

Audit & Risk Committee Hosted Bodies

Thu 20 June 2024, 11:45 - 12:15

Virtual via Teams



Agenda

11:45 - 11:45 0 min

1. PRELIMINARY MATTERS

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

11:45 - 11:45 0 min

2. CONSENT AGENDA FOR APPROVAL

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 18 April 2024

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

 2.1.1 Unconfirmed Minutes 18.4.24 ARC HB 20 June 2024.pdf (4 pages)

2.2. Items for Noting

2.2.1. Welsh Health Specialised Services Committee (WHSSC) - Legacy Statement

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

 2.2.1 WHSSC Legacy Statement ARC HB 20 June 2024.pdf (18 pages)

2.2.2. Emergency Ambulance Services Committee (EASC) - Legacy Statement

Information

11:45 - 11:45 0 min

3. MAIN AGENDA

3.1. Progress Update on the Joint Commissioning Committee - verbal update

Discussion Abigail Harris, Interim Chief Commissioner

3.2. IA Review - EASC Adult Critical Care Transfer Service

Discussion Internal Audit

11:45 - 11:45 4. ANY OTHER BUSINESS

0 min

Patsy Roseblade, Chair

11:45 - 11:45 5. DATE AND TIME OF NEXT MEETING

0 min

Patsy Roseblade, Chair

15 August 2024 at 9.30 am

**Confirmed Minutes of the Meeting of Cwm Taf Morgannwg
University (CTMUHB)**

HOSTED BODIES – AUDIT & RISK Committee

18 April 2024

Members Present:

Patsy Roseblade	Independent Member (Chair)
Ian Wells	Independent Member (Vice Chair)
Geraint Hopkins	Independent Member

In Attendance:

Sally May	Executive Director of Finance & Procurement
Abigail Harris	Interim Chief Commissioner, NHS Wales Joint Commissioning Committee
Ian Green	Chair, NHS Wales Joint Commissioning Committee
Jacqueline Evans	Committee Secretary and Associate Director Corporate Services
Stacey Taylor	Director of Finance & Information, NHS Wales Joint Commissioning Committee
Paul Dalton	Head of internal Audit
Emma Samways	Deputy Head of Internal Audit
Mark Jones	Audit Wales
Nathan Couch	Audit Wales
Gareth Watts	Director of Corporate Governance / Board Secretary
Emma Walters	Head of Corporate Governance & Board Business
Kathrine Davies	Corporate Governance Manager (Committee Secretariat)

1. PRELIMINARY MATTERS

1.1 Welcome & Introductions

P. Roseblade, Committee Chair welcomed everyone to the meeting, The format of the proceedings in its virtual form were also noted. Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate.

1.2 Apologies for Absence

Apologies have been received from:

- Kath Palmer – Independent Member
- Cally Hamblyn – Assistant Director of Governance & Risk
- Paul Worthington – Lay Member, NHS Wales Joint Commissioning Committee

1.3 Declarations of Interest

There were no interests declared.

2. CONSENT AGENDA

2.1 Unconfirmed Minutes of the meeting held on 22 February 2024

E. Samways advised that the names and job titles in the attendance section were misaligned and would require adjusting.

Resolution: The minutes were **APPROVED** as a true and accurate record subject to the one minor amendment.

3. MAIN AGENDA

4. IMPROVING CARE

4.1 New Wales Joint Commissioning Committee (JCC) Progress Report – Verbal Update

A. Harris and I. Green provided Members an update on the progress around the new NHS Wales Joint Commissioning Committee.

The Chair clarified the role of the Hosted Bodies Audit & Risk Committee in that they work on behalf of all the Health Boards and its role was to seek assurance on behalf of them. She advised that there will be learning as they move forward and added that they did seek clarity on whether the role of this Committee would change due to the JCC having its own Independent Members.

The Chair also requested that the Committee received the Legacy Statements at their next meeting to be held in June 2024 in order

that they can gain assurance on all outstanding recommendations and risks so that there is continuity between the previous three hosted bodies and the newly formed JCC. The Chair added that they would be happy to receive any other reports that the JCC feel were appropriate.

J. Maunder-Evans confirmed that the Legacy Statements would be received at the JCC Meeting next week and would be brought to the Hosted Bodies Audit & Risk Committee for the June 2024 meeting.

A Harris, in response, advised that she welcomed the Chairs comments and advised that contained within the new Standing Orders was confirmation that the JCC should have other Committees that support its business and they would be working through that to ensure that nothing will fall between the gaps. She added that the Legacy Statements when they are received, would look and feel very different to normal Legacy Statements. They were now developing an equivalent to the Risk Framework to ensure that at the JCC they had an equivalent to the Board Assurance Framework.

I. Wells queried whether the changes were having an effect on the day-to-day operational work. A. Harris advised that the purpose of the quarter 1 framework was to ensure that the operational business and delivery continued, they had set up weekly informal Senior Leadership team to ensure that any urgent business is picked up and using this as an opportunity to share and learn together.

S. Taylor provided assurance to Members that the structures that sit under Tier 2 had not been largely affected by the OCP process and there was no real risk. She advised that they were undertaking the usual assessments in relation to deliverability and added that in terms of an accounts perspective this was going well and hopefully would remain the case up to when they are submitted in April.

M. Jones advised the Committee for awareness, that the Health Board had contacted Audit Wales with regard to their opinion on the Accountable Officer arrangements across the JCC and the Health Board. Welsh Government had also made contact in terms of an independent audit perspective. He added that they did feed some of their thoughts back to the Health Board in March 2024 and this had also been shared with Welsh Government. He advised that he would be happy to share this with the Committee.

G. Watts, in response to the comments made by M. Jones, advised that the Accountable Officer memorandum and Interface Agreement had been shared and they were currently being address with some final comments. He added that it was hoped that both those documents would be finalised by the middle of next week and taken forward for approval.

G. Watts advised that the Hosting Agreement would outline how they would be supporting and assisting J. Maunder-Evans and colleagues in terms of developing the risk assurance framework and methodology ensuring that there was appropriate internal control and risk management.

A Harris thanked G. Watts for his comments, which were helpful and suggested that they would be happy to discuss this further outside of the meeting to take forward.

The Chair commented that in terms of the Accountable Officer status, it was relevant to this Committee, the CTM Audit & Risk Committee and the Health Board for any formal decision making as opposed to this Committee.

G. Hopkins queried whether there was an organisational structure developed so that they could see who was going to be doing what. A Harris advised that they were not at that point as yet, they did have a structure that had been approved that described the high level Director roles and they were going through the process of filling those positions, slotting in and also restrictive competition. She added that there might be some vacancies left at the end of that process that they would have to fill but they would be happy to share this once this had been completed.

Resolution: The verbal update was **NOTED**.

5. ANY OTHER URGENT BUSINESS

There was no urgent business to report.

6. DATE AND TIME OF NEXT MEETING: Thursday 20 June 2024

WELSH HEALTH SPECIALISED SERVICES COMMITTEE LEGACY STATEMENT 2024



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1. Introduction

The functions housed within the Welsh Health Specialised Services Committee (**WHSSC or the Joint Committee**) will formally transfer to the newly established NHS Wales Joint Commissioning Committee (**JCC**) on 1 April 2024.

This legacy statement summarises the resources, assets and liabilities that will transfer to the JCC.

2. Background

WHSSC was established in 2010 as a joint committee of each local health board in Wales under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35), as amended under the Welsh Health Specialised Services Committee (Wales) (Amendment) Directions 2014 (2014/9 (w.9)):

<https://whssc.nhs.wales/publications/directions-and-regulations/>

The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (SI 2009 No 3097) make provision for the constitution of the Joint Committee including its procedures and administrative arrangements.

<https://whssc.nhs.wales/publications/directions-and-regulations/the-welsh-health-specialised-services-committee-wales-regulations-2009/>

The remit of WHSSC is to enable the seven health boards in Wales to make collective decisions on the review, planning, procurement, and performance monitoring of agreed specialised and tertiary services.

WHSSC is hosted by Cwm Taf Morgannwg University Health Board (**CTMUHB**).

WHSSC has an overall annual budget approaching £800 million (2023-24) with financial contributions determined by population need, and a risk sharing arrangement agreed with the seven health boards.

Direct Running Costs (**DRC**) associated with WHSSC's establishment are included within WHSSC's overall budget. A summary of DRC for 2023-24 as at Month 11, can be found at **Appendix A**.

WHSSC spends around two thirds of its budget within NHS Wales, and around one third within NHS England (**NHSE**) and the independent sector.

The landscape of NHSE is pivotal in the provision of specialist service for the population of Wales. In that regard, NHSE has recognised that not all specialised services will be suitable, or ready, for delegation to its regional Integrated Care Boards by April 2024, as previously anticipated. Where

this is the case there will now be a further period of transition with additional support so they are all ready to take on full delegated responsibility from April 2025. To ensure the effective commissioning of services for Welsh patients in England, WHSSC is working the NHSE Specialised Commissioners and the relevant regional commissioners to establish links and communication channels in anticipation of this change.

WHSSC commissions specialised services from some health boards in Wales. In particular, Cardiff and Vale University Health Board (**CVUHB**) and Swansea Bay University Health Board (**SBUHB**) receive significant funding for the services that WHSSC commissions from them.

In total WHSSC commissions over 100 services from a substantial number of providers. The services WHSSC commissions grow year on year as new services are agreed by the Joint Committee.

<https://whssc.nhs.wales/commissioning/commissioned-services/>

On a day-to-day basis the operational activity of the Joint Committee is carried out by the Welsh Health Specialised Services Team (**WHSST**), through five directorates (Corporate, Finance & Information, Medical, Nursing & Quality, and Planning & Performance) and a management team headed by Executive Directors; this is supported by six multidisciplinary commissioning teams comprising colleagues from across the directorates. These teams commission specialised services, including:

- Cancer and Blood
- Cardiac
- Mental Health and Vulnerable Groups
- Neurosciences and Long-Term Conditions
- Women's and Children's
- Intestinal failure (temporary)

In addition WHSSC hosts the commissioning/ delivery teams for the Welsh Kidney Network (**WKN**) and Traumatic Stress Wales (**TSW**), and the teams for the All Wales Positron Emission Tomography (**PET**) Capital Programme and the Molecular Radiotherapy (**MRT**) Strategy Development Programme.

The WKN (a joint sub-committee of the Joint Committee) is a vehicle through which specialised renal services are planned and developed on an all Wales basis in an efficient, economical and integrated manner and provides a single decision-making framework with a clear remit, responsibility and accountability.

The WKN has a complex governance structure and was established on 13 August 2009, when the Minister for Health and Social Services formally agreed the establishment of a single Welsh Kidney Network (WKN) to be managed by the WHSSC and to be hosted by Cwm Taf Morgannwg UHB (CTMUHB) and be a subcommittee of the Joint Committee. The WKN is not a legally constituted body, but has been set up under general powers conferred on the Welsh Ministers under the National Health Service (Wales) Act 2006 (the 2006 Act). Section 1 of the of the National Health Service (Wales) Act 2006 requires the Welsh Ministers to continue the promotion of a comprehensive health service for the people of Wales.

The WKN has an independent Chair, appointed by the Chair of WHSSC. The WKN Chair is accountable to the Chair of WHSSC. The Terms of reference can be viewed within the WHSSC SO's. The Joint Committee Standing Orders can be found at <https://whssc.nhs/wales/publications/governance/updated-standing-orders-180324/>

The role of the WKN is to commission kidney replacement therapy (**KRT**) for adults in Wales who have progressed to end stage renal disease. At this stage, which is irreversible, the kidneys are no longer able to function and KRT dialysis or transplantation becomes necessary to maintain life.

TSW is an all Wales quality improvement initiative which aims to improve the health and wellbeing of people of all ages affected by traumatic events. It aims to raise trauma-informed awareness and practice across Wales and has a particular focus on those at risk of developing or with post-traumatic stress disorder or complex post-traumatic stress disorder.

The **PET** Capital Programme is a £25M capital investment programme funded by WG. It was originally intended to be a five year programme funded in two phases. This first phase ends in July 2024. The programme consists of the replacement of the fixed site scanner in PETIC (a Cardiff University owned facility on the University Hospital Wales site), procurement of two fixed site scanners, one in SBUHB and one in Betsi Cadwaladr University Health Board (**BCUHB**), to replace their existing mobile scanners, refurbishment of the PETIC production facility and a fourth fixed site scanner to be situated at a site yet to be agreed. In addition a number of cross cutting developments related to workforce, PET radiopharmaceutical horizon scanning, data and report standardisation, electronic referrals and vetting; in addition to benefit measures such as patient and staff satisfaction, sat within this programme. The majority of these cross cutting developments are reaching final stages.

The **MRT** Strategy Development Programme is a WG funded programme to develop a strategy for the future implementation of the new MRT treatments across Wales. The programme is funded until July 2024 and the final document will be presented to WG in June 2024. The programme is on track. The programme manager left post in early March 2024, therefore the PET Capital Programme team will see the work to completion. There are no current programme issues or significant risks.

WHSSC also commissions three Operational Delivery Networks (**ODN/s**):

Major Trauma: The South Wales Trauma Network was launched in September 2020 following approval of a Programme Business Case by all six affected health boards. WHSSC commissions the Network from SBUHB as the designated host provider under the approved Service Specification. There is a quarterly Clinical and Operational Board run by the Network; assurance on delivery is currently provided to the Joint Committee via the quarterly WHSSC-led Delivery Assurance Group.

Spinal: The South Wales Spinal Network launched in 2023 following agreement to establish an ODN for spinal surgery by the NHS Wales Collaborative Executive Group in April 2021. WHSSC commissions the Network from SBUHB as the designated host provider under the approved Service Specification. There will be a quarterly Clinical and Operational Board run by the Network; assurance on delivery will be provided to the Joint Committee via the quarterly WHSSC-led Delivery Assurance Group.

Neonatal: The Joint Committee has also agreed to establish a Neonatal Transport ODN following concerns raised by WHSSC about the governance of service delivery. The establishment of the Neonatal Transport ODN is currently under review in the context of wider financial and service issues.

More background information about WHSSC is available in its 2022-23 Annual Report and Annual Governance Statement 2022-23:

<https://whssc.nhs.wales/publications/annual-reports/annual-report-2022-2023/>

<https://whssc.nhs.wales/publications/governance/annual-governance-statement-22-23-final/>

The 2023-24 Annual Report and Annual Governance Statement 2023-24 are under development (copies of which are available from the WHSSC Committee Secretary and will be made available to the JCC Committee Secretary) and will be published on the WHSSC website as soon as possible following approval:

<https://whssc.nhs.wales/publications/>

In particular the Annual Governance Statements set out details of WHSSC's Governance Framework, appointments to the Joint Committee and joint sub-committees, the purpose of the joint sub-committees together with an explanation of its participation in CTMUHB's Audit & Risk Committee and Quality & Safety Committee.

It is important to note that the WHSSC **All Wales Independent Patient Funding Request Panel (IPFR)** are constituted to act as a Sub Committee of the Welsh Health Specialised Services Committee (the Joint Committee), and hold delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a HB has agreed to routinely provide. The IPFR panel has an independent Chair, appointed by the Chair of WHSSC. The Chair of the IPFR panel is accountable to the Chair of WHSSC. The terms of reference for the panel are outlined in the "All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)".

The governance framework for IPFR is complex in that the "Independent Review of the Individual Patient Funding Requests Process in Wales" report was published in January 2017, and a new "All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)" was published by Welsh Government. However, the policy applies to the seven HBs and WHSSC. WG also established the NHS Wales Quality Assurance Advisory Group (QAAG) to monitor NHS organisations' IPFR processes and streamline the process. The group is chaired by the Clinical Director of the All Wales Therapeutics & Toxicology Centre (AWTTC). The Group assess IPFRs from each panel in relation to the IPFR policy. Examples of good practice and recommendations are shared across the HBs and WHSSC to promote consistency of service in NHS Wales.

On the 21 November 2023 the Joint Committee received a report presenting the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek support for the proposed changes to the policy prior to being shared with Health Boards for final approval. The 7 x HBs approved the policy in early 2024 and WHSSC then wrote to WG on 6 February 2024 to request that they confirm in writing to WHSSC, the All Wales Therapeutics a Toxicology Centre, the IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNT) that they satisfied that WHSSC had adhered to their instructions and that the new policy could be adopted. It is anticipated that HBs will be in a position to implement the new policy in April 2024.

The Joint Committee Standing Orders can be found at <https://whssc.nhs.wales/publications/governance/updated-standing-orders-180324/>

The Terms of Reference of the joint sub-committees can be accessed from Annex 3 (page 56) of the Joint Committee Standing Orders.

WHSSC's Standing Financial Instructions can be found at <https://whssc.nhs.wales/publications/governance/updated-standing-financial-order-180324->

WHSSC published a Specialised Services Commissioning Strategy 2023-2033 in May 2023, which sets an ambitious direction of travel for the commissioning of specialised services over the next ten years. The Joint Committee also approved a Mental Health Specialised Services Strategy 2024-2029 in January 2024, which provides a basis upon which to commission sustainable, resilient mental health services with ease of access for the Welsh population:

<https://whssc.nhs.wales/publications/strategies-and-plans/>

WHSSC's strategic aim is:

"On behalf of Health Boards, to ensure equitable access to safe, effective and sustainable specialised services for the people of Wales"

Each year Welsh Government issues the NHS Planning Framework to support statutory organisations within NHS Wales to meet their legal duty to develop an integrated medium term plan, which aligns service, workforce and finance plans. Whilst WHSSC is not a statutory organisation within NHS Wales each year it develops an Integrated Commissioning Plan (**ICP**) for specialised services which is the cornerstone of its upcoming commissioning activity.

Since 2020, the NHS has experienced unprecedented challenges linked to the COVID-19 pandemic which continued to have a significant impact on activity levels of specialised services, as well as contributing to an extremely difficult financial context.

The recovery from the COVID-19 pandemic remained the context for the 2022-23 ICP (link below) with a continued commissioning priority to deliver equitable access and reduced waiting times for Welsh patients, both within Wales and in comparison to services commissioned from NHSE. It is within this context that, following a period of dispensation on performance management during COVID-19, WHSSC strengthened its performance management approach, working alongside providers to ensure delivery against contracts and finding shared solutions to improving quality and access:

<https://whssc.nhs.wales/publications/integrated-commissioning-plan/integrated-commissioning-plan-2023-2024/icp-2324-document/>

The 2023-24 ICP has been developed (a copy of which are available from the WHSSC Committee Secretary and will be made available to the JCC Committee Secretary) and is expected to be approved by the Joint Committee in March 2024, and will be published on the WHSSC website as soon as possible following approval:

<https://whssc.nhs.wales/publications/integrated-commissioning-plan/>

In January 2024 WHSSC prepared a Specialised Services Commissioning Framework to document its approach to commissioning specialised services:

[file:///Y:/WHSSC%20Y%20Drive/National%20Commissioning/WHSSC%20Legacy%20Statement/Planning%20&%20Performance%20Directorate/WHSSC%20Commissioning%20Framework%20Approved%20v4%20\(002\)%20-%20MG.pdf](file:///Y:/WHSSC%20Y%20Drive/National%20Commissioning/WHSSC%20Legacy%20Statement/Planning%20&%20Performance%20Directorate/WHSSC%20Commissioning%20Framework%20Approved%20v4%20(002)%20-%20MG.pdf)

Section 4.4.1 (Page 18) of the Specialised Services Commissioning Framework sets out WHSSC's approach to Commissioner Assurance and provides links to the following key documents:

- Commissioning Assurance Framework
- Patient Experience & Engagement Framework
- Performance Management Framework
- Escalation Process
- Risk Management Strategy

3. Changes

On 20 January 2023, the Director General of Health and Social Services/Chief Executive NHS Wales (**the DG**) wrote to WHSSC advising that the Minister for Health & Social Services (**the Minister**) had approved a review of the national commissioning functions. This was a commitment within A Healthier Wales (2018) and forms part of a set of actions to strengthen and streamline the NHS landscape in Wales. The terms of reference were shared and discussed at the NHS Wales Leadership Board on 24 January 2023.

Welsh Government (**WG**) requested that a facilitated discussion be held with Joint Committee members and a joint workshop took place on 14 March 2023 to coincide with the Emergency Ambulance Services Committee (**EASC**) and WHSSC meetings scheduled for that day.

On 12 July 2023, the DG wrote to WHSSC advising that the review was completed in May 2023 and was led by Steve Combe, previously Director of Corporate Governance at Abertawe Bro Morgannwg University Health Board (now SBUHB).

The review provided an opportunity to reflect upon the experiences of WHSSC and EASC, which also included the National Collaborative Commissioning Unit (**NCCU**), and to further build upon national commissioning arrangements. This included horizon scanning to explore other national commissioning functions and opportunities.

The review itself consisted of a series of interviews and facilitated discussions, alongside a review of key documentation. The independent review report made a series of recommendations, which the Minister accepted.

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

In summary, the recommendations made were:

- WHSSC, EASC and NCCU should be combined into a single entity and form a single joint committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new entity as a joint committee should be given a new name to highlight that it is a new body rather than just a merger of existing bodies.
- The term “specialist” (or “specialised”) should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new body should take on an expert supportive role to health boards in developing regional and inter health board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new body should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new entity is established. (This single, new joint committee would be hosted by CTMUHB as the UHB is the current host and employer for the two existing joint committees).
- There was currently a lack of Public Health input around population needs assessment, etc. and this should be remedied in line with the requirement in the extant Memorandum of Agreement.

- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new body creates its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

The proposal is for the new joint committee to be established by 1 April 2024. However, to support this the Oversight Board agreed Project Initiation Document (PID).

4. Legacy Statement

This Legacy Statement has been developed in accordance with guidance provided by Audit Wales. It sets out to summarise the resources, assets and liabilities that will transfer between an organisation that is being dis-established and its successor organisation.

It is important to note that WHSSC is not a legal entity, rather an unincorporated organisation or undertaking that is hosted by CTMUHB. Similarly the JCC will be an unincorporated organisation or undertaking hosted by CTMUHB. Therefore no resources, assets or liabilities will transfer outside of CTMUHB.

It is anticipated that all resources, assets and liabilities will transfer or roll-over from WHSSC to the JCC on 1 April 2024. Any exceptions that have been identified to this general principle are referred to in section 5. Exceptions, Risks and Learning.

It is anticipated that any employees in the WHSST who have not resigned or otherwise had their employment terminated by 31 March 2024 will transfer or roll-over to the JCC on 1 April 2024. Any who have given or been given notice of termination but who are working a notice period beyond 31 March 2024 will serve the remainder of their notice period with the JCC. WHSSC has a total headcount of around 75 WTE.

The principal premises of WHSSC is Unit G1, The Willowford, Main Avenue, Treforest Industrial Estate, Pontypridd CF37 5YL (**the Property**). The term of the lease for this property runs for 10 years ending on, and including, 19 June 2029. The tenant is CTMUHB (on behalf of WHSSC as its host); therefore use of the property will transfer to the JCC on 1 April 2024 as a resource of the unincorporated organisation or undertaking that is WHSSC.

WHSSC also has an informal arrangement with BCUHB for use of a small number of desk spaces in BCUHB's premises in north Wales, which are managed by BCUHB. This arrangement will transfer or roll-over to the JCC on 1 April 2024 as a resource of the unincorporated organisation or undertaking that is WHSSC.

All IT equipment, mobile phones, desk phones, work stations and associated office equipment and furniture, and contracts associated with these assets and the Property, will transfer or roll-over to the JCC on 1 April 2024.

The use of all critical IT systems utilised by WHSST will transfer or roll-over to the JCC on 1 April 2024. This will include but is not limited to MS Office and its component parts, MS Project, Adobe, MS SQL Server Management Studio, MS Co-pilot, MS Power BI, MS Visio, Oracle Financial Management, Qlikview Business Intelligence, R-Stat statistical software including Shiny Applications, MAIR, Model Hospital, CCAPS, ESR, TRAC.

WHSSC Clinical Policies are high quality organisational documents that enable WHSSC to achieve its strategic objectives and the delivery of consistently high standards of patient care. Clinical policies produced by WHSSC fall into three categories: (i) commissioning policies, (ii) policy position statements, and (iii) service specifications. WHSSC Clinical Policies will transfer or roll-over to the JCC on 1 April 2024.

<https://whssc.nhs.wales/commissioning/whssc-policies/>

Further details of the joint working relationship between the JCC and the seven Welsh health boards, Public Health Wales and NHS Shared Services Partnership will be captured in a Memorandum of Understanding which will become active from 1 April 2024.

5. Exceptions, Risks and Learning

Exceptions and Risks

Corporate Policies: WHSSC Corporate Policies, which are to be reviewed by the JCC shortly after it is established, will not transfer or roll over to the JCC other than the Policy for Policies:

<https://whssc.nhs.wales/publications/corporate-policies-and-procedures/cpl-025-policy-for-policies-v20-final/>

Financial Control Procedures (FCPs): WHSSC has a suite of FCPs which are operational documents that are mainly a duplication of those of CTMUHB, the host organisation. Some are now due for review (January-March 2024) and others are extant. WHSSC FCPs are reviewed and considered for approval by the CTMUHB Audit & Risk Committee. The WHSSC FCPs will all be reviewed by the JCC shortly after it is established, and will not transfer or roll over to the JCC.

All Wales IPFR Panel (WHSSC): After a protracted period of development, revised All Wales IPFR Panel (WHSSC) (**IPFR Panel**) Terms

of Reference (**ToR**) and the revised All Wales IPFR Policy (**Policy**) were supported at the Joint Committee meeting held on 21 November 2023. These were then taken forward to the Boards of the seven health boards for approval. Confirmation that the health boards had approved the updated ToR and the Policy was received by February 2024. WG are in the process of liaising with stakeholders across government regarding the changes incorporated in the Policy. A date will be agreed to implement the Policy across NHS Wales once a formal response is received from WG, but this unlikely to be before March 2024.

IPFR Panel meetings are scheduled to be held twice monthly. When quoracy has not been achieved, Chairs Action Panel meetings (strengthened by including the attendance of two WHSSC Clinical Directors and a lay member representative) continued to operate. The longstanding issues related to the ToR of the IPFR Panel achieving quoracy during 2023 continued to present challenges. Some meetings did not go ahead as non-attendance was only confirmed minutes before the meeting was due to start. A number of full IPFR Panel meetings were stood down due to quoracy issues and this became problematic again during the beginning of 2024. Every effort was made to ensure the meetings were quorate and the importance of health board attendance has been raised at Joint Committee meetings.

It is anticipated that adoption of the new ToR will significantly reduce the occasions on which the IPFR Panel is not quorate and in preparation for the roll out of the updated Policy and ToR a letter was sent to health board Medical Directors and health board IPFR Chairs on 9 February 2024 seeking confirmation of their health board representative under the new ToR.

Audit Wales Governance Review: In May 2021, Audit Wales published the "[Committee Governance Arrangements at WHSSC](#)" which outlined the findings of the review undertaken between March and June 2020, and in July 2021 (as a result of the COVID-19 pandemic, aspects of the review were paused, and re-commenced in July 2021).

The scope of the work included interviews with officers and independent members at WHSSC, observations from attending Joint Committee and joint sub-committee meetings, feedback from questionnaires issued to health board Chief Executive Officers and Chairs and a review of corporate documents.

The report outlined four recommendations for WHSSC and three recommendations for Welsh Government as outlined below:

Audit Wales Recommendations

WHSSC

R1 Increase the focus on quality at the Joint Committee. This should ensure effective focus and discussion on the pace of improvement for those services in escalation and driving quality and outcome improvements for patients.

R2 Implement clear programme management arrangements for the introduction of new commissioned services. This should include clear and explicit milestones which are set from concept through to completion (i.e. early in the development through to post implementation benefits analysis). Progress reporting against those milestones should then form part of reporting into the Joint Committee.

R3 In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on:

- a. the backlog of waits for specialised services, how these will be managed whilst reducing patient harm.
- b. potential impact and cost of managing hidden demand. That being patients that did not present to primary or secondary care during the pandemic, with conditions potentially worsening.

The financial consequences of services that were commissioned and under-delivered as a result of COVID-19, including the under-delivery of services commissioned from England. This should be used to inform contract negotiation.

R4 The current specialised services strategy was approved in 2012. WHSSC should develop and approve a new strategy during 2021. This should:

- a. embrace new therapeutic and technological innovations, drive value, consider best practice commissioning models in place elsewhere, and drive a short, medium, and long-term approach for post pandemic recovery.
- b. be informed by a review of the extent of the wider services already commissioned by WHSSC, by developing a value-based service assessment to better inform commissioning intent and options for driving value and where necessary decommissioning.

The review should assess services:

- which do not demonstrate clinical efficacy or patient outcome (stop);
- which should no longer be considered specialised and therefore could transfer to become core services of HBs (transfer);
- where alternative interventions provide better outcome for the investment (change); currently commissioned, which should continue.

Progress against the WHSSC actions outlined within the management response are monitored through the Integrated Governance Committee (IGC) and the Joint Committee.

Welsh Government

R5 Review the options to recruit and retain WHSSC independent members. This should include considering measures to expand the range of NHS bodies that WHSSC members can be drawn from, and remuneration for undertaking the role.

R6 This is linked to Recommendation 2 made to WHSSC in this report. When new regional or sub-regional specialised services are planned which are not the sole responsibility of WHSSC, ensure that effective multi-partner programme management arrangements are in place from concept through to completion (i.e. early in the development through to post-implementation benefits analysis).

R7 A Healthier Wales included a commitment to review the WHSSC arrangements along with other national hosted and specialist advisory functions. COVID-19 has contributed to delays in taking forward that action. It is recommended that the Welsh Government set a revised timescale for the action and use the findings of this report to inform any further work looking at governance and accountability arrangements for commissioning specialised services as part of a wider consolidation of current national activity.

Progress against each recommendation is provided via an Audit Tracker document which was presented to the Joint Committee and the CTMUHB Audit and Risk Committee during 2023-2024. The Joint Committee received and approved the tracker document on 21 November 2023. The ongoing scrutiny being undertaken through the IGC was noted.

All of the WHSSC actions have now been completed.

The Audit Wales report outlined three recommendations for WG and progress against the WG management responses is monitored through discussions between the WHSSC Chair, the WHSSC Managing Director and the DG. At the time of writing, recommendation 5 has been completed, and Recommendations 6 & 7 are categorised as partially completed. These Welsh Government recommendations are linked to the recommendations to deliver a new national commissioning Joint Committee by 1 April 2024.

Welsh Gender Service (WGS): During November 2023 a complaint was received from the parents of a vulnerable young adult regarding the WGS, a service which is commissioned by WHSSC from CVUHB. WHSSC asked CVUHB to investigate and respond direct to the complainants, which it did. The complainants subsequently advised WHSSC that they were not content with the response from CVUHB. Representatives from WHSSC and CVUHB recently met with the complainants; as a result of this meeting CVUHB undertook to do a further piece of work and respond

again to the complainants. Whilst there is no further action for WHSSC at the present time the matter is still open.

Neuro-endocrine Tumour (NETS): Between November 2023 and February 2024, a number of email complaints were received from a patient regarding the south Wales NETS service. The complaints related to the delivery of the service, the European Neuroendocrine accreditation process and WHSSC's interpretation of a Welsh Health Circular regarding patient choice; the complaint related to a number of individuals. A response has been sent and whilst there is no further action for WHSSC at the present time the matter is still open.

Deep Brain Stimulation (DBS): WHSSC has received a significant amount of correspondence regarding its proposals to commission DBS services from a new provider. This decision was made because of concerns identified by WHSSC regarding the quality of the service from the current provider. Also, there was a lack of engagement by that provider with WHSSC in addressing the concerns. The existing provider did not come forward with an expression of interest in becoming the new provider. The WHSSC designation process to decide on a new provider has not yet reached completion and there is ongoing dialogue with stakeholders.

Coroner and Ombudsman cases: There are currently (March 2024) five open Coroner cases all of which relate to Mental Health & Vulnerable Groups patients who were in the care of WHSSC commissioned services when they died. There are currently no open cases with the Public Services Ombudsman for Wales.

Business continuity risks: A paper was presented to the Joint Committee at its meeting on 30 January 2024 that outlined various business continuity risks for specialised services commissioning associated with the establishment of the JCC on 1 April 2024. The paper can be found at **Appendix B**.

Workforce Capacity: During 2023 CTMUHB introduced a blanket recruitment freeze which included WHSSC, clear communication regarding this was not forthcoming from the host Director of Workforce & OD or the CEO – the impact of this was to create a significant business continuity issue for WHSSC; consequently the recruitment of the Chair of the IPFR panel, and the recruitment of the WKN Manager's post were delayed significantly.

Following this, restrictions on recruitment were implemented in relation to the anticipated Organisational Change Process associated with the organisation transfer between WHSSC and the JCC; restrictions were implemented on all tiers in the organisation creating capacity gaps in a

range of areas. A particular risk relates to the termination of Fixed Term Contracts with no-one in the JCC Mental Health Director/Chief Commissioner role on 1 April 2024.

Learning

"Speaking-Up Safely" – Lessons Learned from a Serious Disciplinary Investigation: In Autumn 2022, a disciplinary investigation commenced concerning a WHSSC employee and inappropriate behaviour, which culminated in a criminal investigation and conviction. The lesson learned from this experience have been brought to the attention of the workforce team at CTMUHB.

6. Conclusions

Whilst this Legacy Statement will be approved by WHSSC through Chair's Action in March 2024 and presented to the inaugural JCC meeting on 23 April 2024, amendments and updates will be required over the coming months to reflect completion of certain key documents that are currently under development by the WHSST (such as the 2023-24 Annual Report and Annual Governance Statement 2023-24) and which will be completed after 1 April 2024.

WHSSC DRC Budget Summary is at **Appendix 1**.

Appendix 2

whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2023-2024-meeting-papers/2024-01-30-jc-bundle-2/

(Page 467 of 634 PDF bundle)

WHSSC DRC Budget Summary 2023/24

WHSSC DRC Funding	2023/24	
	Budget	Annual forecast overspend / (underspend)
	£	£
WHSSC Core Staff:		
WHSSC Board & Managing Directors	221,897	(1,696)
WHSSC Directors	704,091	81,824
Medical Directorate	451,197	(127,147)
Patient Care Directorate	422,467	11,174
Corporate Support	361,731	(8,303)
Planning Directorate	952,346	130,329
Finance & Information	810,257	(205,224)
Individuals seconded out	0	(500)
3% vacancy factor - based on staffing budget of £4,332k = £130k	(129,960)	129,960
Budget shortfall	(64,948)	64,948
Sub-Total WHSSC Core Staff (excl Networks & Projects)	3,729,078	75,363.70
Establishment (incl travel, stationery etc)	49,511	(410)
Premises	382,879	39,075
Consultancy	1,000	9,339
Audit	68,771	8,419
Cwm Taf Hosting Fee (NB.Plus £23.5k spend in Renal Network)	193,065	0
Other	15,000	5,693
Sub-Total WHSSC Core Non-Pay (excl Networks & Projects)	710,226	62,116
Total WHSSC Core (excl Networks & Projects)	4,439,304	137,479
Vulnerable Groups - staff	0	472,839
Vulnerable Groups - Non-pay	1,513,111	(561,839)
Sub-total Vulnerable Groups	1,513,111	(89,000)
PET PMO - staff	0	171,298
PET PMO - Non-pay	203,510	(171,298)
Sub-total PET Programme Management Office	203,510	0
Molecular Radiotherapy (MRT) - staff	0	66,430
Molecular Radiotherapy (MRT) - Non-pay	37,448	(37,071)
Sub-total Molecular Radiotherapy (MRT)	37,448	29,359
ATMP Outcomes Programme - staff	0	41,136
ATMP Outcomes Programme - Non-pay	0	(41,136)
Sub-total ATMP Outcomes Programme	0	0
Renal Network Staff	538,798	(56,979)
Renal Network Non-pay	41,599	14,463
Renal Network - hosting fee recharge	23,500	0
Sub-total Renal Network	603,897	(42,516)
Total 2023/24 WHSSC DRC Budget	6,797,270	35,322

Adult Critical Care Transfer Service Final Internal Audit Report

Emergency Ambulance Services Committee June 2024



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Review reference:	CTM-2324-27
Report status:	Final
Fieldwork commencement:	28 March 2024
Fieldwork completion:	24 April 2024
Debrief meeting:	26 April 2024
Draft report issued:	14 May 2024
Management response received:	30 May 2024
Final report issued:	3 June 2024
Auditors:	Emma Samways, Deputy Head of Internal Audit Carl Mason, Principal Auditor
Executive sign-off	Stephen Harray, Chief Ambulance Service Commissioner
Distribution:	Phill Taylor, Head of Commissioning and Performance
Committee:	CTM Audit & RiskCommittee



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

Acknowledgement

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

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Executive Summary

Purpose

The overall objective of the audit was to provide assurance that ACCTS is meeting its required objectives and has developed good governance and reporting arrangements that form the basis to successfully plan and progress the service.

Overview

We have issued substantial assurance on this area. The one matter requiring management attention relates to:

- Capturing and monitoring risk and controls.

Report Opinion



Few matters require attention and are compliance or advisory in nature.

Low impact on residual risk exposure.

Assurance summary¹

Objectives	Assurance
1 Service meets objectives	Substantial
2 Governance arrangements	Substantial
3 Monitoring and reporting	Reasonable
4 Financial oversight	Substantial
5 Future planning	Substantial

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

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority	
1	Risk assessment and risk recording	3&5	Operation	Medium

1. Introduction

- 1.1 Our review of the Adult Critical Care Transfer Service (ACCTS) was completed in line with the 2023/24 Internal Audit plan for the Emergency Ambulance Services Committee ('EASC' or the 'organisation').
- 1.2 In July 2019 Welsh Government (WG) published the findings of a task and finish group that had been set up to look at critical care services in Wales. One of the group's workstreams focussed on patient transfers. The workstream identified that most critically ill adults needing a non-urgent transfer 'in hours' between hospitals, were being transported by the Welsh Ambulance Service Trust (WAST), with health boards releasing appropriately trained medical staff to accompany the patient. This meant that there were often delays in ambulance availability and a lack of suitably qualified staff available when needed.
- 1.3 The task and finish group's report acknowledged the need to develop dedicated regional teams that could transfer non urgent critically ill adults in a safe and timely manner. EASC have worked with WAST and the existing Emergency Medical Retrieval and Transfer Service (EMRTS) to oversee the set-up of a new service, that consists of two dedicated 'in hours' non-urgent teams: one for North Wales; and one for South Wales. The ACCT service became operational in 2020.
- 1.4 The relevant lead for this review is the Chief Ambulance Service Commissioner.
- 1.5 The risks associated with our review were as follows:
 - Services not delivered in an efficient or effective way that results in wasted resources.
 - Resources become stretched with service delivery compromised, putting patients at risk.

2. Detailed Audit Findings

Objective 1: The current service provision has made progress against the desired outcomes identified by the WG Task and Finish Group.

- 2.1 The 2019 WG task and finish group identified a number of benefits that could be derived from having a dedicated transfer service for critically ill patients. Our review confirmed that progress has been made against the anticipated benefits:
 - The purchasing of their own vehicles meaning the service can be provided with no reliance on WAST assets. This has reduced the risk of delayed transfers and improving the availability of WAST's own fleet for community responses.
 - The recruitment and training of their own staff, with additional medical expertise provided by specialist clinicians who register on an annual basis to provide their services to fill the rota. We understand that this approach does not cause a depletion of front-line health board staff and the experience gained for staff is integral to their professional training and continuous professional development.

- Assessment procedures and criteria have been developed to determine critical need and service suitability to be applied when health boards wish to book the ACCTS service for their patients. The triage process is undertaken by a suitably qualified clinical lead. A clinical application of the criteria means an improved transfer flow for hospitals and ensures compliance with 'Deigned for Life: Welsh guidelines for the transfer of critically ill adults'.
 - Additional support for the Emergency Medical Retrieval Transfer Service (EMRTS) as the service sits alongside the EMRTS provision by providing specialist-based transfers to critically ill patients.
- 2.2 At the time of our fieldwork the 2023/24 annual report was being prepared. However, we note the EMRTS and ACCTS Cymru Annual Report 31 March 2023 highlighted the achievements made to date by the team since its inception 2021. They include increased service provision for the sickest patients, quality training for medical professionals, research and development opportunities and international recognition for their work.

Conclusion:

- 2.3 Our review established that the current service provision has made progress against the desired outcomes identified by the WG task and finish group. We have provided substantial assurance for this objective.

Objective 2: Appropriate governance arrangements are in place for the management and oversight of the service.

- 2.4 The governance arrangements for ACCTS are set out in a Governance Overview document. The ACCTS follows the Emergency Medical Retrieval & Transfer Service (EMRTS) governance structure. The EMRTS Delivery Assurance Group (DAG) meet each quarter and is a sub-committee of EASC. Our review of DAG minutes confirmed that membership includes the Chief Ambulance Commissioner, leads for EMRTS and ACCTS, and representatives from the health boards, Welsh Ambulance Service and Welsh Government.
- 2.5 In addition to the governance arrangements within EASC, organisational and clinical governance oversight also takes place through Swansea Bay University Health Board, as the host organisation of EMRTS.
- 2.6 In 2023 a peer review of ACCTS was carried out by an NHS England specialist in intra-hospital transfer of critically ill patients. The review included feedback on the governance arrangements and concluded that the ACCTS service had a robust and progressive governance structure.

Conclusion:

- 2.7 Our review established that there are defined governance arrangements in place for ACCTS. We have provided substantial assurance for this objective.

Objective 3: There is a plan in place to review performance ambitions, and that the monitoring of service provision takes place, with reporting at appropriate forums.

- 2.8 The 2024/27 IMTP for EASC has a section specific to ACCTS. The IMTP also includes the ACCTS commissioning intentions for 2024/25 which cover performance management of the service delivery, engagement with stakeholders, evaluation and review of the service, and establishing a commissioning framework specific for the ACCTS.
- 2.9 ACCTS performance monitoring and reporting takes place at DAG meetings. The DAG is responsible for the delivery, direction, and performance of EMRTS and ACCTS. We reviewed DAG documentation and confirmed that an ACCTS update is a standing agenda item. The updates routinely include a service overview, highlight report and expansion update. We also confirmed that the EMRTS 2022/23 annual report and financial reports were discussed.
- 2.10 The highlight reports taken to each meeting cover matters such as workforce updates, achievements of the current period and targets for the next quarter. We note that highlight reports earlier in 2023/24 incorporate RAG ratings against each action. More recent highlight reports include narrative setting out the mitigations against some of the workforce challenges and set out other concerns such as the need to update transfer training in align with revised guidelines and standards. However, these are not formally captured as risks that may impact service delivery within the highlight report, and the RAG rating approach has ceased. We also note that risk linked to training does not appear on the EMRTS / ACCTS risk register.
- (Matters Arising 1)**

Conclusion:

- 2.11 Our review established that the IMTP sets out the ambitions of the service and that the regular monitoring of service provisions takes place, with reporting at appropriate forums. We have provided reasonable assurance for this objective.

Objective 4: Financial monitoring takes place.

- 2.12 The services provided by ACCTS are funded by health boards through a central allocation of funding via EASC. Financial update reports are provided at the quarterly DAG meetings. These incorporate information on the ring-fenced funding relating to the ACCTS. Details are also published in the EMRTS and ACCTS Cymru Annual Report.

Conclusion:

- 2.13 Our review established that financial monitoring takes place. We have provided substantial assurance for this objective.

Objective 5: The EASC team are working with health boards to consider longer-term local and regional solutions to meet the needs of health boards, including future training requirements and models of delivery.

- 2.14 The 2024/27 IMTP provides information on modelling work carried out in 2023/24 looking at different options for service delivery, including a national dedicated

transfer service. The review concluded that the level of resources and investment required to operate a dedicated transfer service were not viable. During 2024/25, further work will take place to continue to explore further opportunities to maximise service provision.

- 2.15 We understand that since inception in 2021, the ACCTS team have, in partnership with health boards as service users, undertaken additional work outside of their original delivery model. For example, extending the day-time service to include some out of hours services and provision of additional critical care transfer training to health board staff. The extent to which the additional service provision can continue is dependent upon the long-term financial backing of the contributing health boards and the team's ability to improve productivity. Furthermore, as there is a limited pool of staff providing the service, the provision of an out-of-hours service could have a detrimental impact on the provision of staff for the day-time service rota. We note the staffing risk of providing additional services is not captured on the risk register.
- 2.16 Furthermore, where services continue to be provided outside of the agreed day time model, this may increase service user expectations for something that may not be sustainable in the long term. If these services subsequently stop there is a reputational risk to ACCTS which has not been recorded on its risk register.
- (Matter Arising 1)**

Conclusion:

- 2.17 Our review established that the EASC Team are working with ACCTS colleagues and health boards to consider longer term local and regional solutions to meet the needs of health boards. In the meantime, additional *ad hoc* service delivery arrangements occur, but the risks associated with this approach have not been captured. We have provided substantial assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Risk Assessment and Recording (Operation)		Potential Impact	
<p>Our review of the ACCTS highlight reports to the DAG meetings note:</p> <ul style="list-style-type: none"> • Earlier iterations of the reports had actions RAG rated to show the risk to completion or delivery of an action. Recent iterations included some information on the mitigations being taken where actions remained outstanding, but the RAG status was not included. • Some reports include information on specific concerns in relation to training and set out the risk to the service if action was not taken. However, the risk register does not have this risk captured. Furthermore, the highlight reports do not contain information on the ACCTS risks captured on the risk register. <p>We also note that other risks that may impact on the service were not captured on the risk register. For example, the service is at times operating beyond its original service delivery intentions by providing an out-of-hours provision and offering additional training.</p>		<p>Risks that have the potential to impact on service delivery are not captured, monitored or mitigated against.</p>	
Recommendations		Priority	
1.1	A more robust approach to identifying and capturing risks relating to the ACCTS should be in place. All recorded risks should have an appropriate risk owner, be reviewed on a periodic basis and the risk register updated following review. The highlight reports the DAG meetings should incorporate updates on the highest scoring risks of the service.	Medium	
1.2	Consideration should be given to re-introducing RAG rating status updates against actions, to allow readers to gauge if actions are on-track and the potential impact.		
Agreed Management Actions		Target Date	Responsible Officer
1.1	With the establishment of the new NHS Wales Joint Commissioning Committee, all previous risk registers from EASC and WHSSC are being reviewed and merged. As part of this process, a review of commissioned services risk registers will be undertaken. The ACCTS is hosted by Swansea Bay University Health Board	28 June 2024	Mark Winter – Operations Director

1.2	<p>(SBUHB). The ACCTS risk register is reported to the SBUHB Quality & Safety DAG and the SBUHB Risk Management Group and EMRTS DAG. Recommendation 1.1 will be actioned, aligning the ACCTS risk register to the SBUHB risk management process.</p> <p>Consideration will be given to recommendation 1.2, when reviewing and aligning the ACCTS risk register to the SBUHB risk management process.</p>	28 June 2024	Mark Winter - Operations Director
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Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

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

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

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



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