

Audit & Risk Committee Hosted Bodies Meeting

Thu 15 August 2024, 09:30 - 10:30

Virtual Via Teams



Agenda

09:30 - 09:35 1. PRELIMINARY MATTERS 5 min

1.1. Welcome and Introductions

Patsy Roseblade, Chair

1.2. Apologies for Absence

Information Patsy Roseblade, Chair

1.3. Declarations of Interest

Information Patsy Roseblade, Chair

09:35 - 09:45 2. CONSENT AGENDA 10 min

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 20th June 2024

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

2.1.1 Unconfirmed Minutes 20.06.24 ARC Hosted Bodies 15 August 2024.pdf (4 pages)

09:45 - 10:25 3. MAIN AGENDA 40 min

3.1. IMPROVING CARE

3.1.1. JCC Organisational Risk Register

Discussion Jacqueline Maunder, Committee Secretary/Associate Director of Corporate Services

3.1.1a JCC Amalgamated Risk Register Cover Report v2 ARC HB 15 August 2024.pdf (10 pages)

3.1.1b Appendix 1 - Amalgamated JCC Risk.pdf (13 pages)

10:25 - 10:25 4. SUSTAINING OUR FUTURE 0 min

4.1. JCC Financial Control Procedures

Discussion Stacey Taylor, Director of Finance

4.1 JCC Review of Financial Control Procedures ARC HB 15 August 2024.pdf (4 pages)

4.1a FP 4 2024 WHSSC - Cash Banking.pdf (6 pages)

- 📄 4.1b FP 5 2024 WHSSC - Cash Management.pdf (3 pages)
- 📄 4.1c FCP 7 2024 WHSSC - Income Debtors.pdf (6 pages)

4.2. JCC Audit Tracker

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

- 📄 4.2 JCC Audit Tracker Report ARC HB Committee 15 August 2024.pdf (7 pages)
- 📄 4.2a Appendix 1 - JCC Audit Recommendations Progress Tracker 2024-2025 v2.pdf (7 pages)
- 📄 4.2b Appendix 2 - Audit Wales Governance Tracker - July 2024.pdf (7 pages)

10:25 - 10:30 **5. ANY OTHER URGENT BUSINESS**

5 min

Information *Patsy Roseblade, Chair*

10:30 - 10:30 **6. DATE AND TIME OF NEXT MEETING**

0 min

17th October 2024 - 1:00 - 2:00 pm

Cwm Taf Morgannwg University Health Board (CTMUHB)
Minutes of the Hosted Bodies Audit & Risk Committee held on
20 June 2024.

Members Present:

Patsy Roseblade	Independent Member (Committee Chair)
Ian Wells	Independent Member (Committee Vice Chair)
Kath Palmer	Independent Member/Health Board Vice Chair

In Attendance:

Sally May	Executive Director of Finance & Procurement
Abigail Harris	Interim Chief Commissioner, NHS Wales Joint Commissioning Committee
Paul Worthington	Lay Member, NHS Wales Joint Commissioning Committee
Helen Tyler	Head of Corporate Governance, NHS Wales Joint Commissioning Committee
Stacey Taylor	Director of Finance & Information, NHS Wales Joint Commissioning Committee
Tracey Norris	Academy Manager, National Imaging Academy Wales
Paul Daulton	Head of internal Audit
Emma Samways	Deputy Head of Internal Audit
Mark Jones	Audit Wales
Nathan Couch	Audit Wales
Gareth Watts	Director of Corporate Governance / Board Secretary
Emma Walters	Head of Corporate Governance & Board Business
Kathrine Davies	Corporate Governance Manager (Committee Secretariat)

1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions P. Roseblade, Committee Chair welcomed everyone to the meeting, The format of the proceedings in its virtual form were also noted. Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate.
1.2	Apologies for Absence Were received from:

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	<ul style="list-style-type: none"> • Stephen Harryy - Board Director/Chief Ambulance Service Commissioner • Gwenan Roberts – Committee Secretary / Deputy Director Corporate • Jaqueline Maunder-Evans - Committee Secretary and Associate Director of Corporate Services
1.3	Declarations of Interest There were no interests declared.
2.	CONSENT AGENDA
2.1	ITEMS FOR APPROVAL
2.1.1	Unconfirmed Minutes of the meeting held on 18 April 2024
Resolution:	The minutes were approved as an accurate record subject to one minor amendment of apologies from K. Palmer, Independent Member.
2.2	ITEMS FOR NOTING
2.2.1	Welsh Health Specialised Services Committee (WHSSC) - Legacy Statement
Resolution:	The Legacy Statement was NOTED .
2.2.2	Emergency Ambulance Services Committee (EASC) - Legacy Statement
Resolution	The Legacy Statement was NOTED .
3.	MAIN AGENDA
11	<p>Progress Update on the New Wales Joint Commissioning Committee (JCC) - Verbal Update</p> <p>A Harris provided a verbal update on the progress of the New Wales Joint Commissioning Committee.</p> <p>A Harris advised that the Legacy Statements had been signed off by the predecessor bodies and had been taken through the JCC. There were some key issues to highlight to the Committee that were still active such as the Independent Patient Funding Referral (IPFR) revised terms of reference that had been enacted and she advised that the panel has to meet every two weeks and requires clinical membership from the Health Board but due to clinical commitments there had been difficulties encountered in ensuring that meetings were quorate. A. Harris added that they would be</p>

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holding meetings next week to discuss and proceeding with additional appointments into the panel for Lay Members and Health Board Members to ensure quoracy moving forward.

A Harris advised that the other key matter to raise was in regard to the service issues relating to deep brain stimulation. She advised that this was still an active commissioning conversation that was being held in terms of a partner to deliver the service for the population of South Wales and an update would be brought to the next meeting of the JCC.

The Chair queried whether the quoracy issues for IPFR were affecting patient care and safety. A. Harris confirmed that it was not and if there were urgent decisions to be made there was a provision in the terms of reference via a Chairis Action Group so that referrals were not held up. She advised that they were undertaking work to tighten up on the operationalisation and the terms of reference and updated policy and these would be brought back through the JCC.

K. Palmer referred to the WHSSC legacy Statement and referred to the issues in relation to workforce and queried whether there were any lessons to be learned for the JCC as well as Cwm Taf Morgannwg UHB (CTM). A. Harris advised that they were looking at the hosting agreement and whether this needs to be revised in terms of what they would expect from CTM as the hosting body and also looking at CTM staff and workforce to be an example of this in terms of the operational matters and what this meant in practice.

K. Palmer commented that moving forward it would be helpful to the Committee to have an oversight around the risks for the JCC. A Harris advised that they were currently doing some further work on the risks and producing a Board Assurance Framework and that the risks identified would drive the agenda.

P. Worthington commented that the principles of commissioning were important, however, they did recognise the financial pressures that health boards were currently under, they were always going to be the smaller commissioning service in comparison to NHS England so determining the health needs assessment and priorities was going to be critical.

The Chair thanked A. Harris for the verbal update and commented that over time they would need to understand the remit of this Committee and the JCC and how this will work both for CTM as the hosting organisation and the JCC without creating duplication.

The verbal update was **NOTED**.

<p>3.2</p>	<p>Internal Audit Review - EASC Adult Critical Care Transfer Service</p> <p>E. Samways presented the report that had been given a 'Substantial' Assurance Rating.</p> <p>I Wells referred to the ACCTS Service that was hosted by Swansea Bay UHB and sought clarity on who would own the risk and whether it would be reported to this Committee or through Swansea Bay. E. Samways advised that it was delivered through Swansea Bay as part of the Emergency Medical Retrieval and Transfer Service (EMRTS). The ACCTS risk register was reported to the Swansea Bay Quality & Safety Group and the Risk Management Group and the ACCTS risk register was aligned to the Swansea Bay risk management process.</p> <p>In response, A. Harris advised that these matters required a bit more working through in regard to the monitoring of responsibility and being explicitly clear in terms of responsibility for delivery.</p> <p>Resolution: The Committee NOTED the report.</p>
<p>4.</p>	<p>ANY OTHER BUSINESS</p> <p>There was no other business raised.</p>
<p>5.</p>	<p>DATE AND TIME OF NEXT MEETING</p> <p>15 August 2024 at 9:30 AM</p>
<p>6.</p>	<p>CLOSE OF MEETING</p>

Agenda Item

3.1.1

Audit and Risk Committee Hosted Bodies

Joint Commissioning Committee Risk Register

Dyddiad y Cyfarfod / Date of Meeting	15/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance and Risk Officer
Cyflwynydd yr Adroddiad / Report Presenter	Jacqui Maunder, Committee Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Jacqui Maunder, Committee Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.
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Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
JCC Committee	16/07/2024	Approved
Senior Leadership Team (SLT)	1/07/2024	Discussed and agreed
JCC Committee Secretaries	Ongoing	Noted
JCC Strategic Risk Owners	April 2024	Noted
CTM Asst. Director of Governance & Risk	17/04/2024	Noted
CTM Datix Team	21/05/2024	Noted
JCC Planning Team	28/05/2024	Noted
JCC SLT	03/06/2024	Noted
JCC SLT	01/07/2024	Noted

Acronyms / Glossary of Terms	
JCC	Joint Commissioning Committee

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

1. SITUATION

The purpose of this report is to present a transitional amalgamated risk register for the Joint Commissioning Committee (JCC) which encompasses risks scoring 15 and above taken from the commissioning teams and directorate risk registers across the former EASC, NCCU and WHSSC predecessor organisation risk registers.

The risk register was presented to the JCC at its meeting on 16 July 2024 to review the risks, consider the controls and mitigating actions and approve the JCC risk register.

1.1 Background

The predecessor organisations EASC, NCCU and WHSSC each had a Risk Assurance Framework in place to support the identification, analysis, evaluation and control of the risks which threatened the delivery of their strategic objectives and delivering against their Integrated Commissioning Plan (ICP) and Integrated Medium-Term Plan (IMTP) respectively. The frameworks are applied alongside other key management tools, such as performance, quality and financial reporting, to provide the respective Joint Committees (JCs) with a comprehensive picture of the risk profile.

1.1.1 EASC Risk Register

The former EASC utilised the CTMUHB approach to Risk Management (Strategy and Policy) and delegated the scrutiny and monitoring of its risk register to the EASC Management Group in order to provide oversight and assurance to the EASC JC. All risks were entered on the Datix Risk Management system in line with the policy. The key actions to mitigate and control the risks relating to risks scoring 15 and above were monitored at bi-monthly Quality and Delivery meetings between the EASC Team and WAST, and monthly meetings with Welsh Government officials. The EASC JC received the whole risk register bi-monthly for assurance. The former Chief Ambulance Services Commissioner and the

Committee Secretary attended the CTMUHB Audit and Risk Committee bi-monthly to present the EASC Risk Register for assurance.

1.1.2 WHSSC Corporate Risk Assurance Framework (CRAF)

The former WHSSC closely followed the CTMUHB approach to Risk Management (Strategy and Policy) and delegated the in-depth scrutiny and monitoring of the commissioning and organisational risks of the former WHSSC on its Corporate Risk Assurance Framework (CRAF). This was routinely presented to the JC and its sub-committees to provide assurance to the WHSSC JC, through their Committee Update Reports, on the management of its principal risks. The Quality and Patient Safety Committee (QPSC), the Integrated Governance Committee (IGC) and the Cwm Taf Morgannwg Audit and Risk Committee (ARC) received the CRAF at each meeting and the WHSSC JC received the CRAF on a six-monthly basis for assurance. The Director of Finance and the WHSSC Committee Secretary attended the CTMUHB ARC bi-monthly to present the WHSSC CRAF for assurance.

WHSSC had an internal Risk Scrutiny Group (RSG), which included the Directorate Managers who were responsible for the review and scrutiny of the narrative, scores and mitigating actions for each risk. Any risks identified as scoring 15 and above were captured on the Corporate Risk Assurance Framework (CRAF) and were presented to the Corporate Directors Group Board (CDGB) for scrutiny on a monthly basis.

It is the role and responsibility of the Directors to review and discuss their commissioning/corporate risks, agree any new risks and escalation/de-escalation of risks, review controls and ensure appropriate action plans are in place. Effective management and mitigation of these risks will enable the JCC to improve its chances of success and reduce the likelihood of failure.

2. NEW JOINT COMMISSIONING COMMITTEE RISK REGISTER

Whilst both EASC and WHSSC managed robust risk management strategies, the structure and presentation of their risk registers differed slightly.

Under the new Host Body agreement, the JCC is expected to utilise the CTMUHB approach to risk management including its strategy and procedure. Therefore, as an interim approach in amalgamating the former EASC and WHSSC JC risk registers, the layout has been brought in line with the presentation of the CTMUHB Risk Register to move the JCC a step forward.

The amalgamated risk register for the JCC as at 30 June 2024 presented at **Appendix 1** is a transition risk register whilst further work is undertaken to fully develop and implement the CTM Risk Management Strategy for the JCC (in line with the hosting agreement) and until the JCC has an opportunity to consider its risk appetite and the strategic objectives of the JCC are set.

2.1 Work Undertaken to Develop the New JCC Risk Register

As part of fact finding, the following pieces of work have been undertaken:

- Meetings with the Committee Secretaries to map the governance processes for risk management within the former WHSSC and EASC JCs,
- Discussions with the key strategic risk owners to understand the processes for the management of risks specific to, and within, the individual directorates/commissioning teams,
- Meeting with the CTM Assistant Director of Governance and Risk regarding the CTM Risk Management Strategy and Procedure,
- Meeting with the CTM Datix Team to initiate the setting up of the new JCC and JCC Team on the Datix Risk Management system,
- Attendance at JCC Planning Team meetings to share the draft version of the amalgamated risk register and to discuss a review of the current commissioning risks; and
- Discussion at the Senior Leadership Team meeting on 3 June 2024 to gather views on the structure and content of the amalgamated risk register from the responsible directors as the key strategic risk owners.

Following attendance at the Planning Team meeting on 28 May 2024, the planning leads undertook a detailed review of the current commissioning risks in relation to the activities of the former WHSSC Team. This included:

- Risk descriptions to ensure they capture the essence of the risk accurately within the CTM format (If...Then...Resulting In...),
- Providing the risk appetite level,
- Linking risk domains with the strategic goals of the JCC (former WHSSC) Specialised Services Strategy,
- Controls and Actions to ensure they are still reflecting the current position, and are valid and working (having the necessary impact required), including any references to Covid-19 and ministerial waiting times targets,
- Current risk scores and Target risk scores, to ensure a consistent and moderated approach to risk assessment across the commissioning teams, with a clear link to the controls and mitigating actions; and
- Providing an update for May/June 2024 position.

In line with the internal governance process, the outcome of the reviews were taken through the individual Commissioning Team meetings for approval. In addition, a second review was undertaken by the Director of Planning & Performance as the Strategic Risk Owner.

The Ambulance and 111 Commissioning Risks at level 15 and above have been reviewed and updated. These risks will need to be reviewed again in two months' time in line with the CTMUHB approach.

The risks associated with the commissioning of the 111 service have not yet been incorporated into the JCC Risk Register and the JCC received an update on this as a separate item at its meeting on 16 July 2024.

3. KEY RISKS / MATTERS FOR ESCALATION

3.1 Risk Summary

As at 30 June 2024 there are **28** risks with a score of 15 and above (high risks) on the Risk Register. A summary of these risks is outlined below.

3.2 Commissioning Risks

There are **26** risks open with a risk score of 15 and above:

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

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

Table 1 – Commissioning Risk Profile – June 2024

Commissioning Risk Activity	Update as at June 2024
New Commissioning Risks	No new risks were added.
Escalated Commissioning Risks	Two risks were escalated: <ul style="list-style-type: none"> • <u>Risk 38 – P/21/16</u> – Neonatal cot availability. Risk reviewed and the score increased from 16 to 20 due to increased pressure across the network for cot availability. • <u>Risk 75 – IF02</u> – Calea contract renewal. Risk reviewed and the score increased from 8 to 16 due to the provider (Calea) being in contingency measures.
De-escalated Commissioning Risks	Seven risks were de-escalated: <ul style="list-style-type: none"> • <u>Risk 48 – P/21/20</u> – Wales Fertility Institute. Risk reviewed and the score reduced from 25 to 15 due to a positive report received from the HFEA that there are no critical or major concerns within the service.

Commissioning Risk Activity	Update as at June 2024
	<ul style="list-style-type: none"> • <u>Risk 63 – NCC063</u> – Neurosurgery sustainability. Risk reviewed and the score reduced from 25 to 16 as there is a plan in place to recommission within the existing commissioning allocation and additional monies included in the ICP. • <u>Risk 57 - NCC04949</u> – Delays in surgery due to insufficient theatre beds. Risk reviewed and the score reduced from 20 to 12 as there is a plan in place to recommission an element of the 700k RTT funding to mitigate high risks in neuro subspecialties. There are currently no patients waiting over 52 weeks. • <u>Risk 6 – P/21/10</u> - Paediatric patients waiting for surgery. Risk reviewed and the score reduced from 16 to 8 following assurances received from the Escalation meeting on the 16 May 2024 where the Health Board stated that the Ministerial target will be met by the end of June 2024 and that there is a robust plan to maintain this during 2024/25. • <u>Risk 60 – P/21/24</u> - WFI treatment temporary pause. Risk reviewed and the score reduced from 20 to 10 as four staff members have taken and passed the PR exam and a positive report from the HFEA. • <u>Risk 46 – CB06</u> - Outreach Plastic Surgery. Risk reviewed and the score reduced from 15 to 12 as the Harms Review undertaken reported No Harm. • <u>Risk 40 – WKN08</u> - Limited outpatient dialysis capacity in Swansea. Risk reviewed and the score reduced from 16 to 12 due to confidence on planned opening of Bridgend Unit in September 2024 as per project update to WKN Board 05.06.24.
Closed Risks	<p>Two risks were closed:</p> <ul style="list-style-type: none"> • <u>Risk 39 – WKN06</u> – Renal funding. Financial plans have been drawn up to look at the areas of reducing the funding gap of £0.82m. Will

Commissioning Risk Activity	Update as at June 2024
	<p>form part of the financial reporting at regional levels and board.</p> <ul style="list-style-type: none"> • <u>Risk 51 – NCC061</u> - Deep Brain Stimulation, lack of awareness of eligibility criteria. Risk merged with Risk 50 – NCC060 which remains on the risk register >15.

3.3 Corporate/Organisational Risks

There are **2** risks open with a risk score of 15 and above:

- Corporate Services x2

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

Table 2 – Corporate/Organisational Risk Profile – June 2024

Corporate/Org Risk Activity	Update as at June 2024
New Risks	No new risks were added.
Escalated Risks	No risks were escalated.
De-escalated Risks	<p>One risk was de-escalated:</p> <ul style="list-style-type: none"> • <u>Risk 29 – CS8</u> – JCC IPFR Terms of Reference (ToR) and Governance. Risk reviewed and the score reduced from 20 to 12 as several of the mitigating actions have now been completed such as approval of the updated All Wales Policy.
Closed Risks	No risks were closed.

3.4 Next Steps

3.4.1 Risk Register

During Q2 the Q3 the phased programme of work will continue to fully develop and implement the new JCC risk register.

During this transition, the amalgamated risk register presented at **Appendix 1** will be used as the main tool to provide oversight of the high risks and assurance

to the Committee on their scrutiny and management. The register will next be presented to the JCC at its meeting on 17 September 2024.

In addition, this programme of work will link into the organisational development piece being led by the JCC Transition Director, specifically the development of a vision, mission and strategic objectives for the JCC to enable the risks to be triangulated against them.

3.4.2 Risk Appetite

Risk management is an integral part of good governance and corporate management mechanisms. An organisation’s risk management framework harnesses the activities that identify and manage uncertainty, allows it to take opportunities and to take managed risks not simply to avoid them, and systematically anticipates and prepares successful responses. A key consideration in balancing risks and opportunities, supporting informed decision-making and preparing tailored responses is the conscious and dynamic determination of the organisation’s risk appetite.

As part of the JCC development programme a risk appetite workshop will be held with JCC members to make a strategic choice about the style, shape and quality of risk management, the risk assessment process (including scoring) and management of opportunity and risk, and to determine and continuously assess the nature and extent of the principal risks that the organisation is exposed to and is willing to take to achieve its objectives - its risk appetite.

3.4.3 Risk Training

Refresher training on risk management will form part of the implementation programme for the JCC Team, in addition to the use of the Datix Risk Management system. The training will be supported by the CTMUHB Assistant Director of Governance and Risk, and the CTMUHB Datix team.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
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	A Resilient Wales
	If more than one applies please list below:
	A Healthier Wales A More Equal Wales

150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i>) / Link to Enablers of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Effective
	If more than one applies please list below: Person Centred Timely Safe
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 a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not applicable
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau (<i>Pobl /Ariannol</i>) / Resource Impact (<i>People / Financial</i>)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the updated transitional amalgamated risk register for the Joint Commissioning Committee and changes to the risks outlined in this report as at 30 June 2024,
- **Note** the work undertaken to date to produce a transitional amalgamated risk register,
- **Note** that the Joint Commissioning Committee (JCC) approved the amalgamated risk register on 16 July 2024; and
- **Note** the further work planned to fully develop the CTM Risk Management Strategy for the JCC, and the steps required to implement it.

		CONSEQUENCE (C)				
CxL		1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
LIKELIHOOD (L)	1 - Highly Unlikely					
	2 - Unlikely				06 Paediatric patients waiting for surgery - RISK REDUCED FROM 16 TO 8	60 WFI treatment – temporary cessation of HFEA activity - RISK REDUCED FROM 20 TO 10
	3 - Likely				29 JCC IPFR ToR & Governance - RISK REDUCED FROM 20 TO 12 40 Limited outpatient dialysis capacity in Swansea - RISK REDUCED FROM 16 TO 12 57 Delays in surgery due to insufficient theatre beds Neurosurgery – RISK REDUCED FROM 20 TO 12	47 IF - Sustainability and delivery of service provided by Cardiff and Vale University Health Board 48 Wales Fertility Institute not providing a safe and effective service in NPT hospital - RISK REDUCED FROM 25 TO 15 59 Calea contract renewal 70 Failure to deliver the Ministerial direction to plan, commission and secure services
	4 - Highly Likely			46 North Wales Outreach Plastic Surgery Clinic Management Arrangements - RISK REDUCED FROM 15 TO 12	28 Workforce and capacity 50 Deep Brain Stimulation and delays in communication with gatekeeper/referring clinician 53 C&VUHB Neurosciences staffing issues/level 56 CVUHB Neo-natal infection control 61 Obesity surgery waiting times 62 TARN delays due to database being taken offline 63 Neurosurgery Sustainability – RISK REDUCED FROM 25 TO 16 64 Lack of Interventional Radiology at SBUHB 65 Renal dialysis capacity across Wales 66 Business continuity for specialised services commissioning associated with the establishment of the new JCC 67 Cardiac Device service at BCUHB staffing issues and out of hours service 68 C&VUHB Specialist Auditory Hearing service waiting times 75 Calea contract renewal - RISK INCREASED FROM 8 to 16	55 CVUHB Neo-natal workforce 69 Paediatric Radiology out of hours provision 72 Failure to achieve agreed performance for amber category calls 73 Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation
	5 - Almost Certain			03 Plastic Surgery Delays	26 Neuropsychiatry patients waiting times 34 Lack of paediatric intensive care beds 38 No neonatal cot availability in South Wales due to staffing shortages - RISK INCREASED FROM 16 TO 20 54 NWAS – Tier 4 CAMHS environmental and workforce issues	71 Failure to achieve agreed performance standard for category red calls 74 Failure to secure sufficient ambulance capacity to meet the needs of the population

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Risk Ref/ Data ID	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team/ Directorate	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Appetite Level	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (Current) (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
3 C803	Plastic Surgery Delays	If...the maximum ministerial waiting times target is not achieved for plastic surgery patients at SBUHB Then... the commissioned service for South Wales will not meet the waiting times standards. Resulting in... a commissioned service that does not provide the required quality (Timeliness and Equity) of service	Director of Planning & Performance	Cancer & Blood	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Caution - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	SBUHB	• The service is in escalation level 2 due to the waiting times performance position. • The delivery plan to achieve the Health Board March 2025 has been received from SBUHB. A further plan has been requested to achieve the target by December 2024 in line with Welsh Government's revised KPIs. • Additional funding above the I1A may be required to achieve the target in 2024/25 - assessment and handling plan in progress. • Continue to monitor progress against the delivery plan and manage performance through the (previous WHSSC) Performance Management Framework.	• To work with SBUHB on their trajectory against the revised waiting times target. • To undertake further work with SBUHB to understand the demand, activity and efficiency assumptions in this trajectory by the end of June 2024. • To work with health boards and participate in the directors of finance discussion on the balance between finance and performance choices to ensure alignment with the wider system in the approach to the arrangements for plastic surgery (expected to conclude by end of June 2024). • To monitor progress against the plastic surgery recovery plan via monthly commissioner assurance meetings with SBUHB - next escalation meeting 24/06/24. • To report on progress against the recovery plan at the monthly Cancer & Blood commissioning team meeting, to SLT as appropriate and to escalate as required formally through the SBUHB SLA meeting. Update May/June 2024 - Commissioning Team undertaken a review of the risk description, controls and actions. The risk score remains the same.	Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee	15 (C2 x L5)	6 (C2 x L3)	↔	26.02.2021	17.06.2024	08.07.2024
26 NCC046	Neuropsychiatry patients waiting times	If...patients are unable to be treated in a timely manner with the appropriate therapy support due to staffing issues Then... some patients will have long waiting times Resulting in... poor access to the service, and the lack of availability of step down facilities to support the acute centre will also result in delays	Director of Commissioning for Mental Health & Vulnerable Groups	Mental Health & Vulnerable Groups	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	• Business case received • Developed ICP scheme • Service transferred to the Mental Health portfolio • Six monthly review meetings with the service to ensure staff have the specific training, skill and expertise to meet the needs of the existing service and provide an equitable service across Wales • Funding release was paused in Financial Recovery Options work and re-prioritisation of the Integrated Commissioning Plan. • Prioritised and agreed for inclusion in the ICP 2024/25.	• Monitor the recovery plan through the six monthly Risk, Assurance and Recovery meeting • Funding release paper to be submitted to July Management Group - as agreed in the ICP funding will be released from Q4 2024/25. Update for May/June 2024 - Funding has now been agreed in the ICP for Q4, funding release paper to go to HG in July 2024.	Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee	20 (C4 x L5)	4 (C4 x L1)	↔	12/02/2020 (Moved to MHBVG Risk Register July 21)	17.06.2024	15.07.2024
28 CS23/CD01	Workforce capacity	If...JCC staff are unable to keep up with the increasing work demand due to additional work related services currently commissioned through HB's or services which are new to Wales Then... this will have an impact on the capacity of the workforce and the ability to meet all of the requirements of the reprocessor organisation Integrated Commissioning Plan (ICP)/Integrated Medium Term Plan (IMTP) Resulting in... an inability for teams to absorb the additional work and additional stress for the JCC team and failure to deliver all of our plans and targets.	Interim Chief Commissioner	Corporate Services	Committee Secretary	To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Service/ business interruption	Caution - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	N/A	• As part of the establishment of the new NWJCC, the staffing structure for the JCC team will be reviewed following the conclusion of the Organisational Policy (OCP) process to appoint Tier 2 Directors in July to ensure we have the right people in the right teams to fulfil our commissioning responsibilities. Any risks or gaps will be identified and mitigations developed - either by identifying work that will be deprioritised, with the agreement of the JCC, where necessary, or by ensuring that the right resources are in place by giving consideration to increasing the Direct Running Costs (DRC) budget (subject to JCC approval). • As part of the establishment of the NW JCC, work will be undertaken to develop an optimal operating model that facilitates efficient and effective working in the JCC team. • Any new areas of work coming into the NW JCC remit will be fully scoped to identify the resource implications for the JCC team, with the resource identified explicitly before the new responsibilities are accepted and endorsed. • Close working with CTM as the host body in respect of timely recruitment of staff where vacancies arise, or new posts are established should minimise gaps in the core JCC team. • Part of the establishment plan will include clarifying interfaces and interdependencies with other parts of the NHS Wales system, including the newly formed NHS Executive.	• The development of the NW JCC establishment plan will be completed in Q2 with the arrival of the Transition and Transformation Director at the beginning of July. This plan and associated programme of work will support the design and establishment of the JCC team structure and internal operating model. • The NW JCC establishment plan will also include realistic proposals for the JCC substructure and collaborative commissioning arrangements to ensure effective and efficient working between the JCC team and the seven health boards. • It is anticipated that the risk will reduce in Q3 once the JCC team is fully established but there will remain a residual risk that will need to be managed by regularly being stock of the work programme and team resources to ensure they remain in balance, with work reorganisation when necessary.	Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee	18 (C4 x L4)	9 (C3 x L3)	↔	16.09.2021	20.06.2024	Jul-24
34 P/21/02	Lack of Paediatric Intensive Care Beds	If...a paediatric intensive care bed, in the Children's Hospital for Wales, is not available when required due to constraints within the service Then... paediatric patients from South Wales requiring intensive care will not be able to access a commissioned bed Resulting in... patients being cared for in, inappropriate areas where the necessary skills or equipment are not available across the referring units of South Wales, or the patient being transferred out of Wales	Director of Planning & Performance	Women & Children	Senior Planning Manager	To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Service/ business interruption	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	• Investment through WHSSC 2019/20 ICP to increase bed capacity to meet demand • Ongoing monitoring at quarterly Risk, Recovery and Assurance meetings 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 which have occurred as a consequence of bed availability • Health board escalated to Level 3 in line with WHSSC escalation framework (September 2023) • Escalation process underway following (previous WHSSC) Escalation Framework • Reported via QPSC, JCC Performance Report and SLA meetings	Escalation status reviewed by JCC SLT, no change • Re-set meeting agreed to discuss and agree revised process and objectives in collaboration with the Health Board to be arranged Update May/June 2024 - Commissioning Team undertaken a review of this risk and no changes made to mitigation or risk score on this review.	Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee	20 (C4 x L5)	4 (C2 x L2)	↔	24.02.2021	19.06.2024	17.07.2024
38 P/21/16	No neonatal cot availability in South Wales due to staffing shortages	If...neonatal cot is not available when required across south Wales due to significant neonatal nursing shortages Then... babies will not be able to access a commissioned neonatal cot Resulting in... babies needing to travel to North Wales or NHS England to receive their care or be cared for in an inappropriate setting whilst waiting for an available cot, resulting in poor patient and family experience	Director of Planning & Performance	Women & Children	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	ABUHB, CTMHB, CVUHB, HDUHB, SBUHB	• Phase 1 rebasing of contract activity to support meeting national clinical standards (BAPM) undertaken and agreed by the previous WHSSC JC resulting in investment of £5m in 2023/24 • Continue to monitor at Quarterly Commissioner Assurance Meeting encouraging an open dialogue in the interim, as necessary, with all providers, to understand refusal rates, staffing numbers and implementation of Phase 1. • New cot day tariff implemented • Phase 2 programme agreed by JCC in May 2024 to review the service model across South and West Wales - will take at least 2 years • Continue to monitor through Performance Management Framework	• Quarterly meetings with each provider to monitor implementation of Phase 1 cot re-configuration - ongoing • Working with CVUHB team to develop a plan to implement new baseline Update May/June 2024 - WAC Commissioning team reviewed the risk - Through quarterly assurance meetings with all neonatal units in the South & West of Wales it has been reported that there has been increased pressure across the network for cot availability which has increased the likelihood and raised the risk to 20.	Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee	20 (C4 x L5)	4 (C2 x L2)	↑	26.07.2022	19.06.2024	17.07.2024
47 JF14	Sustainability and Delivery of Intestinal Failure (IF) Service provided by CVUHB	If...issues with provider sustainability and delivery continue at Cardiff and Vale University Health Board Then... the Health Board may no longer be able to provide Intestinal Failure services to the Welsh population Resulting in... no intestinal failure service available in Welsh patients	Director of Planning & Performance	Intestinal Failure	Assistant Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	• Provision of Intestinal Failure service escalated to previous WHSSC CDGB • Report to Quality Patient Safety Committee and raised at SLA meetings with CVUHB • Escalated to Exec to Exec meeting • Escalated to Interim Chief Commissioner	• Consultant cover in the Intestinal Failure service has become unsustainable and requires accelerated action for assurance of sustained delivery. Assurance received from CVUHB via SLA meeting that the sustainability of the service is being reviewed. • Executive to Quality Patient Safety Committee - May 24 • JCC Medical Director has written a formal letter to CVUHB Medical Director raising concerns identified for the Intestinal Failure Service. Issues raised included: - Feb 24 - Action remains open An informal update on the above was given at the assurance meeting in February 2024. No formal response to letter has been received. Following escalation to Interim Chief Commissioner & discussion at Q1 SLA meeting JCC Medical Director will meet with Interim Medical Director CVUHB for detailed response on progress & consideration of formal escalation - June 24 • JCC AdOP will also meet with Planning Director CVUHB to request outstanding response to the formal letter in the absence of commissioner assurance - June 24 Update May/June 2024 - Risk reviewed and team agreed the risk title, score and action 11.05.24	Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee	15 (C4 x L3)	6 (C3 x L2)	↔	17.05.2023	11.06.2024	24.07.2024
48 P/21/20	Wales Fertility Institute (WFI)	If...the Wales Fertility Institute (WFI) in Heath & Port Talbot Hospital is not providing a safe and effective service Then... patients will not be receiving the quality of care expected from the service Resulting in... an impact on patient outcomes, and the possibility of no service being available to patients in South Wales	Director of Planning & Performance	Women & Children	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	SBUHB	• Received the report from the HFEA to support monitoring • Requested action plan from the service to improve against the concerns identified by the HFEA. • WHSSC attendance at SBUHB monthly Gold Command meeting • Service escalated to Level 3 formally requested action plan (July 2023) • Executive to Executive action plan submitted to JCC team • Service escalated to Level 4 in line with Escalation Framework (November 2023) • A review of the HB escalation process undertaken and reconfigured to form a WFI sustainability group which feeds into the WFI Assurance, Recovery and Accountability Board, JCC team is member. • The HFEA finding panel has approved the change of license for the Cardiff site to be a storage only facility, de-escalation to be considered based on the HFEA report and providing there has been an appointment of PR for Cardiff and Neath/Port Talbot sites • Service de-escalated to Level 3 in line with Escalation Framework	• Contract monitoring, MDS and RTT are due each month on 21st, these have been requested by the JCC (former WHSSC) Information and planning. All Discussions between SBUHB and the JCC (former WHSSC) have resulted in SBUHB submitting August data, October 2023. JCC (former WHSSC) has requested all data for April-August and September be submitted. JCC (former WHSSC) has reminded SBUHB data needs to be submitted monthly 21st of the month - 21/04/24 Escalation meetings established and held monthly Update May/June 2024 - WAC Commissioning team reviewed the risk. A positive report from the HFEA highlights there are no critical or major concerns within the service and the fact that four staff members have taken and passed the exam to be the person responsible (PR), the team agreed that the service has met the required standard to be de-escalated to level 3. There remains an issue with receiving contract monitoring information, which is in the process of being resolved. A service review has been completed to be presented to the executive leads on 15th July, post the review findings being discussed by the executive leads we expect an announcement on who will be the nominated PR. With this announcement and when the contract monitoring information issue is resolved further de-escalation will be considered by the team.	Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee	15 (C2 x L3)	4 (C2 x L2)	↓	16.05.2023	19.06.2024	17.07.2024
50 NCC060	Deep Brain Stimulation and delays in communication with gatekeeper/referring clinician	If...the Deep Brain Stimulation service provided by North Bristol NHS Trust remains temporarily suspended without an interim solution being found, and the communication issues that impeded suspension remain unresolved Then... patients with Parkinson's disease, tremor and dystonia who require Deep Brain Stimulation will not get access to treatment, and those patients who have undergone Deep Brain Stimulation at North Bristol NHS Trust may not receive the correct ongoing treatment including medication as a result of the unresolved communication issues Resulting in... poor outcomes for patients	Director of Planning & Performance	Neurosciences	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	North Bristol NHS Trust	• The JCC is engaged in ongoing discussions with the DES gatekeeper, mindful of the waiting list for patients for whom referral to Bristol has been paused • A single JCC point of contact had been established for NBNHST and ongoing correspondence commenced • NBNHST is developing a Standing Operating Procedure that covers both outpatient and discharge communication and which will provide the JCC with assurance that previously highlighted issues have been addressed • A working between regional clinicians, the Gatekeeper and the JCC has been held in order to understand current provision/pathway and to build relationships, and a follow-up workshop is being arranged • The JCC and Gatekeeper are working with St George's Hospital, London and University College Hospital London to explore potential for their being temporary providers of a Deep Brain Stimulation service • The Gatekeeper is working with the potential London providers to scope the pathway implications of the proposed temporary service change • Lists/WG/Parkinson's UK are being kept informed of the current position and kept updated as required	• NBNHST study day scheduled for July 2024 • JCC to arrange a follow-up meeting with the regional clinicians in 4 weeks' time • JCC to pursue UCH with urgency to receive a designated provider proposal for new patients from them by the 10 July 2024 • Patients previously referred to Bristol to continue to receive their follow-up care at NBNHST • JCC to support NBNHST through the provision of assurance and, subsequently, the development and submission of a designated provider proposal • JCC Associate Medical Director to continue correspondence with the Gatekeeper focused on development of temporary arrangements and management of patients awaiting referral for Deep Brain Stimulation Update May/June 2024 - Commissioning Team undertaken a review of this risk and no changes made to mitigation or risk score on this review.	Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee	16 (C4 x L4)	4 (C2 x L2)	↔	25.07.2023	14.05.2024	12.06.2024
53 NCC062	CVUHB Neurosciences Staffing issues/level	If...Cardiff and Vale University Health Board is unable to recruit to a number of current vacancies in the Neuro-rehabilitation service Then... the gap in the number of posts that have been commissioned means that the service is not meeting the national standards Resulting in... patients requiring admission to the Inpatient Neuro-rehabilitation Unit are unable to access the specialist rehabilitation they require	Director of Planning & Performance	Neurosciences	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	• JCC (former WHSSC) quality team have met with CVUHB Neurosciences lead nurse to discuss the staffing issues/level. • Receiving quarterly repatriation delay information and monitor through the Neurosciences Risk, Recovery and Assurance meetings	• JCC to continue meeting with the CVUHB team to understand the risks • The concerns raised by the Rehabilitation team will be addressed in the Rehabilitation Strategy which is due for consideration by the Joint Committee in Quarter 3/4 2024 • Development and delivery of the strategy has been paused due to capacity issues Update May/June 2024 - Commissioning Team undertaken a review of this risk and no changes made to mitigation or risk score on this review.	Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee	16 (C4 x L4)	4 (C2 x L2)	↔	30.08.23	14.05.2024	12.06.2024
54 M/23/16	CAMHS Environment and Workforce (NWAS)	If...environmental and workforce issues within the service continue Then... Ter 4 provider for CAMHS in North Wales (NWAS) cannot meet the service specification Resulting in... children ascending/coming to harm	Director of Commissioning for Mental Health & Vulnerable Groups	Mental Health & Vulnerable Groups	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	BCUHB	• Requested assurance from the unit regarding safety of the patients • Formally escalated to Health Board by previous WHSSC Managing Director • Director of Nursing escalated to HB Director of Nursing • Actively monitored by JCC Quality team and reported to the Commissioning Team, SLT, QPSC and JCC	• Unit has recorded and escalated this risk within BCUHB • Discussed at BCUHB SLA meeting. It has been confirmed that all internal doors for NWAS will be included in the programme of work for Estates in this financial year - March 24 Update May/June 2024 - Most doors have now been fitted this risk will be reviewed with a view to reducing it at the next Commissioning Team meeting in July when they should all be fitted.	Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee	20 (C4 x L5)	8 (C4 x L2)	↔	25.09.2023	17.06.2024	15.07.2024
55 P/21/22	Neonatal Workforce	If...the impact of the available workforce within UHW, to support the current intensive care demand continues to be difficult Then... neonates who require tertiary regional neonatal support in South Wales may be inappropriately cared for Resulting in... neonate being cared for in an inappropriate care setting, where the necessary skills and/or equipment are not available	Director of Planning & Performance	Women & Children	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	• Phase 1 rebasing of contract activity to support meeting national clinical standards (BAPM) undertaken and agreed by the previous WHSSC JC resulting in investment of £5m in 2023/24 • Continue to monitor at Quarterly Commissioner Assurance Meeting encouraging an open dialogue in the interim, as necessary, with all providers, to understand refusal rates, staffing numbers and implementation of Phase 1. • New cot day tariff implemented • Phase 2 programme agreed by JCC in May 2024 to review the service model across South and West Wales - will take at least 2 years • Continue to monitor through Performance Management Framework	• Quarterly meetings with each provider to monitor implementation of Phase 1 cot re-configuration - ongoing • Working with CVUHB team to develop a plan to implement new baseline Update May/June 2024 - WAC Commissioning team reviewed the risk - Through quarterly assurance meetings with all neonatal units in the South & West of Wales it has been reported that there has been increased pressure across the network for cot availability which has increased the likelihood and raised the risk to 20.	Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee	20 (C4 x L4)	4 (C2 x L2)	↔	19.09.2023	19.06.2024	17.07.2024
56 P/21/23	Neo-natal Infection Control	If...infection, prevention & control issues within the clinical area are not addressed Then... neonates within the Neonatal Intensive Care Unit environment within UHW, are at greater risk of infections, whilst safer practice monitoring is being embedded Resulting in... increased neonatal morbidity	Director of Planning & Performance	Women & Children	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	• Service escalated to level 3 of WHSSC Escalation Framework • Letter issued to health board providing an update on commissioner view of progress against objectives • Escalation status being discussed at executive level within the JCC • Re-set meeting to discuss and agree actions/objectives in collaboration with the health board	• Executive to Executive meeting scheduled with CVUHB - Completed • Action Plan requested as part of escalation framework - Completed • Triple Escalation meeting to discuss detail and progress against action plan - Monthly - next meeting 16/05/24 Update for May/June 2024 - WAC Commissioning team reviewed the risk which remains unchanged. This risk is part of the wider neonatal escalation process and at the time of the meeting there are no further updates as the health board have not given us assurances that this risk has been mitigated. Risk rating to remain the same in the interim until a new action plan has been agreed between the NWJCC and the health board.	Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee	16 (C4 x L4)	4 (C2 x L2)	↔	19.09.2023	19.06.2024	17.07.2024

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Risk Ref/ Data ID	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team/Directorate	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Appetite Level	Provider/s	Controls in place	Action Plan	Assessing Committees / Sub-Committees	Rating (Current)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
59 1F15	Caia Contract Renewal	If...the current healthcare provider contracts ends on 30th June 2024 with no current arrangement to patients Then... the HPR supply to patients could be impacted Resulting in... patients could be left without a service	Director of Planning & Performance	Intestinal Failure	Assistant Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	Caia	<ul style="list-style-type: none"> Urgent meeting arranged NWSSP and provider to discuss contract and severity of risk to service for patients from 2024. Escalated to JCC Medical Director (former WHSSC) Escalated risk to JCC Director of Finance (former WHSSC) Former WHSSC CDBG approved 3 month extension of contract until 30th June 2024 	<ul style="list-style-type: none"> Tender issued on the 9th April 2024 and returned the 16th May 2024. Tender analysis undertaken in mid-May. Approval given by JCC Senior Leadership Team to renew the framework Agreement. Procurement (NWSSP) to continue with the process to progress new providers being put in place from 01 July 2024 <p>Update for May/June 2024 - Risk reviewed and team agreed the risk title, score and action 11.06.24. Likely to be closed in next review.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee 	15 (C5 x L3)	12 (C4 x L3)	←	09.11.2023	11.06.2024	24.07.2024
61 CT050	Obesity surgery waiting times	If...long waiting times for obesity surgery continue (which Salford Royal Hospital have advised will be unlikely to reduce significantly in the medium to long-term) Then... patients from Betsi Cadwaladr University Health Board and North Powys awaiting obesity surgery procedures in Salford Royal Hospital will have their treatment delayed Resulting in... poor patient experience, poor outcomes and inequity of service provision between the North and South Wales service	Director of Planning & Performance	Cardiac	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	BCUHB/Salford Royal Hospital	<ul style="list-style-type: none"> Salford Royal Hospital extending operating hours and working with private provider to increase the number of procedures undertaken JCC and BCUHB Level 3 service communicating proactively to ensure that the health board is fully cognisant of the identity of longer waiters JCC corresponding with Salford Royal to monitor current waiting list position JCC pursuing mitigating actions with South Wales to be able to make a better offer to patients 	<ul style="list-style-type: none"> JCC commence work to identify an alternative English provider Interim JCC meetings to take place with the Senior Planning Manager and members of the Finance team to agree the finance and contracting work required to progress with the repatriation of funding from BCUHB to SBUHB JCC to convene a follow-up meeting with BCUHB and Salford Royal to discuss the waiting list concerns and agree an appropriate plan of action(s) <p>Update May/June 2024 - Commissioning Team undertaken a review of this risk and no changes made to mitigation or risk score on this review.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee 	16 (C4 x L4)	4 (C4 x L1)	←	01.12.2023	17.05.2024	14.06.2024
62 CT051	The Trauma Audit and Research Network (TARN) delays	If...the TARN database remains offline (from June 2023) and the delays in the instilling of both the interim arrangements and a sustainable long-term solution for the South Wales Major Trauma Network TARN database continue Then... the backlog of TARN submission data will continue to grow Resulting in... <ul style="list-style-type: none"> Delays to the availability of reporting - including quarterly dashboards, clinical reports and TARN analytics - impeding the ability of the Network to monitor the implementation of the PBC and benchmark performance, including survival outcomes 	Director of Planning & Performance	Cardiac	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	<ul style="list-style-type: none"> SWTN has agreed (via a meeting comprising the Trauma Network Clinical Directors and Managers, the TARN team and representatives from NHSE) that the TARN system will no longer be hosted by the University of Manchester TARN to issue standardised Excel spreadsheet for interim data collection Wales will be able to use the new TARN platform to be developed within the NHSE data repository as part of NHSE National Outcomes Registries Programme JCC has endorsed the recommendation that, as a result of their being insufficient resource nationally to support the submission of a case backlog, no data is submitted during the period that TARN is offline Ongoing monitoring via the SWTN DAC and reporting to JCC by the Chair 	<ul style="list-style-type: none"> JCC to seek an update position on the implementation of the required governance for the new TARN database - June 2024 <p>Update May/June 2024 - TARN paper was presented to the new Joint Commissioning Committee in May 2024, at which the recommendation that the TARN backlog is not completed was endorsed by an action plan hosted by NHSE was launched on 1 April 2024, but is not yet accessible to the SWTN owing to the required information governance not yet being in place; the SWTN has estimated that the necessary information governance will take 1-2 months to agree; the current risk status of the TARN database will be reviewed by the Cardiac Commissioning Team in June 2024, although a reduction in the risk level will likely be delayed pending access to the new database</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee 	16 (C4 x L4)	4 (C4 x L1)	←	01.12.2023	17.05.2024	14.06.2024
63 NCC063	Neurosurgery Sustainability	If...there is a delay in progressing the Neurosurgery Sustainability and Standards CIAG scheme for the ICP 24/25 and not investing in key high risk posts (Intra operative Monitoring (IOM), CNS Skull Base and Neuroendocrinology) due to the financial pressures of NHS Wales Then... there will be a lack of ability to recruit to the IOM post substantively, as recommended by NICE guidelines. Additionally there is no commissioned CNS posts for skull base and Neuroendocrinology services, the service is managed by single handed consultants Resulting in... <ul style="list-style-type: none"> the loss of the sub speciality services of Neurosurgery (Skull Base, Facial Pain, Complex Spine and elements of tumour surgery). These subspecialty surgeries would have to cease in Wales with patients then being required to receive treatment in North Bristol Trust (NBT). Consultant time being used inappropriately to deliver nurse led services - this does not meet national standards Patients would be denied timely access to neurosurgical advice and treatment. 	Director of Planning & Performance	Neurosciences	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	<ul style="list-style-type: none"> Continue to monitor the scheme via the Neurosciences Performance Meeting The scheme has been included in the ICP 24/25 - awaiting JCC approval in quarter 4. There is a plan in place to recommission an element of the RTT monies, letter has been sent to the Director of Finance, CVUHB in June 24. 	<ul style="list-style-type: none"> JCC team met with the CVUHB team to understand the risks. The scheme was risk assessed as part of the ICP development and was prioritised for inclusion in the agreed ICP. <p>Update May/June 2024 - Risk reviewed and score has been lowered as there is a plan in place to recommission within the existing commissioning allocation and additional monies included in the ICP.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee 	16 (C4 x L4)	4 (C2 x L2)	↓	12.12.2023	14.05.2024	12.06.2024
64 WKN15	Lack of Interventional Radiology at SBUHB	If...the current lack of interventional radiology service provided by SBUHB continues Then... patients may experience a lack of or delayed access to appropriate radiological interventions such as fistuloplasty or kidney biopsy bleed embolisation Resulting in... worse patient clinical outcomes, fewer choices available to patients and more delays in the related complications such as infections.	Director of Planning & Performance	Welsh Kidney Network	Deputy Kidney Network Manager	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	SBUHB	<ul style="list-style-type: none"> Risk forms part of the SB UHB Risk Register Monitoring position through provider meetings Raising as an issue on the JCC (former WHSSC)/SBUHB provider meetings Open dialogue with SB provider on on-going risk 	<ul style="list-style-type: none"> Letter to be issued to SB UHB CEO from a WKN Clinical Lead on risk of absence of Interventional Radiology to renal patients - February 24 Commission Demand and Capacity Review to inform the development of a model of future activity/demand, and responding capacity, in order to inform future future health board led which involves work on remediation of interventional radiology services in Swansea which is going out to tender so resolution is unlikely in this financial year. Interim arrangements with CVUHB for urgent treatments in place to provide appropriate cover for patients <p>Update May/June 2024 - WKN Management Team has reviewed and team agreed the risk title, score and action</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Welsh Kidney Network Board Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee 	16 (C4 x L4)	2 (C2 x L1)	←	25.01.2024	11.06.2024	01.07.2024
65 WKN18	Renal Dialysis Capacity across Wales	If...the trajectory of the number of patients requiring unit dialysis continues to increase Then... demand will exceed current capacity across Wales with regional variation Resulting in... patients may not be able to dialyse at a unit closer to home and the opening of 'twilight' dialysis slots, which is associated with higher patient risks due to fewer medical staff being available and patients going home late at night.	Director of Planning & Performance	Welsh Kidney Network	Deputy Kidney Network Manager	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	BCUHB CVUHB SBUHB	<ul style="list-style-type: none"> Value in Health Care funding secured to increase the number of transplant and home dialysis patients Monitoring through provider WKN meetings and SLA meetings Assurance and oversight through WKN Board and the JCC via the WKN Chair's Report 	<ul style="list-style-type: none"> Appointment of a Prevention Clinical Lead for the Network, providing clinical leadership for the strategic development of primary and secondary care prevention to include the design of an All Wales Healthcare pathway for referral into Primary Care Commission Demand and Capacity Review to inform the development of a model of future activity/demand, and responding capacity, in order to inform future future predictions which will be the basis of a) the Welsh Kidney networks commissioning intentions and b) the investment profile of the Welsh Kidney Network in future IMHS. A company called HEDR have been commissioned to deliver on this work and an initial draft has been received and returned to them for amendments, with the request for production of a report by 18th July which can then be presented at the WKN Board on the 1st August. Development of regional action plans for increasing patient numbers for home dialysis and transplantation <p>Update May/June 2024 - WKN Management Team has reviewed and team agreed the risk title, score and action</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Welsh Kidney Network Board Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee 	16 (C4 x L4)	2 (C2 x L1)	←	25.01.2024	11.06.2024	01.07.2024
66 CS18	Business Continuity Risk for Specialised Services Commissioning	If...the number of business continuity risks for specialised services commissioning associated with the establishment of the new NHS Wales Joint Commissioning Committee waf 1 April 2024 are not resolved. These risks relate to the following broad categories: <ul style="list-style-type: none"> The make-up of the Joint Commissioning Committee, Workforce retention, The Financial operating model; and The Business operating model Then... this could impact on delivering the ICP and/or core business across all portfolios Resulting in... the delivery of the JCC financial plan not being achieved, which could create a potential cost pressure across the 7 HBS	Interim Chief Commissioner	Corporate Services	Committee Secretary	To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Service/business interruption	Cautious Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	N/A	<ul style="list-style-type: none"> Legacy statements and Annual Governance Statements/Compliance statements for 2023/24 were produced for the predecessor organisations which identified key commissioning and organisational risks being carried into the new NWJCC The WGLed Oversight Board approved a Q1 Transition Plan comprising of an interim operating framework which was formally adopted by the NW JCC on 9 April 2024. This set out actions to be undertaken to support the establishment of the JCC. A plan is being developed that will set out the actions needed to enable the full establishment of the NW JCC which is likely to take 12 - 18 months. The plan will focus on ensuring continuity of delivery of the JCC business - mainly the delivery of the two Integrated Commissioning Plans, whilst also undertaking the work required to fully establish the JCC as the national commissioning joint committee and delivering the benefits envisaged by the Combes Review. A Transition and Transformation Director has been appointed and took up post on 1 July 2024 to lead the work on the Transition and Transformation Plan, who will be working closely with the JCC members and the JCC team. The JCC Risk register and assurance framework will be updated as part of the development plan and will link back to the strategic objectives for the JCC once these have been developed and agreed. 	<ul style="list-style-type: none"> The development of the operating model for the JCC will put into practice the operationalisation of the Governance Framework for the NW JCC which was developed by the Oversight Board and adopted by the NW JCC at its first meeting. There will be a development programme for both the JCC members and the JCC team to ensure clear sense of direction is set, and opportunities created by the establishment of the JCC are realised, and associated risks managed. A clear process for prioritising work, performance and assurance and staff training and development will be established. This risk will be considered and managed in line with the risk of HBS relating to staff capacity to absorb additional workloads. 	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee 	16 (C4 x L4)	8 (C2 x L2)	←	01.01.2024	20.06.2024	Jul-24
67 CT052	Cardiac Device Service	If...the staffing pressures and the increase in demand (evident since the repatriation of activity from LHCN in 2010 and exacerbated by increased demand) continues Then... this may impede Betsi Cadwaladr University Health Boards ability to deliver timely and equitable care Resulting in... <ul style="list-style-type: none"> Significant variations between the JCC commissioned device services Precluding the delivery of national standards of service and governance and risk an inferior service to that which patients were able to access at LHCN Insufficiently robust out of hours service 	Director of Planning & Performance	Cardiac	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	BCUHB	<ul style="list-style-type: none"> BCUHB submitted a CIAG scheme to the JCC (former WHSSC) in 2022 seeking investment in an additional Specialist Nurse; scheme was prioritised through CIAG and reviewed again during 2023, but has not been supported. BCUHB and JCC have undertaken a joint review for Liverpool Heart and Chest Hospital (LHCN) to provide out of hours support. Review of all JCC-commissioned device services has been included in the 2024-25 Integrated Commissioning plan Risks have been highlighted to the health board via the BCUHB Cardiology Steering Group. 	<ul style="list-style-type: none"> BCUHB and JCC to conclude negotiations with LHCN re. inclusion of out of hours cover in the SLA - June 24 Ongoing monitoring of device service via BCUHB SLA meetings (JCC) and via Cardiology Steering Group meetings (BCUHB) - Bi-monthly Commencement of review of JCC-commissioned device services with a view to ensuring equitable provision across Wales (Terms of Reference to be confirmed) - June 24 <p>Update May/June 2024 - BCUHB has provided description of requirement for the SLA, discussions between BCUHB and LHCN have suggested that LHCN have concerns with providing the requested out of hours cover on the basis that it provided by BCUHB; will be discussed at the next LHCN Cardiac Services Risk and Assurance meeting; risk score is unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee 	16 (C4 x L4)	4 (C4 x L1)	←	16.02.2024	17.05.2024	14.06.2024
68 NCC064	CVUHB Specialist Auditory Hearing Service Waiting Times	If...staffing difficulties, and an increase in BCUHB referrals being received from Neuren Bevan University Health Board continues Then... south Wales patients requiring a Cochlear Implant or Bone Conduction Hearing Implant are unable to access the Specialist Auditory Hearing Service within a timely manner Resulting in... the service cutting short the pathway to enable the service to see more patients within the current staff resources which is resulting in the quality of the service being compromised	Director of Planning & Performance	Neurosciences	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	<ul style="list-style-type: none"> JCC have met with CVUHB Specialist Auditory Hearing Service to discuss performance, staffing issues/level and risks. Performance reporting and oversight via Risk assurance and recovery meetings, SLA meetings and to Management Group and JCC 	<ul style="list-style-type: none"> JCC has met with the CVUHB team to discuss performance and understand the risks. The service are forwarding a waiting list plan and trajectory of how the service will be delivered over the next 28 weeks have been received. JCC has arranged further performance meetings with the south Wales Specialist Auditory Hearing Service <p>Update May/June 2024 - Commissioning Team undertaken a review of this risk and no changes made to mitigation or risk score on this review.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee 	16 (C4 x L4)	4 (C2 x L2)	←	06.02.2024	14.05.2024	12.06.2024
69 P21/25	Paediatric Radiology Service	If...the commissioned 24/7 paediatric radiology service model is not operationalised within the children's hospital Then... this may have a prolonged gap in out of hours' provision Resulting in... patients being transferred out of Wales, out of hours, for diagnostic assessment and potentially their ongoing treatment	Director of Planning & Performance	Women & Children	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	<ul style="list-style-type: none"> New proposal for service requested 	<ul style="list-style-type: none"> Arrange meeting with service leads to discuss new proposal Paper to be presented to JCC Senior Leadership Team to outline changes to original business case and phased approach to delivering a 24/7 service <p>Update May/June 2024 - WBC Commissioning Team reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee 	20 (C5 x L4)	4 (C2 x L2)	←	20.03.2024	19.06.2024	17.07.2024
70 4503	Ambulance Services - Collaborative Relationships	If...the JCC are unable to plan and secure sufficient services and maintain effective collaborative relationships with providers Then... the purpose and effectiveness of the JCC would not be met Resulting in... potential Ministerial and Welsh Government intervention	Director of Commissioning for Ambulance and 111 Services	Ambulance and 111 Services	Deputy Director of Commissioning for Ambulance and 111 Services	To deliver the Ministerial direction that the JCC effectively plans, commission and secures services within its remit; and failure to maintain collaborative relationship with providers	Effective Commissioning	Cautious Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	WAST / EHRTS	<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 NHS Wales Joint Commissioning Committee Independent Chair Effective governance arrangements in place JCC (former CASC) and Welsh Government IQPD meetings (bi-monthly) Minister meets with the Chair and JCC (former CASC) quarterly Meet regularly with providers to ensure continued development of open and transparent relationship Ministerial Summit meeting on Handover Improvement plans (as a result of increasing numbers of hours lost) Committee reviews its effectiveness annually - undertaken in May 2023 - no specific areas of concern identified re commissioning Chair and JCC (former CASC) annual visits with all health boards in Wales planned Ambulance improvement plan developed, agreed and circulated weekly 	<ul style="list-style-type: none"> Commissioning framework and monitoring at JCC and its sub committees/groups Annual Governance Statement produced Monitoring of the JCC (former CASC) IMTP 2024-27 at JCC and sub committees Review and refine governance arrangements for new JCC Maintaining close working and collaborative relationships during unprecedented system pressures Ambulance action plan for Ministerial priorities and monthly monitoring underpinning Integrated Commissioning Action Plans Three key actions with appropriate indicators agreed with each HB during the winter period Improvement plans are used by Ambulance Commissioning Team, NHS Executive and WG for focus and consistent approach NHS Executive set 30% reduction in handover waits over 60 minutes for health boards by December 2024 Range of performance scenarios have been modelled aligned to commitments within the JCC (former EASC) IMTP <p>Update May/June 2024 - Commissioning Team undertaken a review of the controls risk description, controls and actions. The risk score remains the same.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Ambulance and 111 Management Group Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee 	15 (C5 x L3)	5 (C5 x L3)	←	01.08.2020	mar-24	Jul-24
71 4506	Ambulance Services - Red Performance	If...the provider is unable to achieve the red performance level of 65% response rate within 8 minutes across Wales as a whole on a monthly basis Then... the core target will be missed Resulting in... unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, or death.	Director of Commissioning for Ambulance and 111 Services	Ambulance and 111 Services	Deputy Director of Commissioning for Ambulance and 111 Services	Failure to achieve agreed performance standard for category red calls which is 65% of calls responded to within 8 minutes	Securing safe ambulance services	Cautious Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	WAST	<ul style="list-style-type: none"> The necessary resources secured in the JCC (former EASC) IMTP 2024-27 Performance monitoring on a daily basis and month to date position Bi monthly IQPD meetings with Welsh Government Monthly Quality and Delivery Meeting with the Welsh Ambulance Services University NHS Trust Commissioner element of EMS Demand and Capacity plan for additional staff supported - implementation being monitored Quality and Safety Report - transition arrangements and to agree submission to JCC Commissioned a new demand and capacity review (August 2023) Financial commitment to maintain overtime for WAST staff (Sept 2023) Ambulance improvement plan developed, agreed and circulated weekly 	<ul style="list-style-type: none"> Delivery of the JCC (former EASC) IMTP 2024-27 and WAST IMTP Implementation of the commissioning intentions through the commissioning agreement Role of the JCC (former EASC)/Ambulance Management Group to provide oversight on operational performance Monthly Quality and Delivery Meeting with the Welsh Ambulance Services University NHS Trust JCC (former EASC) Action Plan includes detailed clinical review of red incidents to understand clinical need of patients to assess improvement opportunities ICAP meetings and monitoring commitments and deliver Three key actions with appropriate indicators agreed with each HB during the winter period Improvement plans are used by the Ambulance Commissioning Team, NHS Executive and WG for focus and consistent approach Revised Red Improvement plan in development by WAST <p>Update May/June 2024 - Commissioning Team undertaken a review of the controls risk description, controls and actions. The risk score remains the same.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Interim Ambulance and 111 Management Group Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee, and JCC Audit and Risk Committee 	15 (C5 x L3)	15 (C5 x L3)	←	01.08.2020	mar-24	Jul-24

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Risk Ref/ Data ID	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team/ Directorate	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Appetite Level	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
72 4537	Ambulance Services - Times for Amber Incidents	If... the provider is unable to reduce the average and longest times for amber incidents Then... patients will not receive the care they need in a timely manner Resulting in... unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.	Director of Commissioning for Ambulance and 111 Services	Ambulance and 111 Services	Deputy Director of Commissioning for Ambulance and 111 Services	Failure to achieve agreed performance standard for category red calls which is 65% of calls responded to within 8 minutes Failure to achieve agreed performance for amber category calls	Securing safe ambulance services	Cautious Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	WAST	<ul style="list-style-type: none"> The necessary resources secured in the JCC (former EASC) IMTP 2024-27 performance monitoring on a daily basis and month to date position Monthly quality and delivery meetings with WAST Bi monthly Quality and Delivery meeting with Welsh Government Monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust Commissioner element of EMS Demand and Capacity plan for additional staff supported and implementation being monitored Quality and Safety Report presented to the JCC (frequency to be confirmed) Weekly dashboard shared across NHS Wales - sent to all members and key senior NHS staff Ambulance improvement plan developed, agreed and circulated weekly 	<ul style="list-style-type: none"> JCC (former EASC) IMTP 2024-27 accepted with accountability conditions awaiting outcome of WAST IMTP Implementation of the commissioning intentions through the commissioning agreement Role of the Interim Ambulance and 111 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 JCC (former EASC) Action plan includes detailed clinical review of amber incidents to understand clinical need of patients to assess improvement opportunities Three key actions with appropriate indicators agreed with each HB during the winter period Improvement plans are used by the Ambulance and 111 Commissioning Team, NHS Executive and WG for focus and consistent approach <p>Update May/June 2024 - Commissioning Team undertaken a review of the controls risk description, controls and actions. The risk score remains the same.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Interim Ambulance and 111 Management Group Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee and JCC Audit and Risk Committee 	20 (C5 x L4)	15 (C5 x L3)	←	01.08.2020	mar-24	Jul-24
73 5055	Ambulance Services - Patient Safety	If... commissioning actions are not taken to manage patient safety and minimise clinical risks Then... patients are more likely to come to harm Resulting in... poorer patient outcomes and patient experience, increased SAIs, litigation and reputational damage	Director of Commissioning for Ambulance and 111 Services	Ambulance and 111 Services	Deputy Director of Commissioning for Ambulance and 111 Services	Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation	Effective Commissioning	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	WAST	<ul style="list-style-type: none"> Discussion at JCC Committee Discussion at Interim Ambulance and 111 Management Group Ambulance and 111 Commissioner and WAST Quality & Delivery meeting Sought clarification from WAST re Equality Impact Assessment Agree red lines for handover delays to improve ambulance availability Securing of funding for additional emergency ambulance capacity Quality and Safety Report to be presented to the JCC (frequency to be confirmed) ICAP meeting overseeing performance and outcomes Update to host Quality and Safety Meeting (23 January 2024) Key item on Ambulance and 111 Commissioning Team agenda New Quality and Safety Report 	<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 Agreed with WAST 5 key actions for the winter period <p>Update May/June 2024 - Commissioning Team undertaken a review of the controls risk description, controls and actions. The risk score remains the same.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Interim Ambulance and 111 Management Group Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee and JCC Audit and Risk Committee 	20 (C5 x L4)	5 (C5 x L1)	←	01.12.2021	mar-24	Jul-24
74 5370	Ambulance Services - Ambulance capacity	If... sufficient ambulance capacity is not available Then... organisational and clinical safety levels of escalation will be higher and for longer durations within the clinical safety plan and patients will not receive a response Resulting in... increasing number of patients not receiving an ambulance response which is an unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death. Lack of compliance with statutory requirements for the JCC.	Director of Commissioning for Ambulance and 111 Services	Ambulance and 111 Services	Deputy Director of Commissioning for Ambulance and 111 Services	Failure to secure sufficient ambulance capacity to meet the needs of the population	Effective Commissioning	Cautious Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	WAST	<ul style="list-style-type: none"> The necessary resources secured in the JCC (former EASC) IMTP performance monitoring on a daily basis and month to date position Bi monthly JCC (former EASC) IQPD meetings with Welsh Government JCC (former EASC) monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust Commissioner element of EMS Demand and Capacity plan for additional staff supported - implementation being monitored Quality and Safety Report presented at every JCC (former EASC) meeting New demand and capacity review commissioned ICAP meetings with health boards and WAST Performance dashboard IMTP tracker Key item on JCC (former EASC) agenda New Quality and Safety Report Ambulance improvement plan developed, agreed and circulated weekly 	<ul style="list-style-type: none"> Delivery of JCC (former EASC) IMTP and WAST IMTP Implementation of the commissioning intentions through the commissioning agreement Role of the JCC (former EASC) Management Group to provide oversight on quality and safety Development of WAST performance improvement plan JCC (former EASC) Action Plan includes detailed clinical review of red incident to understand clinical need of patients to assess improvement opportunities Actions from the Ministerial summit on handover improvement Integrated Commissioning Action Plan (ICAP) work Agreed with WAST 5 key actions for the winter period Three key actions with appropriate indicators agreed with each HB during the winter period Improvement plans are used by the JCC (former EASC) Team, NHS Executive and WG for focus and consistent approach <p>Update May/June 2024 - Commissioning Team undertaken a review of the controls risk description, controls and actions. The risk score remains the same.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Interim Ambulance and 111 Management Group Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee and JCC Audit and Risk Committee 	25 (C5 x L4)	10 (C5 x L2)	←	01.01.2023	mar-24	Jul-24
75 1502	Calea Contract Renewal	If... the private provider Calea once again experiences technical issues in the provision of HPN Then... there will be issues of supply Resulting in... potential patient harm	Director of Planning & Performance	Intestinal Failure	Assistant Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/ psychological harm)	Minimal Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	Calea	<ul style="list-style-type: none"> This risk remains on the register for monitoring and will be escalated when Calea experience technical issues in the provisions of Home Parenteral Nutrition (HPN) June 2023 The JCC (former WHSSC) received notice of Implementation of Contingency Strategy from Calea 15.06.23 and further update received 11.09.23 issues were resolved 24.10.23 May 2024 The Joint Commissioning Committee (JCC) received notification of Implementation of Contingency Strategy from Calea on the 23.05.24 Regular review meetings between Calea and procurement (acting on JCC's behalf) to be put in place Contingency arrangements to be in place for approx. 1 month and Calea will keep procurement and JCC briefed of any change to this provision 	<ul style="list-style-type: none"> Due to increased absence and machinery down time in our production unit Calea are experiencing a backlog in PN production. Contingencies from Calea include: <ul style="list-style-type: none"> Implementing multi-chamber bag (MCC) alternatives for those patients on compounding identified by Trusts as green for a 4-week period and patients on the amber list for a 2-week period, (in agreement with clinical teams) Not accepting any new referrals of patients to the PN service, except for patients prescribed multi-chamber bags/fluids Continuing with overtime whenever possible Procurement to remain in close liaison with Calea regarding the situation - Weekly Increase risk scoring - 29/05/24 JCC was informed on the 23/05/24 that Calea were in contingency measures. Therefore the risk was reviewed by the commissioning team and agreed the score should be escalated from 8 to 16 - Weekly <p>Update May/June 2024 - Risk reviewed and team agreed the risk title, score and action 11.06.24</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMHB Audit & Risk Committee 	16 (C5 x L4)	8 (C4 x L2)	↑	19.01.2022	11.06.2024	24.07.2024

Datix ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	Risk Domain	Controls in place
57 NCC049	Delays in surgery due to insufficient theatre beds	If... insufficient theatre and inpatient bed capacity to deliver the required commissioned activity that meet the needs of the population does not improve, and there are no theatre staff or anaesthetic staff to support the extended theatre sessions Then... patients in south Wales will have their surgery delayed and neurosurgery activity is impacted Resulting in... deteriorating condition and disease progression for patients.	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/ psychological harm) Population Health	<ul style="list-style-type: none"> Gateway service review as part of the five year neurosciences strategy. Neurosciences gateway review paper was submitted to February Management Group meeting Neurosciences and complex conditions commissioning team (NCCCT) to monitor the recovery plan and continuing meeting with the team at the Risk and Assurance meetings. Full access restored to theatres 12 and 14 in September 22- extended theatre sessions have been identified as commencing in April 2023 to achieve RTT at pre-covid levels by March 2024 – as per WG targets. Bed capacity will be restored to pre- COVID levels - no timeline available at the moment. Bed capacity has increased but not quite back to pre-covid levels. This is continued to be monitored via the performance management meetings. WHSSC have had internal discussions and are working with the service The cessation of the extended theatre sessions will be raised at the next Cardiff SLA meeting in January 2024 The Commissioning Team are continuing to monitor the situation through the quarterly Neurosciences Performance Meeting. The cessation of Tracheostomy Training for stroke services has been escalated to CVUHB Specialist Clinical Board Operational Director -12/12/23 Continue to monitor the position via the quarterly Neurosciences Performance Meeting
29 CS8	JCC IPFR ToR & Governance	If... the JCC is unable to meet the ToR for the All Wales IPFR panel due to the inability to achieve quoracy in the membership, and the IPFR governance arrangements are not robust Then... this may lead to delayed decision making Resulting in... potential legal challenges in the form of judicial reviews	Committee Secretary	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/ psychological harm) Population Health	<ul style="list-style-type: none"> A new HB IM Interim Chair has been appointed from 1 August 2022 to ensure business continuity for a 6 month period to ensure business continuity. The Joint Committee approved that this interim could be extended until 31 March 2023, at its meeting on 8 November 2023. This was subsequently extended again to 31 September 2023. The formal engagement process to review the WHSSC IPFR panel ToR and the specific and limited review of the all Wales IPFR policy, was launched on 10 November 2022 for a 6 week period following the Joint Committee supporting the proposed engagement process at its meeting on the 8 November 2022. The engagement exercise closed on the 22 December 2022. An IPFR stakeholder engagement event to review the WHSSC IPFR) panel ToR and a specific, limited review of the all Wales IPFR policy was held on the 2 December 2022, supported by a briefing from a Kings Counsel (KC) for the NHS Wales Medical Directors Peer Group and a stakeholder engagement session on the 2 December 2022. The updated WHSSC ToR were approved by the Joint Committee on 14 March 2023. In addition, the results of the engagement exercise for the All Wales Policy review were presented. Following approval of the ToR in March 2023 WHSSC are currently working on an implementation plan as the new ToR will involve some changes to the current membership and to ensure that HBs have sufficient time to review their WHSSC membership. The updated All Wales IPFR Policy was not discussed at the July 2023 JC meeting as issues were raised immediately before the meeting regarding the approval process. Since then it has been agreed that a Task and Finish Group will be formed to finalise the work on the IPFR policy. To address the concerns raised a Task & Finish group, consisting of the ABUHB Board Secretary, the All Wales IPFR Lead and the WHSSC Committee Secretary was established. Amendments to the ToR were agreed regarding the definition of quoracy and the requirement for the Chair to review membership, which have addressed the concerns. The group also considered how IPFR functions would feature within the new Standing Orders for the new single Joint Commissioning Committee, and further work is now being taken through the governance work-stream which supports the implementation of the national commissioning review. The IPFR All Wales Policy has been approved by all HBs. The Policy will be implemented following WG approval. There has been recent challenges with ensuring quoracy. Implementing the new WHSSC ToR should hopefully make achieving quoracy less problematic.
6 P/21/10	Paediatric patients waiting for surgery	If... the ministerial waiting times target is not achieved for paediatric surgery patients in South Wales Then... some paediatrics will be waiting in excess of the ministerial waiting times target for their surgery Resulting in... a deteriorating condition for the patient and that the current operational infrastructure is insufficient	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/ psychological harm) Population Health	<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 to be re-instigated which will allow WHSSC to identify and monitor where the issues are that need addressing. Monthly escalation meetings have been established – first meeting scheduled 26/04. Action plan received against escalation objectives Continue with outsourcing to NHS England and the Private Sector. Letter issued to health board providing an update on commissioner view of progress against objectives Escalation status being discussed at executive level within the JCC
60 P/21/24	WFI treatment – temporary pause	If... there is a failure to appoint a suitable Person Responsible (PR) for the WFI service to meet the statutory and legal responsibilities to be compliant with the HFEA Act Then... all licenced HFEA activity at WFI will urgently and temporarily need to cease Resulting in... patients in active treatment needing to have their treatment plan temporarily paused, and the centre not being able to accept new patients on a temporary basis	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/ psychological harm) Population Health	<ul style="list-style-type: none"> Consideration to cease all activity, pause current treatment for patients and under no circumstances accept new patients. Discussion with SBUHB the license holder and the HFEA to consider the options with regards to ensuring a PR is in post including succession planning. The HB have nominated a number of staff to sit the prep and exams to the HFEA; this will enable each site Neath and Cardiff to have their own PR, with staff ready to step up should they become unavailable to fulfil the statutory requirements of the role of PR. The Cardiff site has also applied to be a licence only facility as they have not undertaken treatment since pre Covid. They are waiting for the HFEA to approve this change. It is anticipated they will know the outcome of the change in early Spring 2024. The HFEA licensing panel have approved the change of licence for the Cardiff site to be a storage only facility De-escalation to be considered based on the HFEA report and providing there has been an appointment of PR for Cardiff and Neath/Port Talbot sites Service de-escalated to level 3 in line with WHSSC escalation framework
46 CB06	North Wales Outreach Plastic Surgery Clinic Management Arrangements	If... there is a lack of clinical prioritisation and oversight of waiting lists for outreach plastic surgery clinics in YG and YGC, caused by lack of clarity in the governance and management arrangements for these clinics Then... waiting list will grow and waiting times increase and patients will be seen out of clinical prioritised order Resulting in... poor patient experience and outcomes	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/ psychological harm) Population Health	<ul style="list-style-type: none"> Escalation is being taken forward within the Welsh Government special measures process rather than the NWJCC escalation process. NWJCC continues to engage through meetings with Welsh Government, at least quarterly, and participation on the Task & Finish Group led by BCUHB. BCUHB has established a Task & Finish Group including colleagues from Mersey & West Lancashire NHST (MWL). BCUHB to report to NWJCC on progress of the T&F Group at the interface planning meeting and the SLA meeting. NWJCC quality team meets regularly with the assistant director of quality BCUHB and has established links with the quality team at MWL.

Datix ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	Risk Domain	Controls in place
40 WKN08	Limited outpatient dialysis capacity in Swansea	<p>If...the delay in the programme of 2 new additional units within the Neath Port Talbot and Bridgend localities.</p> <p>Then...the number of patients receiving outpatient haemodialysis in Morriston could exceed capacity.</p> <p>Resulting in...patients who may not be able to dialyse in a unit closest to home.</p>	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	<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 • WKN participate in the SB & Fresenius implementation meetings to ensure delivery to project plan • Request for increased reporting through highlight reports to WKN Board

Action Plan	Assuring Committees	Rating (current)	Rating (Target)	De-escalation Rationale
<ul style="list-style-type: none"> Neurosciences gateway review paper was submitted to February Management Group meeting - Completed Further meeting has taken place with the services to discuss the GIRFT neurosurgery recommendations. Review the 3 top impact changes to be included in the business Case for the ICP 2022-2023 scheme. Still waiting to receive the business case - due in quarter 1 2023/24 - Quarter 1 2023/24 WHSSC NCCCT to monitor the recovery plan through the bi-monthly Risk, Assurance and Recovery meetings. (Currently the service is operating at 80% of 2 theatres pre-covid they had access to 100% of the 2 theatres) - Bi-monthly Further review of this risk was undertaken by the CT in November 21 to recommend rewording the risk and incorporating Risk NCC050 into Risk NCC049 - Completed Further review of this risk was undertaken by the CTM in October 23, the CTM agreed to increase the risk score. The matter was raised at the Cardiff and Vale SLA meeting with the Director of Ops for Specialist Services - 19th Oct 2023. Action for the Health Board to raise with the Surgical Board. The matter will be raised at the Cardiff and Vale SLA meeting with the Director of Ops for Specialist Services - 7th March 2024 - March 24 	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	12 (Risk reduced from a 20 in April 2024)	4 (C4 x L1)	Risk reviewed the score has been lowered as there is a plan in place to recommission and element of the 700k RTT funding to mitigate high risks in neuro subspecialties e.g. skull base, neuromodulation, IOM and therapies. There are currently no patients waiting over 52 weeks.
<ul style="list-style-type: none"> An engagement process on the WHSSC IPFR panel ToR launched on 10 November 2022 for a 6 week period and included HBs, the AWTC and IPFR QAG. The engagement exercise closed on the 22 December 2023 and an update report will be taken to the JC in March 2023 - Completed The updated WHSSC ToR were presented to the Joint Committee 14 March 2023 and were approved. In addition, the results of the engagement exercise for the All Wales Policy were presented - Completed The Committee Secretary to keep the NHS Wales Board Secretaries peer group and Welsh Government informed of progress on developments - Ongoing The updated All Wales IPFR Policy is scheduled to be presented to the Joint Committee in July 2023 for approval, prior to submission to the seven HBs for approval - July 2023 Full implementation of the new ToR and amended policy is planned for Autumn 2023 subject to JC approval. This was not discussed at the July 2023 JC meeting but the recruitment of the new Chair was agreed in an extraordinary JC meeting on 1 August 2023 - By June 2024 A Chair's Action was taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel from 1 November 2023 for a period of up to 3 years. The JC ratified the decision on 21 November 2023 - 23/10/2023 The Joint Committee supported the proposed changes to the All Wales IPFR Policy on 21 November prior to a report being submitted to each Health Board (HB) Board meeting for final approval in January 2024. The Revised Policy has now been approved by all HBs. This has been shared with Welsh Government prior to adoption. Welsh Government confirmed their agreement to the new Policy in April 2024 A recruitment process to appoint new lay members will commence during quarter 2 of 2024/2025 to coincide with the application of the updated IPFR policy - Quarter 2 2024 	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	12 (Risk reduced from a 20 in May 2024)	4 (C2 x L2)	Risk reviewed and the score reduced to 12 as a number of the mitigating actions have now been completed such as approval of the updated All Wales Policy.
<ul style="list-style-type: none"> Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including: - Quarterly <ul style="list-style-type: none"> Staffing establishment Bed and theatre capacity Assurance on clinical management of patients on WL Recovery trajectory Requested information on long waiting patients from provider to support potential outsourcing arrangements - Completed Meetings being scheduled with NHS England providers to discuss outsourcing capacity - Completed Requested plan from C&V to manage long waiting patients, with clear trajectories and timeframes - Completed Requested revised recovery plan further to Joint Committee - Completed Discussing with local Health Boards scope for mutual aid - Completed Place service in escalation Level 3 - Completed Performance Management arrangements to be re-instigated - Monthly Requested revised trajectories that reach contract baseline as a minimum - Completed Performance reporting to JC & MG via performance report - Monthly Executive to Executive meeting scheduled with C&VUHB - Completed WHSSC JC Workshop - Paediatrics - Completed Triple Escalation meeting to discuss detail and progress against action plan - Monthly (next meeting 16/05/24) 	<ul style="list-style-type: none"> Joint Commissioning Committee Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	8 (Risk reduced from a 16 in June 2024)	4 (C2 x L2)	Risk reviewed and score has been reduced. The decision has been made following the assurances received from the Escalation meeting on the 16th May 2024 where the Health Board stated that the Ministerial target will be met by the end of June 2024 and that there is a robust plan to maintain this during 2024/25 in line with the ministerial waiting time agreed by the (previous WHSSC) Joint Committee in our Integrated Commissioning Plan. As a result we have agreed to de-escalate the service from Level 3 to Level 0 in line with the previous WHSSC (now JCC) Escalation Framework.
<ul style="list-style-type: none"> Formal recommendation to CDGB that there is a likelihood the person responsible may be unable to fulfil their duties casting doubt on the sustainability of the service in its current form - Completed Monitoring of service continues through formal escalation - Monthly 	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	10 (Risk reduced from a 20 in June 2024)	4 (C2 x L2)	Risk reviewed and the score has been reduced. Four staff members have taken and passed the PR exam, good report from HFEA with no critical or majors, commissioning team agreed to reduce escalation to Level 3 in line with WHSSC escalation framework.
<ul style="list-style-type: none"> Patient audit/harm review undertaken by BCUHB and MWL for all patients with long waiting times (new and follow up). This has been completed. Report to BCUHB QPSC in June 2024. Patient audit/harm review to be reported to next NWJCC QPSC. Continue to work with BCUHB and MWL through the Task & Finish Group to support implementing the improvement plan to address the risks relating to the outreach clinics - Ongoing Continue to work with BCUHB, MWL and with Welsh Government, to address the risks relating to the outreach clinics - Ongoing Continue to support Waiting List Initiative clinics to continue to reduce the waiting list and time NWJCC Quality team to continue to liaise closely with quality leads in BCUHB and MWL. 	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	12 (risk reduced from a 15 in June 2024)	4 (C2 x L2)	Commissioning Team undertaken a review of the controls risk description, controls and actions. The harms review undertaken reported No Harm, therefore the risk score has been reduced.

Action Plan	Assuring Committees	Rating (current)	Rating (Target)	De-escalation Rationale
<ul style="list-style-type: none"> New units scheduled to be in place Bridgend Sept 2024, NPT 2025 - September 2024 and Summer 2025 	<ul style="list-style-type: none"> Joint Commissioning Committee Welsh Kidney Network Board Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	<p>12 (Risk reduced from a 16 in June 2024)</p>	<p>2 (C2 x L1)</p>	<p>Rating reduced due to confidence on planned opening of Bridgend Unit in September 2024 as per project update to WKN Board 05.06.24. Provider is tolerating the risk</p>

	A	B	C	D	E	F	G	H	I	J
	Datix ID	Risk Title	Risk Description	Strategic Risk Owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Month Closed on
1	39 WKN06	Renal Funding	<p>If...there is insufficient funding to meet the service demand through the agreed Integrated Commissioning Plan funding position of 2024-2025</p> <p>Then...there will be an estimated in year shortfall of funding to meet the demand of £0.87m</p> <p>Resulting in...non delivery against the agreed financial plan of 2024-2025 for the Welsh Kidney Network</p>	Director of Planning & Performance	To maximise value and outcomes within available resources	Finance including claims	<ul style="list-style-type: none"> Funding agreed in ICP for 2024/325 HB financial representation now form part of the regional meetings Monthly review of the HB's submissions on monitoring and returns Standing agenda item on regional provider meetings and Network Board 	<ul style="list-style-type: none"> Review contract inflationary uplift mechanisms to separate growth factors i.e. staffing, consumable, utility costs to enable more nuanced negotiations with independent service providers (ISPs) Contract baselines to be reviewed so that service lines are clear and understood and linked to a clear allocation Ensure data accuracy on baseline activity is reflected with the monthly monitoring and returns Work with providers to ensure that the data held within Vital Data is reflective of the monthly HB submissions Commission a distinct piece of work on Demand and Capacity Modelling, To develop a model of future activity/demand, and responding capacity, in order to inform future growth predictions which will be the basis of a) the Welsh Kidney networks commissioning intentions and b) the investment profile of the Welsh Kidney Network over the timescale set (Delay in project due to CTM Information Governance requirement) An initial financial assessment identifying £0.531M costs savings from WKN Delegated Budget was presented and agreed by WKN Board 05.06.24 Further work to be undertaken with the providers to reduce the current gap of £0.26m by July 2024 	<ul style="list-style-type: none"> Joint Commissioning Committee Welsh Kidney Network Board Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	jun-24
2	51 NCC061	Deep Brain Stimulation – lack of awareness of eligibility criteria re: unmet need	<p>If...a lack of awareness of eligibility criteria and potential to benefit amongst referring clinicians continues</p> <p>Then...patients with Parkinson's disease, tremor and dystonia who could benefit from Deep Brain Stimulation will not be referred for treatment</p> <p>Resulting in...poor outcomes for patients</p>	Director of Planning & Performance	<p>To ensure the provision of safe, high-quality services for the people of Wales.</p> <p>To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.</p>	<p>Impact on the safety of patients, staff or public (physical/psychological harm)</p> <p>Population Health</p>	<ul style="list-style-type: none"> JCC have had internal discussions and are working with the gatekeeper A Welsh single point of contact had been established for NBNHST NBNHST to develop a Standing Operating procedure that covers both outpatient and discharge communication Workshop to be held between Regional clinicians, gatekeeper and JCC to understand current provision/pathway and to build relationships Llais/WG/Parkinson's UK informed of current position and kept updated 	<ul style="list-style-type: none"> JCC have had internal discussions and are working with the gatekeeper A Welsh single point of contact had been established for NBNHST NBNHST to develop a Standing Operating procedure that covers both outpatient and discharge communication Workshop to be held between Regional clinicians, gatekeeper and JCC to understand current provision/pathway and to build relationships Llais/WG/Parkinson's UK informed of current position and kept updated 	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	jun-24
3										

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Closure Rationale	
1	Financial plans have been drawn up to look at the areas of reducing the funding gap of £0.82m. Will form part of the financial reporting at regional levels and board
2	Risk merged with NCC060
3	

Issue Ref	Issue Title	Issue Description	Strategic Issue Owner	Commissioning Team/ Directorate
39 WKN06	Renal Funding	<p>If...there is insufficient funding to meet the service demand through the agreed Integrated Commissioning Plan funding position of 2024-2025</p> <p>Then...there will be an estimated in year shortfall of funding to meet the demand of £0.87m</p> <p>Resulting in...non delivery against the agreed financial plan of 2024-2025 for the Welsh Kidney Network</p>	Director of Planning & Performance	Welsh Kidney Network

Identified Issue Owner/Manager	Action Plan to Manage Issue	Action Plan Date
Deputy Kidney Network Manager	<ul style="list-style-type: none"> • Review contract inflationary uplift mechanisms to separate growth factors i.e. staffing, consumable, utility costs to enable more nuanced negotiations with independent service providers (ISPs) • Contract baselines to be reviewed so that service lines are clear and understood and linked to a clear allocation • Ensure data accuracy on baseline activity is reflected with the monthly monitoring and returns • Work with providers to ensure that the data held within Vital Data is reflective of the monthly HB submissions • Commission a distinct piece of work on Demand and Capacity Modelling, To develop a model of future activity/demand, and responding capacity, in order to inform future growth predictions which will be the basis of a) the Welsh Kidney networks commissioning intentions and b) the investment profile of the Welsh Kidney Network over the timescale set (Delay in project due to CTM Information Governance requirement) 	jul-24

Status / Update	Opened	Last Reviewed	Next Review Date
<ul style="list-style-type: none"> • An initial financial assessment identifying £0.531M costs savings from WKN Delegated Budget was presented and agreed by WKN Board 05.06.24 • Further work to be undertaken with the providers to reduce the current gap of £0.26m by July 2024 	25.06.2024	jun-24	jul-24

Agenda Item

4.1

Audit and Risk Hosted Bodies Committee

Review of JCC Financial Control Procedures

Dyddiad y Cyfarfod / Date of Meeting	15/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Helen Harris, Financial Accountant
Cyflwynydd yr Adroddiad / Report Presenter	Stacey Taylor, Director of Finance and Information
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stacey Taylor, Director of Finance and Information

Pwrpas yr Adroddiad / Report Purpose	For Approval
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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.	Choose an item.

Acronyms / Glossary of Terms	
JCC	Joint Commissioning Committee

1. SITUATION

To seek re-approval of Financial Control Procedures (FCP's) scheduled for review.

2. BACKGROUND

All Financial Control Procedures inherited by the JCC have exceeded their 3 year review cycle and must now be tested for continued fitness of purpose and where necessary be amended in light of how the JCC operates.

3. ASSESSMENT

The last review of financial control procedures was in January 2021. At this point all financial procedures were put on the same 3 year review cycle as those of Cwm Taf Morgannwg UHB. The most recent review of Cwm Taf Morgannwg Financial Control Procedures is to be presented to their Audit Committee in its August 2024 meeting.

The relevant equivalent JCC Financial Control Procedures have now been assessed for consistency with the Cwm Taf Morgannwg review. Any changes made by the UHB have been assessed for relevance to JCC financial policies and procedures. There has not been any significant changes to the procedures that fall within this review.

The following Cwm Taf Morgannwg Financial Control Procedures have been adopted by the JCC without change because they reflect the services provided by UHB departments on behalf of the JCC.

- Cash and Banking
- Cash Management
- Income and Debtors

The following procedures remain unchanged from the last review in 2021 as the underlying Cwm Taf Morgannwg control procedures are yet to be reviewed and placed before committee. It is the intention that these will be ready for committee review at the next scheduled meeting.

Outstanding Procedures for next review

- Salaries and Wages
- General Ledger
- Requisitioning of Goods and Services
- Losses and Special Payments

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol CBC Link to JCC Strategic Goal(s)	Choose an item.
	The JCC was established on 1 April 2024. As yet the JCC strategic goals have not yet been developed.
Dolen i Feysydd Strategol CBC / Link to JCC Strategic Areas	Not Applicable
	The JCC was established on 1 April 2024. As yet the JCC strategic areas have not yet been developed.
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)	Not Applicable
	<p>If more than one applies please list below:</p> <p>This is a key element of the overall governance and assurance process for all financial matters</p>
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality (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:	<p>If no, please include rationale below:</p> <p>Equally applied. No potential negative impact</p>
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	<p>Outcome for Equality (delete as appropriate):</p> <p>POSITIVE/NEUTRAL NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate):</p> <p>POSITIVE/NEUTRAL NEGATIVE</p>	<p>If no, please include rationale below:</p> <p>Equally applied. No potential negative impact</p>

Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. RECOMMENDATIONS

Members of the Committee are asked to:-

- **APPROVE** the review of the JCC Financial Control Procedures.



**FINANCIAL CONTROL PROCEDURE:
CASH & BANKING**

Initiated by: Director of Finance & Procurement

Approved by: Audit Committee

Date approved: 15th August 2024

Operational Date: 15th August 2024

Version: One

Date for review: August 2027

Distribution: Executive Directors
Board Secretary
Divisional Managers
Assistant Directors

Freedom of Information Status: Open

This policy has been subject to a full equality impact assessment.

1. INTRODUCTION

1.1 The purpose of this procedure is to ensure all receipting and banking transactions within the NHS Wales Joint Commissioning Committee (JCC):

- Operate within secure environment;
- Are recorded on the correct documentation;
- Are deposited in the appropriate bank account;
- Are handled in accordance with the JCC's Standing Financial Instructions.

1.2 The Assistant Financial Accountant is responsible for receipting of income within the JCC Finance Department.

2. SECURITY

2.1 All premises where cash and cheques are kept must be physically secure. Cash and cheques should be kept in a locked cashbox or safe at all times.

2.2 Access to offices where money is kept should be restricted to authorised personnel.

2.3 Transporting cash to and from the bank must be undertaken by at least two members of staff. On no account shall one individual perform this task.

2.4 The issuing of bank paying in books, cheques, and collection and deposit sheets shall all be controlled by the Cwm Taf Morgannwg UHB Finance Officer- Cash.

2.5 Requests for payment to the JCC must state cheques are to be made payable to "NHS Wales Joint Commissioning Committee".

3. BANKING ARRANGEMENTS

3.1 The Cwm Taf Morgannwg UHB Director of Finance shall be responsible for authorising the opening and closing of bank accounts.

3.2 A Bank account shall be held with the Government Banking Service (GBS) for transactions between government bodies.

- 3.3 The Cwm Taf Morgannwg UHB Treasury Accountant will be responsible for the operation of the JCC's bank account and shall be the main point of contact with the bank.
- 3.4 The Treasury Accountant shall maintain a list of signatories for each account as authorised by the UHB Chief Executive and UHB Director of Finance.
- 3.5 No individual shall open a bank account using the JCC name without authority of the UHB Director of Finance.

4. RECEIVING INCOME

- 4.1 The Assistant Financial Accountant shall be responsible for receiving money, recording the income, arranging banking, and forwarding the appropriate documentation to the Cwm Taf Morgannwg UHB Treasury Accountant.
- 4.2 Monies received through the post must be recorded in the post-book. Two officers responsible for opening the mail shall initial the post-book and pass the book and cheques over to the Assistant Financial Accountant.
- 4.3 The Assistant Financial Accountant will receipt the cheques and record the receipt number in the post book.
- 4.4 Monies paid direct into the JCC Bank account shall be receipted by the Cwm Taf Morgannwg UHB Treasury Accountant.

5. BANKING OF INCOME

- 5.1 Money received shall be banked regularly in accordance with the following rules.

Where practical, banking should be undertaken daily. If banking is not undertaken daily:

- Amounts greater than £50 must be banked within a week of receipt.
- Amounts less than £50 must be banked in the month of receipt.

- 5.2 The Assistant Financial Accountant shall complete the bank deposit slips in the paying in book with totals of cheques and cash.

6. PAYMENT AUTHORISATION

- 6.1 Bank mandates signed by the UHB Chief Executive and UHB Director of Finance detail the authorisation requirements for payments from the JCC's bank accounts
- 6.2 The mandate shall state the officers authorised to sign and the limits applicable to a single signatory and when two signatories are required.
- 6.3 The Cwm Taf Morgannwg Treasury Accountant shall keep the mandate up to date with changes requiring approval of the UHB Chief Executive and the UHB Director of Finance.
- 6.4 BACS limits for payroll and creditor runs will be agreed and set with the bank. The UHB Treasury Accountant will monitor the limits to ensure they remain adequate. Changes to the limits shall be authorised by the UHB Head of Corporate Finance.
- 6.5 The NHS Wales Shared Services Accounts Payable Manager shall be responsible for preparing the weekly creditor payment BACS run.
- 6.6 The NHS Wales Shared Services Payroll Manager shall be responsible for preparing the monthly payroll runs.
- 6.7 The Cwm Taf Morgannwg UHB Finance Officer - Cash shall be responsible for preparing urgent cheques.
- 6.8 The originator of the BACS run shall be responsible for ensuring the transaction is posted to the general ledger.

7. CASHBOOK AND BANK RECONCILIATION

- 7.1 The Cwm Taf Morgannwg UHB Treasury Accountant will maintain Cashbooks recording all transactions related to the bank accounts.
- 7.2 The Cwm Taf Morgannwg UHB Treasury Accountant will access the JCC bank account on a daily basis.
- 7.3 The amounts shown on the bank statements will be reconciled daily with the information given on the bank paying in slips and the BACS reports.

- 7.4 In the case of there being a discrepancy the Cwm Taf Morgannwg UHB Treasury Accountant will contact the Relationship Manager at the Bank.
- 7.5 At the end of the month, the Cwm Taf Morgannwg UHB Treasury Accountant will reconcile the cashbook to the general ledger to ensure all amounts relating to the current period have been posted correctly.
- 7.6 The reconciliation shall be reviewed and signed off by the Cwm Taf Morgannwg UHB Head of Corporate Finance (or their representative).

8. EQUALITY IMPACT ASSESSMENT

- 8.1 Following assessment, this policy is not felt to be discriminatory or detrimental in any way with regard to the following equality strands: Gender; Race; Disability; Age; Sexual Orientation; Religion or Belief; Welsh Language or Human Rights.

19. SUMMARY OF KEY RESPONSIBILITIES

Para.	Control item	Responsible Officer
2.4	Issue of bank paying in books and cheques	Cwm Taf Morgannwg Finance Officer - Cash
3.1	Opening and closing bank accounts	Cwm Taf Morgannwg Director of Finance
3.4	Operation of all UHB bank accounts	Cwm Taf Morgannwg Treasury Accountant
3.5,7.3	Maintain list of signatories and bank mandate	Cwm Taf Morgannwg Treasury Accountant
4.1,4.2	Receiving and recording monies, receipting, arranging banking and forwarding documentation	WHSSC Assistant Financial Accountant
4.4	Receipting of monies paid directly into bank account	Cwm Taf Morgannwg Treasury Accountant
5.2	Completion of bank deposit slips	WHSSC Assistant Financial Accountant
5.1,5.2	Banking of cash/cheques	WHSSC Assistant Financial Accountant
6.1	Authorisation of bank mandates	Cwm Taf Morgannwg Chief Executive and Cwm Taf Morgannwg Director of Finance
6.4	Authorise changes to BACS limits	Cwm Taf Morgannwg Head of Corporate Finance
6.5	Preparation of creditors BACS and cheque run	Accounts Payable Manager (NWSSP)
6.6	Preparation of weekly and monthly payroll runs	Payroll Manager (NWSSP)
6.7	Preparation of urgent cheques	Cwm Taf Morgannwg Treasury Accountant
7.1	Maintain cash book	Cwm Taf Morgannwg Treasury Accountant
7.5	Reconcile cash book to Ledger	Cwm Taf Morgannwg Treasury Accountant
7.6	Review and sign off reconciliation	Cwm Taf Morgannwg Head of Corporate Finance



**FINANCIAL CONTROL PROCEDURE:
CASH MANAGEMENT**

Initiated by	Director of Finance & Procurement
Approved by	Audit & Risk Committee
Date approved	15 th August 2024
Operational Date	15 th August 2024
Date for review	August 2027
Distribution	Executive Directors Board Secretary

FREEDOM OF INFORMATION STATUS: Open

This policy has been subject to a full equality impact assessment.

1. PURPOSE

- 1.1 To document the processes involved in managing cash to ensure that the NHS Wales Joint Commissioning Committee (JCC) is able to meet its liabilities as they fall due and also to adhere to Welsh Assembly requirements on cash management.
- 1.2 The Welsh Assembly requires the JCC to maintain bank balances sufficient only to meet liabilities that are due and not to build up cash balances.
- 1.3 The JCC is not permitted to invest cash balances.

2. CASH FORECASTING

- 2.1 The JCC Financial Accountant shall prepare monthly cash forecasts based on information received on revenue and past trends.
- 2.2 At the beginning of the financial year and as part of the JCC's Annual Financial Plan a full year cash forecast shall be prepared. The format of the forecast will be consistent with the requirements of the Financial Monitoring Returns.
- 2.3 The Financial Accountant will update the annual forecast each month for reporting in the Financial Monitoring Returns. Significant movements away from the forecast will be highlighted and reported to the Director of Finance.
- 2.4 At the beginning of each month the Financial Accountant will prepare forecasts for the coming month. Any significant changes in the cash position shall be reported to the Director of Finance.
- 2.5 The NHS Wales Business Services Partnership Payroll manager will provide details of the monthly payroll figures when they become available. Early notice shall also be given of changes that affect the normal payroll total or the pay date.

3. MANAGING CASH BALANCES

- 3.1 The Cwm Taf Morgannwg UHB Treasury Accountant shall be responsible for monitoring the bank account balance.
- 3.2 The Treasury Accountant shall access the JCC's bank account each day to obtain a statement of the closing balance.

- 3.3 At the start of each week the Treasury Accountant will inform the JCC Financial Accountant of the balance held on the account.
- 3.4 On a monthly basis the Treasury Accountant shall provide the JCC Financial Accountant with details of cash receipts and cash payments for the account.
- 3.5 With the agreement of the JCC Financial Accountant, the Treasury Accountant shall prepare requests to transfer money between accounts to keep balances in individual accounts or account sets at an appropriate level. This account shall not become overdrawn.
- 3.6 The Cwm Taf Morgannwg UHB Head of Financial Accounts will authorise the transfer of monies between accounts.
- 3.7 On a monthly basis the Cwm Taf Morgannwg UHB Treasury Accountant will reconcile bank account balance to the JCC cash book.

4. EQUALITY IMPACT ASSESSMENT

- 4.1 Following assessment, this policy is not felt to be discriminatory or detrimental in any way with regard to the following equality strands: Gender; Race; Disability; Age; Sexual Orientation; Religion or Belief Welsh Language or Human Rights.

5. SUMMARY OF KEY RESPONSIBILITIES

Para.	Control item	Responsible Officer
2.1,2.3,2.4	Preparation of cash forecasts	JCC Financial Accountant
2.5	Notification of monthly payroll totals	Payroll Manager (NWSSP)
3.1	Monitoring cash balances	Cwm Taf Morgannwg Treasury Accountant
3.3	Review cash balances against forecasts	JCC Financial Accountant
3.5	Prepare requests to transfer monies between accounts	Cwm Taf Morgannwg Treasury Accountant
3.7	Authorise transfer between accounts	Cwm Taf Morgannwg Head of Financial Accounts



FINANCIAL CONTROL PROCEDURE: NON CONTRACT INCOME & DEBTORS

Initiated by: Director of Finance & Procurement

Approved by: Audit and Risk Committee

Date approved: 15th August 2024

Operational Date: 15th August 2024

Date for review: August 2027

Distribution: Executive Directors
Board Secretary
Assistant Directors

Freedom of Information Status: Open

This policy has been subject to a full equality impact assessment.

1.0 INTRODUCTION

- 1.1 This procedure details the controls underlying the management of non contract income and debtors for the NHS Wales Joint Commissioning Committee (JCC).
- 1.2 This procedure should be read in conjunction with the JCC's Standing Financial Instructions and other relevant Financial Control Procedures.
- 1.3 Non contract invoices raised by the JCC can be to other NHS organisations and also to organisations or individuals outside of the NHS boundary.
- 1.4 For end of year debts accrued through the NHS Wales Agreement of Balances process, invoices will be raised as soon as possible after the completion of the annual audit and accounts sign off.

2.0 NOTIFICATION OF INCOME DUE

- 2.1 Appropriate debtor requisitions must be raised on a standard Notification of Income (NOI) form or standard "Auto-invoice Template". These forms should be completed and signed by authorised members of staff and include the following information:
 - a. The name and full address of the debtor.
 - b. A telephone number, and email address, if possible.
 - c. Full details of the charge to be made, together with any appropriate backing documentation.
 - d. The amount to be billed, with VAT applicable shown separately.
 - e. The financial code to where the income is to be credited.

3.0 RAISING OF INVOICES

- 3.1 Authorised NOI forms and Auto Invoice Templates are processed by the host organisation, Cwm Taf Morgannwg UHB.

- 3.2 Invoices will be raised, via the Accounts Receivable (AR) module of the ORACLE accounting system, by a designated officer within the UHB's Finance Department.
- 3.3 Invoices will only be raised upon receipt of
- a) A duly authorised 'Notification of Income' (NOI) form.
 - b) An "Auto invoice Template" that details an invoice that is to be raised.
- 3.4 The person who raises the invoices shall not be involved in posting receipts to the ledger.
- 3.5 NOI forms are classed as controlled stationery and are only issued as and when necessary. Each form is in duplicate and each has a unique pre – printed reference number. Any spoiled or cancelled forms must be crossed through and retained on file.
- 3.6 NOI forms for are held by the Assistant Financial Accountant, who will maintain a register of NOI numbers. As NOI forms are used, the register will be updated to include who has been given each form and the nature of the invoice being requested.
- 3.7 Where electronic auto invoice notifications are raised, the assistant financial accountant will also maintain a register of what has been raised, when, by whom and for what purpose.
- 3.8 The Assistant Financial Accountant will maintain an income log detailing all paper and electronic NOI's issued and invoices raised. It will include what amounts have been paid against each invoice and how much is outstanding.

4.0 POSTING RECEIPTS

- 4.1 Any receipts in respect of invoices raised are entered onto the JCC ORACLE Accounts Receivable (AR) system by the Cwm Taf Morgannwg UHB Cashiers Department.
- 4.2 In line with the JCC General Ledger Financial Control Procedure, all receipts for each month will be entered into the JCC ORACLE ledger by the end of the first working day of the

following month, to ensure accurate and timely month end financial reporting.

- 4.3 Payments of invoices obtained via deductions from salary shall be taken from the payroll deduction prints and receipted into the AR system by the Debtors Manager.

5.0 FOLLOW-UP OF OUTSTANDING DEBTS

- 5.1 On a monthly basis, the JCC Assistant Financial Accountant will produce an Aged Debt report from the Oracle AR system and will update the income log for any new invoices or receipts.
- 5.2 The JCC standard terms and conditions are that payment is due within 14 days of receipt of a valid invoice.
- 5.3 Where invoices raised to NHS Wales organisations remain unpaid, the JCC will follow the agreed NHS Wales Arbitration policy as issued by Welsh Government, and will escalate as appropriate.
- 5.4 Amounts outstanding on invoices raised to members of staff which remain unpaid, despite reminder letters being sent, may be deducted from the employee's salary. All such actions must be agreed with the Director of Finance.
- 5.5 Outstanding unpaid invoices relating to non NHS organisations will be dealt with as follows.

The financial accounts team will ensure that all possible methods are used to pursue the recovery of the debt including referral to the Local Counter Fraud Specialist where appropriate. If these have been unsuccessful, the Financial Accountant will make a request to the Cwm Taf Morgannwg Debtors Team to refer such outstanding invoices to the Debt Collection Agency for further action.

- 5.3 If contact has been established with the debtor, the appropriate circumstances should be taken into account in deciding what further action to take. This may involve suspending follow-up action for a limited period of time, or making arrangements for the debtor to pay by instalments.

Any such arrangements must be reported to the Director of Finance

6.0 PAYMENT BY INSTALMENTS

- 6.1 Payment by instalments should be avoided if at all possible, and should only be allowed in cases of genuine hardship, or if the debt was incurred as a result of an error by the UHB (e.g. over-payment of salary).
- 6.2 Payment by instalments will be for a maximum period of 24 months, with a minimum payment of £15 per month and must be authorised by the Director of Finance. Within these limits, the period and amount shall be at the discretion of the Director of Finance.
- 6.3 Instalments payable by staff should be recovered by deduction from salary where possible.

7.0 CANCELLATIONS

- 7.1 If a bill has been raised in error, a request for cancellation will be completed. This should contain full reasons for the cancellation.
- 7.2 Similarly, part of a bill may be cancelled in cases of incorrect details having been entered onto the invoice.

8.0 WRITE-OFFS

- 8.1 Invoices that have failed to be collected by the Debt Collection Agency or other means will be recommended for write-off within the delegated limits. The debt write-off delegated limits are as follows:

a.	JCC Director of Finance	10,000
b.	JCC Managing Director	50,000

Bad debts over £50,000 must be referred to the Welsh Assembly Government for approval.

- 8.2 The process for the write off of bad debts will be in line with the JCC Financial Control Procedure for Losses and Special Payments.

8.3 All debts written off in the period will then be reported to the Audit and Risk Committee.

9.0 DEBTORS REPORTING

9.1 On a monthly basis the Assistant Financial Accountant will run an Aged Debt report from the Oracle AR system and will update the Income log.

9.2 Outstanding NHS Wales debts are reported to Welsh Government in line with the NHS Wales Debtors Arbitration policy.

9.3 All NHS Wales debts over 12 weeks are detailed in the monthly financial monitoring returns submitted to Welsh Government.

9.4 On a monthly basis the Financial Accountant will review the Aged Debt Report and appropriate action will be taken in accordance with this Financial Control Procedure

10.0 EQUALITY IMPACT ASSESSMENT

10.1 Following assessment, this policy is not felt to be discriminatory or detrimental in any way with regard to the following equality strands: Gender; Race; Disability; Age; Sexual Orientation; Religion or Belief; Welsh Language or Human Rights.

Agenda Item

4.2

Audit and Risk Hosted Bodies Committee

JCC Audit Recommendations Tracker

Dyddiad y Cyfarfod / Date of Meeting	15/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Harris, Financial Accountant
Cyflwynydd yr Adroddiad / Report Presenter	Jacqui Maunder, Committee Secretary, Associate Director of Corporate Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Jacqui Maunder, Committee Secretary, Associate Director of Corporate Services

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	
Discussed at JCC Senior Leadership Team (SLT) meeting	05/08/2024	Noted	
Meeting with NWSSP Internal Audit	31/07/2024	Noted	

Acronyms / Glossary of Terms	
JCC	Joint Commissioning Committee
NWSSP	NHS Wales Shared Services Partnership
CTMUHB	Cwm Taf Morgannwg University Health Board
ARC	Audit & Risk Committee
EASC	Emergency Ambulance Services Committee
WHSSC	Welsh Health Specialised Services Committee

1. SITUATION

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

2. BACKGROUND

Further to the establishment of the JCC on 1 April 2024 this is the first iteration of the amalgamated audit recommendations tracker incorporating the audit recommendations of the predecessor organisations EASC & WHSSC.

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

3. ASSESSMENT

3.1 Internal Audit

3.1.1 Summary of Legacy Internal Audit Reports

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

Audit Theme	Recommendations		
	Made	Achieved	Outstanding
Risk Management (WHSSC)	4	4	0
Renal Network (WHSSC)	3	1	2
Integrated Commissioning Plan (ICP) (WHSSC)	3	3	0
Adult Critical Care Transfer Service (EASC)	1	0	1

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

3.1.2 Summary of Planned Audits for 2024-2025

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

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

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

3.2 External Audit

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

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

The report outlined three recommendations for Welsh Government (WG) and progress against the WG management responses is presented at **Appendix 2** for assurance.

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).	
<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</p>	<p><u>WG Update 11 October 2023</u> WG have sought clarification from Audit Wales on the detail of the recommendation and WHSSC will be notified once a response is received.</p> <p><u>WG Update 1 November 2023</u> The function of regional commissioning is being explored and discussed as part of the development of the new national commissioning arrangements. It is recognised though that this would be either</p>

<p>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>a delegated function from or supporting function to health boards.</p> <p><u>31 July 2024</u> Further to the establishment of the JCC 1 April 2024 enquiries have been made with Welsh Government to obtain an update on WG discussions with Audit Wales on whether the outstanding actions can now be categorised as completed, given that the committees of WHSSC and EASC have now been combined under the NHS Wales Joint Commissioning Committee (JCC), and that the risk and governance frameworks are now established.</p>
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<p>R7 Future governance and accountability arrangements for specialised services</p> <p>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>	
<p><i>Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:</i></p> <p>A Healthier Wales committed to reviewing the WHSSC arrangements alongside other hosted national and specialised functions, in the context of the development of the NHS Executive function. The position of WHSSC within this landscape needs to be carefully considered. On the one hand, there are strengths in the current system whereby health boards, through the joint committee, retain overall responsibility for the commissioning of specialised services. This requires collaboration and mature discussion from both the commissioner and provider standpoint. However, I recognise the inherent risk of conflict of interest in this arrangement and note the reference made in your report to the Good</p>	<p><u>WG Update 11 October 2023</u></p> <p>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 basis.</p>

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 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.

31 July 2024

Further to the establishment of the JCC 1 April 2024 enquiries have been made with Welsh Government to obtain an update on WG discussions with Audit Wales on whether the outstanding actions can now be categorised as completed, given that the committees of WHSSC and EASC have now been combined under the NHS Wales Joint Commissioning Committee (JCC), and that the risk and governance frameworks are now established.

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.

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

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

5.0 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol CBC Link to JCC Strategic Goal(s)	Choose an item.
	The JCC was established on 1 April 2024. As yet the JCC strategic goals have not yet been developed.
Dolen i Feysydd Strategol CBC / Link to JCC Strategic Areas	Not Applicable
	The JCC was established on 1 April 2024. As yet the JCC strategic areas have not yet been developed.
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)	Not Applicable
	<p>If more than one applies please list below:</p> <p>Ensuring a robust governance framework as documented and supported by Internal Audit will have a positive impact on the commissioning of specialised services.</p>
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	<p>If more than one applies please list below:</p>
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
	<p>If more than one applies please list below:</p>
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	<p>If more than one applies please list below:</p>

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:

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

6. RECOMMENDATION

Members of the Committee are asked to:

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

NHS Wales Joint Commissioning Committee
Register of Recommendations from the Legacy Internal Audit Report on Risk Management to the Welsh Health Specialised Services Committee.
August 2024

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: Risk management is an integral part of the JCC work plan during the transition period and the first iteration of the amalgamated risk register incorporating the risks of the predecessor organisations EASC, WHSSC and the NCCU were presented to and approved by the JCC on 16 July 2024. The register is a transition risk register whilst further work is undertaken to fully develop and implement the CTM Risk Management Strategy for the JCC (in line with the hosting agreement) and until the JCC has an opportunity to consider its risk appetite as part of the JCC development programme in Autumn 2024. The recommendations in this Risk Internal Audit were specific to WHSSC and are no longer relevant to the JCC. This recommendation is now considered closed in light of the new governance arrangements of the JCC.</p>	COMPLETE

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA RM 2022 3	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>Consideration should be given to rolling out risk management training and awareness sessions across the organisation so that all staff are fully aware of their responsibility and the processes they should follow in relation to identification and management of risks.</p> <p>There is a risk that risks are not properly identified or captured if staff are not trained on the process to follow, the organisations strategy and approach or the system used to capture risk.</p>	MEDIUM	December 2022 changed to May 2023 changed to March 2024	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: Risk management is an integral part of the JCC work plan during the transition period and the JCC are working closely with its host CTMUHB to plan and organise risk management training for all JCC staff aligned to the CTMUHB Risk training module. The recommendations in this Risk Internal Audit were specific to WHSSC and are no longer relevant to the JCC. This recommendation is now considered closed in light of the new governance arrangements of the JCC.</p>	COMPLETE

NHS Wales Joint Commissioning Committee
Register of Recommendations from the Legacy Internal Audit Report on the Wales Kidney Network to the Welsh Health Specialised Services Committee
August 2024

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA WKN 2023 1	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: <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 	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. There is a risk that: <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 Updated to March 2024	Network Executive Lead Director	Deputy Network Manager	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. PROGRESS: COMPLETE Operational register for Terms of Reference of WKN's subgroups completed. National Quality & Patient Safety Performance ToR and Clinical Reference Group reviewed and updated. To note with the formation of the NHS Wales Joint Commissioning Committee (NWJCC) from the 1st April 2024 the WKN is operating within transition arrangements, Further review to be undertaken of the WKN and associated sub groups and forms part of the NWJCC transition plan.	COMPLETE
IA WKN 2023 2	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:	Arrangements be put in place to implement the remaining recommendations from the independent governance review and confirm full implementation of all other recommendations.	LOW	September 2023 Updated to January 2024 Updated to March 2024	Network Executive Lead Director	Deputy Network Manager / Deputy Director of Planning	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 PROGRESS: COMPLETE ID 4 - WHSSC Executive Lead Role updated agreed at WKN Network Board 03.10.23 ID 11 - WKN Commissioning risk register ID 16 - Development and implementation of WKN Commissioning Dashboard To note with the formation of the NHS Wales Joint Commissioning Committee (NWJCC) from the 1st April 2024 the WKN is operating within transition arrangements, Further review to be undertaken of the WKN and associated sub groups and forms part of the NWJCC transition plan.	COMPLETE

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
	<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>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. 						

NHS Wales Joint Commissioning Committee
Register of Recommendations from the Legacy Internal Audit Report on the Integrated Commissioning Plan Development to the Welsh Health Specialised Services Committee
August 2024

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA ICP 2023 1	<p>We reviewed the terms of reference for the key groups and committees involved in the process for developing the ICP. We note:</p> <ul style="list-style-type: none"> The Management Group terms of reference were due for review in May 2023. The Clinical Impact Assessment Group terms of reference were dated April 2022 and should be reviewed annually. We acknowledge that they appear to have been updated, but the date and version has not been amended accordingly. 	<p>The terms of reference for committees and groups should be reviewed in line with the requirements set out within them and review dates and versions updated accordingly.</p> <p>There is a risk that groups and committees make decisions in respect of the ICP that are outside of their remit or that unsuitable governance arrangements are in place.</p>	LOW	September 2024	Committee Secretary	Head of Corporate Governance	<p>We accept the recommendation and can give an assurance that all of the Terms of Reference (ToR) for the Joint Committee's sub committees are reviewed on an annual basis to ensure effective governance. The Management Group (MG) ToR were discussed at the MG meeting on 24 April 2023 at the same time that the MG Annual Report was presented. The annual report contained the following update on the MG ToR.</p> <p>PROGRESS: Initial proposals and discussions on the JCC sub-committee structure have taken place. A proposal will be presented to the JCC in September 2024 along with draft Terms of Reference for the proposed sub-committees. This recommendation is now considered closed in light of the new governance arrangements of the JCC.</p>	COMPLETE
				February 2024	Director of Planning	Assistant Director of Planning	<p>The Clinical Impact Assessment Group (CIAG) TORs are reviewed every year prior to CIAG running – the review date will be revised on the front cover.</p> <p>PROGRESS: Now complete CIAG process is being reviewed in light of the new Standing Orders and the requirement for a JCC IMTP to be developed. Initial proposals and discussions on the JCC sub-committee structure have taken place. A proposal will be presented to the JCC in September 2024 along with draft Terms of Reference for the proposed sub-committees. This recommendation is now considered closed in light of the new governance arrangements of the JCC.</p>	COMPLETE
IA ICP 2023 2	<p>The preparation of the financial element of the ICP is currently undertaken by the Assistant Director of Finance. Prior to our audit the process for developing the finance plan was not documented. We acknowledge that initial work has been undertaken to document the process, outlining the key steps to be taken.</p> <p>Although the process is well established and has been undertaken by the same person for a number of years, the process is complex. As there is a reliance on one person to develop the finance plan, there is a risk that should this change, the financial element of the ICP may not be appropriately developed.</p> <p>We reconciled the finance plan working paper to the published 2023/24 plan, which identified some minor discrepancies. An explanation and revised working papers were subsequently provided.</p>	<p>The process for developing the financial element of the ICP should be documented and be available for other staff to follow should the normal preparer not be available.</p> <p>Amendments to finance working papers should be retained to support the values recorded in the ICP.</p> <p>Lack of consistency / inappropriate development of the financial element of the ICP.</p> <p>Errors in the financial element of the ICP may not be identified.</p>	MEDIUM	February 2024	Director Finance	Assistant Director of Finance	<p>PROGRESS:The initial financial tables for the Integrated Commissioning Plan (ICP) are prepared by the Financial Planning Finance Manager and are then subsequently reviewed and amended if required by the Assistant Director of Finance. The process document that was prepared to outline the financial plan development for the purposes of this audit can be developed as a robust documented process that could be followed by other members of the department if required.</p> <p>There are multiple iterations of the financial plan saved in a chronological version control order as amendments are made during the development of the plan and as a record changes or corrections added to previous versions.</p> <p>PROGRESS: This recommendation is now considered closed in light of the new governance arrangements of the JCC.</p>	COMPLETE

NHS Wales Joint Commissioning Committee

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

August 2024

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA ACCTS 2024 1	<p>Our review of the ACCTS highlight reports to the DAG meetings note:</p> <ul style="list-style-type: none"> • Earlier iterations of the reports had actions RAG rated to show the risk to completion or delivery of an action. Recent iterations included some information on the mitigations being taken where actions remained outstanding, but the RAG status was not included. • Some reports include information on specific concerns in relation to training and set out the risk to the service if action was not taken. However, the risk register does not have this risk captured. Furthermore, the highlight reports do not contain information on the ACCTS risks captured on the risk register. <p>We also note that other risks that may impact on the service were not captured on the risk register. For example, the service is at times operating beyond its original service delivery intentions by providing an out-of-hours provision and offering additional training.</p>	<p>A more robust approach to identifying and capturing risks relating to the ACCTS should be in place. All recorded risks should have an appropriate risk owner, be reviewed on a periodic basis and the risk register updated following review. The highlight reports the DAG meetings should incorporate updates on the highest scoring risks of the service.</p>	MEDIUM	June 2024	Stephen Harry, Chief Ambulance Commissioner	Mark Winter, Director of Operations EMRTS	<p>With the establishment of the new NHS Wales Joint Commissioning Committee, all previous risk registers from EASC and WHSC are being reviewed and merged. As part of this process, a review of commissioned services risk registers will be undertaken. The ACCTS is hosted by Swansea Bay University Health Board (SBUHB). The ACCTS risk register is reported to the SBUHB Quality & Safety DAG and the SBUHB Risk Management Group and EMRTS DAG. Recommendation 1.1 will be actioned, aligning the ACCTS risk register to the SBUHB risk management process. Consideration will be given to recommendation 1.2, when reviewing and aligning the ACCTS risk register to the SBUHB risk management process.</p>	ONGOING

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

Summary Position Regarding Legacy Internal Audit Recommendations								
Report Title	Report Date	Audit Committee Date	Number of Recommendations Made	Number of Recommendations Achieved	Number of Recommendations Outstanding	Recommendations Not Yet Falling Due	Recommendations over due (Original Date)	Recommendations with a revised due date
Risk Management 2022	May 2022	May 2022	4	4	0	0	0	0
Wales Kidney Network	September 2023	October 2023	3	3	0	0	0	0
Integrated Commissioning Plan Development	December 2023	December 2023	3	3	0	0	0	0
Adult Critical Care Transfer Service	June 2024	August 2024	1	0	1	0	1	0
Summary Position Regarding Audit Wales Recommendations								
Report Title	Report Date	Audit Committee Date	Number of Recommendations Made	Number of Recommendations Outside of WHSSC Control	Number of Recommendations Within WHSSC Control	Actions Agreed	Actions Completed	Actions in Progress
Governance Arrangements	May 2021	August 2021	7	3	4	13	13	0

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

Audit Tracker– Update July 2024

1. Background

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 responses were presented to the WHSSC Joint Committee on the 13 July 2021 and progress against the actions to address the recommendations were monitored through the WHSSC Joint Committee, the WHSSC Integrated Governance Committee (IGC) and the CTMUHB Audit & Risk Committee (ARC).

As a consequence of the establishment of the JCC on 1 April 2024 there are legacy recommendations outstanding relating to the review of [Audit Wales Committee Governance Arrangements at WHSSC](#) report which were included in the WHSC legacy statement received by the new JCC on xxx.

The report outlined 4 recommendations for WHSSC all of which were completed in 2023. The report outlined three recommendations for Welsh Government (WG). Recommendation 5 was completed in 2023-2-24 and there are two partially outstanding actions in relation to recommendations 6 & 7.

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

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

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

Having described the work that was 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 further to the establishment of the JCC 1 April 2024 enquiries have been made with Welsh Government obtain an update on WG discussions with Audit Wales on whether the outstanding actions can now be categorise as completed, given that the committees of WHSSC and EASC have now been combined under the NHS Wales Joint Commissioning Committee (JCC), and that the risk an governance frameworks are now established.

An update on progress is outlined below.

2. Progress on Welsh Government Recommendations from the Audit Wales “WHSSC Committee Governance Arrangements” report

Response/ Action	Target Date	Exec Lead	Progress/Comments July 2024	RAG
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:</p> <p>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</p>			<p><u>WG Update 11 October 2023</u> WG have sought clarification from Audit Wales on the detail of the recommendation and WHSSC will be notified once a response is received.</p> <p><u>WG Update 1 November 2023</u> The function of regional commissioning is being explored and discussed as part of the development of the new national commissioning arrangements. It is recognised though that this would be either a delegated function from or supporting function to health boards.</p> <p><u>31 July 2024</u> Further to the establishment of the JCC on 1 April 2024 enquiries have</p>	Partially Complete

Response/ Action	Target Date	Exec Lead	Progress/Comments July 2024	RAG
<p>regional collaborations. Implementation will be taken forward through NHS planning and quality improvement approaches and our accountability arrangements with NHS bodies.</p>			<p>been made with Welsh Government to obtain an update on WG discussions with Audit Wales on whether the outstanding actions can now be categorised as completed, given that the committees of WHSSC and EASC have now been combined under the NHS Wales Joint Commissioning Committee (NWJCC), and that the risk and governance frameworks are now established.</p>	
<p>Welsh Government Recommendation - Future governance and accountability arrangements for specialised services</p>				
<p>R7 A Healthier Wales included a commitment to review the WHSSC arrangements along with other national hosted and specialist advisory functions. COVID-19 has contributed to delays in taking forward that action. It is recommended that the Welsh Government set a revised timescale for the action and use the findings of this report to inform any further work looking at governance and accountability arrangements for commissioning specialised services as part of a wider consolidation of current national activity.</p>				
<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</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</p>	<p>Partially Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments July 2024	RAG
<p>whereby health boards, through the joint committee, retain overall responsibility for the commissioning of specialised services. This requires collaboration and mature discussion from both the commissioner and provider standpoint. However, I recognise the inherent risk of conflict of interest in this arrangement and note the reference made in your report to the Good Governance Institute's report of 2015 which suggested a more national model may be appropriate.</p> <p>In my letter to health boards of 14 August 2019, I indicated that, as recommended by the Parliamentary Review, the governance and hosting arrangements for the existing Joint Committees would be streamlined and standardised. I also said that it was intended the NHS Executive would be become a member of the Joint Committees' Boards in order to 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>recommendations were presented to the Minister in May 2023 and were accepted in full. Programme arrangements have been put in place to deliver those recommendations to deliver a new national commissioning joint committee by 1 April 2024. Audit Wales colleagues receive the papers for the overarching, WG Oversight Board for information on a monthly basis.</p> <p>WG have sought clarification from Audit Wales on the detail of the recommendation and WHSSC will be notified once a response is received.</p> <p><u>21 November 2023</u> Joint Committee members received a report providing an update on progress and received assurance from Andrew Doughton, Lead Auditor, Audit Wales that there was good ongoing engagement with WHSSC on the progress of the recommendations. In relation to recommendation 7 relating to future</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments July 2024	RAG
			<p>governance and accountability arrangements for specialised services this will be likely be categorised as completed soon due to the ongoing work on the national commissioning review.</p> <p>The JC approved the updated audit tracker for submission 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.</p> <p><u>31 July 2024</u> Further to the establishment of the JCC 1 April 2024 enquiries have been made with Welsh Government to obtain an update on WG discussions with Audit Wales on whether the outstanding actions can now be categorised as completed, given that the committees of WHSSC and EASC have now been combined under the NHS Wales</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments July 2024	RAG
			Joint Commissioning Committee (NWJCC), and that the risk and governance frameworks are now established.	