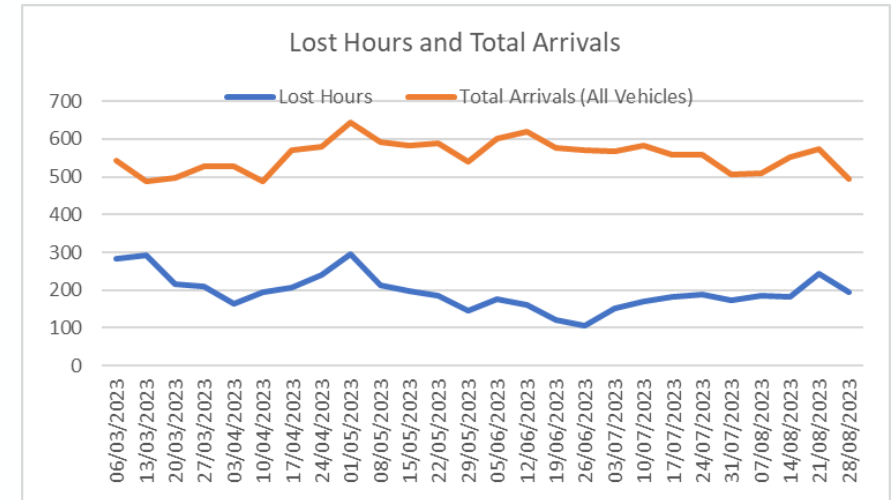
- ICAP Version 5 available, developed between CVUHB and WAST
- 10 active actions
- Strategic focus areas – Urgent Primary Care and Same Day Emergency Care
- Operational focus areas – ambulance handover delays, immediate release request validation

Handover Performance

- Sustained and significant reduction in ambulance handover delays
- Implemented additional trajectories for continuous improvement

Observations

- Organisational commitment to reduce ambulance handover delays.
- Delivered significant improvements in reducing ambulance handover delays
- Provided support and guidance to all health boards on opportunities for improvement
- Continue to explore options for further improvements



HDUHB

Integrated Commissioning Action Plan (ICAP)

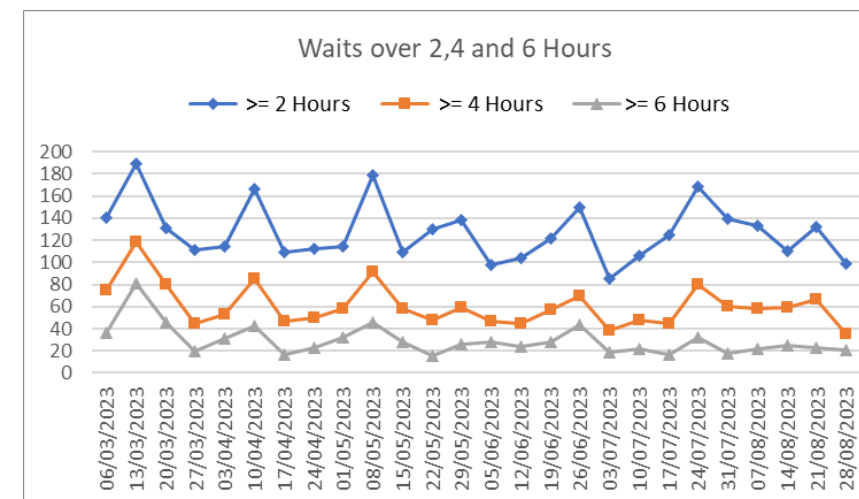
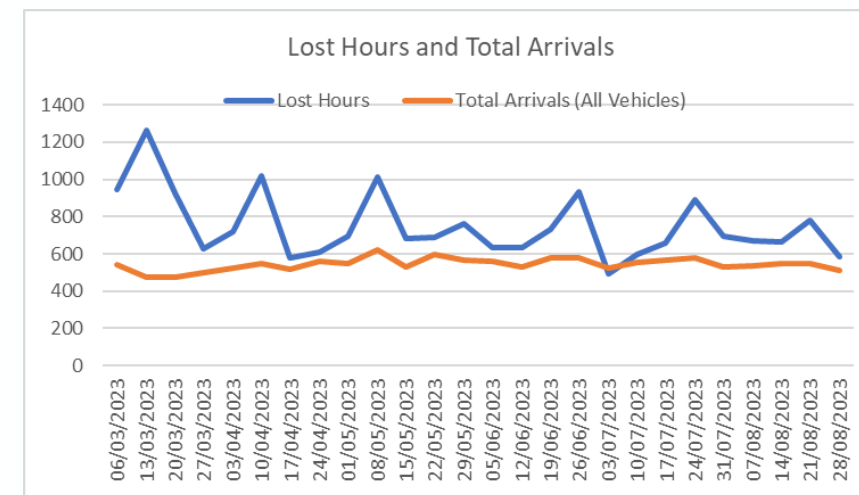
- TUEC ICAP Document available
- Strategic focus areas – improving patient flow, reducing length of stay
- Operational focus areas – ambulance handover, creating capacity and movement of patients due to infrastructure issues (RACC)

Handover Performance

- Sustained incremental improvement in ambulance handover

Observations

- ICAP meetings have been intermittent and ICAP document has limited updates.
- Recognise workforce limitations impacting on availability to support ICAP process



PTHB

Integrated Commissioning Action Plan (ICAP)

- ICAP Version 5 available, developed between PTUHB and WAST
- 17 active actions
- Strategic focus areas – admission avoidance, care closer to home
- Operational focus areas – increasing community capacity, ability to flex capacity for seasonal variation

Handover Performance

- Adjoining health board and cross border work being undertaken to ensure ambulances are released and return to Powys footprint

Observations

- PTHB have been fully engaged in the ICAP process and have worked collaboratively with WAST in the development of actions
- Further development of remote clinical assessment to be explored
- Review of opportunities of APP's to support delivery of services in Powys

Integrated Commissioning Action Plan (ICAP)

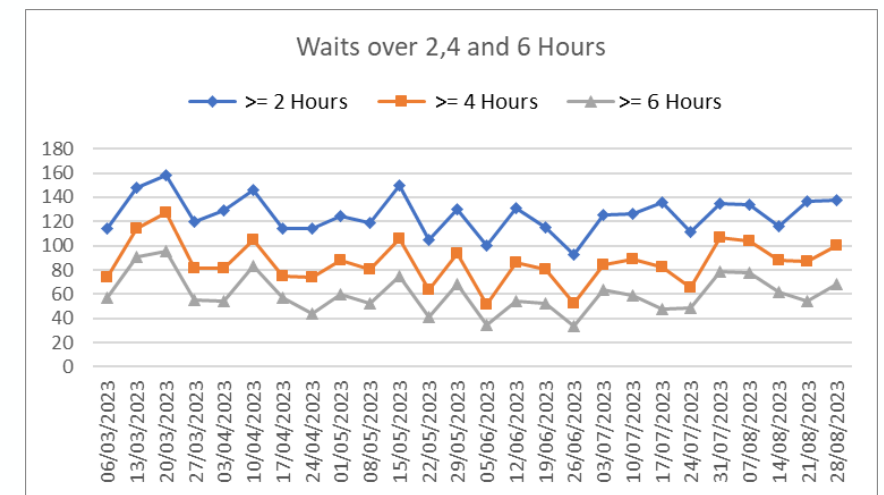
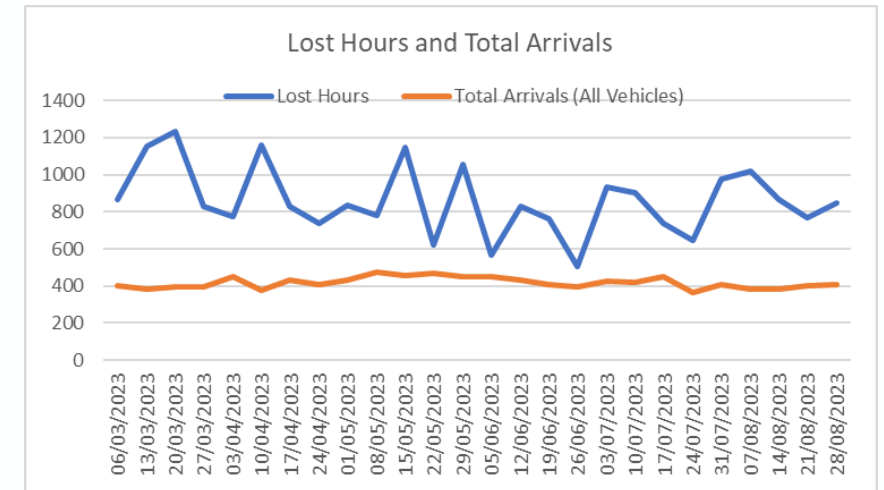
- ICAP Version 5 available, developed between SBUHB and WAST
- 10 active actions
- Strategic focus areas – admission avoidance, capacity and system flow
- Operational focus areas – ambulance handover processes, ED management of patients, immediate release request validation

Handover Performance

- limited improvements made in ambulance handover delays
- Long waits over 10 hours average 9% of handover delays. Rest of Wales waits over 10 hours average less than 1% of handover delays.

Observations

- Positive work undertaken by SBUHB and WAST in the development of the APP Navigator project. SBUHB lowest ambulance conveyance rate in Wales.
- Escalation policy requires reviewing to reduce long handover waits
- Improvement of flow required to support timely handover



Emergency Ambulance Services Committee

IMTP Tracker



Introduction

- The 2023-26 EASC IMTP set out a number of performance improvement ambitions and performance enablers for Emergency Ambulance Services
- Whilst the EASC IMTP has not yet been formally approved by the Minister for Health and Social Services, the Committee remain committed to the delivery of these improvements.
- This slide deck sets out the progress to date against each of the commitments.
- The Committee agreed to review these commitments during the year in light of system progress, this presentation suggest a number of areas for review during Q1 as a result of early delivery of ambitions.

Summary – Performance Improvement

Number of "Can't sends" generated by Clinical Safety Plan

- Reduced by 75-95% over 2023/24

RED performance

- 60% by the end of the first quarter
- 65% by the end of the second quarter
- Sustained with incremental improvement in quarter three and four

Longest RED response

- 95th Percentile 30 minutes by end of first quarter and
- 95th Percentile 25 minutes by end of second quarter
- Sustained with incremental improvement in quarter three and four

AMBER median

- Less than 90 minutes by the end of the first quarter
- Less than 45 minutes by the end of the second quarter
- Less than 30 minutes by end of 2023/24

Longest AMBER response

- 95th Percentile 8 hours by end of the first quarter
- 95th Percentile 7 hours by end of the second quarter
- 95th Percentile 6 hours by the end of the third quarter
- Sustained with incremental improvement in quarter four

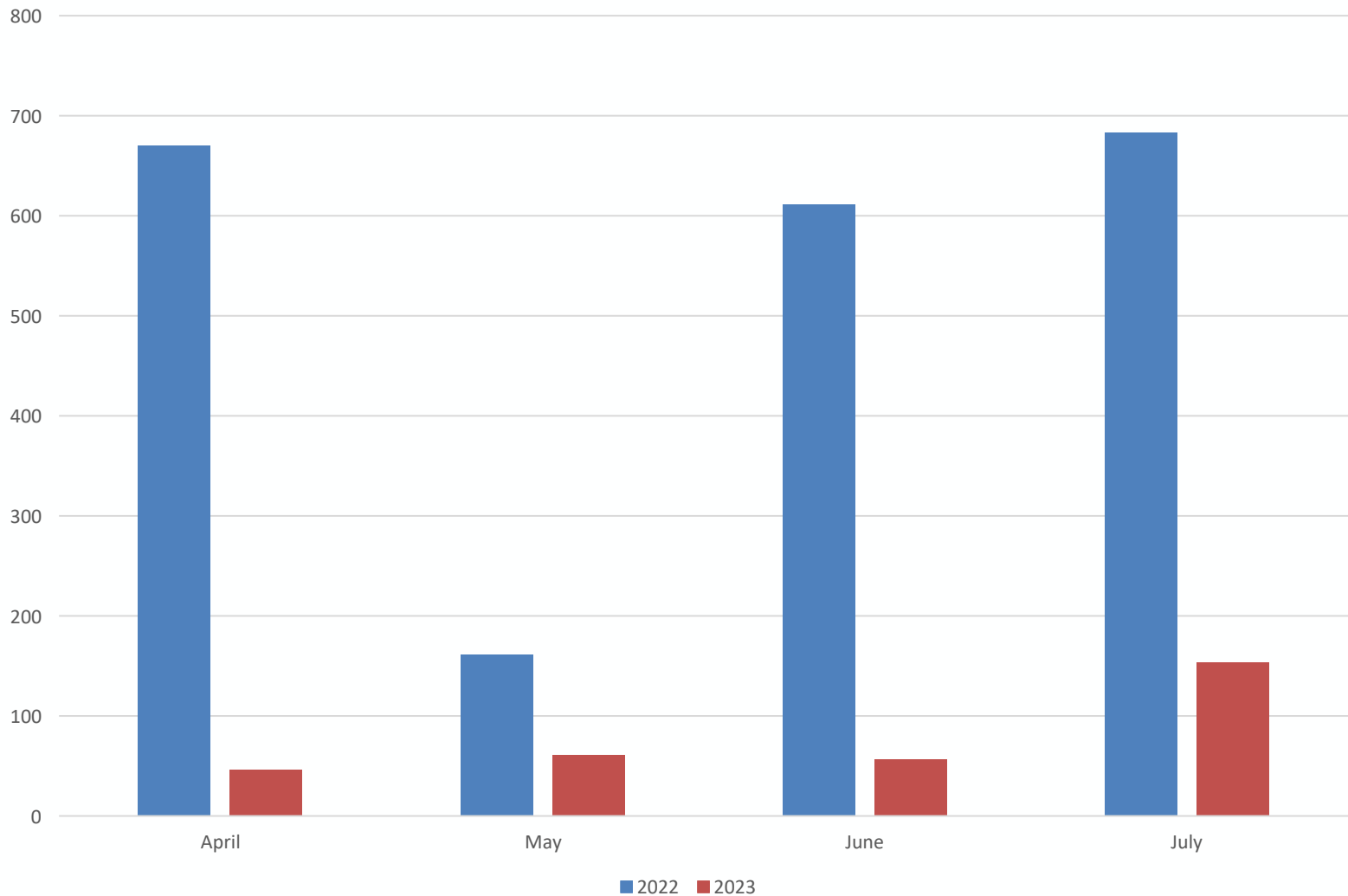
Handover Hours lost

- 15,000 per month by end of the second quarter and
- 12,000 by end of the third quarter
- Sustained with incremental improvement in quarter three and four

Longest Handover

- No handover more than 4 hours during 2023/24
- Individual improvement trajectories for no handovers of more than 60 min by end of April 2025

“Cant Sends” - Reduced by 75-95% over 2023/24

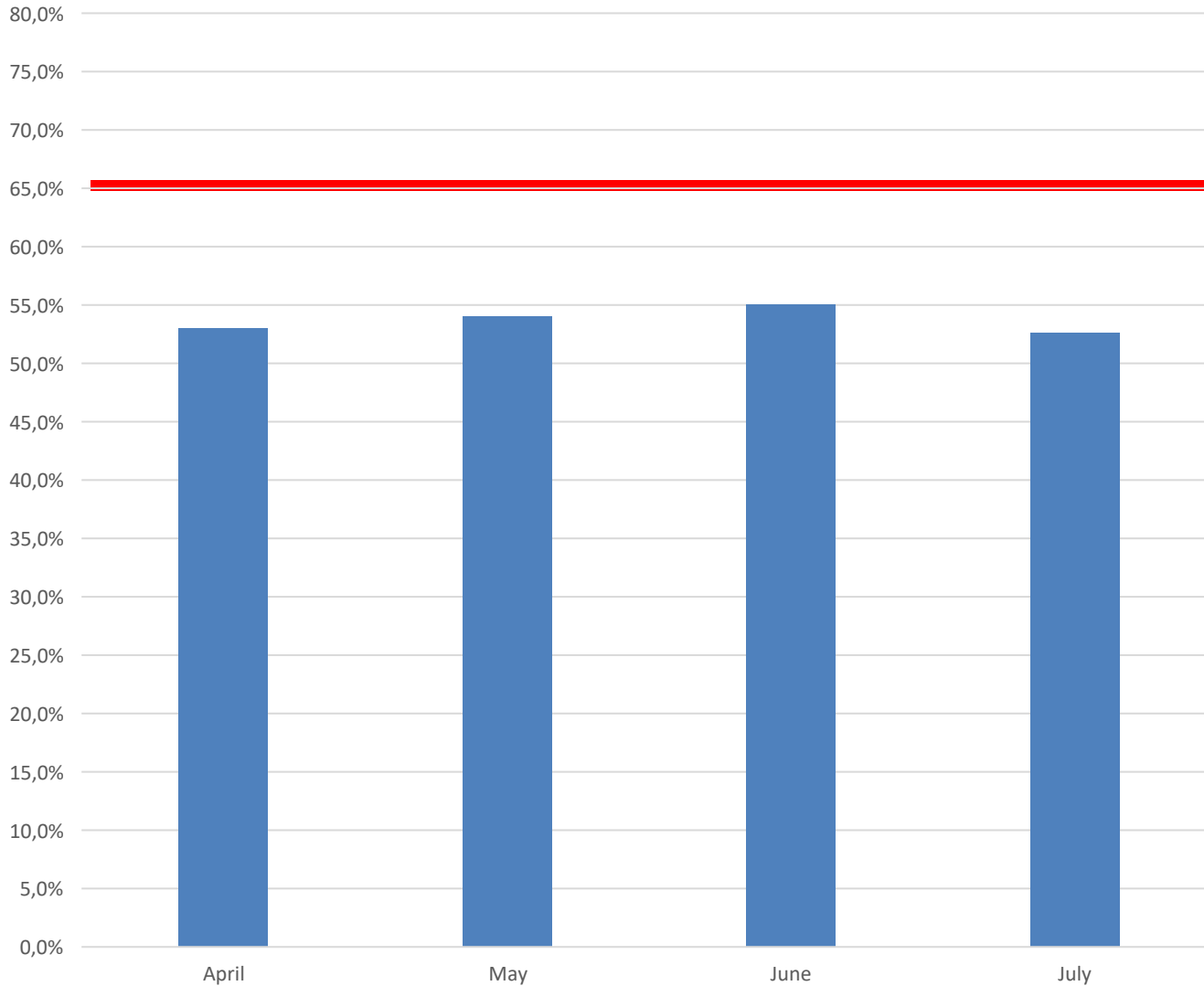


April, May, June and July 2023 have seen a 93%, 62% , 91% , 77% reduction respectively compared to the same period in 2022*

There has been an 85% reduction since April 2023 compared to the same period in 2022.

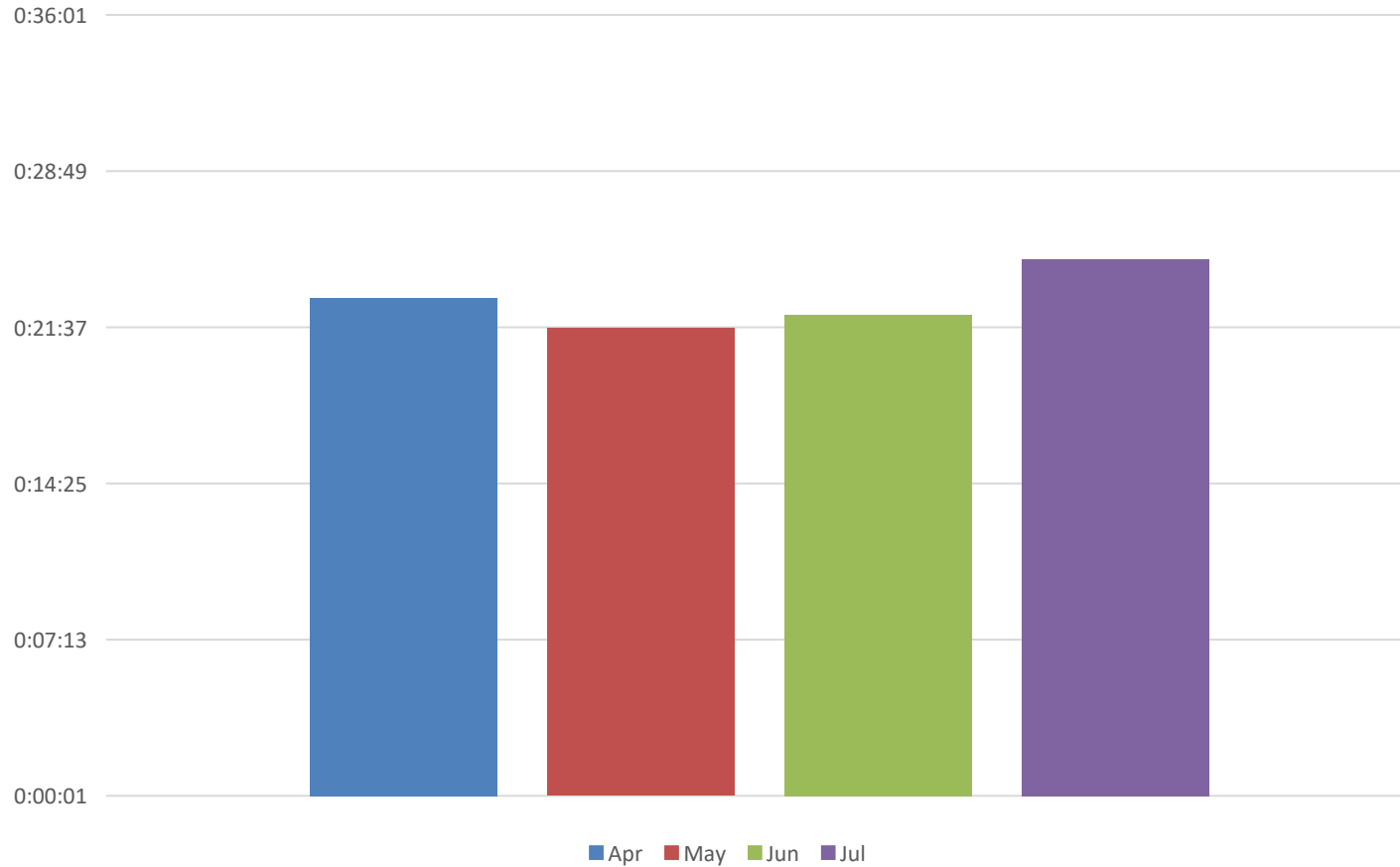
*CSP Can't sends only

Red Performance – 60% by end of Q1



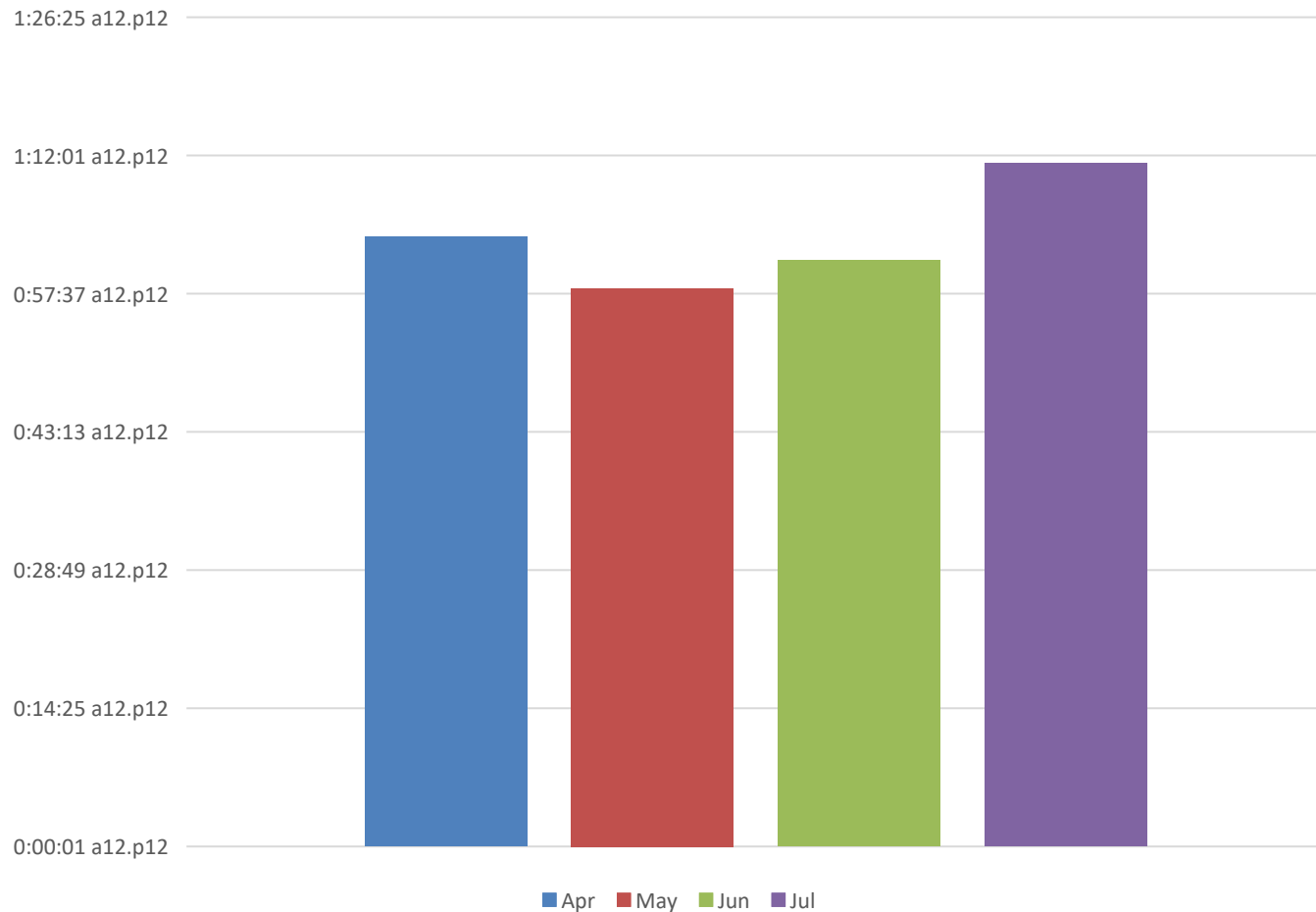
- Recent month show a deteriorating position
- Requirement to achieve 65% by end of Q2
- Sustained incremental improvement in Q3/4
- Ongoing development of actions for delivery of Red improvement including –
 - Red clinical review
 - CHARU rollout
 - Red Auto – Dispatch Changes

Longest Red – 95th Percentile 30 min by end of Q1



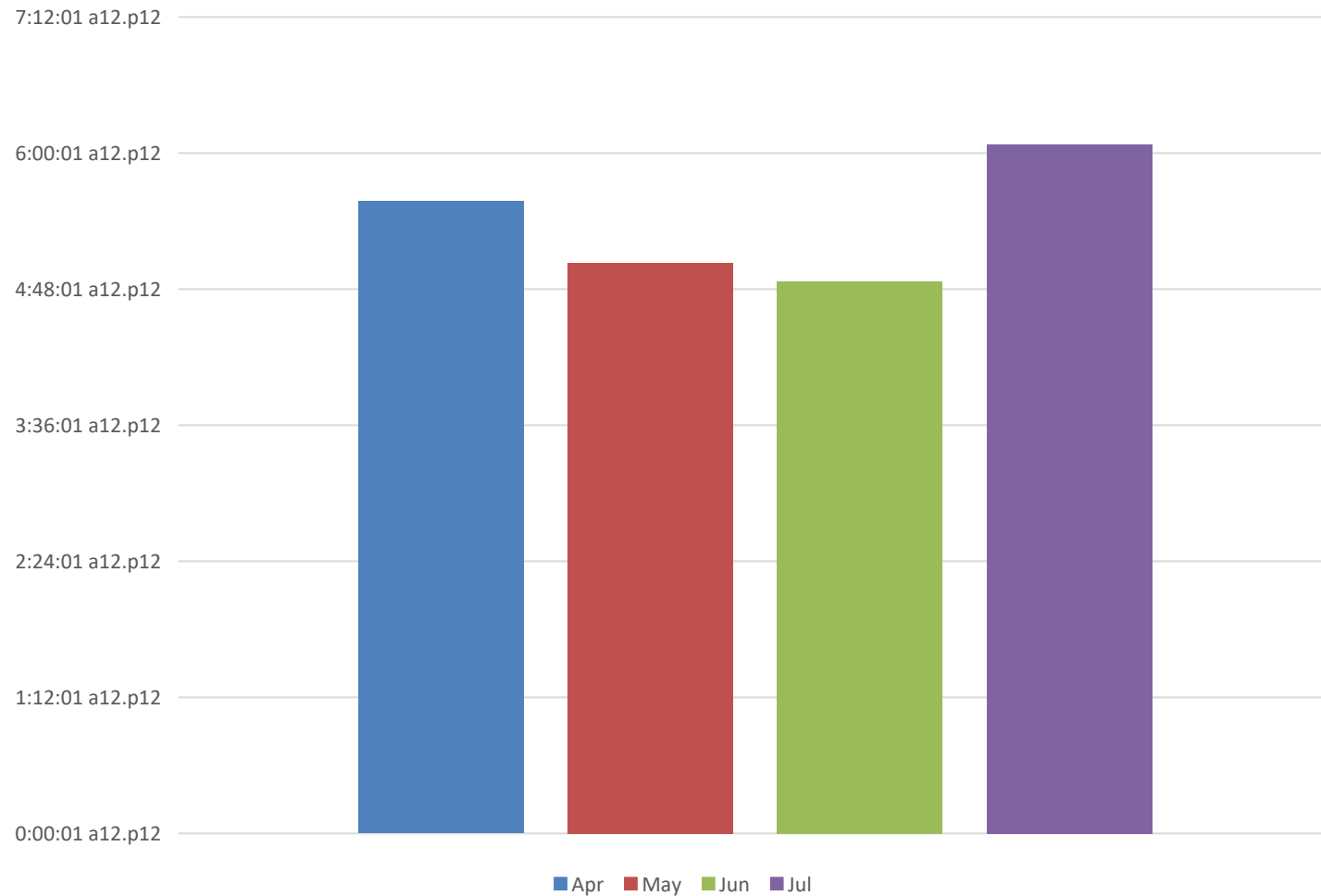
- 95th Percentile has been an average of 22:52 since April.
- In July 2023 EASC agreed to update their Q2 ambition– to be less than 18 min
- Sustained incremental improvement in Q3/4

Amber Median - < 90 min by end of Q1



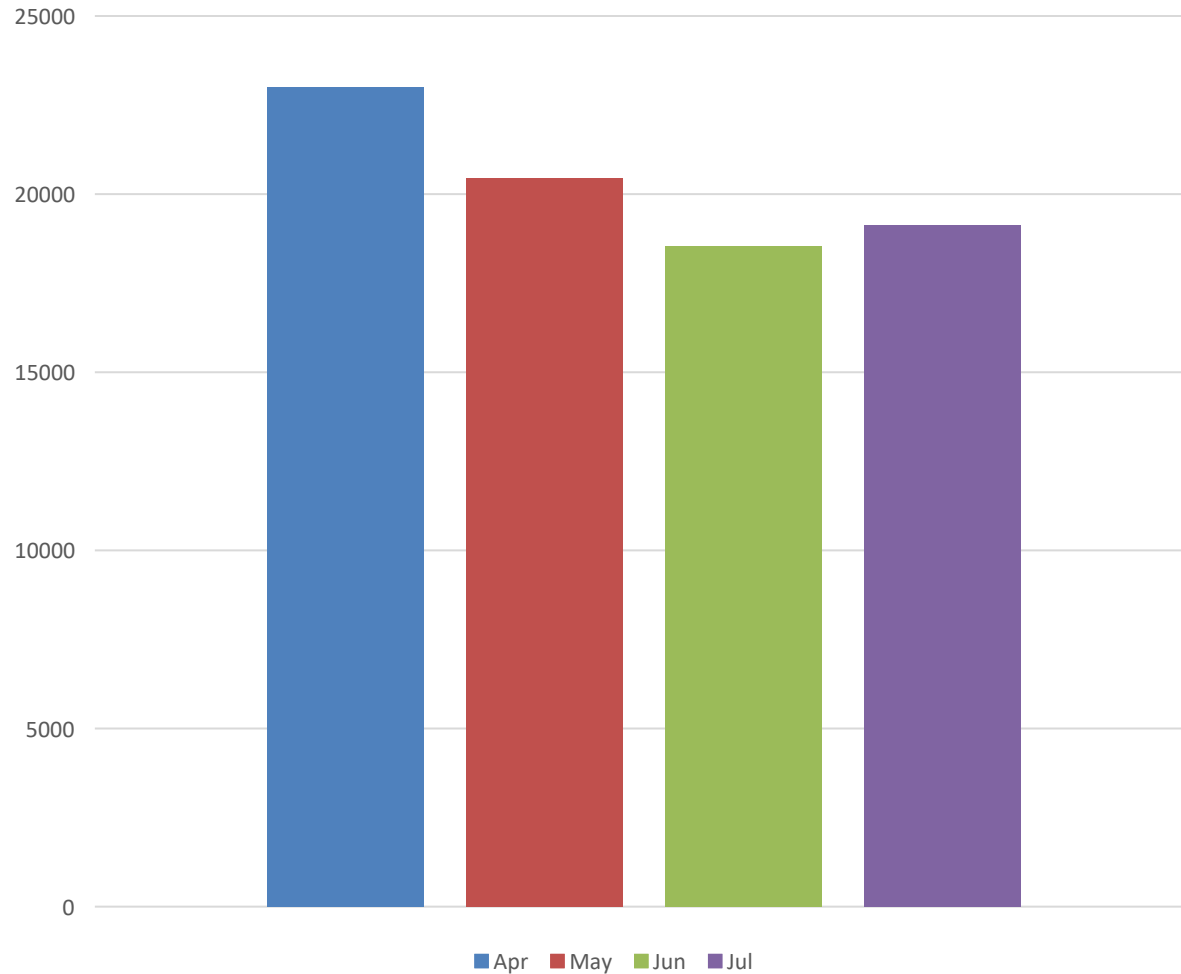
- Amber median 63 min on average since April
- Requirement to achieve 45 min by end of Q2
- Less than 30 min required by end of 2023/24

Longest Amber – 95th Percentile 8 hours by end Q1



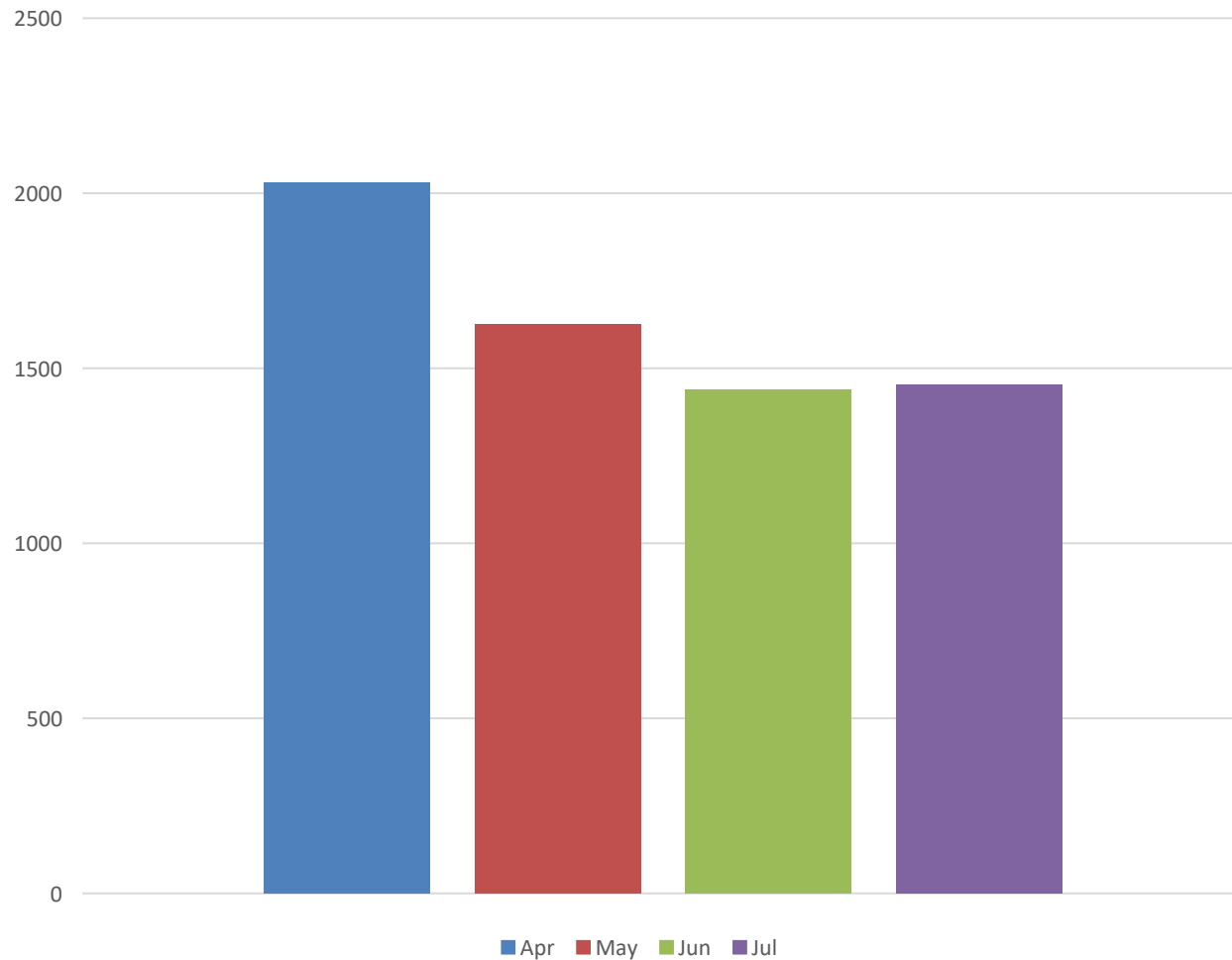
- Amber 95th Percentile 5h 23m on average since April.
- At the July 2023 meeting EASC agreed to revise the improvement ambitions to Quarter 2 less than 4.5 hours and Quarter 3 less than 3.5 hours.
- Sustained incremental improvement by in Q4

Handover Hours – 15,000 Lost per month by end of Q2



- Requirement to achieve 12,000 hours per month by end of Q3
- Sustained and incremental improvement in Q4

Longest Handover – No Handover >4 Hours in 2023/24



- 6,547 waits over 4 hours since April.
- Requirement for all sites to eradicate waits over 1 hour by end of April 2025

Longest Handover – No Handover >1 Hours by April 2025



- Requirement for all sites to eradicate waits over 1 hour by end of April 2025
- WG requested HB forecast to end of March 2024.

Summary – Performance Enablers – WAST

Welsh Ambulance Services NHS Trust

- UHP to be between 95-100%
- Staff related sickness to be 5.5% (pre-pandemic levels)
- Deliver full impact of the Cymru High Acuity Response Unit (CHARU) Service
- Hear and Treat to be 17% or above
- Clinically assess RED calls to ensure clinical appropriateness during dispatch process.

Progress

- Units Hours Production (UHP) was around 96% in April and May 2023, this has dropped in Jun and July to around 93% and 90% respectively.
- Sickness absence continues to improve incrementally with June at 7.51%
- Hear and Treat 14% in July 2023
- Clinical assessment of red calls in place

Summary – Performance Enablers – Six Goals

Six Goals Programme

- Access to Urgent Primary Care Services for WAST (% activity to be agreed with Programme but assumed to be 3% as minimum)
- Access to SDEC paramedic pathway and direct access (% activity to be agreed with Programme with trajectory towards modelled best case scenario of 4.5%)
- Continued flow of appropriate 999 incidents to NHS 111 Wales and understanding of the impact of high 111 call abandonment rates on 999 activity.
- Flow Hubs coordination of appropriate ambulance patient disposition
- Access to NHS 111 Wales press 2
- Care Home – reduction in attendance and conveyance (% activity to be agreed with Programme)
- Chest Pain Pathway (% activity to be agreed with Programme)
- Night Sitting Service

Progress

Urgent Primary Care- Work ongoing to understand referral rates

Same Day Emergency Care (SDEC) – Limited progress in increasing SDEC direct access activity.

111- Work ongoing to understand how abandonment rates impact 999

Care Home – scoping phase

Chest pain pathway – in development

Connected Support Cymru – Phase 1 complete, Phase 2 including virtual ward progressing

Summary – Performance Enablers – Targeted

Targeted Priorities

- Clinical Desk expansion as a driver for clinical navigation of 999 activity
- Alternative pathway for clinical safety plan so every patient is assessed and signposted to the most appropriate care
- Tactical Rapid Response system for short term surges in demand
- Focus on Falls – expansion of falls response services across Wales

Progress

- Review of clinical desk being undertaken by EASC Team to establish robust baseline for expansion

Independent Report into a review of National Commissioning Functions

May 2023

Author: Steve Combe Independent Reviewer

1. SCOPE and METHODOLOGY

This review was commissioned by Welsh Government to review the national commissioning arrangements currently undertaken by the Welsh Health Services Commissioning Committee, The Emergency Ambulance Services Committee and the National Collaborative Commissioning Unit.

The scope of the Review as set out in the Terms of Reference is to:

- Describe the current national commissioning functions, including strengths, weaknesses and perceived gaps
- Horizon scan future national (and regional) commissioning requirements
- Describe the current governance arrangements and interface between national commissioning organisations, the wider NHS in Wales and the NHS Executive
- Describe the potential national commissioning functions to be undertaken ('function')
- Describe the different options for delivery of those function ('form')
- Describe the different options for future governance and decision making arrangements to deliver those functions and the interface with the wider NHS in Wales and the NHS Executive
- Make recommendations on a preferred way forward
- Set out processes and timelines for implementation (including proposed programme management arrangements and evaluation)

The Terms of Reference also state that the review recommendations will be founded on the following principles:

- Improving outcomes and reducing inequalities
- Adding further value to the NHS system in Wales
- Strengthening and streamlining of commissioning functions, and associated decision making
- Building on evidence of good practice
- Supporting the development of commissioning expertise within the NHS in Wales
- Maximisation of national commissioning capacity and capabilities
- Minimal disruption to the system
- Minimal disruption to the existing workforce within WHSSC and EASC/ NCCU
- Any changes to be implemented will maximise the value delivered by current commissioning arrangements and exploit where possible economies of scale.

The timescales for the completion of the review set out in the Terms of Reference were delayed by one month as the Independent reviewer was ill for a period.

The full Terms of Reference are set out in **APPENDIX 1**.

The methodology used in compiling this report was to undertake a review of relevant documentation and to hold a series of discussions with relevant individuals and groups to identify themes and issues. A large number of such meetings were held (all virtually). A schedule of the individuals and Groups that were involved is set out in **APPENDIX 2**.

1.1 Governance principles

In addition to the principles set out in the terms of reference it is important to consider good governance principles to help determine whether there are effective governance arrangements in place. These include whether:

- lines of accountability are clear;
- roles and responsibilities are clear;
- there is sufficient openness and transparency;

2. INTRODUCTION

Local Health Boards (LHBs) were established in 2009. There are 7 in total and integrated planning is the bedrock of the system, rather than pursuing the purchaser provider split. Integrated planning ensures organisations have autonomy to decide how their resources (human, financial and infrastructure) are used and deployed to meet the needs of their populations through the commissioning or provision of services.

Whilst local health boards remain accountable for the commissioning of services, two Joint Committees were established as national, hosted bodies to support LHBs in discharging this function. Health Boards provide the funding for these bodies i.e:

- 1) The **Welsh Health Specialised Services Committee (WHSSC)** was established in 2010¹ as a Joint Committee of the seven local health boards to ensure that the population of Wales has fair and equitable access to the full range of specialised services. WHSSC is therefore responsible for the joint planning of specialised and tertiary services of the LHBs.

Although there is no statutory duty for WHSSC to publish an IMTP, WHSSC develops an Integrated Commissioning Plan on an annual basis and has used the planning process to strengthen and mature governance arrangements and collaborative decision making.

¹ [The Welsh Health Specialised Services Committee \(Wales\) Regulations 2009 \(legislation.gov.uk\)](http://legislation.gov.uk)

The annual budget of WHSSC is £800m and there are 88.35 WTE staff.

- 2) Established in 2015² the **Emergency Ambulance Services Committee (EASC)** is also a Joint Committee of the health boards in Wales, with responsibility for planning and securing sufficient ambulance services for the population. It collaboratively commissions emergency and non-emergency ambulance services which includes the Welsh Ambulance Services NHS Trust (WAST) and Emergency Medical Retrieval and Transfer Service (EMRTS Cymru – Wales Air Ambulance).

EASC develops an IMTP on an annual basis, although this is not a statutory requirement.

The EASC regulations and directions require the committee to establish an 'ambulance commissioning team' to support the Chief Ambulance Services Commissioners (CASC) and the business of the committee. The ambulance commissioning team was established by the CASC and is hosted by Cwm Taf Morgannwg UHB.

The annual budget of EASC is £239m and there are 5.4WTE staff

National Collaborative Commissioning Unit (NCCU) - the collaborative commissioning service of NHS Wales. Its vision is: "Leading quality assurance and improvement for NHS Wales through collaborative commissioning". The NCCU is responsible for delivering national commissioning programmes for mental health and learning disability services. The Managing Director of the NCCU is the CASC.

The annual budget of NCCU is £2.1m and there are 26.4 WTE staff.

Further details of the operating arrangements for these bodies are attached at **APPENDIX 3**.

3. PREVIOUS REVIEWS

There have been 2 previous reviews of governance arrangements undertaken by external bodies, both of which are related to WHSSC. One in 2015 by the Good Governance Institute (GGI) and again in 2021 by Audit Wales^{3&4}. There was also a

² [The Emergency Ambulance Services Committee \(Wales\) Regulations 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

³ [Welsh Health Specialised Services Committee Governance Arrangements \(Audit.Wales\)](https://www.audit.wales)

review by Health Inspectorate Wales in 2015 related to quality and an Audit / Audit Office review of emergency ambulance services commissioning arrangements but they are not included here.

The GGI report stated that:

“We found that whilst those involved were doing their best to make the current governance structure work, the paradigm within which WHSSC is governed does not best serve the effective governance of such a significant and sensitive national function”.

The report also stated that:

“WHSSC is not structured in a form that allows swift, decisive policies and actions to be agreed that will stick.”

And that:

“The Chief Executives of Health Boards are in an impossible position in terms of being both commissioners and sometimes providers of specialist services”.

The Audit Wales report found that:

“The current collaborative commissioning model has strengths in that it creates a collective and jointly owned approach to the planning and delivery of specialised services. However, it also has some in built risks that see individual Joint Committee members having to balance All Wales needs with those of their population and the individual NHS bodies that they lead”.

This report also expressed some concern re capacity of Cwm Taf Morgannwg Health Board (CTM) to support WHSSC as it is also a provider of specialist services.

In addition, “A Healthier Wales” described the governance arrangements of these bodies as “complex”.

4. JOINT COMMITTEE ARRANGEMENTS

Each of the 7 LHB’s has included in their Standing Orders (SO’s) a requirement to establish 2 Joint Committees i.e. WHSSC and EASC. LHB SOs also state that LHBs will be bound by decisions of the Joint Committees.

LHB model Standing Orders (SOs) adopted by Health Boards state that Health Boards shall establish two joint committees i.e. WHSSC and EASC.

These SOs also indicate that the Board can delegate any of its functions to a Committee or Joint Committee, except for those set out within the ‘Schedule of Matters Reserved for the Board’ within the SOs. (SO 2.2.1)

⁴ Governance Review of WHSSC, Good Governance Institute

Independent Report into a review of National Commissioning Functions

“The Board may agree and formally approve the delegation of specific executive powers to be exercised by Committees, sub-Committees, joint-Committees or joint sub-Committees which it has formally constituted.” (SO 2.2.2)

“In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the Joint-Committee, keeping any such aspects to the minimum necessary.” (SO 3.2.5)

It is not clear whether Boards have specifically reviewed Joint Committee SOs to ensure there are no matters delegated that should be reserved to the Board.

Each Joint Committee has its own SOs and Standing Financial Instructions (SFIs) which form a schedule of LHB SOs.

a. WHSSC

The Joint Committee is made up of

- An independent Chair (appointed by the Minister)
- Every LHB Chief Executive
- A Vice Chair and 2 Non Officer Members appointed from existing Non Officer Members of LHBs
- Officers of WHSSC ie the Managing Director, Finance Director, Medical Director and Nurse Director.
- The three Trust Chief Executives as Associate, not voting members.

Where a vote is required it is based on a two thirds majority.

In addition, there is a Memorandum of Agreement between WHSSC and the LHBs. This includes a number of relevant issues.

It highlights that each LHB Chief Executive shall operate in the Committee in the wider interests of NHS Wales and that each Chief Executive will advise the Chair of any circumstances where there may be a conflict of interest “between the performance of the national planning functions of the Joint Committee and the effect of any such decisions on the scope of the services which the constituent LHB provides.” If there is a clear conflict the Chief Executive will be required to abstain from the discussion.

The Memorandum of Agreement also states that a Service Level Agreement should be entered into between the host LHB and Public Health Wales setting out the services Public Health Wales will provide to the Joint Committee.

There is also a Hosting Agreement in place between the host LHB (Cwm Taf Morgannwg UHB), the 7 LHBs and the Joint Committee and WHSSC reports to both the Quality and Safety and Audit Committees of the host LHB.

WHSSC has 6 sub Committees including an Integrated Governance Committee and Quality and Patient Safety Committee.

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Quality and Safety and Audit Committee functions are also provided via the host LHB Committees.

b. EASC

The Joint Committee is made up of

- An Independent Chair appointed by the Minister
- Every LHB Chief Executive
- The Chief Ambulance Services Commissioner (CASC)
- The three Trust Chief Executives as Associate, not voting members.

EASC also has a Memorandum of Agreement and is also hosted by Cwm Taf Morgannwg UHB. The financial arrangements for EASC are managed by the Director of Finance of WHSSC.

Quality and Safety and Audit Committee functions are provided via the host UHB Committees.

c. NCCU

NCCU is managed by the CASC and is hosted by Cwm Taf Morgannwg UHB. NCCU reporting functions are via the Quality and Safety and Audit Committee functions of the host UHB.

4.1 Issues with current arrangements

The operating arrangements for WHSSC, EASC and NCCU all differ. Whilst there are advantages with the current arrangements in terms of collaborative working, jointly owned approaches and allowing protected time for discussions on these issues, there is inevitably an opportunity cost in time spent undertaking Joint Committee work

There are issues with each of these bodies including:

• WHSSC

WHSSC has its own SOs and SFIs, an independent Chair and Managing Director as well as an Executive Team and a staffing establishment. The Vice Chair and Independent Members are remunerated for undertaking roles within WHSSC.

The Joint Committee is able to make decisions which bind LHBs, whereas normally any Committee decision would need to be ratified by the Board which the Committee reports to as the Board has overall authority over decisions and not a Committee.

These arrangements give the somewhat unhelpful impression that WHSSC is a statutory body, whereas it is not. WHSSC is a committee of the health boards. Health boards are responsible for commissioning all services for their populations – including those of a ‘specialised’ nature. The only difference is that for those

services, a joint committee has been set up to perform the functions on behalf of the health boards and with their agreement.

Previous reviews have highlighted issues which are still in need of consideration.

These include the fact that some Chief Executives feel they are being placed in a difficult position of being both a commissioner and provider and therefore have a potential conflict of interest. This tension was recognised when WHSSC was established and Chief Executives were expected to act in the interests of NHS Wales at Joint Committee meetings rather than as Chief Executives of individual Health Boards. In practice this has meant that substantive conflicts of interests are not declared at the start of Joint Committee meetings although it is on the agenda and Chief Executives are allowed to vote on issues directly affecting their host organisation. Interestingly the Memorandum of Agreement between LHBs and WHSSC does allow for conflicts of interest to be dealt with in the normal way so this behaviour appears at odds with the Agreement.

The same conflict also applies to Non Officer Members as they are drawn from Health Boards.

This leads to another issue in that the Chief Executives of Health Boards only have decision making authority as NHS Wales Chief Executives at Joint Committee meetings through Joint Committee SOs.

These decision making powers may not be the same as the delegated powers individual Chief Executives have from their Health Board SOs. There is a risk that the Chief Executives when attending the Joint Committee could make decisions beyond those set out in the Scheme of Delegation in their host LHBs SOs

Related to this is the fact that the Boards of LHBs may not have confirmed that the delegated powers they have agreed for the Joint Committee do not conflict with “decisions reserved for the Board”. This leads to the risk that the Joint Committee may have unwittingly made decisions which are beyond that which should have been delegated by Health Boards.

- **EASC**

Whilst the EASC Joint Committee has an independent Chair it has no Non Officer Members so the Chair is required to chair Joint Committee meetings and also act as the sole independent voice on the Committee.

Whilst EASC commissions services and is engaged in performance management arrangements, WAST also has a direct accountability to Welsh Government as a statutory body.

The same issues relating to conflicts of interest and decision making authority of Chief Executives highlighted for WHSSC also apply to EASC.

- **NCCU**

The governance arrangements for NCCU are not clear and are not provided for within the EASC regulations, therefore the links between these two functions and why they sit together are not transparent. The reporting mechanism is to the CASC but the decision making process and the involvement of LHBs in the work of NCCU is unclear. There does not appear to be any independent oversight of its work or how its work programme is agreed.

There is also a degree of overlap with the work undertaken by WHSSC on mental health and Learning Disabilities. Indeed, NCCU have an SLA with WHSSC on such issues.

5. ISSUES RAISED DURING CONSULTATION

There were a number of issues raised during the consultation. These included:

- Whether the term “specialist” in relation to WHSSC was helpful going forward. This relates to an increasing move to treat patients as close to home as possible and that there may be missed commissioning opportunities if WHSSC only focussed on “specialist” services. This will need to be carefully constructed to ensure there is no overlap with the work being undertaken by LHBs.
- The future commissioning of the 111 service in Wales was highlighted, this service is currently operated by the Wales Ambulance NHS Trust (WAST) and operated via a Service Collaboration agreement with LHBs.
- The commissioning arrangements and performance management arrangements for WAST.
- The potential for closer working arrangements between WHSSC, EASC and NCCU.
- The growth in regional commissioning within NHS Wales.
- The option of creating a greater independent voice in Joint Committees.
- The need for work to be undertaken on organisational culture and behaviours.
- The current hosting arrangements.
- The need to increase public health input into national commissioning arrangements.

6. OPTIONS FOR NATIONAL COMMISSIONING

The current governance model for the Joint Committees has some fundamental flaws as accountabilities, overall assurance arrangements and roles and responsibilities are not clear between the Joint Committees and LHBs. The only form of independent assurance (other than audit) is either via CTM committees or via reports to Health Boards. These are large complex organisations which have major agendas and so it is unlikely they would be able to devote sufficient time to these bodies.

Similarly, the governance structures for NCCU are unclear.

There are different models that could be considered for future national commissioning arrangements. These could include establishing a new statutory body.

In addition, a review of other models for commissioning such services both UK wide and internationally was undertaken. It is difficult to compare these models as many, including England have a more diverse approach to commissioning. The nearest comparator to Wales is the Scottish model, where specialist commissioning is undertaken on a Scotland wide basis. It is supported by a National Specialist Services Committee. This is chaired by the lead Chief Executive from Health Boards and is made up of representatives of Health Boards. Its remit is more limited than is the case with WHSSC and it has an advisory function ultimately to Ministers via the Chief Executives Group and the National Services Directorate which is part of NHS National Services Scotland. The National Services Division provides executive support to the National Specialist Services Committee and receives top sliced funding from Health Boards in Scotland to undertake this role. In Wales there is no equivalent national supporting infrastructure.

Any substantial change to the current arrangements involving WHSSC or EASC(e.g. by establishing a statutory body), including any change to Ambulance Service commissioning arrangements, are likely to require legislation and would take some time to complete. It would also lead to significant disruption for staff and would therefore conflict with the requirement in the Terms of Reference for this review to have “minimal disruption to the system” and “minimal disruption to staff”. Any such change would also require legislation and would lead to significant disruption to the health system.

7. CONCLUSIONS AND RECOMMENDATIONS.

The current arrangements for national commissioning through the Joint Committee structure are less than optimal and a full option appraisal of alternative models to the current Joint Committee arrangements needs to be undertaken in the medium term.

Given this there are a number of actions that should be taken in the short term to improve these national commissioning arrangements. These fall into two categories i.e. overall improvements and improvements to the way the Joint Committee arrangements work.

Overall improvements

- WHSSC, EASC and NCCU should be combined into a single entity and form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of commissioning expertise in Wales;

Independent Report into a review of National Commissioning Functions

- This new entity as a Joint Committee should be given a new name to highlight that it is a new body rather than just a merger of existing bodies for example it could be called “The Welsh National Commissioning Committee”;
- The term “specialist” should not be used in any new name for the reasons outlined in this report but the scope and responsibilities of the service should be defined;
- The new body should take on an expert supportive role to Health Boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales;
- The new body should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward;
- The current hosting agreement should be retained but would need to be reviewed after the new entity is established;
- There is currently a lack of Public Health input around population needs assessment etc and this should be remedied in line with the requirement in the Memorandum of Agreement;
- An OD programme should be put in place, including a behaviour framework. This would help ensure the new body creates its own identity.

Joint Committee

- The Independent Members (excluding the Chair) should be truly independent and not drawn from Health Board Independent Members. In order to distinguish these roles from Independent Members of NHS statutory bodies they should be called Lay Members or something similar. This would help strengthen the scrutiny and assurance arrangements;
- Health Boards should confirm the delegated authority arrangements to their Chief Executives as members of the Joint Committee. This would ensure Chief Executives are not inadvertently acting outside their delegated authority when attending joint Committee meetings;
- Health Board SOs state that the Board cannot delegate matters set out within “Decisions reserved for the Board” section of SOs. Boards should confirm this is the case in respect of the Joint Committee;
- A revised Memorandum of Understanding between the new body and Health Boards should be developed. This should be approved by the Boards of Health Boards;
- The agendas for future meetings should cover all the areas of work of the Joint Committee and the agenda should focus on core issues and decisions so meetings do not extend over a long period;
- Substantive declarations of interests should be stated at the beginning of the meeting for any specific issue being discussed;
- Health Board Chief Executives should include the Joint Committee briefing issued after every meeting as part of their Chief Executive reports. This would

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help ensure Boards receive a speedy indication of matters being discussed at the Joint Committee;

- The option of asking a Health Board Director of Public Health to join Joint Committee meetings as an associate member should be explored.

It is recognised that these changes would require some form of subordinate legislation but not primary legislation. This would be the main limiting factor in taking forward these recommendations. As these timescales are not known it is not possible at this stage to confirm an implementation date.

Review of National Commissioning Functions

Terms of Reference

Background

The seven local health boards (LHBs) in Wales were established in 2009 as integrated organisations responsible for planning and securing or delivering health services for their populations, from primary to specialist care and covering the full span of care along the life course: From prevention and physical health to mental health, and from antenatal care to palliative care. In doing so, local health boards are responsible for:

- improving physical and mental health outcomes
- promoting wellbeing
- reducing health inequalities across their population
- commissioning services from other organisations to meet the needs of their residents

Duties are also placed on local health boards under Social Services & Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015 to work with partners to improve outcomes for their populations.

In establishing local health boards, Wales had taken a deliberate path in making integrated planning the bedrock of the system, rather than pursuing the purchaser provider split. Integrated planning ensures organisations have autonomy to decide how their resources (human, financial and infrastructure) are used and deployed to meet the needs of their populations through the commissioning or provision of services.

Whilst local health boards remain accountable for the commissioning of services, two Joint Committees were established as national, hosted bodies to support LHBs in discharging this function:

- 3) The **Welsh Health Specialised Services Committee (WHSSC)** was established in 2010 by the seven local health boards to ensure that the population of Wales has fair and equitable access to the full range of specialised services. WHSSC is therefore responsible for the joint planning of specialised and tertiary services of the LHBs.

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

Each health board Chief Executive is a member of the Joint Committee.

The Joint Committee has an independent Chair appointed by the Minister and a Director who is accountable to the Chief Executive of NHS Wales.

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Although there is no statutory duty for WHSSC to publish an IMTP, WHSSC develops an Integrated Commissioning Plan on an annual basis and has used the planning process to strengthen and mature governance arrangements and collaborative decision making.

- 4) Established in 2015 the **Emergency Ambulance Services Committee (EASC)** is a Joint Committee of the health boards in Wales, with responsibility for planning and securing sufficient ambulance services for the population. Each health board Chief Executive is a member of the Committee and they collaboratively commission emergency and non-emergency ambulance services which includes the Welsh Ambulance Services NHS Trust and Emergency Medical Retrieval and Transfer Service (EMRTS Cymru – Wales Air Ambulance).

The Joint Committee has an independent Chair appointed by the Minister and a Chief Ambulance Services Commissioner (CASC) who is accountable to the Chief Executive of NHS Wales.

EASC develops an IMTP on an annual basis, although this is not a statutory requirement.

Sitting alongside EASC, is the **National Collaborative Commissioning Unit (NCCU)** - the collaborative commissioning service of NHS Wales. Its vision is: "Leading quality assurance and improvement for NHS Wales through collaborative commissioning". The NCCU is responsible for delivering national commissioning programmes for mental health and learning disability services.

The EASC regulations and directions require the committee to establish an 'ambulance commissioning team' to support the CASC and the business of the committee. The ambulance commissioning team was established by the CASC and is hosted by Cwm Taf Morgannwg UHB.

WHSSC, EASC and the NCCU are hosted by Cwm Taf Morgannwg University Health Board.

Current Situation

The current national commissioning arrangements for WHSSC and EASC have been in place for 12 years and 7 years respectively, during this time there have been significant changes within the NHS in Wales and more recently the unprecedented challenges related to the pandemic. In addition, whilst there is good evidence of evolution and growing maturity in both organisations, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. This was recognised in *A Healthier Wales* which contained a number of actions, including a commitment to review national commissioning functions, alongside the establishment of the NHS Executive.

Current challenges and opportunities include:

Independent Report into a review of National Commissioning Functions

- WHSSC and EASC ‘leaned in’ to the Welsh Government/ NHS Wales response to the Covid-19 Pandemic, demonstrating the benefits of collaboration at a national level. The size and scale of the Covid recovery programme has highlighted the opportunity to seek strengthened or alternative national commissioning arrangements.
- Speed of decision-making and implementation of changes across health boards since the pandemic has sometimes been slower than anticipated.
- Whilst evidence is seen of regional planning starting to take hold with implementation plans being developed across a number of specialties, in some instances national commissioning or procurement of solutions could be advantageous
- Ensuring that there is a commissioning approach to service development as opposed to a provider approach.
- Commissioning capacity and skills vary between LHBs.
- Ensuring there is insufficient alignment and interface between LHB IMTPs and WHSSC/ EASC national commissioning plans.
- There is potential to develop more national commissioning frameworks for local/ regional implementation across a number of service areas.
- There is potential for the post-Covid recovery to create inequalities in access. Stronger commissioning arrangements are required to address and mitigate this risk.
- There are potential synergies between WHSSC, EASC and the NCCU which are not fully exploited in the current arrangement.

Review of national commissioning functions

A review of national commissioning functions is to be undertaken to:

- Describe the current national commissioning functions, including strengths, weaknesses and perceived gaps.
- Horizon scan future national (and regional) commissioning requirements
- Describe the current governance arrangements and interface between national commissioning organisations, the wider NHS in Wales and the NHS Executive
- Describe the potential national commissioning functions to be undertaken (‘function’)
- Describe the different options for delivery of those function (‘form’)
- Describe the different options for future governance and decision making arrangements to deliver those functions and the interface with the wider NHS in Wales and the NHS Executive
- Make recommendations on a preferred way forward
- Set out processes and timelines for implementation (including proposed programme management arrangements and evaluation)

The review recommendations will be founded on the following principles:

- Improving outcomes and reducing inequalities
- Adding further value to the NHS system in Wales

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- Strengthening and streamlining of commissioning functions, and associated decision making
- Building on evidence of good practice
- Supporting the development of commissioning expertise within the NHS in Wales
- Maximisation of national commissioning capacity and capabilities
- Minimal disruption to the system
- Minimal disruption to the existing workforce within WHSSC and EASC/ NCCU
- Any changes to be implemented will maximise the value delivered by current commissioning arrangements and exploit where possible economies of scale.

Resource Requirements

- The review will be commissioned by the Chief Executive of NHS Wales
- The review will be led by an independent expert in the field
- The independent reviewer will be supported by a Programme Director working to Welsh Government, who will provide expert advice and knowledge in the area

The Directors of WHSSC and EASC, along with their senior teams, will be full participants in the review

The review will entail:

- Consideration of the strategic ambitions for NHS Wales, including delivery of Ministerial priorities
- Review of key documentation (e.g. standing orders, SFIs, Terms of Reference, MoUs, EASC and WHSSC IMTPs/ Integrated Commissioning Plans)
- Consideration of themes emerging from the current WHSSC engagement process on its longer-term strategy
- Interviews with key stakeholders
- A workshop/ focus session with the WHSSC and EASC Joint Committees
- A workshop/ focus session and discussions with the Directors of WHSSC and EASC, and their wider teams
- Discussion with the Health & Social Services Executive Directors Team
- Discussion at the NHS Wales Leadership Board
- Discussion with NHS Chairs
- Discussion with NHS Directors of Planning
- Production of a review report and recommendations

Accountabilities

- The review team will be accountable to the Chief Executive, NHS Wales
- The review will be overseen by the Planning Director, WG on behalf of the Chief Executive of NHS Wales
- The review recommendations will be approved by:
 - Approved by the Chief Executive of NHS Wales

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- Approved by the Minister of Health & Social Services
- Once approved, the review recommendations will be shared with:
 - The Directors and Chairs of WHSSC and EASC
 - The WHSSC and EASC Joint Committees
 - Staff at WHSSC and EASC
 - NHS organisations and discussed at the Wales Leadership Board

Timescales

The Review will conclude by April 2023.

Following the Review and once a preferred option has been agreed by the Minister, an implementation plan will be developed and a programme structure established to take forward the preferred option. It is expected that the implementation programme will commence in April 2023.

Appendix 2

List of Individuals and Groups Interviewed as part of the Review

Below is a list of the individuals and groups who were interviewed as part of the Review. Thanks go to them for their time and giving their candid opinions which have been considered in formulating the conclusions and recommendations in this report.

Thanks also to Karen Preece, Programme Director for her support in organising the Review

Individual Interviews

- Director General
- Chairs EASC,
- Chair WHSSC
- Managing Director WHSSC
- Chief Ambulance Service Commissioner
- Lead All Wales Chief Executive Officer
- Lead All Wales Chairs
- Host Chair and Chief Executive Officer
- Lead National Clinical Framework Implementation
- Leads for All Wales Directors of Planning
- WAST Chair and CEO
- Audit Wales

Group Meetings

- Joint Committee EASC, WHSSC
- Directors of WHSSC
- Directors of EASC & NCCU
- Staff WHSSC
- Staff EASC and NCCU
- All Wales Chairs
- All Wales Directors of Planning
- Health Board Board Secretaries
- WG Health and Social Services Group Executive Directors Team
- Leadership Board

Appendix 3

CURRENT OPERATING ARRANGEMENTS

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)

WHSSC was established in 2010 as a Joint Committee of the seven Local Health Boards (LHBs) in Wales, and is hosted by Cwm Taf University Health Board, which provides administrative support such as ICT, HR, Facilities and Communications. The seven LHBs are responsible for meeting the health needs of their resident population; they have delegated the responsibility for commissioning a range of specialised services to WHSSC.

WHSSC's strategic mission is to ensure the delivery of high quality, sustainable healthcare services for the people of Wales which are responsive to change, accessible, and maximise value and outcomes within available resources.

1.1 The Role of WHSSC

WHSSC's role is to:

- Plan, procure and monitor the performance of specialised services;
- Establish clear processes for the designation of specialised services providers and the specification of specialised services;
- Ensure there is assurance regarding clinical quality and outcomes through the contract mechanisms and a rolling programme of service review;
- Develop, negotiate, agree, maintain and monitor contracts with providers of specialised services;
- Undertake associated reviews of specialised services and manage the introduction of drugs and new technologies;
- Coordinate a common approach to the commissioning of specialised services outside Wales;
- Manage the pooled budget for planning and securing specialised services and put financial risk sharing arrangements in place;
- Ensure a formal process of public and patient involvement underpins its work; and
- Ensure that patients are central to commissioned services and that their experience when accessing specialised services is of a high standard.

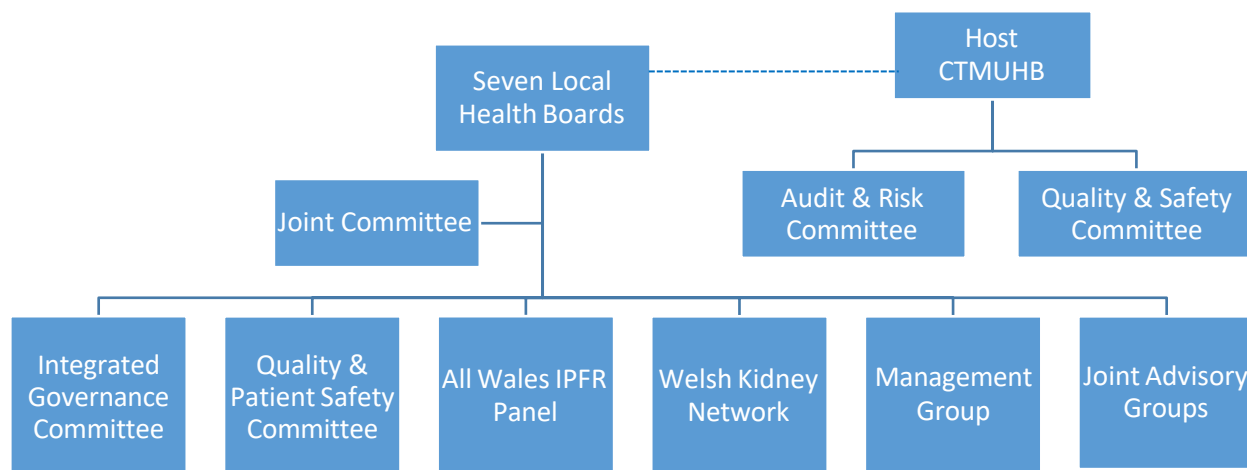
In order to achieve its strategic aim, WHSSC works closely with each of the LHBs (in both their commissioner and provider roles) as well as with Welsh NHS Trusts, providers in NHS England and the independent sector.

1.2 WHSSC as an Organisation

The Joint Committee was established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make collective decisions on the review, planning, procurement and performance monitoring of agreed specialised and tertiary services. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the responsibility of individual LHBs for

their residents remains. They are therefore accountable to citizens and other stakeholders for the provision of specialised and tertiary services.

Joint Committee Governance Structure



1.3 WHSSC Profile

Organisationally WHSSC is split into five Directorates; Corporate, Finance, Nursing and Quality, Medical and Planning with five cross-directorate commissioning teams. WHSSC also hosts the Welsh Renal Clinical Network and Traumatic Stress Wales.

WHSSC WTE (including vacancies)

WHSSC	66.15
TSW/Vulnerable groups	7.10
PET PMO / MRT Programme	4.50
Renal	10.60
	88.35

Directors –

- Managing Director
- Medical Director
- Director of Finance & Information
- Director of Nursing & Quality Assurance
- Director of Planning
- Director of Mental Health & Vulnerable Group
- Programme Director Executive lead for Kidney Network
- Committee Secretary and Associate Director for Corporate Services

WHSSC has an overall commissioning budget of **£800m**.

2. EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC)

The Emergency Ambulance Services Committee (EASC) was established in 2015 is a Joint Committee of the seven Local Health Boards (LHBs) in Wales and is hosted by Cwm Taf Morgannwg University Health Board. On behalf of the LHBs, EASC has delegated responsibility for planning and securing sufficient ambulance services for the population. Each of the seven Chief Executives is a member of the Committee and they collaboratively commission emergency ambulance and non-emergency patient transport services which includes the Welsh Ambulance Services NHS Trust and Emergency Medical Retrieval and Transfer Service (EMRTS Cymru – Wales Air Ambulance).

2.1 The role of EASC

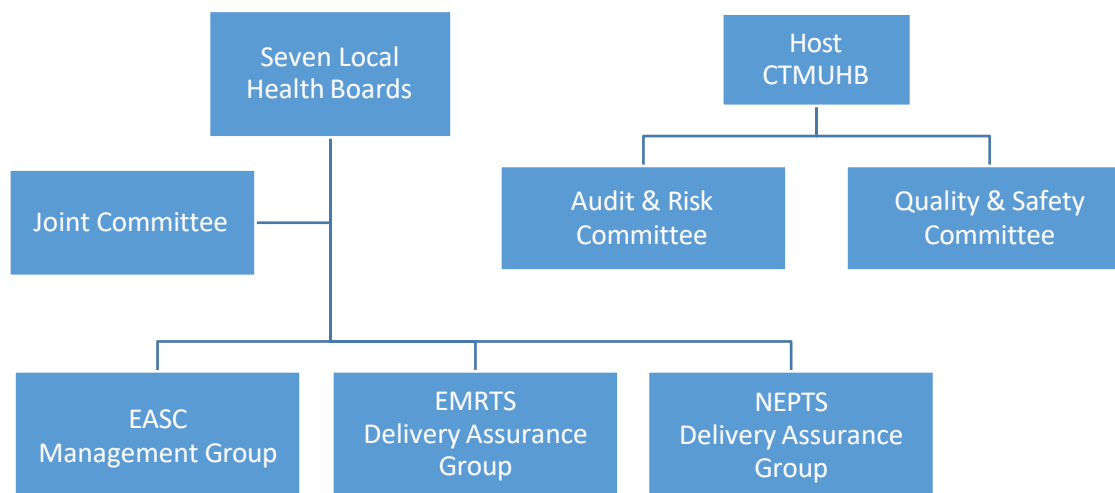
EASCs role is to:

- Determine a long-term strategic plan for the development of emergency ambulance non-emergency patient transport services and Emergency Medical Retrieval and Transfer Services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging ways of working and commission the best quality emergency ambulance service;
- Produce an Integrated Medium-Term Plan (IMTP), including a balanced Medium Term Financial Plan for agreement by the Committee following the publication of individual LHBs Integrated Medium Term Plans (IMTPs), which should also make reference to the EASC commissioning intentions;
- Agree the appropriate level of funding for the provision of emergency ambulance and non-emergency patient transport services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the EASC Team) in accordance with any specific directions set by the Welsh Ministers
- Establish mechanisms for managing the commissioning risks; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of emergency ambulance, non-emergency patient transport services and Emergency Medical Retrieval and Transfer Services and take appropriate action.

2.2 EASC as an Organisation

The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make collective decisions to plan and secure emergency and non-emergency ambulance services and EMRTS. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the responsibility of individual LHBs for their residents remains. They are therefore accountable to citizens and other stakeholders for the provision of these services.

Joint Committee Governance Structure



2.3 EASC Profile

EASC has 5.40 WTE staff, headed up by one Board Director/Chief Ambulance Service Commissioner, with an overall commissioning budget of £239m.

3. NATIONAL COLLABORATIVE COMMISSIONING UNIT (NCCU)

The NHS Wales National Collaborative Commissioning Unit (NCCU) is hosted by Cwm Taf Morgannwg University Health Board.

The vision of the NCCU is to “Lead quality assurance and improvement for NHS Wales through collaborative commissioning”

3.1 The role of NCCU

NCCU’s role is to:

- Improve patient outcomes and experience;
- From a patient’s perspective - understand and articulate what good looks like;
- Embed national policy into local practice;
- Benefit from collaborative relationships;
- Deliver value; and
- Change behaviour in order to embed innovation

The Quality Assurance Improvement Service (QAIS) is a Division of the NCCU that focuses on improving care, quality and value.

The objectives of the Division is to:

Independent Report into a review of National Commissioning Functions

- Ensure safe, effective and high quality care is delivered that improves patient experience.
- Robustly challenge substandard provider performance.
- Provide oversight, advice and support to improve the quality of care.
- Facilitate collaborative working between providers and commissioners with the patient as the focus of care delivery.
- Ensure all procured services deliver value for money for the public purse.

3.2 NCCU as an Organisation

NCCU has 31.86 WTE staff and is managed by the EASC Board Director/Chief Ambulance Service Commissioner in addition to a Director of Nursing, Quality & Performance.

NCCU do not have a commissioning budget but the budget for their running cost is currently £2.1m (There are non-recurrent allocations in this amount)

Also within this 2.1m is the budget for 5.40 EASC staff.

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Agenda Item

4.6

Audit & Risk Committee

National Imaging Academy Wales Risk Register

Dyddiad y Cyfarfod / Date of Meeting	24/10/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Tracy Norris, Academy Manager
Cyflwynydd yr Adroddiad / Report Presenter	Dr Phillip Wardle, Academy Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Lauren Edwards, Executive Director of Therapies & Health Science

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

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



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RISP	Radiology Informatics System Procurement
ST	Specialist Trainee

1. Situation / Background

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

2. Specific Matters for Consideration

Not applicable

3. Key Risks / Matters for Escalation

- 3.1 There are two ongoing high risks related to:
- NIAW's access to recurring capital funding
 - Commissioned number of CR Specialist Trainees for Training at NIAW

There is one moderate risk related to

- Confidence to deliver the recommendations from the Gateway Review

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

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	<p>NIAW was established to assist with key priorities as stated within the Imaging Statement of Intent:</p> <ul style="list-style-type: none"> • Workforce and education and development goal - to develop a sustainable and flexible imaging workforce to deliver a modern, responsive diagnostic imaging service for Wales. • Equipment - establish a co-ordinated approach to identifying, evaluating, prioritising, and



	<p>adopting new imaging technologies across NHS Wales</p> <ul style="list-style-type: none"> Quality - develop strategic plans for the delivery of imaging services to maximise workforce and imaging capacity utilisation. Research & Innovation - establishing a strong research and academic base, with national and international collaboration, for imaging including radiology, radiography, and medical physics in Wales
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies, please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies, please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies, please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies, please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies, please list below:



Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not applicable
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not applicable
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Significant reputational damage to the National Imaging Academy should the academy not achieve the desired outcome.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	Please see risk 4807	

5. Recommendation

5.1 The Audit and Risk Committee is asked to:

- Note the update provided relating to the NIAW's Risk Register

6. Next Steps

- a) Building works commencing in November 2023. Phase 1 will include an upgrade to the buildings access control system & the replacement of front door and windows in reception.
- b) Continue to engage with CTMUHB Capital team and Welsh Government to mitigate risk 4807.



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c) Progress key actions related to risk 5033 (Gateway review recommendations)

Appendix 1 – NIAW Risk Register (High & Moderate Risks)

ID	Locality	Service Group	Risk Domain	Title	Description	Controls in place	Rating (current)	Rating (Target)	Handler
4807	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	NIAW funding (Recurring Capital Allocation)	<p>IF: NIAW do not receive capital allocation</p> <p>THEN: NIAW will be unable to procure replacement or new assets to support its services and site</p> <p>RESULTING IN: Failure to maintain/improve/advance effective, high quality training/clinical/conference/research environment, services. Failure to maintain and the building to a suitable standard</p>	NIAW can request discretionary capital allocation from the Health Boards or submit a joint bid to Welsh Government if additional purchases are required. Formal arrangements on funding required to enable NIAW to plan capital replacement projects.	C4XL5=20	8	Wardle, Mr Phillip
4689	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	Commissioned number of CR Specialist Trainees for Training at NIAW	<p>IF: HEIW do not commission NIAW to train the 20 ST's per year, as identified as a key aim in the NIAD BJC or if the Health Boards are unable to achieve the required capacity</p> <p>THEN: The Specialist Trainee numbers achieving CCT will be below that expected/projected in NIAD BJC.</p> <p>RESULTING IN: A delay and increased shortfall in ST numbers being trained to address the Welsh Radiologist workforce crisis and failure to achieve the expected benefit of NIAW</p>	<p>Raised as concern with: SROs (CEO, Hywel Dda; CEO, CTM) Associate Dean, Clinical Radiology, HEIW HEIW</p> <p>RCR: with CMO/CSO (WG) through annual RCR President/WG meeting; Vice President has approached Chair, HEIW</p>	C5XL4=20	10	Tracy Norris

Appendix 1 – NIAW Risk Register (High & Moderate Risks)

5033	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	<p>Gateway 5 Review Amber/ Red status in NIAW's Delivery Confidence Assessment for its future developments. [Successful delivery of the projects is in doubt with major risks or issues apparent in several key areas. Urgent action is required to ensure these are addressed, and establish whether resolution is feasible]</p>	<p>IF: NIAW fails to take urgent action</p> <p>THEN: NIAW will be unsuccessful in delivering proposed BJC benefits and emerging outcomes & benefits for NHS Wales</p> <p>RESULTING IN:</p> <ul style="list-style-type: none"> - Fail to meet key objectives as set out in BJC and Welsh Government Imaging Statement of Intent - Short/Long term impact on diagnostic imaging workforce training and development <ul style="list-style-type: none"> e.g. insufficient Radiologist training capacity to satisfy urgent current & future workforce requirement - Loss of public, NHS Wales and Welsh Government confidence - Unplanned negative financial impact -using NHS Wales budget <p>IF: NIAW do not receive capital allocation in financial year 2023/2024</p> <p>THEN: NIAW will be unable to procure replacement or new assets to support its services and site</p> <p>RESULTING IN: Failure to maintain/improve/advance effective, high-quality training/clinical/conference/research environment, services. Failure to maintain and the building to a suitable standard</p>	<p>Gateway Review 5 workgroup established to action Review recommendations.</p> <ul style="list-style-type: none"> - NIAW Management Team - NIAW Senior Responsible Officer - Advisor Group Identified to review NIAW Strategic Documents (Including Gateway Review Action Documents) <p>Capital allocation of £188k has been agreed by Welsh Government to support work required in financial year 2023/24.</p>	C4xL3=12	4	Wardle, Mr Phillip
5581	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	NIAW funding (Capital Allocation 23/24)	<p>IF: NIAW do not receive capital allocation in financial year 2023/2024</p> <p>THEN: NIAW will be unable to procure replacement or new assets to support its services and site</p> <p>RESULTING IN: Failure to maintain/improve/advance effective, high-quality training/clinical/conference/research environment, services. Failure to maintain and the building to a suitable standard</p>	Capital allocation of £188k has been agreed by Welsh Government to support work required in financial year 2023/24.	C4XL3=12	4	Tracy Norris