

Audit & Risk Committee Hosted Bodies

Tue 17 December 2024, 09:00 - 10:00

Virtual Via Teams



Agenda

09:00 - 09:05 **1. PRELIMINARY MATTERS**

5 min

Patsy Roseblade, Chair

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


09:05 - 09:15 **2. CONSENT AGENDA**

10 min

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting Held on 17 October 2024

Decision Patsy Roseblade, Chair

 2.1.1 Unconfirmed Minutes 17.10.24 ARC Hosted Bodies 17 December 24.pdf (6 pages)

09:15 - 09:30 **3. MAIN AGENDA**

15 min

3.1. Action Log

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

 3.1 Action Log ARC Hosted Bodies 17 December 2024.pdf (2 pages)

3.2. Matters Arising Not Contained Within the Action Log

Discussion Patsy Roseblade, Chair

09:30 - 09:45 **4. IMPROVING CARE**

15 min

4.1. JCC Update Report

Discussion Stacey Taylor, Interim Chief commissioner/ Director of Finance and Information

 4.1 JCC Update Report ARC HB 17 December 2024.pdf (9 pages)

4.2. JCC Organisational Risk Register

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

 4.2 JCC Org RR ARC Hosted Bodies 17 December 2024.pdf (12 pages)

 4.2a Appendix 1 - JCC Risk Register.pdf (14 pages)


4.3. JCC Audit Tracker

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

 4.3 JCC Audit Tracker Update ARC HB 17 December 2024.pdf (8 pages)

4.4. Internal Audit Report - JCC Mental Health Quality Commissioning Arrangements

Discussion *Emma Samways, Internal Audit*

 4.4 MH Quality Commissioning Arrangements ARC HB 17 Dec 24.pdf (9 pages)

09:45 - 09:55 5. ANY OTHER URGENT BUSINESS

10 min

Discussion *Patsy Roseblade, Chair*

09:55 - 10:00 6. DATE AND TIME OF NEXT MEETING

5 min

Patsy Roseblade, Chair

Thursday 13 February 2025 at 13:30 pm

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

Date and Time of Meeting	Thursday 17 th October 2024 at 13:00 pm
Venue	Virtual via Microsoft Teams

Members Present	Patsy Roseblade	Independent Member/Committee Chair
	Kath Palmer	Independent Member
	Ian Wells	Independent Member
In Attendance	Sally May	Executive Director of Finance
	Paul Dalton	NWSSP- Internal Audit & Assurance
	Emma Samways	NWSSP- Internal Audit & Assurance
	Paul Worthington	Lay Member, Joint Commissioning Committee (JCC)
	Jacqui Maunder	Committee Secretary, Associate Director of Corporate Services JCC
	Stacey Taylor	Director of Finance JCC
	Mark Jones	Audit Wales
	Nathan Couch	Audit Wales
	Tracy Norris	Academy Director National Imaging Academy Wales (NIAW)
	Gareth Watts	Director of Corporate Governance/Board Secretary
	Kathrine Davies	Corporate Governance Manager (Secretariat)
Meeting Observers	None	

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The 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
	Apologies were received from: <ul style="list-style-type: none"> • Geraint Hopkins, Independent Member • Steve Stark, Audit Wales • Philip Wardle, Director, National Imaging Academy Wales
1.3	Declarations of Interest
	There were no declarations recorded.
2. CONSENT AGENDA BUSINESS	
2.1	Items for Approval
2.1.1.	Unconfirmed Minutes of the meeting held on 15 August 2024
Resolution:	The minutes were approved as an accurate record.

3. MAIN AGENDA	
3.1	Action Log J. Maunder presented the Action Log. Updates were provided on the following: <ul style="list-style-type: none"> • 3.1.1 Organisational Risk Register – J. Maunder advised that following the last meeting, feedback had been provided to the Senior Leadership Team at their focussed risk workshop on the 25th September 2024 to review and recalibrate existing risks and to horizon scan for future risks. A further update would also be provided today as part of Agenda Item 4.1 Organisational Risk Register. • 4.2 JCC Audit Tracker – J. Maunder advised that they were in liaison with Welsh Government to provide an update and categorise those two recommendations as closed. • In response, M. Jones advised that he would pick this up with D. Griffiths if there was anything to feedback from discussions with Welsh Government and would provide an update to the Committee outside of the meeting. • 5. Any Other Urgent Business – J. Maunder advised that she would holding discussions with the CTM Director of Corporate Governance and it was hoped that a written report would be provided at the December 2024 meeting.
Resolution:	The Action Log was NOTED .
Action:	Audit Wales to provide an update on Action 4.2 Audit Tracker and provide a response outside of the meeting to the Committee.
3.2	Matters Arising Not Contained within the Action Log

	There were no matters arising to report.
4.	IMPROVING CARE
4.1	<p>JCC Progress Report – Verbal</p> <p>J. Maunder provided a verbal update on the JCC on the following key matters:</p> <ul style="list-style-type: none"> • A. Harris, Interim Chief Commissioner would be leaving the organisation on the 18th October 2024 to take up her post of Chief Executive at Swansea Bay UHB. However, she would remain a member of the JCC. J. Maunder extended her thanks for the commitment and impact A. Harris had provided in getting them through the transition stage. In terms of seeking a replacement J. Maunder advised that the advert was currently live and open for a month. • Two additional Lay Members had now been appointed making a full complement of five Lay Members and an Independent Chair. • The final elements to the Governance Framework, the Hosting Agreement with CTM and the Memorandum of Agreement were endorsed by the JCC in September 2024 and approved by the seven Health Boards and are now substantive documents appended to the Standing Orders. • Work was underway on the development of Sub Committees of the JCC and specifically a Planning, Performance & Finance Committee, a new Quality Safety Outcomes Committee. • The current arrangements Audit & Risk Committee would remain as they were. • The September meeting of the JCC had also approved its vision, mission and strategic objectives and these would be aligned with the organisational risk register. • Work also continues on the transition with G. Galletly being appointed as Director of Transition and Transformation, working on a transition plan and plans for an organisational change process to go ahead along with an accommodation strategy. • S. Taylor advised that meetings were being held with Internal Audit with regard to current programmes underway and another one planned for later on in the year in relation to a review of those internal interim arrangements as they transition out of the first year of the JCC and into the second year in terms of governance arrangements. • P. Worthington commented that he would be sad to see A. Harris leave and wished her well for the future. He also advised that the Director of Planning had now left with an Interim Director in place. However, it did have a knock on effect for the organisation in terms of impact and capacity which they were addressing and had been added to the within the organisational risk register.
Resolution:	The verbal update was NOTED.
4.2	<p>JCC Organisational Risk Register</p> <p>J. Maunder presented a transitional amalgamated risk register for the Joint Commissioning Committee (JCC) which encompasses risks scoring 15 and above taken from the commissioning teams and directorate risk registers across the former EASC, NCCU and WHSSC predecessor organisation risk registers.</p>



	<p>I Wells referred to Risk 40 that he had referred to under the Action Log. He commented that it had stated that there was new capacity going to arise in the Princess of Wales Hospital in December and the risk had been de-escalated on the assumption that this would happen. I Wells queried that given a lot of services had now had to have been moved out of the hospital would this risk be required to go back onto the risk register.</p> <p>J. Maunder, in response, advised that the risk had been reduced from 16 to 12 given the rationale that it had been tolerated for some time. She added that this also encompassed risk 65 in relation to the renal dialysis capacity across Wales. J. Maunder advised that she would take this on board as action to look at the two risks and raise them with the team to review the risks and narrative.</p> <p>K. Palmer commented that good progress had been made from the last meeting and extended her thanks to the team. K. Palmer advised that it would be good to see some timescales by the next meeting.</p> <p>The Chair related to the two red risks 71 and 74 relating to Ambulance Performance and requested a detailed focus on the risks for the next meeting. JM advised that the JCC Chair had requested that these were drawn out and a discussion had been held at the last JCC meeting. J. Maunder confirmed that they would be meeting with the Chief Ambulance Services Commissioner to discuss next week and would also ensure that these would have a primary focus for the next Hosted Bodies meeting in December 2025.</p> <p>P. Worthington referred to risk 74 – financial break-even and flagged to the Committee that discussions were ongoing with S. Taylor and her team in relation to the potential end of year financial position and proposals to mitigate and address over the next couple of months.</p> <p>The Chair, in response queried whether they were discussing these matters with the Director of Finance in CTM. S. May confirmed that they were tracking this very carefully.</p>
Resolution	<p>The Committee</p> <ul style="list-style-type: none"> • NOTED the report • NOTED the JCC risk register as at 31 July 2024 • NOTED the continued work undertaken to date to produce a transitional amalgamated risk register; and • NOTED the further work planned to fully develop the CTM Risk Management Strategy and Risk Register for the JCC.
Action	To review risk 40 and 65 outside of the meeting and bring an update to the next meeting of the Committee.
Action	To review the two red risks 71 & 74 on Ambulance Performance and provide a detailed focus for the December 20204 meeting.
4.2	JCC Audit Tracker

	<p>J. Maunder presented the report that provided the CTMUHB Audit and Risk Committee for Hosted Bodies with an update on progress in respect of the implementation of recommendations from internal and external audits.</p> <p>J. Maunder advised that as reported under the Action Log they were awaiting confirmation from Welsh Government on the two recommendations as to whether they can be closed and an action for M. Jones, Audit Wales to pick up outside of the meeting with Audit Wales /Welsh Government colleagues.</p>
Resolution	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTE the report • NOTE the amalgamated JCC audit recommendations tracker incorporating the audit recommendations of the former organisations EASC & WHSSC • NOTE the progress achieved in implementing the recommendations made, • Take an assurance on the rolling programme to collate updates from services on a bi-monthly basis in order to report progress to the Audit and Risk Committee; and • NOTE the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report.
4.3	<p>National Imaging Academy Wales (NIAW) Risk Register</p> <p>T. Norris presented the report that provided the Committee with an update on the NIAW risk register.</p> <p>S. May referred to the wording in relation to recruitment and advised that there was currently no recruitment freeze and any concerns had been raised with the CTM Director of Finance which was not the case. S. May requested that this be reviewed. T. Norris confirmed that she would take this away as an action and would re-circulate to the Committee.</p> <p>The Chair referred to the Gateway Reviews that was referenced in the report and queried when this had taken place. T. Norris confirmed that it had been over two years ago and they had managed the two recommendations but it was taking longer than they had anticipated. The Chair asked if the Committee could be provided with the details of the review so that they could be reminded. T. Norris confirmed that she would do this.</p>
Resolution	The report was NOTED .
Action	To provide the Committee with the details of the Gateway Review.
5	ANY OTHER URGENT BUSINESS
	<p>J. Maunder advised the Committee that with the appointment of the two new Lay Members, the JCC had agreed to rotate the Lay Members on this Committee. She advised that this could be the last meeting for P. Worthington and acknowledged the time and commitment he had provided to the Committee.</p>



	J. Maunder also expressed her thanks to A. Harris as she leaves the JCC tomorrow and wished her the very best wishes moving forward.
4.	DATE OF NEXT MEETING
6.1	17 December 2024 at 9:00 am
5.	CLOSE OF MEETING

**HOSTED BODIES AUDIT & RISK COMMITTEE ACTION LOG
FOLLOWING MEETING HELD ON 17 OCTOBER 2024**

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT DECEMBER 2024
4.2	17 October 2024	JCC Organisational Risk Register	To review the narrative on the de-escalated Risk 40 – Limited Outpatient Dialysis for patients in Swansea due to the recent issues at the Princess of Wales Hospital. To review Risk 65 – Renal Dialysis across Wales.	17 December 2024	JCC Committee Secretary/Associate Director of Corporate Services	Completed Further narrative provided within risk register. The risk has been mitigated by the opening up of twilight sessions to increase capacity until the two new units are open and fully functioning. Unit dialysis capacity pressures across Wales are being managed and monitored through Risk 65 on the risk register with a score of 16.
4.2	17 October 2024	JCC Organisational Risk Register	To provide a detailed focus on the two red Ambulance Risks 71 & 74 for the next meeting of the Committee.	17 December 2024	JCC Committee Secretary/Associate Director of Corporate Services	Completed The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. Risks 71 and 74 have been replaced by Risk 77
4.3	17 October 2024	National Imaging Academy Wales	To amend the wording in the report in relation to recruitment and re-circulate to members.	November 2024	NIAW Academy Manager	Completed Report has been amended and re-circulated.
3.1.1	15 August 2024	JCC Organisational Risk Register	To review risks 40, 57 and 63 that had been reduced and feedback to the Committee. To feedback the comments and observations made today to the Risk Workshop in September 2024.	17 October 2024	JCC Committee Secretary/Associate Director of Corporate Services	In progress The JCC Senior Leadership team held a risk workshop on 25 September and the feedback was considered. All risks are currently being reviewed and recalibrated including risk score. An update was also provided under Agenda Item 4.2 Risk Register at the October 2024 meeting of the Hosted Bodies.
4.2	15 August 2024	JCC Audit Tracker	To discuss Recommendation 6 with colleagues and provide an update to the Committee on the discussions with Welsh Government.	17 October 2024	Darren Griffiths, Audit Wales	In Progress Audit Wales colleagues to pick this up with Darren Griffiths outside of the meeting and feedback.

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT DECEMBER 2024
5.	15 August 2024	Any other Urgent Business	To provide a written update report on the JCC, for future meetings.	17 October 2024	JCC Committee Secretary/Associate Director of Corporate Services	<p style="text-align: center;">Completed</p> <p>Written report on the agenda for December 2024 meeting.</p>
COMPLETED ACTIONS						



Agenda Item

4.1

Audit & Risk Committee

Joint Commissioning Committee Update on Progress

Dyddiad y Cyfarfod / Date of Meeting	17/12/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Jacqui Maunder, Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Stacey Taylor, Interim Chief Commissioner of the JCC
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stacey Taylor, Interim Chief Commissioner of the JCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
---	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
The Joint Commissioning Committee	12/11/2024	Noted

Acronyms / Glossary of Terms	
EASC	Emergency Ambulance Services Committee
HEIW	Health Education and Improvement Wales
IMTP	Integrated Medium Term Plan
JCC	Joint Commissioning Committee
MoA	Memorandum of Agreement
NHSE	NHS England



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

PHW	Public Health Wales
SARC	Sexual Health Referral Centre
TSW	Traumatic Stress Wales
WHSSC	Welsh Health Specialised Services Committee
WKN	Welsh Kidney Network



1. Situation / Background

- 1.1 The purpose of this report is to provide the CTMUHB Audit & Risk Committee with an update on key issues that have arisen since the last ARC meeting.

2. Specific Matters for Consideration

2.1 Integrated Medium Term Plan (IMTP) 2025-2028 Development

- 2.2 Further to the update given at the Joint Commissioning Committee on 17 September 2024 on progress with developing the 2025/2028 Integrated Medium Term Plan (IMTP), work has been progressing throughout October to assess both commissioner and provider risk to inform the commissioning priorities of the plan this year, specifically to identify service areas at risk, to apply a STEEEP assessment to them, and to assess whether they should be treated, tolerated, transferred, terminated or transformed.

- 2.3 The outcome of this work will be shared and tested through a workshop in early December with representatives from all Health Boards, and also with Joint Committee members at their development session on the 10 December 2024, where a range of choices will be presented for discussion and potential inclusion in the plan.

- 2.4 The detailed work on risk has meant that timescales are slightly behind the anticipated timeline, however at this stage are deemed recoverable, and should not impact the overall timeline.

2.5 Public Health Input for the JCC

- 2.6 The Combe review "Independent Review of Commissioning Functions" identified the need to secure public health input into the JCCs commissioning activities, aligned to the JCC Memorandum of Agreement (MoA).

- 2.7 Based on learning from NHS England (NHSE) and elsewhere, the JCC team have been in discussion with Public Health Wales (PHW) to identify what public health support is required to support the JCC with population needs assessments and delivering the best value from available resources. A business case has been developed which considers models which exist elsewhere for national public health advice to specialist or national commissioning. Recommendations are being considered for a central function be established, with clear oversight arrangements, to deliver this service and co-ordinate with local and national public health stakeholders. A workplan will be brought back to the JCC in early 2025 once details have been agreed. This is a key part in the establishment of the JCC to support a population health and evidence based approach to commissioning that puts quality and equity at the centre.

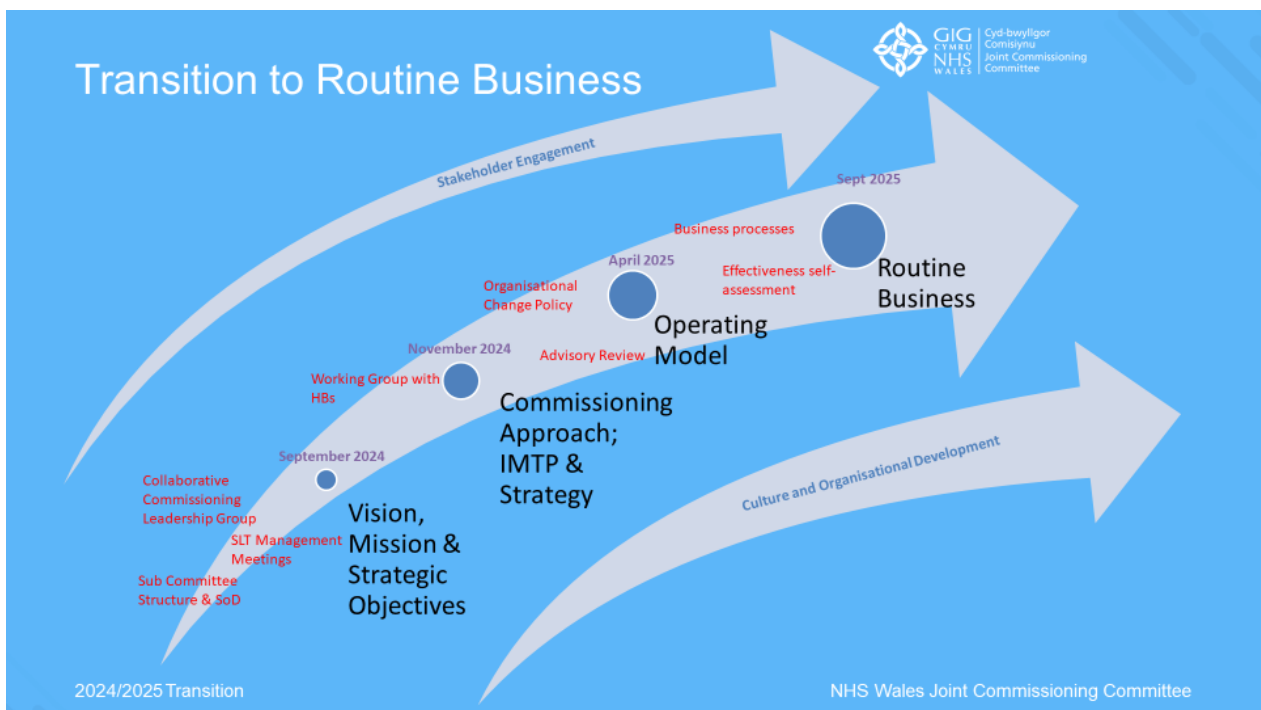


2.8 **Update on JCC transition – Q2 Progress and plan for Q3 2024-2025**

2.9 Overall good progress has been made in the first 7 months since the establishment of the JCC. During Q2 work has continued at pace to implement the steps to 'routine business' for the new JCC.

2.10 The transition to routine business was discussed at the Joint Committee Development sessions in August and October 2024 with regular updates provided on progress and the overall approach. A summary of the plan is outlined in Figure 1 below

2.11 Figure 1 – JCC Transition to Routine Business



2.12 Amongst the recent key achievements, the governance model, including the joint sub-committee arrangements were agreed by the 7 x HBs in September 2024. The recent appointment of two new Independent Lay members of the Joint Committee has enabled the Chair to consider lay member representation and chairmanship for the sub-committees who will meet under the new Terms of Reference (ToRs) in Q3.

2.13 The approval of the JCC's Vision & Strategic Objectives at the Joint Committee meeting in September 2024 as outlined in **Figure 2** below has led to the development of branding and visual concept which has been incorporated into report templates and PADR's etc. to enable wide promotion of the commitment to their achievement.

2.14 Figure 2 - JCC's Strategic Objectives



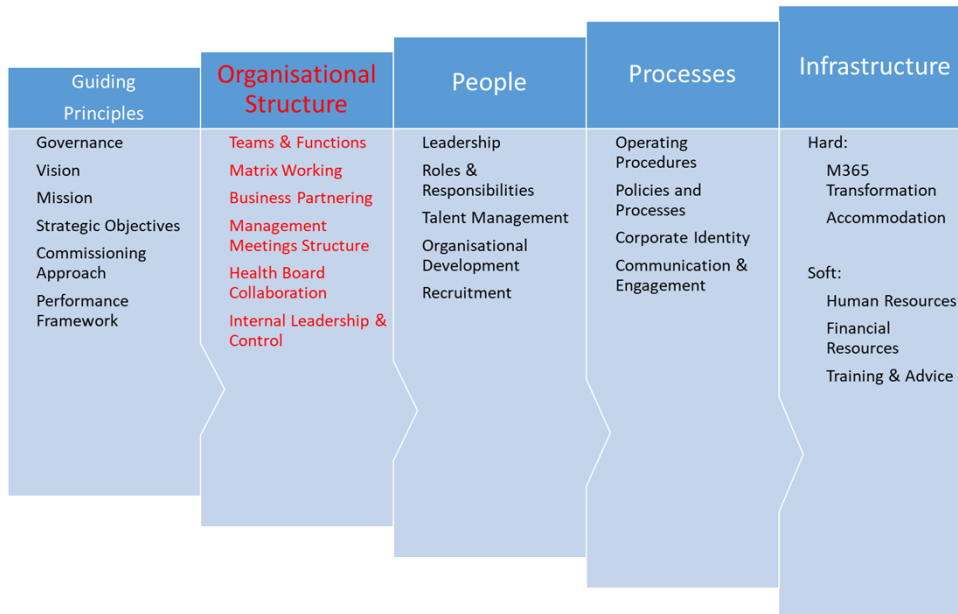
2.15 The Values and Behaviours developed in partnership with the colleagues from within the JCC, also agreed at Joint Committee in September 2024, have also been branded as a result of engagement on preferred imagery and style – see Figure 3 below.

2.16 Figure 3 – JCC Values and Behaviours



2.17 The approach to the implementation of a new operating model for the JCC is progressing, with a focus during the period leading up to Christmas 2024

on the design and consultation of a new organisational structure for the JCC to reflect the new ways of working.



2.18 The key focus areas for the SLT during the remainder of the current financial year include:

- **Collaborative Commissioning Leadership Group (CCLG)** – agreeing the terms of reference for the new CCLG, which will incorporate the work of the legacy sub Management Groups for sub-committees EASC and WHSSC
- **Organisational Structure** – The Tier 1 and 2 structures were agreed in July 2024 and have been implemented. Work to focus on designing the structure for Tier 3 and below has commenced with OCP due to commence during November/December 2024 in partnership with the CTMUHB workforce team
- **Accommodation** review – work to focus on the utilisation of the current estates portfolio with a view to closer working and maximising efficiencies – an engagement T&F group has been set up to lead the work whilst longer term options are explored
- **Risk based choices – IMTP** - JCC strategy session on 10 December 2024 will provide an opportunity to shape the way forward
- **Scheme of delegation** – work has commenced on the additional delegations required to support decision making across the JCC
- **Induction of Lay Members** – local induction sessions have been held and as part of the lay member development programme a buddying system will be introduced. The lay members appointed in November 2024 have been added to the waitlist for the new NHS wide induction programme for independent members being led by HEIW
- **Internal reviews** – discussions are ongoing to secure resource to support internal reviews of the Traumatic Stress Wales (TSW) service,



the Welsh Kidney Network (WKN) and the Sexual Assault Referral Centre (SARC) service

- **Risk appetite statement** – work is progressing to review, refresh and recalibrate the JCC risks and to develop a bespoke risk appetite statement for the JCC
- **Development of a Commissioning Assurance Framework** to incorporate performance, quality and finance.
- **Clinical Leadership Model** – a review of the current arrangements to ensure robust clinical accountability across the JCC.

3 Key Risks / Matters for Escalation

As highlighted in the JCC Briefing document following the November 2024 JCC meeting, the Chair and Lay Members noted that the Ambulance & 111 Commissioning team had undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio and the legacy ambulance risks of EASC had been amalgamated into two new risks relating to the Commissioning of sufficient Emergency Ambulance Services capacity and the utilisation of Emergency Ambulance Capacity. Lay members expressed concern at the red 25 high scoring risks. Despite the new risks being articulated to provide more of a commissioner focus, the Chair requested that further work be undertaken in relation to mitigating the risks. These risks will be discussed at the next JCC Strategy session on 10 December 2024.

4 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Choose an item.
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Choose an item.
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i>	Leadership
	If more than one applies please list below:



Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i>	Effective
Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	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>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Outcome:	n/a
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	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:
Cyfreithiol / Legal	Choose an item. National Health Service Joint Commissioning Committee (Wales) Directions 2024 National Health Service Joint Commissioning Committee (Wales) Regulations 2024	
Enw da / Reputational	Choose an item. There is no direct impact on the reputation of the Local Health Boards or 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 **Recommendation**

- 5.1 Members are asked to:
- **NOTE** the report.



Agenda Item

4.2

Audit & Risk Committee

JCC Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	17/12/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance and Risk Office
Cyflwynydd yr Adroddiad / Report Presenter	Jacqui Maunder, Committee Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stacey Taylor, Interim Chief Commissioner of the JCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
---	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
JCC Meeting	17 September 2024	Approved
JCC SLT Away day	25 September 2024	Discussed
JCC Development Day	15 October 2024	Discussed
CTMUHB Hosted Bodies Audit & Risk Committee	17 October 2024	Noted
JCC SLT	4 November 2024	Noted
JCC Meeting	12 November 2024	Approved
Acronyms / Glossary of Terms		
JCC	Joint Commissioning Committee	
SLT	Senior Leadership Team	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

CTMUHB	Cwm Taf Morgannwg University Health Board
--------	---



1. Situation / Background

- 1.1 The purpose of this report is to present the transitional amalgamated risk register as at September 2024 for the Joint Commissioning Committee (JCC), which encompasses risks scoring 15 and above. The risk register was last presented to the Joint Committee meeting on 12 November 2024 to review the risks, consider the controls and mitigating actions and to approve the JCC risk register.

2. Specific Matters for Consideration

- 2.1 Further to the establishment of the JCC on 1 April 2024, in accordance with the new Hosting Agreement (HA) with CTMUHB, the JCCT is required to adopt the risk assessing mechanisms of CTMUHB. Any adaptation to the agreed risk processes of the Host Body, which may be required owing the specific functions of the JCC/JCCT, should only be made after consulting with the Host Body Executive Director of Finance and the Director of Corporate Governance/Board Secretary.
- 2.2 On 16 July 2024 the Joint Committee approved the transitional amalgamated risk register incorporating the high risks of predecessor organisations EASC, NCCU and WHSSC and which aligned the layout of the risk register to the CTMUHB Risk Register template to move the JCC a step forward on its risk development journey.
- 2.3 The risk register for the JCC as at 30 September 2024 (Appendix 1) remains transitional whilst further work continues to be undertaken to fully develop and implement the Risk Management Strategy for the JCC (in line with the CTMUHB HA), and until the JCC has had opportunity to consider its risk appetite following discussion at the JCC development session on 15 October 2024.
- 2.4 The Vision, Mission and Strategic Objectives of the JCC were considered and approved by the JCC at its meeting on 17 September 2024 and work has commenced to triangulate the high risks against them.

3. Key Risks / Matters for Escalation

3.1 Risk Summary

As at 30 September 2024 there are 19 risks with a score of 15 and above (high risks) on the transitional Risk Register. A summary of these risks is outlined below.

3.2 Commissioning Risks

There are 17 risks open with a risk score of 15 and above:

- Ambulance Services x 2
- Cancer and Blood x 1
- Cardiac x 3
- Neurosciences x 4
- Welsh Kidney Network x 2

- Women and Children x 5

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

Table 1 – Commissioning Risk Profile – September 2024

Commissioning Risk Activity	Update as at September 2024
New Commissioning Risks	<p>Two new risks were added:</p> <ul style="list-style-type: none"> • Risk 77 - Commissioning of sufficient Emergency Ambulance Services capacity This new risk replaces Risks 70 and 74 • Risk 78 - Utilisation of Emergency Ambulance Capacity This new risk replaces Risks 71, 72 and 73
Escalated Commissioning Risks	No risks were escalated
De-escalated Commissioning Risks	No risks were de-escalated
Closed Risks	<p>Five ambulance risks were closed:</p> <ul style="list-style-type: none"> • <u>Risk 70 (4503) – Secure Sufficient Ambulance Services (was Red 15)</u> The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. This risk has been replaced by Risk 77. • <u>Risk 71 (4506) - Ambulance Services Red Performance Levels (was Red 25)</u> As above. This risk has been replaced by Risk 78. • <u>Risk 72 (4507) - Ambulance Services Amber Performance Levels (was Red 20)</u> As above. This risk has been replaced by Risk 78. • <u>Risk 73 (5005) - Ambulance Services Patient Safety and Clinical Risks (was Red 15)</u> As above. This risk has been replaced by Risk 78. • <u>Risk 74 (5370) - Ambulance Services Commissioned Capacity (was Red 25)</u> As above. This risk has been replaced by Risk 77.

3.4 **Emergency Ambulance Risks**

As per the discussions at previous Joint committee meetings, the Director of Commissioning for Ambulance Services and 111 has undertaken a review of the risks related to Emergency Ambulance Services commissioning.

Alongside this, work has been undertaken to develop a consistent approach to risk development across the whole Ambulance Services and 111 commissioning portfolio which will be brought to the committee at its next meeting.

In relation to the specific risks related to the Emergency Ambulance Services Commissioning it was proposed that the existing risks were aligned under the following proposed commissioning risks:

3.5 **Commissioning Capacity**

If: The NWJCC does not commission sufficient capacity of services

Then: The providers will be unable to deliver their commissioned requirements

Resulting in: Reduced performance and quality standards, increased risk of harm, reduced system flow and NWJCC reputational risk.

This covers existing risks: Risk 70 and Risk 74.

3.6 **Utilisation of Capacity**

If: The capacity commissioned by the NWJCC is not utilised for its intended purpose

Then: Health boards and their populations will not receive the services they require

Resulting in: Patients not receiving a timely or any emergency ambulance response, increasing the risk of harm, disability and death

This covers existing risks: Risk 71, Risk 72 and Risk 73.

3.7 **Finance**

If: The provider does not operate within the allotted commissioning allocation

Then: The NWJCC may need to provide additional funding to providers,

Resulting in: NWJCC members needing to reprioritise other areas.

This covers existing risks: Risk 70 and Risk 74.

3.8 **Governance**

If: The Ambulance and NHS 111 commissioning team does not have sufficient capacity or expertise to undertake its duties effectively,

Then: Limiting the team's ability to effectively support the commissioning of services on behalf of the NWJCC,

Resulting in: The NWJCC's ability, to confidently discharge its statutory duties



This covers existing risks: Risk 70.

3.9 In line with the host body’s requirements, risk identification and assessment forms have been completed for each of the proposed risks and are available at Appendix 2.

3.10 The table 2 below summaries the outputs of that assessment for each risk and the approach that has been taken to scoring each risk.

Table 2 – Summary of Outputs

Risk	C	L	Risk Score	Approach
Commissioning of Capacity	5	3	15	<p>Likelihood: Based of review current demand and capacity, current performance and known health board requirements</p> <p>Consequence: Likely nature of patients outcome</p> <p>Note: Where demand varies, we have considered likelihood in relation to periods of highest demand</p>
Utilisation of Capacity	5	5	25	<p>Likelihood: Based on the current frequency that capacity is not being used effectively for its commissioned purpose</p> <p>Consequence: Likely nature of patients outcome</p> <p>Note: Drivers of ineffective utilisation outside of the JCC’s direct role i.e. ambulance handover delays, service redesign, population demand</p>
Finance	4	2	8	<p>Likelihood: Based of the known financial position of services currently</p> <p>Consequence: Based of proportionate impact to the JCC</p> <p>Note: Consider risk scoring - service vs organisational financial position</p>
Governance	3	4	12	<p>Likelihood: Reflects the current capacity with the Ambulance and 111 Commissioning team and OCP position</p> <p>Consequence: Balanced against providers statutory requirements</p>

C = Consequence
L = Likelihood



3.11 The above set of new risks were considered by the Senior Leadership Team at its meeting on 4 November 2024, where it was agreed that the two new risks with a score over 15 should be added to the JCC Risk Register, replacing Risks 70, 71, 72, 73 and 74.

3.12 At the JCC meeting on 12 November 2024, the Chair and Lay Members noted that the Ambulance & 111 Commissioning team had undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio and the legacy ambulance risks of EASC had been amalgamated into two new risks relating to the Commissioning of sufficient Emergency Ambulance Services capacity and the utilisation of Emergency Ambulance Capacity. Lay members expressed concern at the red 25 high scoring risks. Despite the new risks being articulated to provide more of a commissioner focus, the Chair requested that further work be undertaken in relation to mitigating the risks. These risks will be discussed at the next JCC Strategy session on 10 December 2024.

3.13 **Corporate/Organisational Risks**

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

- Corporate Services x1
- Finance & Information x1

3.14 A summary of the changes that have taken place in September 2024 are outlined in table 3 below.

Table 3 – Corporate/Organisational Risk Profile – September 2024

Corporate Risk Activity	Update as at September 2024
New Risks	No new risks were added
Escalated Risks	No risks were escalated
De-escalated Risks	No risks were de-escalated
Closed Risks	No risk were closed

3.15 **Update on Developing the JCC Risk Management Framework**

3.16 **SLT Risk Management Session – 25 September 2024**

During the SLT leadership away day on 25 September 2024, SLT members participated in a risk management session to consider:

- Horizon scanning for new emerging risks
- Aligning risks to the new strategic objectives
- Aligning risks to the new Quality, Safety & Outcomes sub-committee and the Planning, Performance and Finance sub-committee



- The need for Directors to provide assurance to the lay members on the sub-committees
- Plan for JCC development day 15 October – risk appetite and tolerance
- How the JCC can learn from the 3 year journey CTMUHB underwent to develop their risk register and Board Assurance Framework (BAF).

3.17 The session prompted good discussion and agreement on:

- The need for precision when articulating risks to ensure they are being described through a commissioning lens and not as a provider and to provide clarity to the reader on the exact nature of the risk
- That there were several live risks which were not currently featured on the risk register and that these will be explored further through a horizon scanning exercise with individual directorates in October
- That the CTMUHB framework for risk management was not congruent for commissioning risks and that benchmarking work should be undertaken with other commissioning organisations (e.g. Integrated Care Boards (ICB's in NHSE England (NHSE))).

3.18 **JCC Development Session – 15 October 2024**

Following on from the approval of the JCC risk register on 16 July 2024 it was agreed to consider the JCCs risk appetite at a JCC development session on 15 October 2024.

3.19 During the session members

- Acknowledged that the risk team at CTMUHB had provided risk management training to all JCC Directors, Assistant Directors and risk authors
- Discussed risk appetite and tolerance
- Considered the CTMUHB risk management approach and what may be required additionally for the JCC as a commissioning organisation
- Considered the definition of risk for the JCC through a commissioning lens and considered example risk appetite statements from NHS England Integrated Commissioning Boards (ICBs), recognising that the narrative may be closer aligned to the JCC as a commissioning organisation
- Explored what approach the JCC members needed and wanted for assurance
- Acknowledged the risk-led approach for the Integrated Medium Term Plan (IMTP)
- To develop the specific risk appetite and tolerance for the JCC

3.20 The JCC acknowledged that an alignment in approach to ICBs might be helpful, however this should not be considered in isolation from the risk appetite of health boards. It was agreed that a benchmarking exercise of the seven health boards risk appetite statements would be undertaken to identify any synergies.



3.21 Progress since October 2024

3.22 Directorate Risk Sessions

The corporate services team are continuing to meet with individual directorates to support them in horizon scanning for new risks and re-assessing existing risks to recalibrate and provide new narrative and focus for risks going forward. To date positive sessions have been held with the Ambulance and 111 directorate, the Specialised Services directorate and the Mental Health & Vulnerable Groups directorate.

3.23 Benchmarking Risk Appetite across the Health Boards

Further to the JCC development session on 15 October 2024 a benchmarking exercise has been undertaken to compare and contrast the risk appetite statements of the seven health boards to identify any synergies, and to support the development of the JCC risk appetite statement. Work has also been undertaken to identify good practice, for example the Good Governance Institute (GGI) (May 2020) Risk Appetite Matrix. The findings will be discussed with the NHS Wales Directors of Corporate Governance (DoCG) peer group and the DoCG at CTMUHB as our host, and a draft risk appetite statement will be brought back to the JCC in January 2025 for approval. Once approved this will enable the JCC to develop a new risk register for approval by the JCC in March 2025.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to NWJCC Strategic Goal(s)	Not Applicable
	Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration The NWJCC was established on 1 April 2024. The strategic goals were approved in September 2024. The Risk Register is a key element of the control for the JCC
Dolen i Feysydd Strategol BIP CTM / Link to NWJCC Strategic Principles	Not Applicable
	Commission evidence based services that are secured through forging excellent relationships; shaped by people with expert knowledge and experience to secure high quality care with outcomes that matter and ensure involvement of patients and are sustainable and make the best use of resources The NWJCC was established on 1 April 2024. The principles were approved by the NWJCC in September 2024. The aim to be the centre of excellence for collaborative commissioning
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below: A more equal Wales A Wales of cohesive communities



150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Efficient If more than one applies please list below: Effective; equitable; person-centred; timely and safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd <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: The Risk Register is regularly reviewed and does not specifically deal with patient level information i.e. re protected characteristics although all services are required to comply with the Equality Act and Public Sector Equality Duty
Cydraddoldeb a'r Gymraeg <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	Yes (Include further detail below)	



	The Risk Register is a key document to manage all issues and risks within the JCC including its reputation
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)
	Identified within the Risk Register

5. Recommendation

5.1 Members are asked to:

- **NOTE** the report
- **NOTE** the JCC risk register as at 30 September 2024
- **NOTE** the continued work undertaken to date to produce a transitional amalgamated risk register; and
- **NOTE** the further work planned to fully develop the CTM Risk Management Strategy and Risk Register for the JCC.

6. Next Steps

6.1 The plan to develop and strengthen the JCC risk register during Q3/Q4 is set out in table 4 below.

Table 4 – Timetable for Developing the JCC Risk Register

Date	Activity	Update for SLT
02-Sep-24	SLT Formal Meeting – Risk Register for July to be presented	Committee Secretary will present the report and provide feedback from Audit and Risk committee and the plan for developing the risk register in Q3 to be discussed
12-Sep-24	Risk Management Training – CTMUHB	All Directors, Deputy Directors and risk authors are invited to attend risk management training which is being delivered by CTMUHB
17-Sep-24	JCC Meeting – JCC to approve vision, mission and strategic objectives	JCC will receive the risk register JCC will receive and approve the JCC’s vision, mission and strategic objectives
19-Sep-24	Task & Finish Group	A small T&F group to review the top ten risks for the JCC
23-Sep-24	Risk Scrutiny Group	This meeting was stood down whilst work is progressed with the SLT at the Time Out
25-Sept-24	SLT Time Out - Risk Workshop Part 1	A risk workshop will be held with SLT within the time out day to begin discussions on risk



Date	Activity	Update for SLT
07-Oct-24	SLT Formal Meeting - Risk Register for August to be presented	Update to be given on work to develop the risk register and the plan for the JCC development session on risk 15 October
08-30 Oct-24	Commissioning Directorate Meetings	To horizon scan new risks, review current ones and identify cross-cutting themes and risks, aligned to the new JCC strategic objectives
15-Oct-24	JCC Development Session – Risk Appetite	
17-Oct-24	Audit & Risk Committee	ARC will receive the risk register approved by the JCC on 17 September Update to be given on work to develop the risk register and feedback from the JCC development session on risk 15 October
04-Nov-24	SLT Formal Meeting	September 2024 draft risk register – specific discussion on Ambulance Risks and re-wording.
12-Nov-24	JCC Meeting	JCC will receive the September risk register.
10-Dec-24	JCC Development Session	Benchmarking of HB risks to be shared with further discussion on revised ambulance risks and risk scores and risk appetite. Discussion on financial risks as part of the IMTP discussions
17-Dec-24	Audit and Risk Committee	ARC will receive the risk register approved by the JCC on 12 November Update to be given on work to develop the risk register
21-Jan-25	JCC Meeting	A draft Risk Appetite Statement for the JCC will be presented for consideration
18-Mar-25	JCC Meeting	New risk register aligned to the strategic objectives, and the JCC Assurance Framework to be presented

		CONSEQUENCE (C)				
CxL		1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
LIKELIHOOD (L)	1 - Highly Unlikely					
	2 - Unlikely					
	3 - Likely					<p>70 Failure to deliver the Ministerial direction to plan, commission and secure services - RISK CLOSED OCT 2024</p> <p>76 NWJCC Finanacial break-even</p> <p>77 Commissioning of sufficient Emergency Ambulance Services capacity - NEW RISK ADDED OCT 2024</p>
	4 - Highly Likely				<p>28 Workforce and capacity</p> <p>50 Deep Brain Stimulation and delays in communication with gatekeeper/referring clinician</p> <p>53 C&VUHB Neurosciences staffing issues/level</p> <p>56 CVUHB Neo-natal infection control</p> <p>61 Obesity surgery waiting times</p> <p>62 TARN delays due to database being taken offline</p> <p>63 Neurosurgery Sustainability</p> <p>64 Lack of Interventional Radiology at SBUHB</p> <p>65 Renal dialysis capacity across Wales</p> <p>67 Cardiac Device service at BCUHB staffing issues and out of hours service</p> <p>68 C&VUHB Specialist Auditory Hearing service waiting times</p>	<p>55 CVUHB Neo-natal workforce</p> <p>69 Paediatric Radiology out of hours provision</p> <p>72 Failure to achieve agreed performance for amber category calls - RISK CLOSED OCT 2024</p> <p>73 Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation - RISK CLOSED OCT 2024</p>
	5 - Almost Certain			<p>03 Plastic surgery delays</p>	<p>34 Lack of paediatric intensive care beds</p> <p>38 No neonatal cot availability in South Wales due to staffing shortages -</p>	<p>71 Failure to achieve agreed performance standard for category red calls - RISK CLOSED OCT 2024</p> <p>74 Failure to secure sufficient ambulance capacity to meet the needs of the population - RISK CLOSED OCT 2024</p> <p>78 - Utilisation of Emergency Ambulance capacity - NEW RISK ADDED OCT 2024</p>

JCC RISK REGISTER - RISKS WITH SCORES 15 AND ABOVE													
Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	JCC Strategic Objective	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current)		Rating (Target)		Trend	Opened
								C	L	C	L		
3 CB03	Plastic Surgery Delays	If... the maximum waiting times target is not achieved for plastic surgery patients in south Wales Then... some patients will be waiting in excess of WG waiting time targets Resulting in... poor patient experience and poor outcome which may lead to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service	Director of Planning & Performance	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> The service is in escalation level 2 due to the waiting times performance position. The delivery plan to achieve the Welsh Government target by March 2025 has been received from SBUHB. A further plan has been requested to achieve the target by December 2024 in line with Welsh Government's requirement to bring forward achievement of the target. Additional funding has been approved by JCC to achieve the target of clearing the >104wk waiting list by Dec 2024 for paediatric patients and those waiting for DIEP surgery following breast cancer. Continue to monitor progress against the delivery plan. SBUHB has applied for additional funding to achieve the target of clearing the >104wk waiting list by March 2024 This risk is included within the C&B register for monitoring purposes, it is included within the overarching risk for waiting times (Risk 33(CS/10 CD03) Welsh Government Priority Delivery Measures) 	<ul style="list-style-type: none"> To work with SBUHB on their trajectory against the revised waiting times target. To monitor progress against the plastic surgery recovery plan via monthly commissioner assurance meetings with SBUHB – next escalation meeting 23/09/24. To report on progress against the recovery plan at the monthly Cancer & Blood commissioning team meeting and to SLT as appropriate. To seek approval for an amendment in the use of the additional JCC funding to enable SBUHB to treat patients waiting >104 wks for surgery following breast cancer using techniques other than DIEP. <p>Update for September 2024 - The C&B Commissioning team reviewed the risk which remains unchanged</p>	Joint Commissioning Committee	15	9	↔	26.02.2021		
28 CS3/ CD01	Business Continuity	If... JCC staff are unable to deliver core business whilst implementing the transition plan to form the new JCC Then... this will have an impact on the ability to deliver core business on delivery of the integrated commissioning plan and/or the actions to implement new systems and processes Resulting in... the workforce being under pressure and affecting morale; a negative impact on the reputation of the JCC and failure to deliver all of our plans and transition to the new operating model.	Transformation Director	Facilitate Integration: through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales	<ul style="list-style-type: none"> A Transition Director has been appointed to lead the work to implement the new operating model for the JCC. The Transition Plan will be agreed with the SLT to ensure realistic timescales are set for implementation. The overarching governance framework for the JCC is complete. As part of the establishment of the NW JCC, the staffing structure for the JCC team will be reviewed following the appointment of the JCC Directors in June/July to ensure we have the right people in the right teams to fulfil our commissioning responsibilities. Any risks or gaps will be identified and mitigations developed – either by identifying work that will be deprioritised, with agreement of the JCC where necessary, or by ensuring the right resources are in place by increasing the Direct Running Costs (subject to JCC approval). 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. 	<ul style="list-style-type: none"> The Director of Transition and Transformation is leading work to develop the directorate structures to support the new operating model for the JCC. A vacancy scrutiny panel has been established to review the organisational finances and workforce structures. The Vacancy Scrutiny Panel has responsibility for monitoring requests for recruitment against organisational objectives and priorities and ensuring alignment with NWJCC direction of travel, taking into consideration the ongoing organisational change and resource challenges in line with CTMUHB's policies. The panel will: <ul style="list-style-type: none"> Ensure consistency and standardisation of processes and procedures across new organisation Address talent management matters, aid with workforce planning and recognise and develop existing skillset and; Ensure compliance with CTMUHB policies relating to organisational change process and workforce related matters. The Panel will review the following workforce related matters: <ul style="list-style-type: none"> All recruitment requests (fixed term, secondment, permanent), Re-banding requests, Fixed term contract requests (retire and return recommendations by line managers) and Partial retirement requests recommendations Following the announcement that the interim Chief Commissioner has attained a new role with SBUHB and will leave in October 2024, the process to recruit a substantive replacement has commenced with plans in place to identify interim leadership arrangements. Interim cover arrangements are planned for the Director of Commissioning (Specialised Services) and Director of Planning & Performance whilst substantive appointments are made/commence. It is anticipated that the risk will reduce in Q3 once the JCC team is fully established but there will remain a residual risk that will need to be managed by regularly taking stock of the work programme and team resources to ensure they remain in balance, with work reprioritisation when necessary. <p>Update for September 2024 - The risk score has been reviewed and remains the same</p>	Joint Commissioning Committee	16	12	↔	16.09.2021		
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	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 <p>Update for September 2024 - W&C Commissioning Team have reviewed the risk which remains unchanged</p>	Joint Commissioning Committee	20	4	↔	24.02.2021		
38 P/21/16	No neonatal cot availability in South Wales due to staffing shortages	If... a neonatal cot is not available when required across south Wales due to significant neonatal nursing shortages Then... babies will not be able to access a commissioned neonatal cot Resulting in... babies needing to travel to North Wales or NHS England to receive their care or be cared for in an inappropriate setting whilst waiting for an available cot, resulting in poor patient and family experience	Director of Planning & Performance	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Quarterly meetings with each provider to monitor implementation of Phase 1 cot re-configuration - ongoing Working with C&V UHB team to develop a plan to implement new baseline Through quarterly assurance meetings with all neonatal units in the South & West of Wales it has been reported that there has been increased pressure across the network for cot availability which has increased the likelihood and raised the risk to 20 - June 24 <p>Update for September 2024 - W&C Commissioning team reviewed the risk which remains unchanged</p>	Joint Commissioning Committee	20	4	↔	26.07.2022		

Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	JCC Strategic Objective	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (C x L)	Rating (Target) (C x L)	Trend	Opened
50 NCC060	Deep Brain Stimulation and delays in communication with gatekeeper/ referring clinician	If... the Deep Brain Stimulation service provided by North Bristol NHS Trust remains temporarily suspended without an interim solution being found, and the communication issues that compelled suspension remain unresolved Then... patients with Parkinson's disease, tremor and dystonia who require Deep Brain Stimulation will not get access to treatment, and those patients who have undergone Deep Brain Stimulation at North Bristol NHS Trust may not receive the correct ongoing treatment including medication as a result of the unresolved communication issues Resulting in... poor outcomes for patients	Director of Planning & Performance	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> The JCC is engaged in ongoing discussions with the DBS gatekeeper, mindful of the waiting list for patients for whom referral to Bristol has been paused A single JCC point of contact had been established for NBNHST and ongoing correspondence commenced NBNHST is developing a Standing Operating procedure that covers both outpatient and discharge communication and which will provide the JCC with assurance that previously highlighted issues have been addressed A workshop between regional clinicians, the Gatekeeper and the JCC has been held in order to understand current provision/pathway and to build relationships, and a follow-up workshop is being arranged The JCC and Gatekeeper are working with St George's Hospital, London and University College Hospital London to explore potential for their being temporary providers of a Deep Brain Stimulation service The Gatekeeper is working with the potential London providers to scope the pathway implications of the proposed temporary service change Llais/WG/Parkinson's UK are being kept informed of the current position and kept updated as required 	<ul style="list-style-type: none"> NBNHST study day scheduled for July 2024 JCC to arrange a follow-up meeting with the regional clinicians in 4 weeks' time JCC to pursue UCLH with urgency to receive a designated provider proposal for new patients from them by the 10 July 2024 Patients previously referred to Bristol to continue to 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 <p>Update for September 2024 - Commissioning Team undertaken a review of this risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	16	4	↔	25.07.2023
53 NCC062	C&VUHB Neurosciences Staffing issues/level	If... Cardiff and Vale University Health Board is unable to recruit to a number of current vacancies in the Neuro-rehabilitation service Then... the gap in the number of posts that have been commissioned means that the service is not meeting the national standards Resulting in... patients requiring admission to the Inpatient Neuro-rehabilitation Unit are unable to access the specialist rehabilitation they require	Director of Planning & Performance	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> JCC (former WHSSC) quality team have met with C&VUHB Neurosciences lead nurse to discuss the staffing issues/level. Receiving quarterly repatriation delay information and monitor through the Neurosciences Risk, Recovery and Assurance meetings 	<ul style="list-style-type: none"> JCC to continue meeting with the C&VUHB team to understand the risks The concerns raised by the Rehabilitation team will be addressed in the Rehabilitation Strategy which is due for consideration by the Joint Committee in Quarter 3/4 2024/25 Development and delivery of the strategy has been paused due to capacity issues <p>Update for September 2024 - Commissioning Team undertaken a review of this risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	16	4	↔	30.08.2023
55 P/21/22	Neonatal Workforce	If... the impact of the available workforce within UHW, to support the current intensive care demand continues to be difficult Then... neonates who require tertiary regional neonatal support in South Wales may be inappropriately cared for Resulting in... a neonate being cared for in an inappropriate care setting, where the necessary skills and/or equipment are not available	Director of Planning & Performance	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Quarterly meetings with each provider to monitor implementation of Phase 1 cot re-configuration - ongoing Working with C&V UHB team to develop a plan to implement new baseline Through quarterly assurance meetings with all neonatal units in the South & West of Wales it has been reported that there has been increased pressure across the network for cot availability which has increased the likelihood and raised the risk to 20 - May 24 <p>Update for September 2024 - W&C Commissioning team reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	20	4	↔	19.09.2023
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	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Executive to Executive meeting scheduled with C&VUHB - Completed Action Plan requested as part of escalation framework - Completed Triple Escalation meeting to discuss detail and progress against action plan - Monthly - next meeting 16/05/24 This risk is part of the wider neonatal escalation process and at the time of the meeting there are no further updates as the health board have not given us assurances that this risk has been mitigated. Risk rating to remain the same in the interim until a new action plan has been agreed between the NWJCC and the health board <p>Update for September 2024 - W&C Commissioning team reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	16	4	↔	19.09.2023
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	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<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 - November 2024 JCC to initiate the process for escalation of the service - October/November 2024 <p>Update for September 2024 - A meeting took place with Salford on the 21 August 2024. The meeting did not provide the necessary assurance in regards to the waiting list and activity position for Welsh patients. The Salford team did confirm that there were a number of waiting list initiatives underway but the likely impact on the Welsh patients waiting list position was unclear. The Commissioning Team agreed that the process for escalation of the service should be initiated. The JCC will continue to work with WIMOS to progress with the implementation of the funding investment to increase capacity to help address the waiting list position at Salford; no change to risk score</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	16	4	↔	01.12.2023

Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	JCC Strategic Objective	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current)		Rating (Target)		Trend	Opened
								(C x L)	(C x L)	(C x L)	(C x L)		
62 CT051	The Trauma Audit and Research Network (TARN) delays	If... the TARN database remains offline (from June 2023) and the delays in the instituting of both the interim arrangements and a sustainable long-term solution for the South Wales Major Trauma Network TARN database continue Then... the backlog of TARN submission data will continue to grow Resulting in... Delays to the availability of reporting – including quarterly dashboards, clinical reports and TARN analytics – impeding the ability of the Network to monitor the implementation of the PBC and benchmark performance, including survival outcomes	Director of Planning & Performance	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<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 DAG 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; Revised to August 2024 Update for September 2024 – Governance arrangements for the new National Major Trauma Registry (NMTR) database (TARN replacement) were discussed at the September 2024 Delivery Assurance Group meeting (noting that this meeting was due to take place in August but had been rescheduled). The Group was advised that although the new arrangements were on the cusp of being agreed and implemented, this had not been secured prior to the meeting. As such, the Major Trauma Network was not yet able to utilise the database, with the result that the risk score remains the same. Once the Network has secured NMTR access, the risk score will be lowered. 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	16	4	4	1	↔	01.12.2023
63 NCC063	Neurosurgery Sustainability	If... there is a delay in progressing the Neurosurgery Sustainability and Standards CIAG scheme for the ICP 22/23 and not investing in key high risk posts (Intra operative Monitoring (IOM), CNS Skull Base and Neuromodulation) due to the financial pressures of NHS Wales Then... there will be a lack of ability to recruit to the IOM post substantively, as recommended by NICE guidelines. Additionally there is no commissioned CNS posts for skull base and Neuromodulation services, the service is managed by single handed consultants Resulting in... <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	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<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, CUVHB in June 24 	<ul style="list-style-type: none"> JCC has met with the C&VUHB team to understand the risks. The scheme has been risk assessed as part of the 10/20/30 WG efficiency saving project. It has recently been risked assessed using the Quality Impact Assessment tool. The scheme is currently on hold as a result of this piece of work - Quarter 3 24/25 Awaiting the outcome of the ICP 24/25 to establish if these high risk posts will receive investment in 2024/25 - Quarter 4 24/25 The risk score was reduced from 25 to 16 in June 2024 as it was felt that the score, when compared to other commissioning risk scores, did not align and was therefore adjusted. Update for September 2024 - Commissioning Team undertaken a review of this risk which remains unchanged 	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	16	4	4	2	↔	12.12.2023
64 WKN15	Lack of Interventional Radiology at SBUHB	If... the current lack of interventional radiology service provided by SBUHB continues Then... patients may experience a lack of or delayed access to appropriate radiological interventions such as fistuloplasty or kidney biopsy bleed embolisation Resulting in... worse patient clinical outcomes, fewer choices available to patients and more dialysis line related complications such as infections.	Director of Planning & Performance	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<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 WKN Clinical Lead on risk of absence of Interventional Radiology to renal patients - February 24 Request for SBUHB Regional team to submit an action plan on how they will mitigate the risks associated with the lack of interventional radiology service. The action plan has been received which includes a medium term plan which is health board led, with collaboration from CVUHB for out of hours services. With a more long term plan again health board led which involves work on remodelling of interventional radiology services in Swansea which is going out to tender so resolution is unlikely in this financial year. Interim arrangements with C&V UHB for urgent treatments in place to provide appropriate cover for patients SBUHB has appointed 4 Interventional Radiologists, two are due to start in November 2024. Update for September 2024 - WKN Commissioning Team reviewed the risk which remains unchanged 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	16	2	4	1	↔	25.01.2024
65 WKN18	Renal Dialysis Capacity across Wales	If... the trajectory of the number of patients requiring unit dialysis continues Then... demand will exceed current capacity across Wales with regional variation Resulting in... patients may not be able to dialyse at a unit closer to home and the opening of 'twilight' dialysis slots. Which is associated with higher patient risks due to fewer medical staff being available and patients going home late at night.	Director of Planning & Performance	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<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 a distinct piece of work on Demand and Capacity Modelling, To develop a model of future activity/demand, and responding capacity, in order to inform future growth predictions which will be the basis of a) the Welsh Kidney networks commissioning intentions and b) the investment profile of the Welsh Kidney Network over the timescale set. HEOR have been commissioned to deliver on this work and an initial draft has been received and returned to them for amendments, with the request for production of a report by 18th July which can then be presented at the WKN Board on the 1st August Development of regional actions plans for increasing patient numbers for home dialysis and transplantation Update for September 2024 - WKN Commissioning Team reviewed the risk which remains unchanged 	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	16	2	4	1	↔	25.01.2024

Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	JCC Strategic Objective	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current)		Rating (Target)		Trend	Opened
								(C x L)	(C x L)	(C x L)	(C x L)		
67 CT052	Cardiac Device Service	<p>If...the staffing pressures and the increase in demand (evident since the repatriation of activity from LHCH in 2010 and exacerbated by increased demand) continues</p> <p>Then...this may impede Betsi Cadwaladr University Health Boards ability to deliver timely and equitable care</p> <p>Resulting in...</p> <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 LHCH Insufficiently robust out of hours service 	Director of Planning & Performance	<p>Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these</p>	<ul style="list-style-type: none"> BCUHB submitted a CIAG scheme to the JCC (formally WHSSC) in 2022 seeking investment in an additional Specialist Nurse; scheme was prioritised through CIAG and reviewed again during 2023, but has not been supported. BCUHB and JCC have discussed the potential for Liverpool Heart and Chest Hospital (LHCH) to provide out of hours support. Review of all JCC-commissioned device services has been included in the 2024-25 Integrated Commissioning plan Risks have been highlighted to the health board via the BCUHB Cardiology Steering Group. 	<ul style="list-style-type: none"> BCUHB and JCC to conclude negotiations with LHCH re. inclusion of out of hours cover in the SLA - June 24 Ongoing monitoring of device service via BCUHB SLA meetings (JCC) and via Cardiology Steering Group meetings (BCUHB) - Bi-monthly Commencement of review of JCC-commissioned device services with a view to ensuring equitable provision across Wales (Terms of Reference to be confirmed) - June 24 <p>Update for September 2024 - The risk was discussed at the September meeting of BCUHB Cardiology Steering Group, at which it was agreed that the current score should remain unchanged. In view of the extent to which treating the risk would be within the ambit of the health board (as noted in response to a previous CIAG submission), its continued inclusion on the NWJCC Risk Register will be discussed by the Cardiac Commissioning Team moving forward.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	16	4	↔	16.02.2024		
								4	4	4	1		
68 NCC064	C&VUHB Specialist Auditory Hearing Service Waiting Times	<p>If...staffing difficulties, and an increase in BCHI referrals being received from Aneurin Bevan University Health Board continues</p> <p>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</p> <p>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</p>	Director of Planning & Performance	<p>Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these</p>	<ul style="list-style-type: none"> JCC have met with C&VUHB Specialist Auditory Hearing Service to discuss performance, staffing issues/level and risks. Receiving and monitoring performance information Performance reporting and oversight via Risk assurance and recovery meetings, SLA meetings and to Management Group and JCC 	<ul style="list-style-type: none"> JCC has met with the C&VUHB team to discuss performance and understand the risks. The service are forwarding a waiting list plan and trajectory of how the service will move towards achieving a 26 week wait has been received - Q4 24/25 A finance meeting, followed by a data discussion will be arranged this will provide members with an understanding of where there are blocks in the system - Q4 24/25 JCC has arranged further performance meetings with the south Wales Specialist Auditory Hearing Service - Q2 24/25 <p>Update for September 2024 - Commissioning Team undertaken a review of this risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	16	4	↔	06.02.2024		
								4	4	2	2		
69 P/21/25	Paediatric Radiology Service	<p>If...the commissioned 24/7 paediatric radiology service model is not operationalised within the children's hospital</p> <p>Then...this may leave a prolonged gap in out of hours' provision</p> <p>Resulting in...patients being transferred out of wales, out of hours, for diagnostic assessment and potentially their ongoing treatment</p>	Director of Planning & Performance	<p>Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these</p>	<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 for September 2024 - W&C Commissioning team reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	20	4	↔	20.03.2024		
								5	4	2	2		
76 FD4	Financial break-even	<p>If...the NWJCC overspends against the agreed 24/25 ICP</p> <p>Then...the Health Boards will have to include the relevant amounts in their own financial reporting</p> <p>Resulting in...unexpected overspends/restriction of JCC/HB services to patients/breaching HB statutory financial requirements</p>	Director of Finance & Information	<p>Maximise Value: through our expertise and advice, determine where resources are best focussed and prioritised to inform choices that support the improvement of patient outcome sand commission appropriate services where value is demonstrated</p>	<ul style="list-style-type: none"> Financial performance monitored and reported to LHBS on a monthly basis providing key variance analysis in a timely manner to allow LHBS to make their own financial provisions or to take mediating actions to manage their demand on specialist services Monthly Commissioning team meetings with a multi-disciplinary internal team Monthly Management Group and bi-monthly Joint Committee meetings to discuss key variances from plan, formulate plans to manage demand where possible and to provide LHBS with sufficient information and financial forecasts to be able to make their own financial provisions in advance. Route to Breakeven presentation to Joint Committee schedule for Sept 17th to discuss potential mitigations to the position 	<ul style="list-style-type: none"> Individual Director leads to develop fully worked up proposals to improve the financial position for presentation and discussion with the JCC in its October development session <p>Update for September 2024 - The risk score has been reviewed and remains the same</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	15	9	↔	Jul-24		
								3	5	3	3		
77	Commissioning of sufficient Emergency Ambulance Services capacity	<p>If...the NWJCC does not commission sufficient capacity of services</p> <p>Then...the providers will be unable to deliver their commissioned requirements</p> <p>Resulting in...reduced performance and quality standards, increased risk of harm, reduced system flow and NWJCC reputational risk</p>	Director of Commissioning for Ambulance and 111 Services	<p>Facilitate Integration: through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales</p>	<ul style="list-style-type: none"> If the NWJCC failed to commission sufficient ambulance services capacity to respond to the needs of the population of Wales, significant harm, disability or death would occur. The NWJCC have commissioned ambulance services capacity in-line with the 2019 ambulance services demand and capacity review. In addition to the 2019 demand and capacity review, the NWJCC and Welsh Government have commissioned additional ambulance service capacity, to respond to the changing demands for ambulance services. It is recognised though, that the level of commissioned ambulance resources are not being fully utilised due to ambulance handover delays and therefore presents a higher scoring risk, under the risk of capacity utilisation. 	<ul style="list-style-type: none"> Reduce ambulance handover delays to 15 minutes - Health Boards April 2025 Increase the number of patients managed at Step 2 of the ambulance commissioning framework - WAST April 2025 Investment in additional ambulance service capacity - NWJCC - April 2025 <p>Update for September 2024 - Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. This is a new risk replacing previous Risks 70 and 74</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	15	10	New Risk	okt-24		
								5	3	5	2		

Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	JCC Strategic Objective	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (C x L)	Rating (Target) (C x L)	Trend	Opened
78	Utilisation of Emergency Ambulance Capacity	<p>If...the capacity commissioned by the NWJCC is not utilised for its intended purpose</p> <p>Then...Health boards and their populations will not receive the services they require</p> <p>Resulting in...patients not receiving a timely emergency ambulance response, increasing the risk of harm, disability and death</p>	Director of Commissioning for Ambulance and 111 Services	<p>Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these</p>	<ul style="list-style-type: none"> Implementation of Welsh Government ambulance handover targets for health boards NWJCC collaborative working with health boards and WAST to reduce conveyance to Emergency Departments 	<ul style="list-style-type: none"> Reduce ambulance handover delays to 15 minutes - Health Boards April 2025 Increase the number of patients managed at Step 2 of the ambulance commissioning framework - WAST April 2025 Investment in additional ambulance service capacity - NWJCC April 2025 <p>Update for September 2024 - Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. This is a new risk replacing previous Risks 71, 72 and 73</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	25 5 5	15 5 3	New Risk	okt-24

JCC RISK REGISTER FOR NEW RISKS <15										
Datix ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Month Added
76 FD4	Financial break-even	<p>If...the NWJCC overspends against the agreed 24/25 ICP</p> <p>Then...the Health Boards will have to include the relevant amounts in their own financial reporting</p> <p>Resulting in...unexpected overspends/restriction of JCC/HB services to patients/breaching HB statutory financial requirements</p>	Director of Finance & Information	To maximise value and outcomes within available resources	<ul style="list-style-type: none"> Financial performance monitored and reported monthly Monthly Commissioning team meetings with a multi-disciplinary internal team Monthly Management Group and bi-monthly Joint Committee meetings Route to Breakeven presentation to Joint Committee schedule for Sept 17th to discuss potential mitigations to the position 	<ul style="list-style-type: none"> Individual Director leads to develop fully worked up proposals to improve the financial position for presentation and discussion with the JCC in its October development session <p>Update for July 2024 - New risk added</p>	<ul style="list-style-type: none"> Directorate Team Meeting Risk Scrutiny Group 	15 (5x3)	6 (3x2)	jul-24
77	Commissioning of sufficient Emergency Ambulance Services capacity	<p>If...the NWJCC does not commission sufficient capacity of services</p> <p>Then...the providers will be unable to deliver their commissioned requirements</p> <p>Resulting in...reduced performance and quality standards, increased risk of harm, reduced system flow and NWJCC reputational risk</p>	Director of Commissioning for Ambulance and 111 Services	Facilitate Integration: through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales	<ul style="list-style-type: none"> If the NWJCC failed to commission sufficient ambulance services capacity to respond to the needs of the population of Wales, significant harm, disability or death would occur. The NWJCC have commissioned ambulance services capacity in-line with the 2019 ambulance services demand and capacity review. In addition to the 2019 demand and capacity review, the NWJCC and Welsh Government have commissioned additional ambulance service capacity, to respond to the changing demands for ambulance services. It is recognised though, that the level of commissioned ambulance resources are not being fully utilised due to ambulance handover delays and therefore presents a higher scoring risk, under the risk of capacity utilisation. 	<ul style="list-style-type: none"> Reduce ambulance handover delays to 15 minutes - Health Boards April 2025 Increase the number of patients managed at Step 2 of the ambulance commissioning framework - WAST April 2025 Investment in additional ambulance service capacity - NWJCC - April 2025 <p>Update for September 2024 - Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. This is a new risk replacing previous Risks 70 and 74</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	15 (5x3)	10 (5x2)	okt-24
78	Utilisation of Emergency Ambulance Capacity	<p>If...the capacity commissioned by the NWJCC is not utilised for its intended purpose</p> <p>Then...Health boards and their populations will not receive the services they require</p> <p>Resulting in...patients not receiving a timely emergency ambulance response, increasing the risk of harm, disability and death</p>	Director of Commissioning for Ambulance and 111 Services	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> Implementation of Welsh Government ambulance handover targets for health boards NWJCC collaborative working with health boards and WAST to reduce conveyance to Emergency Departments 	<ul style="list-style-type: none"> Reduce ambulance handover delays to 15 minutes - Health Boards April 2025 Increase the number of patients managed at Step 2 of the ambulance commissioning framework - WAST April 2025 Investment in additional ambulance service capacity - NWJCC April 2025 <p>Update for September 2024 - Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. This is a new risk replacing previous Risks 71, 72 and 73</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	25 (5x5)	15 (5x3)	okt-24

JCC RISK REGISTER FOR DE-ESCALATED RISKS <15													
Datix ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Month De-escalated	De-escalation Rationale	
57 NCC049	Delays in surgery due to insufficient theatre beds	If... insufficient theatre and inpatient bed capacity to deliver the required commissioned activity that meet the needs of the population does not improve, and there are no theatre staff or anaesthetic staff to support the extended theatre sessions Then... patients in south Wales will have their surgery delayed and neurosurgery activity is impacted Resulting in... deteriorating condition and disease progression for patients.	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	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 	<ul style="list-style-type: none"> Neurosciences gateway review paper was submitted to February Management Group meeting - Completed Further meeting has taken place to with the services to discuss the GIRFT neurosurgery recommendations. Review the 3 top impact changes to be included in the business Case for the ICP 2022-2023 scheme. Still waiting to receive the business case – due in quarter 1 2023/24 - Quarter 1 2023/24 WHSSC NCCCT to monitor the recovery plan through the bi-monthly Risk, Assurance and Recovery meetings. (Currently the service is operating at 80% of 2 theatres pre-COVID they had access to 100% of the 2 theatres) - Bi-monthly Further review of this risk was undertaken by the CT in November 21 to recommend rewording the risk and incorporating Risk NCC050 into Risk NCC049 - Completed Further review of this risk was undertaken by the CTM in October 23, the CTM agreed to increase the risk score. The matter was raised at the Cardiff and Vale SLA meeting with the Director of Ops for Specialist Services – 19th Oct 2023. Action for the Health Board to raise with the Surgical Board. The matter will be raised at the Cardiff and Vale SLA meeting with the Director of Ops for Specialist Services – 7th March 2024 - March 24 	<ul style="list-style-type: none"> Joint Commissioning Committee Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	12 (Risk reduced from a 20)	4 (C4 x L1)	apr-24	Risk reviewed the score has been lowered as the plan to re-commission an element of the 700K RTT funding to mitigate high risks in neuro specialities has been put in place. Theatre capacity is back to the pre-COVID level albeit that bed capacity has not been fully reinstated. Commissioning Team members discussed this with Director of Operations Cardiff & Vale on 26 July 2023 and will continue to monitor the situation at the quarterly performance meetings.	
29 CS8	JCC IPFR ToR & Governance	If... the JCC is unable to meet the ToR for the All Wales IPFR panel due to the inability to achieve quoracy in the membership, and the IPFR governance arrangements are not robust Then... this may lead to delayed decision making Resulting in... potential legal challenges in the form of judicial reviews	Committee Secretary	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	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. 	<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 AWTTTC and IPFR QAG. The engagement exercise closed on the 22 December 2023 and an update report will be taken to the JC in March 2023 - Completed 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 Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	12 (Risk reduced from a 20)	4 (C2 x L2)	mai-24	Risk reviewed and the score reduced to 12 as a number of the mitigating actions have now been completed such as approval of the updated All Wales Policy.	
6 P/21/10	Paediatric patients waiting for surgery	If... the ministerial waiting times target is not achieved for paediatric surgery patients in South Wales Then... some paediatrics will be waiting in excess of the ministerial waiting times target for their surgery Resulting in... a deteriorating condition for the patient and that the current operational infrastructure is insufficient	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	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 	<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)	4 (C2 x L2)	jun-24	Risk reviewed and score has been reduced. The decision has been made following the assurances received from the Escalation meeting on the 16th May 2024 where the Health Board stated that the Ministerial target will be met by the end of June 2024 and that there is a robust plan to maintain this during 2024/25 in line with the ministerial waiting time agreed by the (previous WHSSC) Joint Committee in our Integrated Commissioning Plan. As a result we have agreed to de-escalate the service from Level 3 to Level 0 in line with the previous WHSSC (now JCC) Escalation Framework.	
60 P/21/24	WFI treatment – temporary pause	If... there is a failure to appoint a suitable Person Responsible (PR) for the WFI service to meet the statutory and legal responsibilities to be compliant with the HFEA Act Then... all licenced HFEA activity at WFI will urgently and temporarily need to cease Resulting in... patients in active treatment needing to have their treatment plan temporarily paused, and the centre not being able to accept new patients on a temporary basis	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	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 	<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 Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	10 (Risk reduced from a 20)	4 (C2 x L2)	jun-24	Risk reviewed and the score has been reduced. Four staff members have taken and passed the PR exam, good report from HFEA with no critical or majors, commissioning team agreed to reduce escalation to Level 3 in line with WHSSC escalation framework.	
46 CB06	North Wales Outreach Plastic Surgery Clinic Management Arrangements	If... there is a lack of clinical prioritisation and oversight of waiting lists for outreach plastic surgery clinics in YG and YGC, caused by lack of clarity in the governance and management arrangements for these clinics Then... waiting list will grow and waiting times increase and patients will be seen out of clinical prioritised order Resulting in... poor patient experience and outcomes	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	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. 	<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 Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	12 (Risk reduced from a 15)	6 (C3 x L2)	jun-24	Commissioning Team undertaken a review of the controls risk description, controls and actions. The harms review undertaken reported No Harm, therefore the risk score has been reduced.	

Datix ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Month De-escalated	De-escalation Rationale
40 WKN08	Limited outpatient dialysis capacity in Swansea	<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 	<ul style="list-style-type: none"> New units scheduled to be in place Bridgend Sept 2024, NPT 2025 - September 2024 and Summer 2025 <p>Update - The risk score has been reviewed by the WKN Board and remains the same for the following reasons, noting that this is from a Commissioning risk perspective and not a service risk:</p> <ul style="list-style-type: none"> The risk entered onto the Network risk register September 2019 with a score of 12 with an agreed action to commence a procurement process for 2 new additional units, the risk was escalated to a score of 16 in November 2022 as there was no assurance at the time of a timely award of new contract however the service had mitigated the risk by opening up 'twilight' sessions The service has been tolerating the risk for a significant length of time Twilight sessions are stipulated within the WKN's Unit Haemodialysis Service specification, although not always clinically preferred due to the patients having dialysis in a night session from 7-11pm, it is practiced within other NHS organisations, BCU run a twilight shift and other units in NHS England. The use of twilight is a lesser risk to the patient than not receiving the life sustaining dialysis treatment The Swansea Bay procurement has been awarded and although there have been delays to the programme the Bridgend site is due to open on 9th December 2024 with the second site in Neath Port Talbot due in June 2025. This will enable the service to move patients closer to home and reduce if not eliminate the requirement for twilight dialysis. Funding from JCC has been approved for the new Swansea bay contract, appointments have been made for the staffing of the new units <p>Notwithstanding the pressures on unit dialysis across Wales, Risk 65 (WKN18) Renal Dialysis capacity across Wales was added to the risk register in 25.01.24 is an active risk on both the WKN register and previous CRAF due to it having a current rating of 16.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Welsh Kidney Network Board Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	12 (Risk reduced from a 16 in June 2024)	2 (C2 x L1)	Jul-24	Refer to update within the Action Plan for de-escalation rationale.
48 P/21/20	Wales Fertility Institute (WFI)	<p>If...the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital is not providing a safe and effective service</p> <p>Then...patients will not be receiving the quality of care expected from the service</p> <p>Resulting in...an impact on patient outcomes, and the possibility of no service being available to patients in South Wales</p>	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"> Received the report from the HFEA to support monitoring Requested action plan from the service to improve against the concerns identified by the HFEA. WHSSC attendance at SBUHB monthly Gold Command meeting Service escalated to Level 3 formally requested action plan (July 2023) Executive to Executive action plan submitted to JCC team Service escalated to Level 4 in line with Escalation Framework (November 2023) A review of the HB escalation process undertaken and reconfigured to form a WFI sustainability group which feeds into the WFI Assurance, Recovery and Accountability Board, JCC team is member. The HFEA licensing panel has approved the change of licence for the Cardiff site to be a storage only facility, de-escalation to be considered based on the HFEA report and providing there has been an appointment of PR for Cardiff and Neath/Port Talbot sites Service de-escalated to Level 3 in line with Escalation Framework 	<ul style="list-style-type: none"> Contract monitoring, MDS and RTT are due each month on 21st, these have been requested by the JCC (former WHSSC) Information and planning. All Discussions between SBUHB and the JCC (former WHSSC) have resulted in SBUHB submitting August data, October 2023. JCC (former WHSSC) has requested all data for April-August and September be submitted. JCC (former WHSSC) has reminded SBUHB data needs to be submitted monthly 21st of the month - 21/04/24 Escalation meetings established and held monthly A positive report from the HFEA highlights there are no critical or major concerns within the service and the fact that four staff members have taken and passed the exam to be the person responsible (PR), the team agreed that the service has met the required standard to be de-escalated to level 3 - June 24 There remains an issue with receiving contract monitoring information, which is in the process of being resolved. A service review has been completed to be presented to the executive leads on 15th July, post the review findings being discussed by the executive leads we expect an announcement on who will be the nominated PR. With this announcement and when the contract monitoring information issue is resolved further de-escalation will be considered by the team - Aug 24 	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	8 (Risk reduced from a 15 in Aug 2024)	4 (C2 x L2)	Aug-24	Based on the improvements of receiving data and although a PR has not been appointed the team are satisfied that progress has allowed the risk to be mitigated further and the score to be reduced

	A	B	C	D	E	F	G	H	I	J	K
1	JCC RISK REGISTER FOR CLOSED RISKS <15										
2	Datix ID	Risk Title	Risk Description	Strategic Risk Owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
3	39 WKN06	Renal Funding	If... there is insufficient funding to meet the service demand through the agreed Integrated Commissioning Plan funding position of 2024-2025 Then... there will be an estimated in year shortfall of funding to meet the demand of £0.87m Resulting in... non delivery against the agreed financial plan of 2024-2025 for the Welsh Kidney Network	Director of Planning & Performance	To maximise value and outcomes within available resources	Finance including claims	<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 Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	jun-24	Financial plans have been drawn up to look at the areas of reducing the funding gap of £0.82m. Will form part of the financial reporting at regional levels and board
4	51 NCC061	Deep Brain Stimulation – lack of awareness of eligibility criteria re: unmet need	If... a lack of awareness of eligibility criteria and potential to benefit amongst referring clinicians continues Then... patients with Parkinson's disease, tremor and dystonia who could benefit from Deep Brain Stimulation will not be referred for treatment Resulting in... poor outcomes for patients	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/ psychological harm) Population Health	<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 Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	jun-24	Risk merged with NCC060
5	75 IF02	Calea Contract Renewal	If... the private provider Calea once again experiences technical issues in the provision of HPN Then... there will be issues of supply Resulting in... potential patient harm	Director of Planning & Performance	To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change	Service/ business interruption	<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) <p>June 2023</p> <ul style="list-style-type: none"> 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 <p>May 2024</p> <ul style="list-style-type: none"> 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 	<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 (MCB) alternatives for those patients on compounding identified by Trusts as green for a 4-week period and patients on the amber list for a 2-week period, (in agreement with clinical teams) Not accepting any new referrals of patients to the PN service, except for patients prescribed multi-chamber bags/fluids Continuing with overtime whenever possible Procurement to remain in close liaison with Calea regarding the situation - Weekly Increase risk scoring - 29/05/24 JCC was informed on the 23/05/24 that Calea were in contingency measures. Therefore the risk was reviewed by the commissioning team and agreed the score should 	<ul style="list-style-type: none"> Joint Commissioning Committee Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	jul-24	Procurement confirmed in July 24 that Calea are no longer in contingency measures. Risk score lowered to 8 (target score) therefore, commissioning team agreed to close risk.
6	59 IF15	Calea Contract Renewal	If... the current homecare provider contracts ends on 30th June 2024 with no current arrangement to extend Then... the HPN supply to patients could be impacted Resulting in... patients could be left without a service	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/ psychological harm)	<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) 8th April 2024 paper was received at CDGB to approve 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 10th May 2024. Tender analysis undertaken in mid-May. Approval given by JCC Senior Leadership Team to renew the framework Agreement. Procurement (NWSSP) to continue with the process to progress new providers being put in place from 01 July 2024 05.06.24 Information endorsed by the Senior Leadership Team. Procurement (NWSSP) to continue with the process to progress new providers being put in place from 01 July. 	<ul style="list-style-type: none"> Joint Commissioning Committee Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	jul-24	New providers in place 01 July 24.

	A	B	C	D	E	F	G	H	I	J	K
	Datix ID	Risk Title	Risk Description	Strategic Risk Owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
2	26 NCC046	Neuro-psychiatry patients waiting times	<p>If...patients are unable to be treated in a timely manner with the appropriate therapy support due to staffing issues</p> <p>Then...some patients will have long waiting times</p> <p>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</p>	Director of Commissioning for Mental Health & Vulnerable Groups	<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>	Impact on the safety of patients, staff or public (physical/ psychological harm) Population Health	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. <p>Update for August/September 2024 - MH&VG Commissioning team reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	sep-24	Reported by Service on 03/09/2024 that there is no current waiting list for admission. 1 new admission due that week and 1 bed currently being used by a C&V older adult patient. Therefore not currently evidenced that current shortfall in resources is leading to delay in admissions. Day hospital step down) not open since COVID.
7	54 MH/23/16	CAHMS Environment and Workforce (NWAS)	<p>If...environmental and workforce issues within the service continue</p> <p>Then...Tier 4 provider for CAMHS in North Wales (NWAS) cannot meet the service specification</p> <p>Resulting in...children absconding/coming to harm</p>	Director of Commissioning for Mental Health & Vulnerable Groups	<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>	Impact on the safety of patients, staff or public (physical/ psychological harm) Population Health	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 <p>Update for August 2024 - MH&VG Commissioning team reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	aug-24	Risk reviewed by MHLGVG risk group on 03/09/2024. Review of Doors assessed as suitable to the function of a locked service. Any residual clinical risk is responsibility of provider organisation. If service unable to meet the acuity of risk then they can send patient to an external provider.
8	47 IF14	Sustainability and Delivery of Service provided by Cardiff and Vale University Health Board	<p>If...issues with provider sustainability and delivery continue at Cardiff and Vale University Health Board</p> <p>Then...the Health Board may no longer be able to provide Intestinal Failure services to the Welsh population</p> <p>Resulting in...no intestinal failure service available in Welsh 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>	Impact on the safety of patients, staff or public (physical/ psychological harm) Population Health	<ul style="list-style-type: none"> Provision of Intestinal Failure service escalated to previous WHSSC CDGB Wrote to CVUHB for a formal position Reported to Quality Patient Safety Committee and raised at SLA meetings with CVUHB Decision made not to consider transferring service to Bristol due to patient numbers. Escalated to Exec to Exec meeting Escalated to Interim Chief Commissioner Written assurance received from Medical Director CVUHB 01/08/24 	<ul style="list-style-type: none"> Consultant cover in the Intestinal Failure service has become unsustainable and requires accelerated action for assurance of sustained delivery. Assurance received from CVUHB on 01/08/24 that the sustainability of the service remains fragile but is being reviewed. In addition to the monthly CVUHB assurance commissioning team meetings, a meeting is to be arranged in six months to formally update on progress and agree any further steps with CVUHB Medical Director - Feb 2025 <p>Update for August 2024 - Risk reviewed by the commissioning team and agreed the risk is closed but progress will be monitored via the Intestinal Failure Commissioning Assurance meetings. The substantive consultant has commenced maternity leave and the Locum consultant has agreed to cover Intestinal Services for the next 6 months.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	aug-24	Assurance received from CVUHB on 01/08/24 that the sustainability of the service remains fragile but is being reviewed. In addition to the monthly CVUHB assurance commissioning team meetings, a meeting will be arranged in six months to formally update on progress and agree any further steps with CVUHB Medical Director.
9											

	A	B	C	D	E	F	G	H	I	J	K
	Datix ID	Risk Title	Risk Description	Strategic Risk Owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
2	66 CS18	Business Continuity Risk for Specialised Services Commissioning	<p>If...the number of business continuity risks for specialised services commissioning associated with the establishment of the new NHS Wales Joint Commissioning Committee wef 1 April 2024 are not resolved. These relate to the following broad categories;</p> <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 <p>Then...this could impact on delivering the ICP and/or core business across all portfolios</p> <p>Resulting in...the delivery of the JCC financial plan not being achieved, which could create a potential cost pressure across the 7 HBs</p>	Director of Transformation	<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>To be an effective partner, supporting service and system transformation.</p>	<p>Service/business interruption</p> <p>Business objectives/projects</p>	<ul style="list-style-type: none"> Legacy statements and Annual Governance Statements for 2023/24 were produced for the legacy bodies and identified key commissioning and organisational risks being carried into the new NW JCC. The WG led Oversight Board approved a Q1 Transition Plan that was subsequently adopted by the NW JCC. This set out actions to be undertaken to support the establishment of the JCC. A plan is being developed that will set out the actions needed to enable the full establishment of the NW JCC which is likely to take 12 – 18 months. The plan will focus on ensuring continuity of delivery of the JCC business – mainly the delivery of the two Integrated Commissioning Plans, whilst also undertaking the work required to fully establish the JCC as the national commissioning joint committee and delivering the benefits envisaged by the Coombes Review. A Transition and Transformation Director has been appointed to lead the work on the Transition and Transformation Plan, who will be working closely with the JCC members and the JCC team. Risk register and assurance framework will be updated as part of the development plan and will link back to the strategic objectives for the JCC once these have been developed and agreed. 	<ul style="list-style-type: none"> The development of the NWJCC establishment is on target for completion by the end of Q2 (Jul-Sept) which has been led by the Director of Transition and Transformation who joined the JCC in early July 2024. The transition plan and associated programme is supported by the establishment of the JCC Tier 1 and Tier 2 team structure which is now in place following the OCP process. An update on the transition plan for 2024-2025 and internal operating model will be presented to the JCC on 17 September 2024. Work is progressing on the statutory sub committee structure to support the JCC and to finalise the hosting agreement and memorandum of agreement between the JCC and the 7 x Health Boards, a report will be presented to the JCC meeting on 17 September 2024 to finalise the governance framework arrangements. As part of the JCC development programme a development day was held with JCC members on 20 August which focussed on the financial challenges, developing the Integrated Medium Term Plan (IMTP) and to consider the vision, mission and objectives for the JCC team to ensure a clear sense of direction is set, and opportunities created by the establishment of the JCC are realised, and associated risks managed. There is an outstanding requirement to consider how the commissioning performance is presented in an integrated way and the structure supporting it. 	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	aug-24	<p>The sub-committee structure, hosting agreement and memorandum of agreement between the JCC and the 7 x Health Boards have been agreed by the JCC on 17/09/24.</p> <p>The strategic objectives for the JCC have been agreed by the JCC on 17/09/24.</p> <p>In addition, the final two lay members have been appointed.</p> <p>The remaining elements of this risk have been incorporated into Risk 28 (CS23/CD01) and will continue to be considered and managed in line with the risk management process</p>
10	70 4503	Secure Sufficient Ambulance Services	<p>If...the JCC are unable to plan and secure sufficient services and maintain effective collaborative relationships with providers</p> <p>Then...the purpose and effectiveness of the JCC would not be met</p> <p>Resulting in...potential Ministerial and Welsh Government intervention</p>	Director of Commissioning for Ambulance and 111 Services	Facilitate Integration: through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales	Adverse Publicity or Reputation	<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 EASC) IMTP 2024-27 at JCC and sub committees Review and refine governance arrangements for new JCC Maintaining close working and collaborative relationships during unprecedented system pressures Ambulance action plan for Ministerial priorities and monthly monitoring return commitment including Integrated Commissioning Action Plans Three key actions with appropriate indicators agreed with each HB during the winter period Improvement plans are used by Ambulance Commissioning Team, NHS Executive and WG for focus and consistent approach NHS Executive set 30% reduction in handover waits over 60 minutes for health boards by December 2024 Range of performance scenarios have been modelled aligned to commitments within the JCC (former EASC) IMTP 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	okt-24	The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. This risk has been replaced by Risk 77.
11											

	A	B	C	D	E	F	G	H	I	J	K
	Datix ID	Risk Title	Risk Description	Strategic Risk Owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
2	71 4506	Ambulance Services Red Performance Levels	If... the provider is unable to achieve the red performance level of 65% response rate within 8 minutes across Wales as a whole on a monthly basis Then... the core target will be missed Resulting in... unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.	Director of Commissioning for Ambulance and 111 Services	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	<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 Interim Ambulance and 111 Commissioning Group to provide oversight on operational performance Development of WAST performance improvement plan JCC (Former EASC) Action Plan includes detailed clinical review of red incidents to understand clinical need of patients to assess improvement opportunities ICAP meetings and monitoring commitments and deliver Three key actions with appropriate indicators agreed with each HB during the winter period Improvement plans are used by the Ambulance Commissioning Team, NHS Executive and WG for focus and consistent approach Revised Red Improvement plan in development by WAST <p>Update for September 2024 - Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These will be considered by the Senior Leadership Team on 4 November 2024 and included in the new JCC Risk Register for November, which will be presented to the JCC at its meeting in January 2025.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	okt-24	The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. This risk has been replaced by Risk 78
12	72 4507	Ambulance Services Amber Performance Levels	If... the provider is unable to reduce the average and longest times for amber incidents Then... patients will not receive the care they need in a timely manner Resulting in... unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.	Director of Commissioning for Ambulance and 111 Services	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	<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 University NHS Trust Commissioner element of EMS Demand and Capacity plan for additional staff supported and implementation being monitored Quality and Safety Report presented to the JCC (frequency to be confirmed) Weekly dashboard shared across NHS Wales – sent to all members and key senior NHS staff Ambulance improvement plan developed, agreed and circulated weekly 	<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 Commissioning Group to provide oversight on operational performance Development of WAST performance improvement plan Weekly dashboard of management information developed and shared across NHS Wales to capture progress JCC (Former EASC) Action plan includes detailed clinical review of amber incidents to understand clinical need of patients to assess improvement opportunities Three key actions with appropriate indicators agreed with each HB during the winter period Improvement plans are used by the Ambulance and 111 Commissioning Team, NHS Executive and WG for focus and consistent approach 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	okt-24	The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. This risk has been replaced by Risk 78
13	73 5005	Ambulance Services Patient Safety and Clinical Risks	If... commissioning actions are not taken to manage patient safety and minimise clinical risks Then... patients are more likely to come to harm Resulting in... poorer patient outcomes and patient experience, increased SAIs, litigation and reputational damage	Director of Commissioning for Ambulance and 111 Services	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	<ul style="list-style-type: none"> Discussion at JCC Committee Discussion at Interim Ambulance and 111 Commissioning Group (former EASC Management Group) Ambulance and 111 Commissioner and WAST Quality & Delivery meeting Sought clarification from WAST re Equality Impact Assessment Agree red lines for handover delays to improve ambulance availability Securing of funding for additional emergency ambulance capacity Quality and Safety Report to be presented to the JCC (frequency to be confirmed) ICAP meeting overseeing performance and outcomes Update to host Quality and Safety Meeting (23 January 2024) Key item on Interim Ambulance and 111 Commissioning Group agenda New Quality and Safety Report 	<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 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	okt-24	The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. This risk has been replaced by Risk 78
14											

	A	B	C	D	E	F	G	H	I	J	K
	Datix ID	Risk Title	Risk Description	Strategic Risk Owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
2	74 5370	Ambulance Services Commissioned Capacity	<p>If...sufficient ambulance capacity is not available</p> <p>Then...organisational and clinical safety levels of escalation will be higher and for longer durations within the clinical safety plan and patients will not receive a response</p> <p>Resulting in...increasing number of patients not receiving an ambulance response which is an unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p> <p>Lack of compliance with statutory requirements for the JCC.</p>	Director of Commissioning for Ambulance and 111 Services	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<p>Safety & Well-being - Patients/ Staff/ Public</p> <p>Quality/ Complaints/ Assurance/ Patient Outcomes</p>	<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 CASC) IQPD meetings with Welsh Government • JCC (former CASC) monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust • Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored • Quality and Safety Report presented at every JCC (former EASC) meeting • New demand and capacity review commissioned • ICAP meetings with health boards and WAST • Performance dashboard • IMTP tracker • Key item on JCC (former EASC) agenda • New Quality and Safety Report • Ambulance improvement plan developed, agreed and circulated weekly 	<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 Interim Ambulance and 111 Commissioning Group to provide oversight on quality and safety • Development of WAST performance improvement plan • JCC (former EASC) Action Plan includes detailed clinical review of red incident to understand clinical need of patients to assess improvement opportunities • Actions from the Ministerial summit on handover improvement • Integrated Commissioning Action Plan (ICAP) work • Agreed with WAST 5 key actions for the winter period • Three key actions with appropriate indicators agreed with each HB during the winter period • Improvement plans are used by the JCC (former EASC) Team, NHS Executive and WG for focus and consistent approach 	<ul style="list-style-type: none"> • Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee 	okt-24	The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. This risk has been replaced by Risk 77



Agenda Item

4.3

Audit & Risk Committee

JCC Audit Recommendations Tracker

Dyddiad y Cyfarfod / Date of Meeting	17/12/2024
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
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Jacqui Maunder, Committee Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting
---	------------

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

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
ARC	Audit and Risk Committee
JCC	Joint Commissioning Committee

1. Situation / Background

- 1.1 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.
- 1.2 Since 1 April 2024, in accordance with the new Joint Commissioning Committee (JCC) Standing Orders (SOs) and the Hosting Agreement (HA) with CTMUHB, the JCC utilises the CTMUHB ARC to discharge the requirement to have a sub-committee to cover the audit and risk aspects of Joint Committee business
- 1.3 Further to the establishment of the JCC on 1 April 2024 an amalgamated audit recommendations tracker was developed to incorporate the audit recommendations of the predecessor organisations EASC & WHSSC.
- 1.4 Audits play an important independent role in providing the JCC and the ARC with assurance on internal controls and that systems and processes are sufficiently comprehensive and operating effectively. Therefore, it is essential that recommendations from both internal and external audits are implemented in a timely way. All reports from audits undertaken across the JCC services are logged and monitored through the JCC audit tracker.

2. Internal Audit

2.1 Summary of Legacy Internal Audit Reports

- 2.2 There were legacy internal audit reports with outstanding recommendations which were carried forward into the JCC. As reported to the last ARC meeting of the recommendations in these reports have been completed and nothing is outstanding.

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



2.3 Summary of Planned Audits for 2024-2025

2.4 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 and further discussions have taken place since to finalise the programme.

2.5 The following reviews will be completed by Internal Audit during 2024-2025:

Audit Theme	Quarter	Assurance Rating
Mental Health & Vulnerable Groups	3	Final report issued – to be presented to the JCC in January 2025
Establishment of the JCC - Advisory	4	N/A
Traumatic Stress Wales	4	-
Finance Systems	4	-

2.6 External Audit

2.7 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.

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

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

R6 Sub-regional and regional programme management

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



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

As you have highlighted, whilst some key service areas like major trauma have been developed successfully and with good collaboration across organisations, the timelines around such changes have been slow and often hampered by a lack of clarity on who is driving the process. I agree with your view that end-to-end programme management of such schemes, which are not within the sole remit of WHSSC, should be strengthened.

The National Clinical Framework which we published on 22 March, sets out a vision for a health system that is co-ordinated centrally and delivered locally or through regional collaborations. Implementation will be taken forward through NHS planning and quality improvement approaches and our accountability arrangements with NHS bodies.

WG Update 11 October 2023

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

WG Update 1 November 2023

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.

September 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.

December 2024

Audit Wales have confirmed that this recommendation can now be marked as closed.

R7 Future governance and accountability arrangements for specialised services

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



accountability arrangements for commissioning specialised services as part of a wider consolidation of current national activity.

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

A Healthier Wales committed to reviewing the WHSSC arrangements alongside other hosted national and specialised functions, in the context of the development of the NHS Executive function. The position of WHSSC within this landscape needs to be carefully considered. On the one hand, there are strengths in the current system whereby health boards, through the joint committee, retain overall responsibility for the commissioning of specialised services. This requires collaboration and mature discussion from both the commissioner and provider standpoint. However, I recognise the inherent risk of conflict of interest in this arrangement and note the reference made in your report to the Good

Governance Institute’s report of 2015 which suggested a more national model may be appropriate.

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

WG Update 11 October 2023

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

September 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.



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.

December 2024

Audit Wales have confirmed that this recommendation can now be marked as closed.

3. Governance and Risk

- 3.1 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.
- 3.2 An update will be submitted to the JCC in January 2025 and to HB Audit Committees for assurance. This will ensure that all NHS bodies are able to maintain a line of sight on the completion of all the recommendations, noting the JCCs status as a Joint Committee of each HB in Wales.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration
	The NWJCC was established on 1 April 2024. The strategic goals were approved in September 2024. This work aims to maximise value and facilitate integration
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Commission evidence based services that are secured through forging excellent relationships; shaped by people with expert knowledge and experience to secure high quality care with outcomes that matter and ensure involvement of patients and are sustainable and make the best use of resources
	The NWJCC was established on 1 April 2024. The principles were approved by the NWJCC in September 2024. The aim to be the centre of excellence for collaborative commissioning
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /	If more than one applies please list below: A More Equal Wales A Wales of cohesive communities



Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Data to Knowledge
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
	Efficient All of the domains of quality apply
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below: Effective; equitable; person centred; timely and safe No - Not Applicable

Impact Assessment		
Ansawdd <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: This report relates to the audit tracker where issues related to quality may be referred to
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 checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is the audit tracker and not specifically relatable to the protected characteristics. It is regularly reviewed and does not specifically deal with patient level information ie re protected characteristics although all services are required to comply with the Equality Act and Public Sector Equality Duty
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	How internal teams work in the JCC is important in terms of the national position and its reputation, particularly in relation to audit is important to uphold	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	The lead for the review needs to be identified and resourced.	



5. Recommendation

5.1 Members of are asked to:

5.2 **NOTE** the report,

5.3 Take an **ASSURANCE** on the planned audit programme for 2024/2025; and

5.4 **NOTE** that Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report have now been completed and all actions are now closed.

Mental Health Quality Commissioning Arrangements

Internal Audit Report

2024/25

Joint Commissioning Committee



Reasonable Assurance

Contents

Executive Summary	1
Findings & Agreed Action Plan	4
Appendix A	8

Review Reference	CTM-2425-34
Fieldwork	October 2024
Executive Sign Off	27 November 2024
Audit Committee	17 December 2024
Executive Lead	Shane Mills
Head of Internal Audit	Paul Dalton
Deputy Head of Internal Audit	Emma Samways

Executive Summary

Purpose

The purpose of the review was to assess the effectiveness of the arrangements in the JCC to oversee the quality and safety aspects of the commissioning of mental health and learning disability placements.

Overview

The frameworks for providers of Mental Health, Learning Disability and Child and Adolescent Mental Health services have been in place since 2012. One framework covers hospital settings, and the other is for care homes. The approach to assessing the quality and safety aspects of each provider is set out in the framework documents and particularly Schedule 7, which focuses on the quality assurance process. The assessment of quality and safety at each provider is undertaken by the Quality Assurance and Improvement Service (QAIS) in JCC. This takes place as new providers are included on the frameworks and periodically thereafter.

We have concluded reasonable assurance on this area. We identified one key finding requiring management attention:

- Exceptions were noted in the follow-up and documentation of provider action plans.

Full details of the matter arising is detailed within the Findings & Agreed Action Plan section of this report. We identified the following opportunity for enhancement that did not impact the overall opinion and is highlighted for management information:

- Governance arrangements are still bedding in following the creation of the JCC in April 2024. Terms of Reference will need to be documented for the Mental Health and Vulnerable Groups Committee which is intended to provide direct oversight of the quality assurance and improvement process.

Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 The JCC has a formal and comprehensive approach, undertaken by suitably qualified and trained staff, to assess the quality of mental health care provision	-	Substantial
2 The performance of each care provider is appropriately, accurately, and confidentially recorded, and issues of concern are followed-up to ensure that they have been resolved.	1	Reasonable
3 Any outstanding issues of concern are escalated appropriately, and areas of good practice are disseminated.	1	Reasonable
4 Systems are in place to assess whether the services provided ensure value for money.	-	Substantial
5 Processes have been established to gain assurance over the service quality of any providers not included on the frameworks.	-	N/a

Summary of Management Actions

The table below summaries the findings made, their priority rating, theme and details on whether the finding relates to a control design issue or control operation issue. We group our findings into themes, which allows us to identify common themes and trends across NHS Wales organisations.

0	1		
High Priority	Medium Priority	Control Design Issues: Inadequate or poorly designed controls that do not address risks	0
	Data Accuracy / Quality [Control Operation]	Control Operation Issues: Controls that are not executed correctly or consistently	1

JCC Mental Health and Learning Disability Frameworks – Analysis of 2022/23 Costs and Activity

Service Type	No. of Providers	No. of Units	Spend	No. of QAIS Visits	QAIS Units Audited	Reviews Requiring Action		No. Of Patients Admitted	Placed with 3Q Provider	Placed with 2Q Provider	Placed with 1Q Provider
						No.	%				
			£m								
Hospital Framework (Adults)	29	281	£63.5	44	63	26	59	240	231	0	9
Hospital Framework (CAMHS)	6	17	£1.3	6	6	2	33	16	16	0	0
Care Homes Framework	92	640	£47.6	124	208	52	42	128	128	0	0
TOTAL	127	938	£112.4	174	277*	80	46%	384	375	0	9

* Note: not all units will be visited in a year. Visits take place only where there are active placements, or a new unit/provider is added to the framework(s).

The activity for 2023/24 is due to be published shortly.

Findings & Agreed Action Plan

Objective 1: The JCC has a formal and comprehensive approach, undertaken by suitably qualified and trained staff, to assess the quality of mental health care provision

Substantial

Overview / Summary of Observations

The frameworks in place for hospital setting and care homes contain a detailed schedule in relation to the quality assurance process. This is complimented by a range of supporting documentation. The process is managed and recorded through the Commissioning Care Assurance and Performance System (CCAPS). The approach is based on a rating system known as the 3Q approach, which is focused on quality and safety.

The Quality Assurance and Improvement Service (QAIS) within JCC undertake audits of providers. Audits take place initially prior to a provider being listed on the framework. Those framework providers that have patients placed with them are then audited at least annually. All visits are undertaken by clinical staff and/or staff with a social work background. If additional specific skills are required, these can be seconded into the team on a temporary basis. New joiners to the QAIS team are subject to a lengthy induction before they can undertake solo audit visits. A set of standards, which differ between hospitals and care homes, are in place, and each visit by the QAIS team assesses provider performance against the relevant standards.

Our testing of a sample of 10 recent audit visits covering both care homes and hospitals confirmed that all had been carried out by suitably qualified staff.

Objective 2: The performance of each care provider is appropriately, accurately, and confidentially recorded, and issues of concern are followed-up to ensure that they have been resolved.

Reasonable

Overview / Summary of Observations

CCAPS is used for recording both the results of audits and monthly performance data provided by providers. Data is input directly by providers, and therefore it was not possible for us to test the accuracy of the data recorded. We understand that if there were inaccuracies in the patient specific data, this would be identified through either site visits or through the on-going monitoring of the patient via their Commissioning Care Co-Ordinator. Deadlines for the input of information by both the QAIS team and providers are set out in the framework.

The procedures for follow-up of issues identified during an audit visit, or reported via a safeguarding issue or complaint, are also set out in the framework. Draft reports are issued following each audit, accompanied by an action plan where issues have been noted. Providers are given 20 working days to initially address the issues, and where completed, these are verified by the member of the QAIS who undertook the original audit. If the provider is unable to complete all required actions within 20 working days, a longer-term action plan will be agreed, and it is likely that their 'Q rating' will be reduced. In extreme circumstances the provider can be suspended from the framework.

We tested a sample of 10 recent audit visits, split equally between Care Homes and Hospitals. The purpose of the testing was to assess whether:

- The inspection had been performed by a qualified member of staff;
- Reports had been completed promptly following the inspection;
- There was evidence of timely quality assurance review of the report;
- Any identified issues in the report had been followed up and resolved within required timescales.
- Final report notifications had been issued on a timely basis.

With the exception of the points noted below, we did not identify any issues during our testing.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 We identified one audit that took place on 11 June 2024. A report and Performance Improvement Notice (PIN) containing actions, were issued shortly after the visit. Providers have 20 working days to address the issues in the PIN. Whilst there is no set timescale for the QAIS team to then verify the completed actions, the expectation would be that verification is undertaken soon after notification of completion of the actions. At the time of our fieldwork in mid-October, the actions had not been verified by the QAIS team. We understand there had been a period of staff absence, and the verification had not been completed by anyone else in the team. Subsequent to our audit a verified PIN has now been received.</p> <p>In a separate case, a provider had been suspended following an audit. Whilst some actions on their PIN were implemented in the 20-day timeframe, not all were. In such cases, outstanding actions are transferred to a Performance Improvement Plan (PIP). However, our testing identified the incomplete transfer of outstanding actions to the PIP.</p> <p>Theme: Data Accuracy / Quality</p>	<p>The failure to fully record and follow-up all required actions undermines the effectiveness of the QAIS process and could leave a patient in an unsafe or poor-quality placement.</p> <p>Medium Priority</p> <p>Control Operation</p>	<p>Agreed Action:</p> <ul style="list-style-type: none"> • Senior practitioner and audit coordinator to review audit tracker document and review process to ensure any deviation from required process or timescale is highlighted promptly. • Update protocols for handover processes of work tasks within the audit process SOP for both administrator and practitioner responsibilities. • Weekly audit planner assurance check. • Workshop 28/11/24 to confirm process with auditors. <p>Expected Evidence of Implementation:</p> <ul style="list-style-type: none"> • Updated overarching Standard Operating Procedure. • Updated SOP for 'Audit Tracker' process. • Updated SOP for quality assurance of audit documentation • Audit planner to have confirmation of reporting. <p>Officer: Martyn French Date: 12/11/2024</p>

Overview / Summary of Observations

Under the framework agreement, a provider's ability to supply services to a commissioning organisation may be suspended by giving notice in writing to the provider where a performance issue has arisen. We were advised by management that approximately 35 units have been terminated to date, but this would always be a last resort.

During our testing we reviewed the on-going case of a provider who had been suspended from the framework following an audit visit in July 2024. We saw the steps taken to escalate the concerns leading up to the suspension. We understand the suspension has now been lifted following progress with a number of required actions. However, the provider's 'Q rating' has been reduced to 1Q on CCAPS, which will make it extremely unlikely that they will receive any further placements until more progress can be demonstrated and their 3Q rating restored.

Following the establishment of the JCC in April 2024, the governance arrangements within and relating to the QAIS team are still bedding in. Management meetings are weekly and the whole team meet every four weeks. It is intended that initial direct reporting will be to the Mental Health and Vulnerable Groups Committee, which will meet fortnightly. The terms of reference for this committee are due to be documented shortly. The main governance oversight is to the Quality and Safety Committee, which is chaired by an Independent Member, and to which QAIS submit a regular report. A comprehensive annual report is produced detailing the activities undertaken by QAIS under the frameworks. There are also monthly meetings with the Welsh Government Policy Team for Mental Health.

Overview / Summary of Observations

Standard prices are included in the frameworks for certain aspects of service provision, for example rates of pay for unqualified staff, but providers are able to set their own prices for other services. However, providers are ranked within CCAPS on quality, and also price, so this helps to ensure value for money. There are no financial penalties within the frameworks, but providers can lose 'Q ratings' and/or be suspended or removed from the framework if they do not meet the required standards.

We tested 10 current year invoices covering both care homes and hospitals. We verified the costs charged on the invoice both to the framework, and also to the Patient Placement Agreement (PPA), which is completed for every placement, and which is updated whenever there is a change (either in price or the level of care being provided). No concerns were noted in undertaking this testing.

All hospital providers (but not care homes) are invoiced £500 annually per unit to contribute to the costs of providing the QAIS. This amounts to a total income of just short of £150k per year, which is invoiced annually at the end of October. Care homes are not charged this fee as it is considered that it would discourage them from joining the framework. The process for raising all of the invoices issued in October 2023 was tested and no issues were noted with the accuracy and completeness of the process. There are no outstanding debts, although one invoice of £500 was written off in each of the last two financial years due to the provider coming off the framework.

Objective 5: Processes have been established to gain assurance over the service quality of any providers not included on the frameworks.





N/a

Overview / Summary of Observations

Health boards and local authorities are still able to directly commission services without using the framework and in such cases JCC QAIS have no involvement. However, health board chief executives in particular, have been encouraged to ensure that the framework is used, and it is understood that only a small number of placements are currently not on the framework. QAIS do quality assure other non-framework services, but only where JCC have directly commissioned the service.

Appendix A

Assurance Opinion

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

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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

Disclaimer

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

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

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

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

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

