

Audit, Risk & Assurance Committee - Hosted Bodies

Thu 13 February 2025, 13:30 - 14:30

Via Teams



Agenda

13:30 - 13:35 **1. PRELIMINARY MATTERS** 5 min

1.1. Welcome and Introductions

Patsy Roseblade, Chair

1.2. Apologies for Absence

Information Patsy Roseblade, Chair

1.3. Declarations of Interest

Information Patsy roseblade, Chair

13:35 - 13:35 **2. MAIN AGENDA** 0 min

2.1. Action Log

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

2.1 Action Log ARAC Hosted Bodies 13 February 2025.pdf (2 pages)

2.2. Matters Arising not contained within the Action Log

Discussion Patsy Roseblade, Chair

13:35 - 14:20 **3. IMPROVING CARE** 45 min

3.1. JCC Update Report (including an update on the development of the JCC IMTP)

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

3.1.1 JCC Update Report ARAC HB 13 Feb 25.pdf (8 pages)

3.2. JCC Organisational Risk Register

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

3.2 JCC ORR ARAC HB 13 February 2025.pdf (7 pages)

3.2.1 Appendix 1 - JCC Risk Register ARAC HB 13 Februa.pdf (13 pages)

3.2.1. Ambulance Performance High Risks - Presentation

Discussion Ross Whitehead, Deputy Chief Ambulance Services Commissioner and Deputy Director

3.2.1 Ambulance Performance ARAC HB 13 Feb 25.pdf (23 pages)

3.3. JCC Audit Tracker

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

 3.3 Audit Tracker Update ARAC HB 13 Feb 2025.pdf (5 pages)

 3.3.1 JCC Audit Recommendations Progress Tracker.pdf (1 pages)

14:20 - 14:25 4. CONSENT AGENDA

5 min

4.1. Items for Approval

4.1.1. Unconfirmed Minutes of the Meeting held on 17 December 2025

Decision *Patsy Roseblade, Chair*

 4.1.1 Unconfirmed Minutes 17.12.24 ARAC HB 13 Feb 25.pdf (7 pages)

4.2. Items for Noting

There are not items to note on this occasion

14:25 - 14:25 5. ANY OTHER URGENT BUSINESS

0 min

Discussion *Patsy Roseblade, Chair*

14:25 - 14:30 6. DATE AND TIME OF NEXT MEETING

5 min

Information *Patsy Roseblade, Chair*

Thursday 22nd May 2025 at 9:00 am

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

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT JANUARY 2025
4.1	17 December 2025	JCC Update	To bring an update to a future meeting of the Committee on the planning and process in relation to the Plan.	February 2025	Interim Chief Commissioner/ Director of Finance and Information	Propose to close Update contained within the JCC Progress Report for the February 2025 meeting.
Up	17 December 2025	JCC Organisational Risk Register	To arrange a meeting between the two Chairs to discuss management of risks and provide assurance back to the next meeting of the Audit, Risk & Assurance Committee	February 2025	Interim Chief Commissioner/ Director of Finance & Information	In progress Attempts were made to arrange a meeting however due to diary commitments a date could not be secured before 13 February 2025. A meeting will be arranged in March/April 2025.
4.4	17 December 2024	Internal Audit Report – Mental Health Quality Commissioning Arrangements	To check if the workshop referred to was held on the 28 th November 2024 took place	February 2025	Interim Chief Commissioner/ Director of Finance & Information	Update to be provided
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 risk register for the JCC remains transitional whilst further work continues to be undertaken to fully develop and implement the Risk Management Strategy and until the JCC has had opportunity to consider its risk appetite in April 2025. The risks 40, 57 and 63 will be reviewed as part of that work
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	Propose to close An updated was provided to the ARC meeting 17 December and all recommendations have been closed.
COMPLETED ACTIONS						

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT JANUARY 2025
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.
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	Completed Written report on the agenda for December 2024 meeting.



Agenda Item

3.1.1

Audit Risk & Assurancme Hosted Bodies Committee

Joint Commissioning Committee Update on Progress

Dyddiad y Cyfarfod / Date of Meeting	13/02/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Stacey Taylor, Interim Chief Commissioner of the JCC
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
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
The Joint Commissioning Committee	21/01/2025	Noted and Endorsed
Collaborative Commissioning Leadership Group	28/01/2025	Noted

Acronyms / Glossary of Terms	
DoCG	NHS Wales Directors of Corporate Governance
HB	Health Board
HEIW	Heath Education and Improvement Wales
IMTP	Integrated Medium Term Plan
JCC	Joint Commissioning Committee



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

PADR	Performance & Development Review
PHW	Public Health Wales
SARC	Sexual Health Referral Centre
SLT	Senior Leadership Team
TSW	Traumatic Stress Wales
WG	Welsh Government
WKN	Welsh Kidney Network



1. Situation / Background

- 1.1 The purpose of this report is to provide the CTMUHB Audit & Risk Committee (ARC) with an update on the business of the Joint Commissioning Committee (JCC) since the last ARC meeting on 17 December 2024.

2. UPDATE ON JCC TRANSITION – Q3 PROGRESS

- 2.1 Good progress continues to be made following the establishment of the JCC in April 2024. Work has continued at pace during Q3, to implement the steps to 'routine business' for the new JCC and the JCC team.
- 2.2 The governance model, including the joint sub-committee arrangements were agreed by the 7 x HBs in September 2024. The recent appointment of two additional new Independent Lay members of the Joint Committee has brought the Committee membership to full establishment, enabling the Chair to consider lay member representation and chairmanship for the sub-committees who will meet under the new ToRs in Q4.
- 2.3 Updates on progress of the transition to routine business in respect of the team, have been provided at the Joint Committee Development/Strategy sessions held in October and December 2024.
- 2.4 Amongst the key achievements, the approval of the JCC's Vision & Strategic Objectives at the Joint Committee meeting has led to the development of branding and visual concept which has been incorporated into report templates and Performance and Development Appraisals (PADRs) and other key publications to enable wide promotion of the commitment to their achievement.
- 2.5 The Values and Behaviours developed in partnership with the colleagues from within the JCC and team, have also been branded as a result of engagement on preferred imagery and style.
- 2.6 The Terms of Reference (ToR) for the establishment of a new Collaborative Commissioning Leadership Group (CCLG), chaired by the Chief Commissioner were developed and shared with CEO members of the Joint Committee. In addition, a review of the risk management approach and process in the JCC has led to a greater

focus on relevant risks, a common approach across directorates and a consistent approach to assessing risk scores.

- 2.7 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. A formal consultation on the proposed structure was launched on 6 December 2024 for 6 weeks and remains a key focus for the JCC's Senior Leadership Team (SLT) as a priority for Q4.
- 2.8 Significant progress has been made on the transition to establish a new 'routine business' for the new JCC and this has been managed and progressed whilst ensuring a focus is maintained on business continuity for the services provided by the JCC team.

3. JCC TRANSITION PLAN – PRIORITIES FOR Q4

- 3.1 The SLT have discussed and agreed with the Interim Chief Commissioner areas of focus for the final quarter of 2024/2025, much of which builds on the progress made to date so far since the establishment of the JCC including:
- **Delivery of 2024/25 plan** - maximising opportunities to improve the financial position and mitigate risk,
 - **Conclude the consultation, finalise and implement the new organisational structure for the JCC** - The consultation period closes on 16 January 2025 after which time the SLT will review all of the feedback before finalising the structure by 6 February 2025. An update will be provided to the Joint Committee at the Strategy Workshop on 18 February 2025,
 - **Finalise the Integrated Medium Term Plan (IMTP) 2025/2026** - Work continues to progress on the formulation of the JCCs inaugural Integrated Medium Term Plan (IMTP), in readiness for consideration by the Joint Committee on 18 February 2025, and submission to Welsh Government (WG) in March 2025 and will respond to the requirements of the WG's NHS Wales Planning Framework, and outline the JCCs ambition to be a Centre for Commissioning Excellence in Wales,
 - **Develop and publish a Directory of Services for the JCC** - The directory will provide the opportunity for greater understanding of the range of services commissioned on behalf of Health Boards (HBs) by the JCC and inform a transformation programme focussed on maximising value,



- **Develop a Commissioning Framework for the JCC** – bringing together a framework for Planning, Monitoring delivery of Plan, Quality, Finance & Assurance developed to:
 - Maximising Value,
 - Ensure Quality,
 - Reduce Duplication,
 - Improve Equity and Population Health,
 - Facilitate Integration,
- **Design and commence a robust Organisational Development Programme** - An Affina baseline assessment has been undertaken that further informs the areas of development moving forward. Engagement with Health Education and Improvement Wales (HEIW) and CTMUHB's People Services will continue and is being developed around compassionate leadership and principles for high performing teams. Work has also commenced and will be developed into a medium-long term Accommodation/Estates plan for the JCC,
- **Develop and implement a Scheme of Delegation for Officers of the JCC** - Work is ongoing to consider and review whether the current delegations are sufficient to support the operational management of the JCC as well as the development of delegations from the Chief Commissioner to officers of the JCC to support decision-making and robust governance and accountability,
- **Commence and complete Internal Reviews for Traumatic Stress Wales (TSW), the Welsh Kidney Network (WKN) & the Sexual Assault Referral Centres (SARC)** - It is anticipated all three reviews will be concluded by 31 March 2025,
- **Agree a Risk Appetite for the JCC** - Further to discussions at the JCC strategy session on 10 December 2025, the JCC risk appetite statement is under development and will be brought to the JCC Strategy session on 18 February 2025 for discussion,
- **Secure Public Health Expertise/Resource** - Discussions continue to be held with Public Health Wales (PHW), on how this support could be enabled. The JCC will be kept updated on progress of discussions with Public Health Wales and a final proposal will be brought to the JCC in the spring,
- **Clinical Leadership Model** – a review of the current arrangements to ensure robust clinical accountability to the JCC; and,

- **All JCC Staff Away Day** - A date is being held for the next All Staff Away day on 1 April 2025 to mark the 1 year anniversary since the establishment of the JCC. We are engaging with staff to help shape the design and introduction of a staff recognition programme that helps us embed and celebrate our organisational values and behaviours.

3.2 **COLLABORATIVE COMMISSIONING LEADERSHIP GROUP (CCLG) TERMS OF REFERENCE**

3.2.1 The final ToRs were presented to the Joint Commissioning Committee on 21 January 2025 and approved. Executive Director Level HB representation and meetings have been scheduled with the aim to share progress on the JCC’s IMTP and planning detail in support of advice to the JCC Member’s. This will form a critical mechanism to strengthen collaboration and partnership working whilst supporting a ‘no surprises’ culture and informed decision-making at the Joint Committee. The first CCLG meeting took place on 28 January 2025.

3.3 **INTERNAL PROCEDURES – COMPLAINTS / INCIDENTS SERVICE CHANGE ETC.**

3.3.1 Work is ongoing to ensure clarity on roles and responsibilities of the JCC in relation to areas that cross the accountabilities of HBs, namely:

- The Handling of Concerns; and
- Consultation & Engagement relating to service change.

3.3.2 Working groups have been established with HB representation to develop protocols in relation to each of these areas. Engagement with NHS Wales Directors of Corporate Governance (DoCGs) and other HB Executive leads will be essential in ensuring the processes are agreed and reflect the statutory responsibilities of the HBs and the role and delegations of the JCC.

4. **ASSESSMENT**

Objectives / Strategy	
Dolmen if 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 /	Choose an item.
	If more than one applies please list below:



Link to CTMUHB Strategic Areas	
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Leadership
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	n/a
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:
	POSITIVE/NEUTRAL NEGATIVE	



<i>Impact Assessment Screening?</i>	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
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

Members of the Committee are asked to:

- **NOTE** the report.



Agenda Item

3.2

Audit, Risk & Assurance Hosted Bodies Committee

JCC Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	13/02/2025
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	Choose an item.

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
JCC Strategy Workshop	10 December 2024	Discussed
JCC Meeting	21 January 2025	Approved
Acronyms / Glossary of Terms		
JCC	Joint Commissioning Committee	
SLT	Senior Leadership Team	
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 November 2024 to provide an assurance to the CTMUHB Audit and Risk Committee (ARC) for hosted bodies on the JCC risks scoring 15 and above. The risk register was last presented to the Joint Committee (JC) meeting on 21 January 2025 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 JCC 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, 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 JC 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 November 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 further following discussions at the JCC development sessions on 15 October 2024 and 10 December 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 November 2024 there are **16** 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 14 risks open with a risk score of 15 and above:

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



- Women and Children x 4

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

Table 1 – Commissioning Risk Profile – November 2024

Commissioning Risk Activity	Update as at November 2024
New Commissioning Risks	No new risks have been added
Escalated Commissioning Risks	No risks were escalated
De-escalated Commissioning Risks	<p>One risk has been de-escalated:</p> <ul style="list-style-type: none"> • <u>Risk 38 (P/21/16) – No neonatal cot availability in South Wales due to staffing shortages (was Red 16)</u> The Women and Childrens (W&C) Commissioning Team have reviewed the risk and reduced the risk score to 12. The correct number of cots are now being commissioned in the network with supported activity data based on occupancy levels of 75%. From a commissioning perspective it was deemed appropriate to reduce the likelihood for this risk.
Closed Risks	<p>One risk has been closed:</p> <ul style="list-style-type: none"> • <u>Risk 64 (WKN15) - Lack of Interventional Radiology at SBUHB</u> The Welsh Kidney Network (WKN) Commissioning Team have reviewed this risk. This is no longer considered a risk and is now instead categorised as an issue. This is not a commissioned area of the WKN, but it is recognised that the service forms part of the patient pathway. Work needs to be undertaken by the provider in assessing the impact on patient care. The results of which may become a commissioning risk for the WKN would be attributed to capacity, demand and patient safety.

3.4 **Mental Health & Vulnerable Groups Risks**

The Director of Commissioning for Mental Health & Vulnerable Groups (MH&VG) has undertaken an in-depth review of the risks related to its full commissioning portfolio following the merger of the two mental health

directorates from the predecessor NCCU and WHSSC joint commissioning committees.

In resetting the risks, including the risk description and risk scoring, the MH&VG commissioning team has followed a similar approach to risk development in line with the Ambulance Services and 111 commissioning directorate. This approach will be adopted through the resetting of the risks for the specialised services directorate planned to take place throughout Quarter 4 2025 to ensure consistency across the JCC.

The new risks developed for the MH&VG directorate will be considered by the Senior Leadership Team for the appropriate inclusion to the JCC risk register and reflected in the January 2025 Risk Register.

3.5 Corporate/Organisational Risks

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

- Corporate Services x1
- Finance & Information x1

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

Table 2 – 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

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
	Not Applicable



<p>Dolen i Feysydd Strategol BIP CTM / Link to NWJCC Strategic Principles</p>	<p>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</p>
<p>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)</p>	<p>A Healthier Wales If more than one applies please list below: A more equal Wales A Wales of cohesive communities</p>
<p>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</p>	<p>Data to Knowledge If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership</p>
<p>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</p>	<p>Efficient If more than one applies please list below: Effective; equitable; person-centred; timely and safe</p>
<p>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</p>	<p>No - Not Applicable If more than one applies please list below:</p>

Impact Assessment		
<p>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></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
	<p>Outcome:</p>	<p>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</p>
<p>Cydraddoldeb a'r Gymraeg</p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>



<p><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></p>	<p>Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE</p>	<p>If no, please include rationale below: Equally applied. No potential negative impact</p>
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	The Risk Register is a key document to manage all issues and risks within the JCC including its reputation	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Identified within the Risk Register	

5. Recommendation

5.1 Members are asked to:

- Note the report,
- Note the JCC risk register as at 30 November 2024,
- Note the review work undertaken by the MH&VG Commissioning Directorate; and
- Note the ongoing development of a risk appetite statement for the JCC which will be presented to the JCC at its strategy session in April 2025.

6. Next Steps

6.1 The steps to develop and strengthen the JCC risk register since the last update to the JC are set out in **table 3** below.

In addition, the plan to develop and strengthen the risk register will be supported by facilitated individual commissioning directorate meetings to horizon scan new risks and review current ones. These meetings are ongoing, supported by senior representation from the corporate directorates to ensure wider aspects of the risks are considered and captured.

Table 3 – Timetable for Developing the JCC Risk Register

Date	Activity	Update for SLT
10-Dec-24	JCC Strategy Workshop	Discussion on ambulance performance and capacity risks and financial risks as part of the IMTP discussions

Date	Activity	Update for SLT
17-Dec-24	CTMUHB Audit and Risk Committee	ARC received the risk register approved by the JCC on 12 November 2024 Update given on work to further develop the risk register
21-Jan-25	JCC Meeting	JCC will receive the November risk register.
13-Feb-25	CTMUHB Audit and Risk Committee	ARC will receive the risk register approved by the JCC on 21 January 2025. A presentation to be given on risks relating to the commissioning of ambulance services.
5-Mar-25	SLT Formal Meeting	March 2025 draft risk register – specific discussion on mental health, learning disability and vulnerable group risks
18-Mar-25	JCC Meeting	<ul style="list-style-type: none"> • IMTP to be presented for approval • JCC to receive risk register
9-April-25	SLT Formal Meeting	April 2025 draft risk register – specific discussion on specialised services risks
15-Apr-25	JCC Strategy Workshop	A draft Risk Appetite Statement for the JCC will be presented for discussion
20-May-25	JCC Meeting	<ul style="list-style-type: none"> • JCC to receive risk register • draft Risk Appetite Statement presented for approval
22-May-25	CTMUHB Audit and Risk Committee	ARC will receive the risk register approved by the JCC on 20 May 2025.
4-Jun-25	SLT Formal Meeting	SLT review risk register after 1 to 1 meetings with each Director to amend risk profiles
July-25	SLT Formal Meeting	New risk register with recalibrated risks and narrative aligned to the strategic objectives to be presented
July-25	JCC Meeting	New risk register with recalibrated risks and narrative aligned to the strategic objectives 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					38 No neonatal cot availability in South Wales due to staffing shortages - RISK DE-ESCALATED NOV 24	76 NWJCC Financial break-even 77 Commissioning of sufficient Emergency Ambulance Services capacity
	4 - Highly Likely					28 Workforce and capacity 53 C&VUHB Neurosciences staffing issues/level 56 CVUHB Neo-natal infection control 61 Obesity surgery waiting times 62 TARN delays due to database being taken offline 63 Neurosurgery Sustainability 64 Lack of Interventional Radiology at SBUHB - RISK CLOSED NOV 24 65 Renal dialysis capacity across Wales 67 Cardiac Device service at BCUHB staffing issues and out of hours service 68 C&VUHB Specialist Auditory Hearing service waiting times	55 CVUHB Neo-natal workforce 69 Paediatric Radiology out of hours provision
	5 - Almost Certain				03 Plastic surgery delays	34 Lack of paediatric intensive care beds	78 - Utilisation of Emergency Ambulance capacity

Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team/ Directorate	JCC Strategic Objective	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current)		Rating (Target)		Trend	Opened	Last Reviewed
									(C x L)		(C x L)				
									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 Commissioning for Specialised Services	Cancer & Blood	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 2025 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 16/12/24. To report on progress against the recovery plan at the monthly Cancer & Blood commissioning team meeting and to SLT as appropriate. <p>Update for November 2024 - The WG target for clearing >104wk waiting list will change from December 2024 to March 2025. The health board is awaiting formal confirmation from Welsh Government that planned care funding will be made available to support this. In the meantime, the health board is proceeding at risk to deliver the plan to achieve 104wks by March 2025. The C&B Commissioning team reviewed the risk which remains unchanged.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	15	9	↔	26/02/2021	01/11/2024		
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	Corporate 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"> 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 left in October 2024, the process to recruit a substantive replacement 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 November 2024 - The 6 week Organisational Change Polict (OCP) process consultation for the new JCC staff structure is on track and will be launched on 4 December 2024 and will close on 16 January 2025. Following a competitive recruitment exercise for a new Chief Commissioner no appointment was made and the interim chief Commissioner arrangements continue. Interim arrangements to support Planning & Governance are in place. A new Workforce Transition Manager is due to commence in January 2025 to support OCP and other transition work. Project Management Support has been secured to support the Transition Plan. oversight and delivery.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	16	12	↔	16/09/2021	Nov-24		
34 P/21/02	Lack of Paediatric Intensive Care Beds	If... a paediatric intensive care bed, in the Children's Hospital for Wales, is not available when required due to constraints within the service Then... paediatric patients from South Wales requiring intensive care will not be able to access a commissioned bed Resulting in... patients being cared for in, inappropriate areas where the necessary skills or equipment are not available across the referring units of South Wales, or the patient being transferred out of Wales	Director of Commissioning for Specialised Services	Women & Children	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"> Health board escalated to Level 3 in line with WHSSC escalation framework (September 2023) Escalation process underway following (previous WHSSC) Escalation Framework (September 2023) Reported via QPSC, JCC Performance Report and SLA meetings Re-set meeting to discuss and agree actions/objectives in collaboration with the health board on 18th September. Actions/objectives agreed. Date of next meeting 25th November to monitor progress. 	<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 November 2024 - The Women & Childrens (W&C) Commissioning Team have reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	20	4	↔	24/02/2021	20/11/2024		
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 Commissioning for Specialised Services	Neurosciences	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 November 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	12/11/2024		

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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 Commissioning for Specialised Services	Women & Children	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 Re-set meeting to discuss and agree actions/objectives in collaboration with the health board on 18th September. Actions/objectives agreed. Date of next meeting 25th November to monitor progress. 	<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 - ongoing 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 November 2024 - W&C Commissioning Team have 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	20/11/2024	
									5	4	2	2		
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 Commissioning for Specialised Services	Women & Children	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 (September 2023) Letter issued to health board providing an update on commissioner view of progress against objectives(October 2023) 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 (September 2024) Re-set meeting to discuss and agree actions/objectives in collaboration with the health board on 18th September 2024. Actions/objectives agreed. Date of next meeting 25th November 2024 to monitor 	<ul style="list-style-type: none"> Executive to Executive meeting scheduled with C&VUHB - Completed Action Plan requested as part of escalation framework - Completed 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 November 2024 - W&C Commissioning Team have 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	20/11/2024	
									4	4	2	2		
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 Commissioning for Specialised Services	Cardiac	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 - February 2025 JCC to initiate the process for escalation of the service - November/December 2024 <p>Update for November 2024 - The process for the escalation of the Salford obesity surgery service has been initiated. WIMOS have recruited the Dietician post and once in post will increase the staffing capacity to enable the service to receive a small number of referrals from North Wales. The risk score will be reviewed following confirmation that WIMOS are receiving referrals from North Wales; no change to the risk score</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	16	4	↔	01/12/2023	12/11/2024	
									4	4	4	1		
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 Commissioning for Specialised Services	Cardiac	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 - Provided November 2024 <p>Update for November 2024 - Governance arrangements relating to access to the new National Major Trauma Registry have been agreed that the Trauma Network now has access to the Registry database. The implications for the risk score have been discussed with the Network, who has advised that a risk remains until the Registry contains sufficient data from providers to facilitate performance oversight and comparative benchmarking. As a result of these developments, the Cardiac Commissioning Team will discuss the risk score at its December 2024 meeting, where it is anticipated that the score will be reduced (albeit that the risk will not yet be completely mitigated).</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	16	4	↔	01/12/2023	12/11/2024	
									4	4	4	1		

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63 NCC063	Neurosurgery Sustainability	<p>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</p> <p>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</p> <p>Resulting in...</p> <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 Commissioning for Specialised Services	Neurosciences	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 re-commission an element of the RTT monies, letter has been sent to the Director of Finance, CUVHB in June 24 <p>Update for November 2024 - Commissioning Team undertaken a review of this risk which remains unchanged</p>	<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 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. 	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	16	4	↔	12/12/2023	12/11/2024
65 WKN18	Renal Dialysis Capacity across Wales	<p>If...the number of patients requiring dialysis continues to grow annually at a rate of 3-4% (or higher based on some projections)</p> <p>Then...the demand will exceed current capacity across Wales for both unit-based and home dialysis.</p> <p>Resulting in...</p> <ul style="list-style-type: none"> Limited availability of unit-based dialysis slots Decreased accessibility to unit-based dialysis facilities near patients' homes Increased reliance on twilight (evening) dialysis slots, which are associated with elevated patient safety risks, such as fewer medical staff being available and patients traveling home late at night. Delays or limits on the number of patients accessing home dialysis, as the growing demand exceeds the capacity of the nursing workforce to provide timely training and ongoing monitoring. Increased pressure on the NEPTS service to transport a greater number of patients to and from dialysis session 3 	Director of Commissioning for Specialised Services	Welsh Kidney Network	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 	<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 <p>Update for November 2024 - Following review and submission of the JCC IMTP, the description of the Renal Dialysis has been updated so that it includes both Unit Dialysis and Home Therapies. As the trajectory of growth has an impact on all dialysis services. Previous description was</p> <p>If...the trajectory of the number of patients requiring unit dialysis continues</p> <p>Then...demand will exceed current capacity across Wales with regional variation</p> <p>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.</p> <p>Risk submitted into JCC IMTP 2025/2026 process, with request for £3.207M investment covering growth including ISP's</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Welsh Kidney Network Board Quality & Patient Safety Sub-Committee 	16	2	↔	25/01/2024	WKN Management Review 07/11/24WKN National QPS/Performance Assurance Meeting 03.12.24 WKN Network Board 12.12.24
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 delivery 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 Commissioning for Specialised Services	Cardiac	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"> 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"> 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) - December 2024 <p>Update for November 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	12/11/2024
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 Commissioning for Specialised Services	Neurosciences	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 has 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 November 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	12/11/2024

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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 Commissioning for Specialised Services	Women & Children	<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 - completed September 2024 	<ul style="list-style-type: none"> Arrange meeting with service leads to discuss new proposal - Complete 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 - Complete <p>Update for November 2024 - W&C Commissioning Team have 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	20/11/2024
									5	4			
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> <p>If this happens there is a risk that the JCC financial position will have a detrimental impact on individual Health Board financial positions</p>	Director of Finance & Information	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 and 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 development sessions. As further mitigation will continue ongoing conversations with WG to influence an offset of any potential impact. <p>Update for November 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	Nov-24
									3	5			
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	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 	<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 by pass-through of 2024/25 uplift - NWJCC - April 2025 Completion of 2024 Demand and Capacity review - findings being considered as part of 2025/26 IMTP plan development Assessment of implications of Manchester Arena Inquire submission by the ambulance service being undertaken <p>Update for November 2024 - Ambulance & 111 Commissioning Team have reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	15	10	↔	Sep-24	Nov-24
									5	3			
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	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 by pass-through 2024/25 uplift - NWJCC April 2025 Developing of productivity improvement plan aligned to the 5 step ambulance pathway - maximising efficiency of commissioned capacity Supporting NHS Executive with further analysis of handover position - JCC support for the adoption and phased implementation of Rapid Clinical Screening <p>Update for November 2024 - Ambulance & 111 Commissioning Team have reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	25	15	↔	Sep-24	Nov-24
									5	5			

JCC RISK REGISTER FOR NEW 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 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	Finance including claims	<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	Deputy Director of Commissioning for Ambulance and 111 Services	<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)	Sep-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	Deputy Director of Commissioning for Ambulance and 111 Services	<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)	Sep-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.	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<ul style="list-style-type: none"> Gateway service review as part of the five year neurosciences strategy. Neurosciences gateway review paper was submitted to February Management Group meeting Neurosciences and complex conditions commissioning team (NCCCT) to monitor the recovery plan and continuing meeting with the team at the Risk and Assurance meetings. Full access restored to theatres 12 and 14 in September 22- extended theatre sessions have been identified as commencing in April 2023 to achieve RTT at pre- COVID levels by March 2024 – as per WG targets. Bed capacity will be restored to pre- COVID levels - no timeline available at the moment. Bed capacity has increased but not quite back to pre-COVID levels. This is continued to be monitored via the performance management meetings. WHSSC have had internal discussions and are working with the service The cessation of the extended theatre sessions will be raised at the next Cardiff SLA meeting in January 2024 The Commissioning Team are continuing to monitor the situation through the quarterly Neurosciences Performance Meeting. The cessation of Tracheostomy Training for stroke services has been escalated to CVUHB Specialist Clinical Board Operational Director -12/12/23 Continue to monitor the position via the quarterly Neurosciences Performance Meeting 	<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 CTM 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.	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<ul style="list-style-type: none"> A new HB IM Interim Chair has been appointed from 1 August 2022 to ensure business continuity for a 6 month period to ensure business continuity. The Joint Committee approved that this interim could be extended until 31 March 2023, at its meeting on 8 November 2023. This was subsequently extended again to 31 September 2023. The formal engagement process to review the WHSSC IPFR panel ToR and the specific and limited review of the all Wales IPFR policy, was launched on 10 November 2022 for a 6 week period following the Joint Committee supporting the proposed engagement process at its meeting on the 8 November 2022. The engagement exercise closed on the 22 December 2022. An IPFR stakeholder engagement event to review the WHSSC IPFR panel ToR and a specific, limited review of the all Wales IPFR policy was held on the 2 December 2022, supported by a briefing from a Kings Counsel (KC) for the NHS Wales Medical Directors Peer Group and a stakeholder engagement session on the 2 December 2022. The updated WHSSC ToR were approved by the Joint Committee on 14 March 2023. In addition, the results of the engagement exercise for the All Wales Policy review were presented. Following approval of the ToR in March 2023 WHSSC are currently working on an implementation plan as the new ToR will involve some changes to the current membership and to ensure that HBs have sufficient time to review their WHSSC membership. The updated All Wales IPFR Policy was not discussed at the July 2023 JC meeting as issues were raised immediately before the meeting regarding the approval process. Since then it has been agreed that a Task and Finish Group will be formed to finalise the work on the IPFR policy. To address the concerns raised a Task & Finish group, consisting of the ABUHB Board Secretary, the All Wales IPFR Lead and the WHSSC Committee Secretary was established. Amendments to the ToR were agreed regarding the definition of quoracy and the requirement for the Chair to review membership, which have addressed the concerns. The group also considered how IPFR functions would feature within the new Standing Orders for the new single Joint Commissioning Committee, and further work is now being taken through the governance work-stream which supports the implementation of the national commissioning review. The updated All Wales Policy has been approved by all HBs. The Policy will be implemented. 	<ul style="list-style-type: none"> An engagement process on the WHSSC IPFR panel ToR launched on 10 November 2022 for a 6 week period and included HBs, the AWTC and IPFR QAG. The engagement exercise closed on the 22 December 2023 and an update report will be taken to the JC in March 2023 - Completed The updated WHSSC ToR were presented to the Joint Committee 14 March 2023 and were approved. In addition, the results of the engagement exercise for the All Wales Policy were presented - Completed The Committee Secretary to keep the NHS Wales Board Secretaries peer group and Welsh Government informed of progress on developments - Ongoing The updated All Wales IPFR Policy is scheduled to be presented to the Joint Committee in July 2023 for approval, prior to submission to the seven HBs for approval - July 2023 Full implementation of the new ToR and amended policy is planned for Autumn 2023 subject to JC approval. This was not discussed at the July 2023 JC meeting but the recruitment of the new Chair was agreed in an extraordinary JC meeting on 1 August 2023 - By June 2024 A Chair's Action was taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel from 1 November 2023 for a period of up to 3 years. The JC ratified the decision on 21 November 2023 - 23/10/2023 The Joint Committee supported the proposed changes to the All Wales IPFR Policy on 21 November prior to a report being submitted to each Health Board (HB) Board meeting for final approval in January 2024. The Revised Policy has now been approved by all HBs. This has been shared with Welsh Government prior to adoption. Welsh Government confirmed their agreement to the new Policy in April 2024 A recruitment process to appoint new lay members will commence during quarter 2 of 2024/2025 to coincide with the application of the updated IPFR policy - Quarter 2 2024 	<ul style="list-style-type: none"> Joint Commissioning Committee Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	12 (Risk reduced from a 20)	4 (C2 x L2)	May-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.	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<ul style="list-style-type: none"> Ongoing monitoring at Quarterly Commissioner Assurance Meeting with provider This risk is included within the W&C register for monitoring purposes, it is included within the overarching risk for waiting times (Risk 33(CS)/10 CD03) Welsh Government Priority Delivery Measures). Plan in place for a number of children to be outsourced to NHS England and the Private Sector. Performance Management arrangements to be re-instigated which will allow WHSSC to identify and monitor where the issues are that need addressing. Monthly escalation meetings have been established – first meeting scheduled 26/04. Action plan received against escalation objectives Continue with outsourcing to NHS England and the Private Sector. Letter issued to health board providing an update on commissioner view of progress against objectives Escalation status being discussed at executive level within the JCC 	<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 	<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.	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<ul style="list-style-type: none"> Consideration to cease all activity, pause current treatment for patients and under no circumstances accept new patients. Discussion with SBUHB the license holder and the HFEA to consider the options with regards to ensuring a PR is in post including succession planning. The HB have nominated a number of staff to sit the prep and exams to the HFEA; this will enable each site Neath and Cardiff to have their own PR, with staff ready to step up should they become unavailable to fulfil the statutory requirements of the role of PR. The Cardiff site has also applied to be a licence only facility as they have not undertaken treatment since pre COVID. They are waiting for the HFEA to approve this change. It is anticipated they will know the outcome of the change in early Spring 2024. The HFEA licensing panel have approved the change of licence for the Cardiff site to be a storage only facility De-escalation to be considered based on the HFEA report and providing there has been an appointment of PR for Cardiff and Neath/Port Talbot sites Service de-escalated to level 3 in line with WHSSC escalation framework 	<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.	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<ul style="list-style-type: none"> Escalation is being taken forward within the Welsh Government special measures process rather than the NWJCC escalation process. NWJCC continues to engage through meetings with Welsh Government, at least quarterly, and participation on the Task & Finish Group led by BCUHB. BCUHB has established a Task & Finish Group including colleagues from Mersey & West Lancashire NHST (MWL). BCUHB to report to NWJCC on progress of the T&F Group at the interface planning meeting and the SLA meeting. NWJCC quality team meets regularly with the assistant director of quality BCUHB and has established links with the quality team at MWL. 	<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	If... the delay in the programme of 2 new additional units within the Neath Port Talbot and Bridgend localities. Then... the number of patients receiving outpatient haemodialysis in Morriston could exceed capacity. Resulting in... patients who may not be able to dialyse in a unit closest to home.	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 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: <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 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 	<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)	If... the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital is not providing a safe and effective service Then... patients will not be receiving the quality of care expected from the service Resulting in... an impact on patient outcomes, and the possibility of no service being available to patients in South Wales	Director of Planning & Performance	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
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	Safety & Well-being - Patients/Staff/ Public Quality/Complaints/Assurance/Patient Outcomes	<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 Liais/WG/Parkinson's UK are being kept informed of the current position and kept updated as required 	<ul style="list-style-type: none"> Patients previously referred to Bristol to continue to received their follow-up care at NBNHST JCC to arrange a workshop with the gatekeeper, UCHL and regional clinicians in 4 weeks' time Patients previously referred to Bristol to continue to received 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. JCC Associate Medical Director to continue correspondence with the Gatekeeper focused on the temporary arrangements with UHCL and the management of patients awaiting referral for Deep Brain Stimulation. 	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	12 (Reduced from a risk score of 16)	4	Oct-24	Temporary pathway for new patients has been established with University College Hospital London. This has enabled the risk to be further mitigated and the risk score reduced.
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	Safety & Well-being - Patients/Staff/ Public Quality/Complaints/Assurance/Patient Outcomes	<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 Re-set meeting to discuss and agree actions/objectives in collaboration with the health board on 18th September Actions/objectives agreed. Date of next meeting 25th November to monitor progress. 	<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 	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	12 (Reduced from a risk score of 16)	4	Nov-24	The

	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 Ora 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 	<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 month and Calea will keep procurement and JCC briefed of 	<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 be escalated from 8 to 16 - Weekly 	<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.

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	Datix ID	Risk Title	Risk Description	Strategic Risk Owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Month Closed on Ora 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.
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	Datix ID	Risk Title	Risk Description	Strategic Risk Owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Month Closed on Ora 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>	Service/business interruption Business objectives/projects	<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 	Sep-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	71 4506	Ambulance Services Red Performance Levels	<p>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</p> <p>Then...the core target will be missed</p> <p>Resulting in...unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p>	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 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	Sep-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											

	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 Ora RR	Closure Rationale
2											
13	72 4507	Ambulance Services Amber Performance Levels	<p>If...the provider is unable to reduce the average and longest times for amber incidents</p> <p>Then...patients will not receive the care they need in a timely manner</p> <p>Resulting in...unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p>	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 	Sep-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	73 5005	Ambulance Services Patient Safety and Clinical Risks	<p>If...commissioning actions are not taken to manage patient safety and minimise clinical risks</p> <p>Then...patients are more likely to come to harm</p> <p>Resulting in...poorer patient outcomes and patient experience, increased SAIs, litigation and reputational damage</p>	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 	Sep-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
15	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	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 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 	Sep-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

	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 Ora RR	Closure Rationale
2	64 WKN15	Lack of Interventional Radiology at SBUHB MOVED TO WKN ISSUE LOG	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 Commissioning for Specialised Services	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"> • Risk forms part of the SB UHB Risk Register • Monitoring position through provider meetings • Raising as an issue on the WHSSC/SBUHB provider meetings • Open dialogue with SB provider on on-going risk * SLA in place for out of hours emergency cover with C&V UHB * Locum cover continues 	<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. 	<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 	Nov-24	The WKN Commissioning Team have reviewed this risk. This is no longer considered a risk but an issue. This is not a commissioned area of the WKN but is recognised that the service forms part of the patient pathway. Work needs to be undertaken by the Provider in assessing the impact on patient care. The results of which may become a commissioning risk for the WKN but on capacity, demand and patient safety.

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JCC Risk Management - Ambulance Services



Ross Whitehead

Director of Commissioning Ambulance and 111

13/2/2025

AIM OF TODAY

- Review revised Emergency Ambulance Service Risks
- Consider JCC role in holding and managing the risks
- Consider mitigations



Ambulance & 111 Risks, 15 and Over

- "If...the JCC are unable to plan and secure sufficient services and maintain effective collaborative relationships with providers. Then...the purpose and effectiveness of the JCC would not be met. **Resulting in...**potential Ministerial and Welsh Government intervention" **RISK SCORE 15**
- "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." **RISK SCORE 25**
- "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." **RISK SCORE 20**
- "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" **RISK SCORE 20**
- "If...sufficient ambulance capacity is not available. Then...organisational and clinical safety levels of escalation will be higher and for longer durations within the clinical safety plan and patients will not receive a response. **Resulting in...**increasing number of patients not receiving an ambulance response which is an unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death. Lack of compliance with statutory requirements for the JCC." **RISK SCORE 25**

Revised Ambulance & 111

Risks

NWJCC Ambulance and NHS 111 Risk Management Matrix					
Risk Categorisation	NHS 111 Wales	Emergency Ambulance Services	Non-Emergency Ambulance Services	Emergency Medical Retrieval Services	Adult Critical Care Transfer Services
Commissioning of Capacity	<p>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 the quality standards, increased risk of harm, reduced system flow and NWJCC reputational risk</p>				
Utilisation of Capacity	<p>If: The capacity commissioned by the NWJCC is not utilised for its indented purpose, Then: Health boards and their populations will not receive the services they require, Resulting in: Reduced performance and the quality standards, increased risk of harm, reduced system flow and NWJCC reputational risk</p>				
Finance	<p>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.</p>				
Governance	<p>If: The Ambulance and NHS 111 commissioning team does not have sufficient capacity or expertise to undertake its duties effectively, Then: Limiting the teams ability to effectively support the commissioning of services on behalf of the NWJCC, Resulting in: the NWJCC's ability, to confidently discharge its statuary duties.</p>				
Cross Organisational Risks	E.g. "Risk 76FD4" Financial break-even		E.g. " Risk 40WKN08" Limited outpatient dialysis capacity in Swansea		

Approach to Risk Scoring

NWJCC Ambulance and NHS 111 Risk Management Matrix					
Risk Categorisation	NHS 111 Wales	Emergency Ambulance Services	Non-Emergency Ambulance Services	Emergency Medical Retrieval Services	Adult Critical Care Transfer Services
Commissioning of Capacity	<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	<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	<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 positon</p>				
Governance	<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> <p>Note:</p>				

RISK SCORING MATRIX

Risk Scoring Matrix (Likelihood x Consequence = Risk Score)		Consequence:				
Likelihood:	Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Highly Unlikely: Will probably never happen/recur	Not for years	1	2	3	4	5
2 Unlikely: Do not expect it to happen/recur but it is possible	At least annually	2	4	6	8	10
3 Likely: It might happen/recur occasionally	At least monthly	3	6	9	12	15
4 Highly Likely: Will probably happen/recur, but not a persisting issue	At least weekly	4	8	12	16	20
5 Almost Certain: Will undoubtedly happen/recur, maybe frequently	At least daily	5	10	15	20	25

Commissioning Sufficient Capacity – 15 (C5 x L3)

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 replaces previous risks: Risk 70 and Risk 74.

Note – *findings from 2024 Demand and Capacity Review and Manchester Arena will require this risk to be revisited.*



Utilisation of Capacity – 25 (C5 x L5)

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

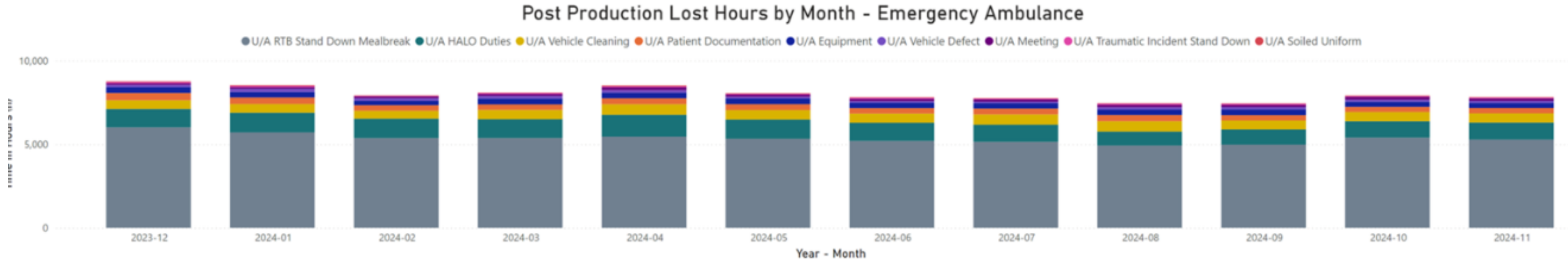
Resulting in: Patients not receiving a timely or any emergency ambulance response, increasing the risk of harm, disability and death

This replaces previous risks: Risk 71, Risk 72 and Risk 73.

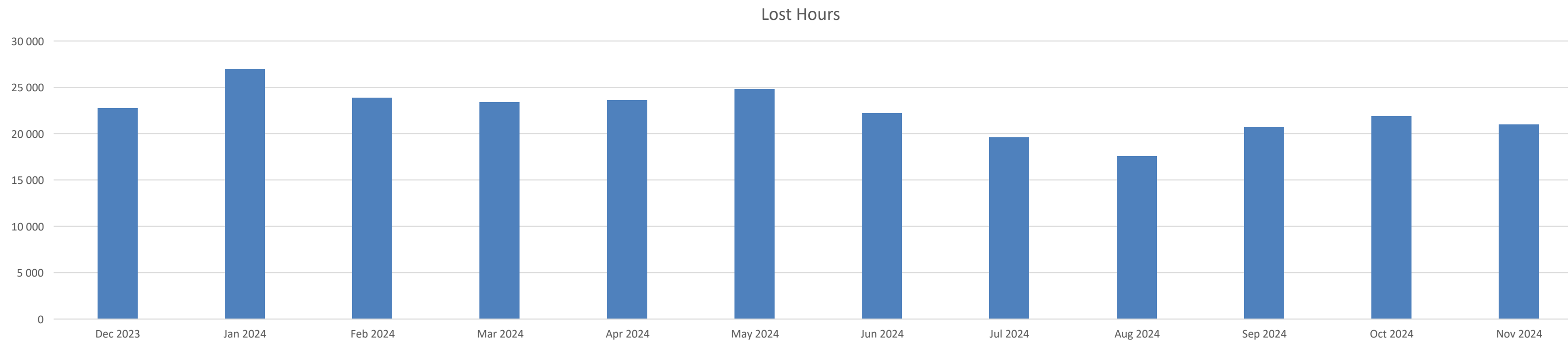


What drives poor utilisation?

- **Post-Production Lost Hours** – Vehicle breakdown, cleaning, documentation, **Rest break** (non-pay agreement), **HALO**



- **Handover delays**



What does poor utilisation lead to?

Ineffective deployment: Priority 1/2 standby points not covered

Reduced productivity: 2.43 Jobs per shift in 2024/25 vs 3.5 Jobs per shift in 2018/19

Inability to respond: circa 9,000-10,000 Cancelations or Cant Send a month

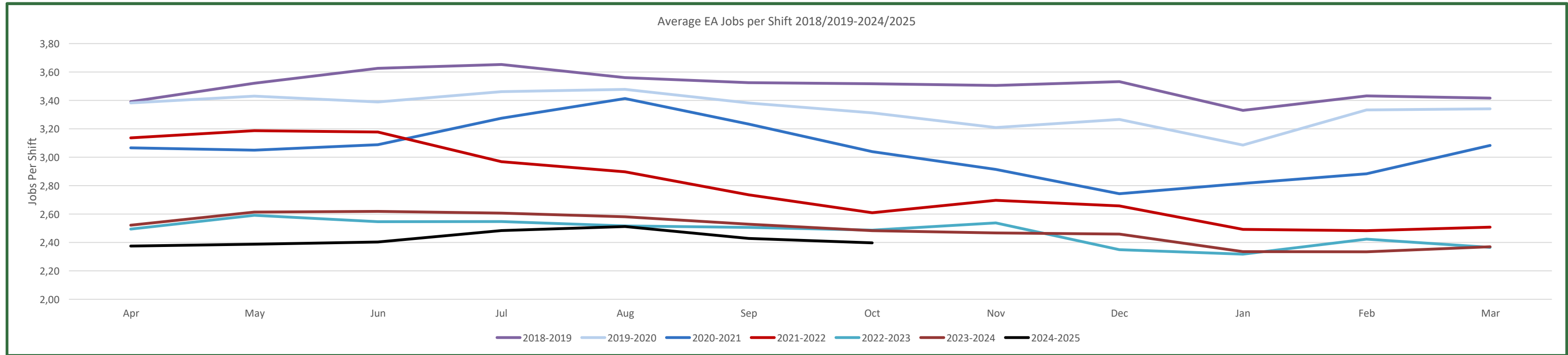
Increase response time

	Amber	Median	95 th Percentile
2018/19		24 min	2h 38 min
2024/25		1h 47 min	9h 31 min

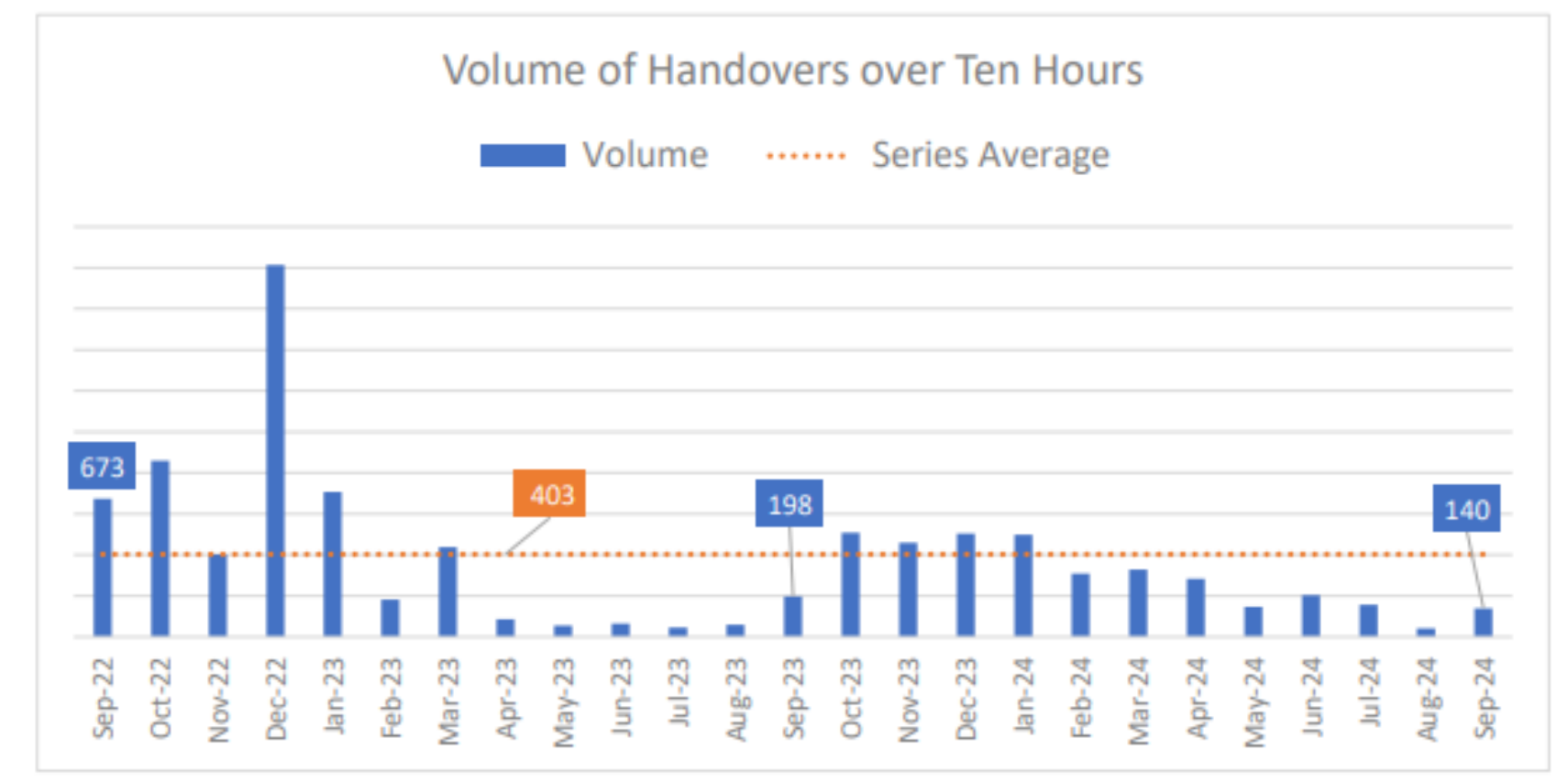
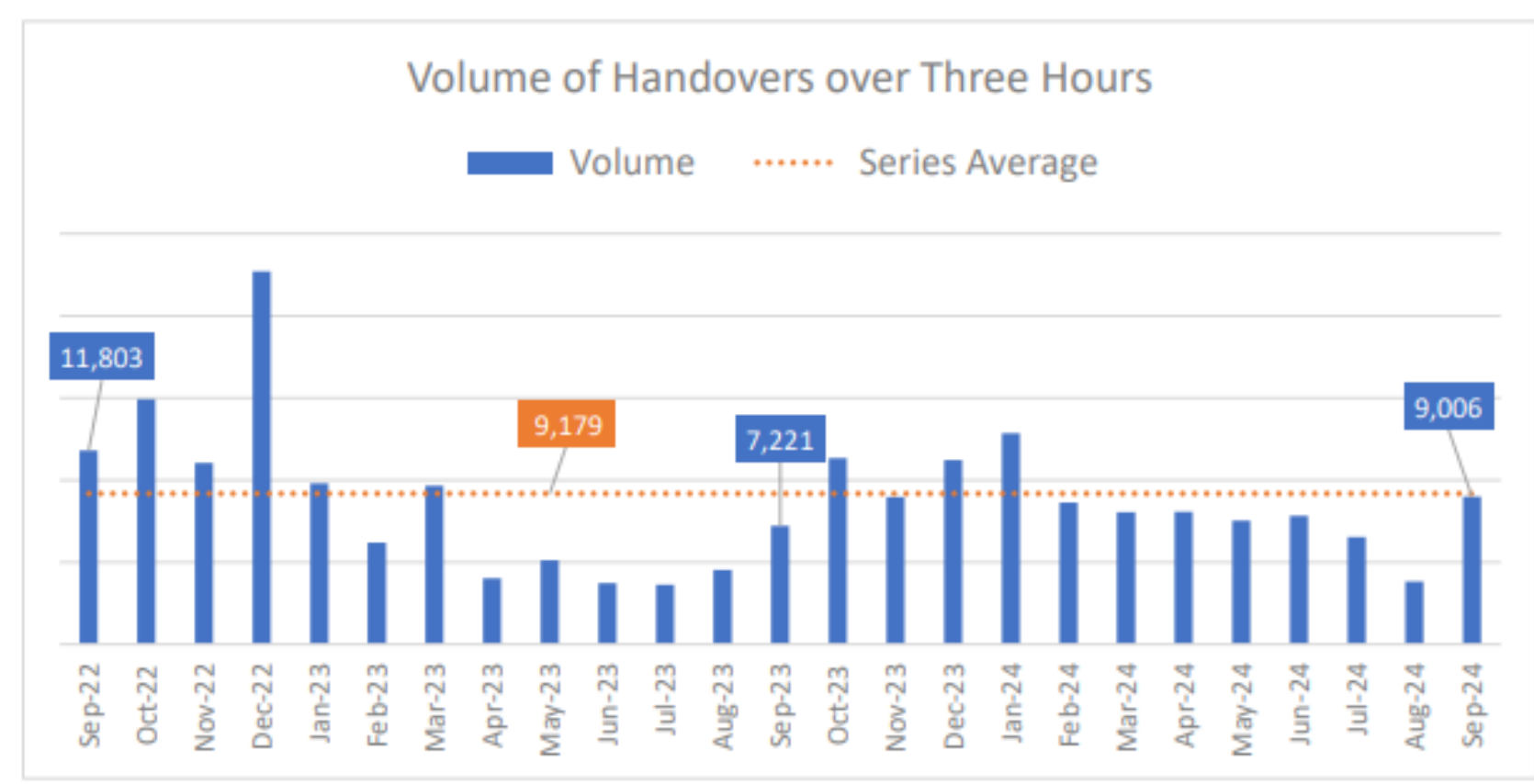
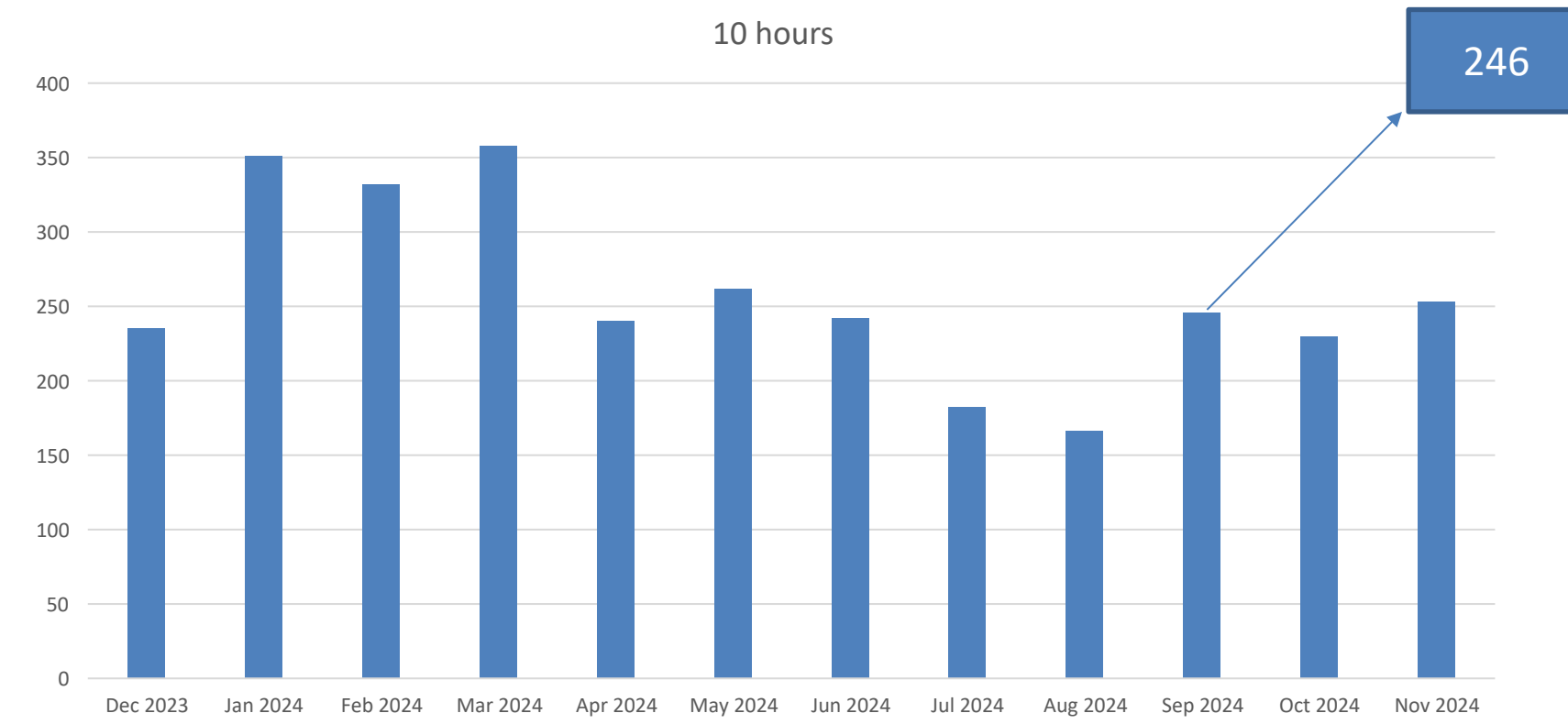
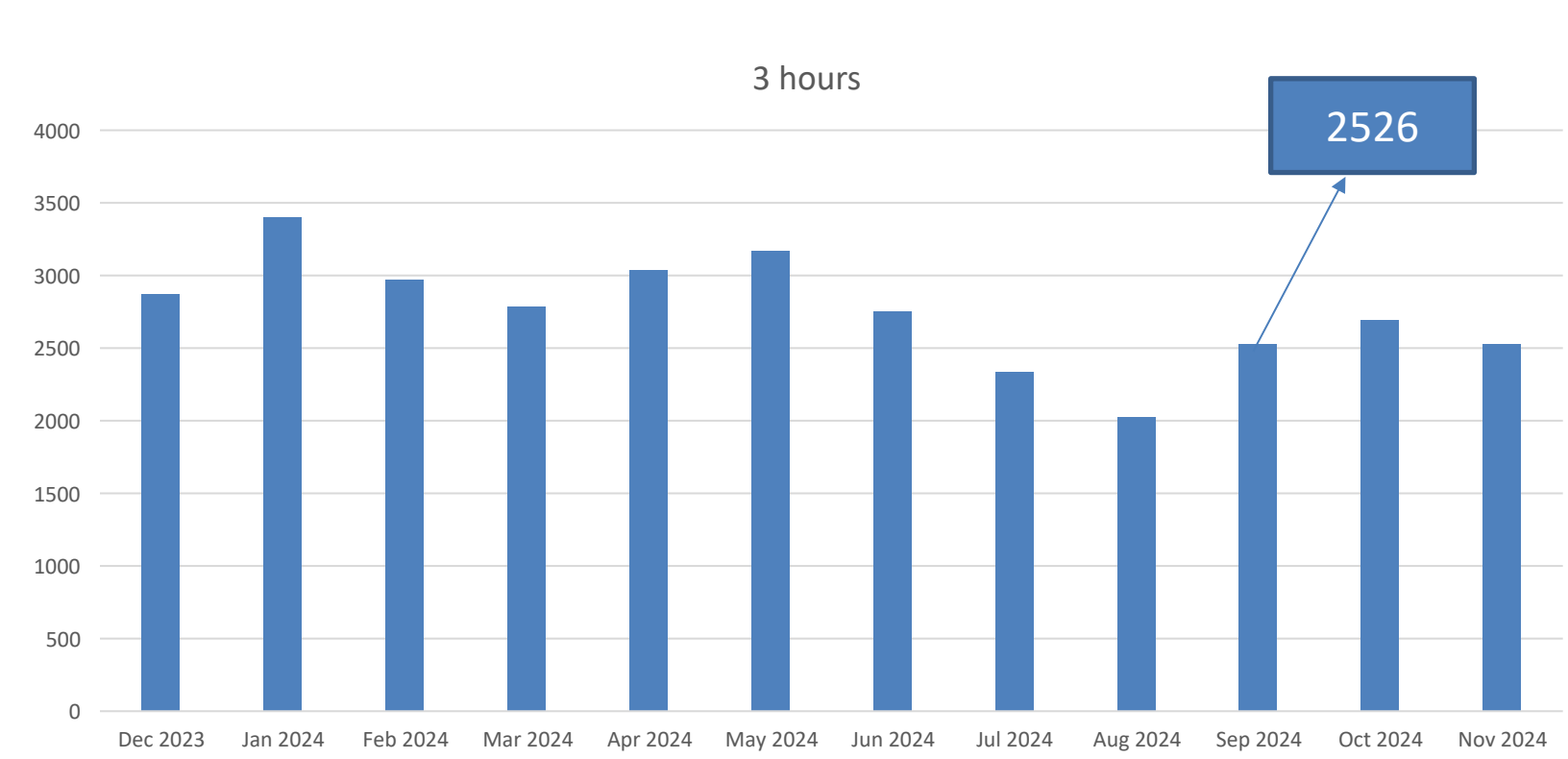
Outcome impact: STEMI 2h 15min / Stroke 2h 19min



Productivity Loss

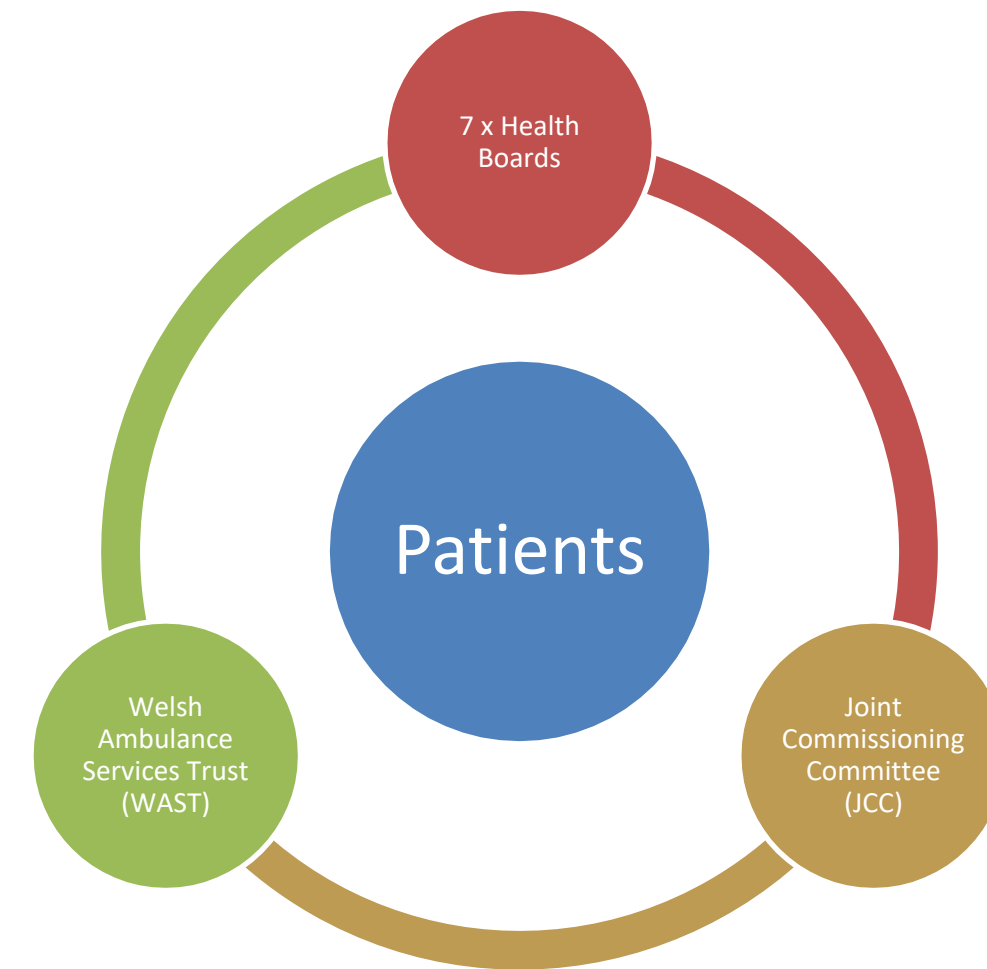


How does Wales Compare?



Why is this a risk for the JCC?

1. JCC is responsible for planning, securing and commissioning of emergency medical services
2. JCC sets the priorities for the ambulance services as a provider
3. Ambulances services operate across health board boundaries
4. Each Health Board and the Provider holds this risk separately but not consistently.
5. Productivity for the resources we commission has reduced
6. The risk cannot be mitigated by any unilateral improvement by one JCC member it requires collective improvement by all



BENCHMARKING RISK PROFILES

Health Board	Risk	Risk Score
Aneurin Bevan UHB	<p>There is a risk that the Health Board will be unable to deliver and maintain high quality, safe services across the whole of the Healthcare system due to inadequate arrangements to support system-wide patients flow:</p> <ul style="list-style-type: none"> • Avoidable deaths or significant harm • Delays in releasing ambulances from hospital sites back into the community • Delayed discharges from acute and non-acute settings resulting in deteriorating patients • Litigation and financial penalties • Reputational damage and loss of public confidence 	<p>12 (C4 x L3)</p>
Swansea Bay UHB	<p>Access to Unscheduled Care</p> <p>If we fail to provide timely access to unscheduled care then this will have an impact on quality and safety of patient care as well as patient and family experience and achievement of targets. There are challenges with the capacity/staffing across the Health and Social Care sectors. (This risk includes ED, AMU and impact in community from ability to release ambulances at both front doors)</p>	<p>25 (C5 x L5)</p>
Cwm Taf Morgannwg UHB	<p>Sufficient capacity to meet emergency demand</p> <p>This risk covers:</p> <ul style="list-style-type: none"> • Admission Avoidance • Integrated Front Door • Acute Hospital Flow and Discharge • Integrated Discharge 	<p>20 (C4 x L5)</p>
Betsi Cadwaladr UHB	<p>There is a risk of mortality on relation to critically ill patients being seen in a timely manner through unscheduled care routes. This may be caused by delayed dispatching of ambulances, ambulance queues at emergency departments, Out of Hours access and EDs and UTCs being at capacity. This could impact on pressures for other services, reputation and litigation purposes.</p>	<p>20 (C4 x L5)</p>
Hywel Dda UHB	<p>Implementing models of care that do not deliver our Strategy – which includes a control referring to ‘Development of 24/7 out of hospital urgent and emergency care services’</p>	<p>16 (C4 x L4)</p>
Cardiff & Vale UHB	<p>Urgent & Emergency Care principle risk which includes poor response times in the community from WAST due to significant delays in ambulance handovers as a cause and congested ED department as an impact.</p>	<p>15 (C5 x L3)</p>
Welsh Ambulance Service NHST	<p>The Trust’s inability to reach patients in the community causing patient harm and death.</p> <p>Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust’s ability to provide a safe and effective service.</p>	<p>25 (C5 x L5)</p> <p>25 (C5 x L5)</p>

What are the consequences?

1. Long waits for community response and the associated patient harm
2. Unmet need – patient not receiving a response or choosing an alternative
3. Multiple and frequent regulation 28 reports
4. Inability to meet pathway treatment guideline for conditions such as STEMI and Stroke
5. Regular and frequent media reports of harm
6. Patient are waiting in excess of 60 hours for a response
7. Productivity for the resources we commission has reduced





What mitigations should we

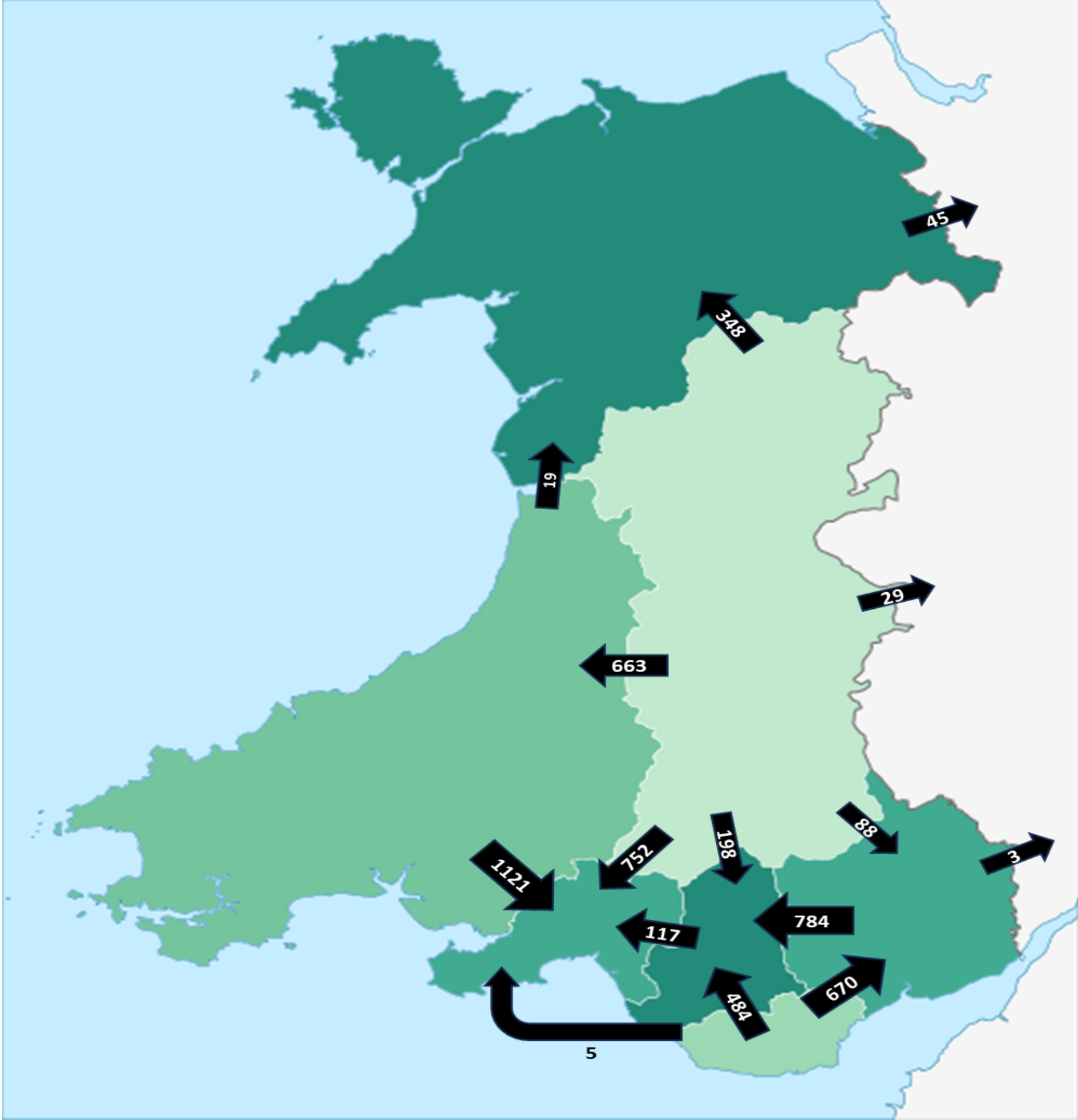
1. **Consider?** – D&C suggest ~600 WTE to absorb 25,000 lost hours
2. **Reduce arrivals** – best in class conveyance rates (circa 50%) would reduce arrivals by ~3000 patients a month*
3. **Ticket to ride** – Health Board navigation of (almost) all ambulance flow
4. **Pre-emptive immediate release** – release vehicles when set community availability level reached
5. **Cap handover** – release provider to respond a set time
6. **Health Board response** – for certain patients, following clinical assessment pass incident to health board to respond
7. **Rest break** – Post moratorium - require significant change



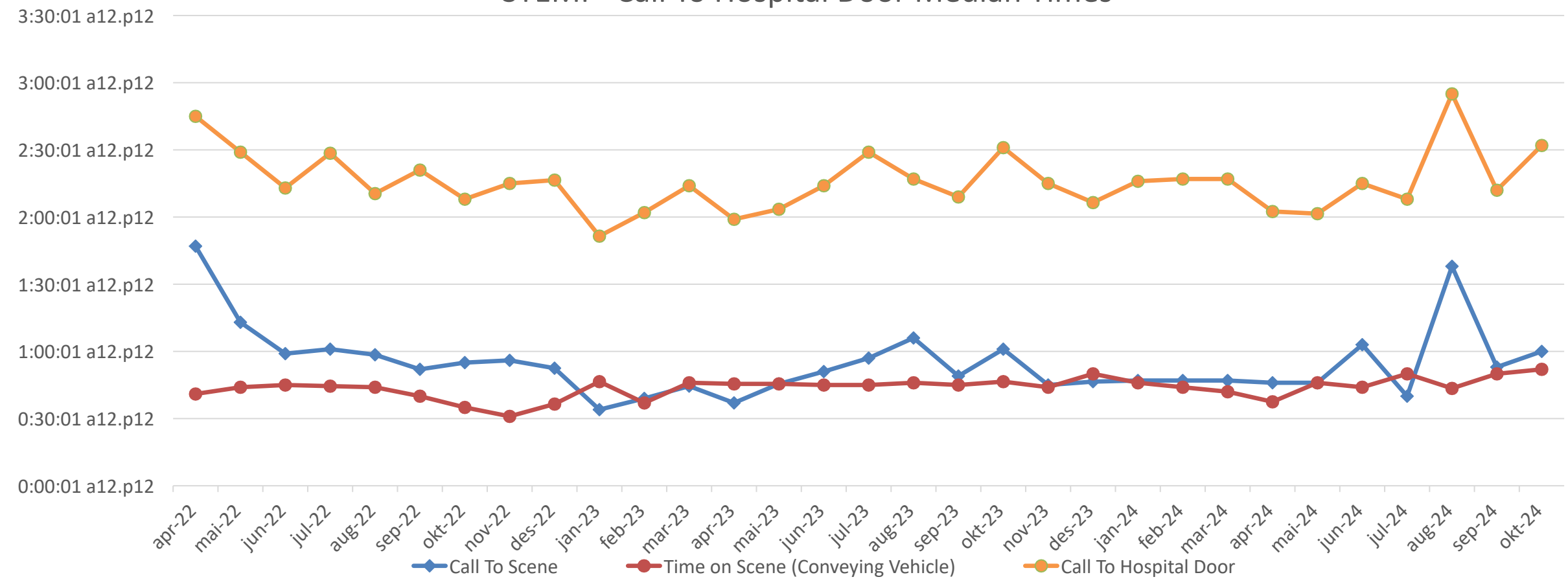
Additional information slides



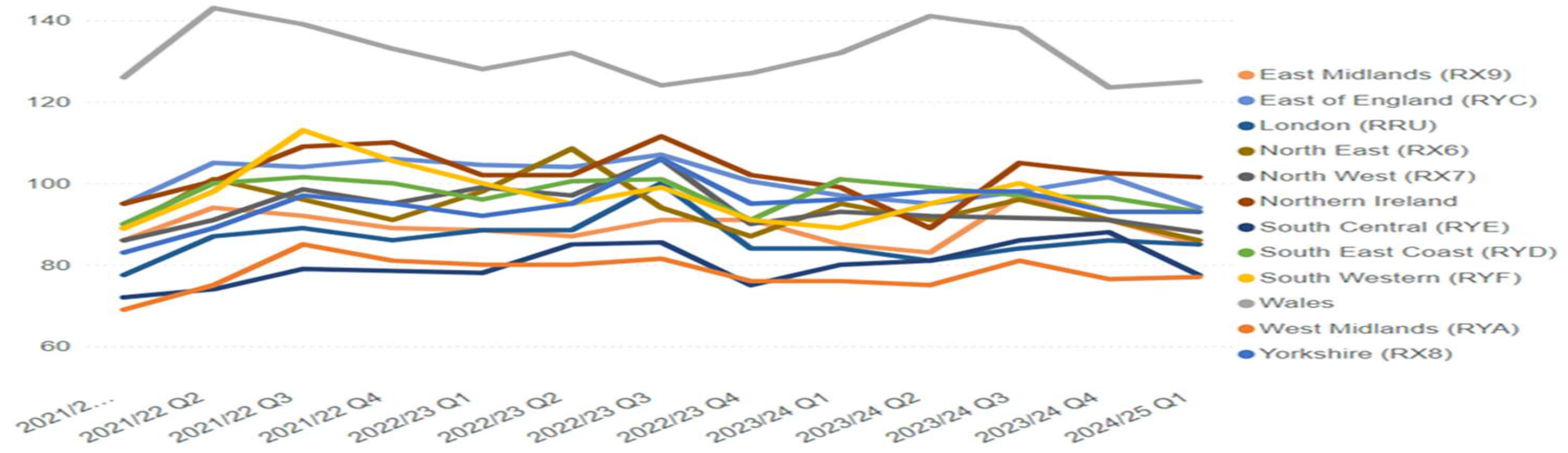
Net EA Cross Border Response Activity – 1st January to 30th November 2024



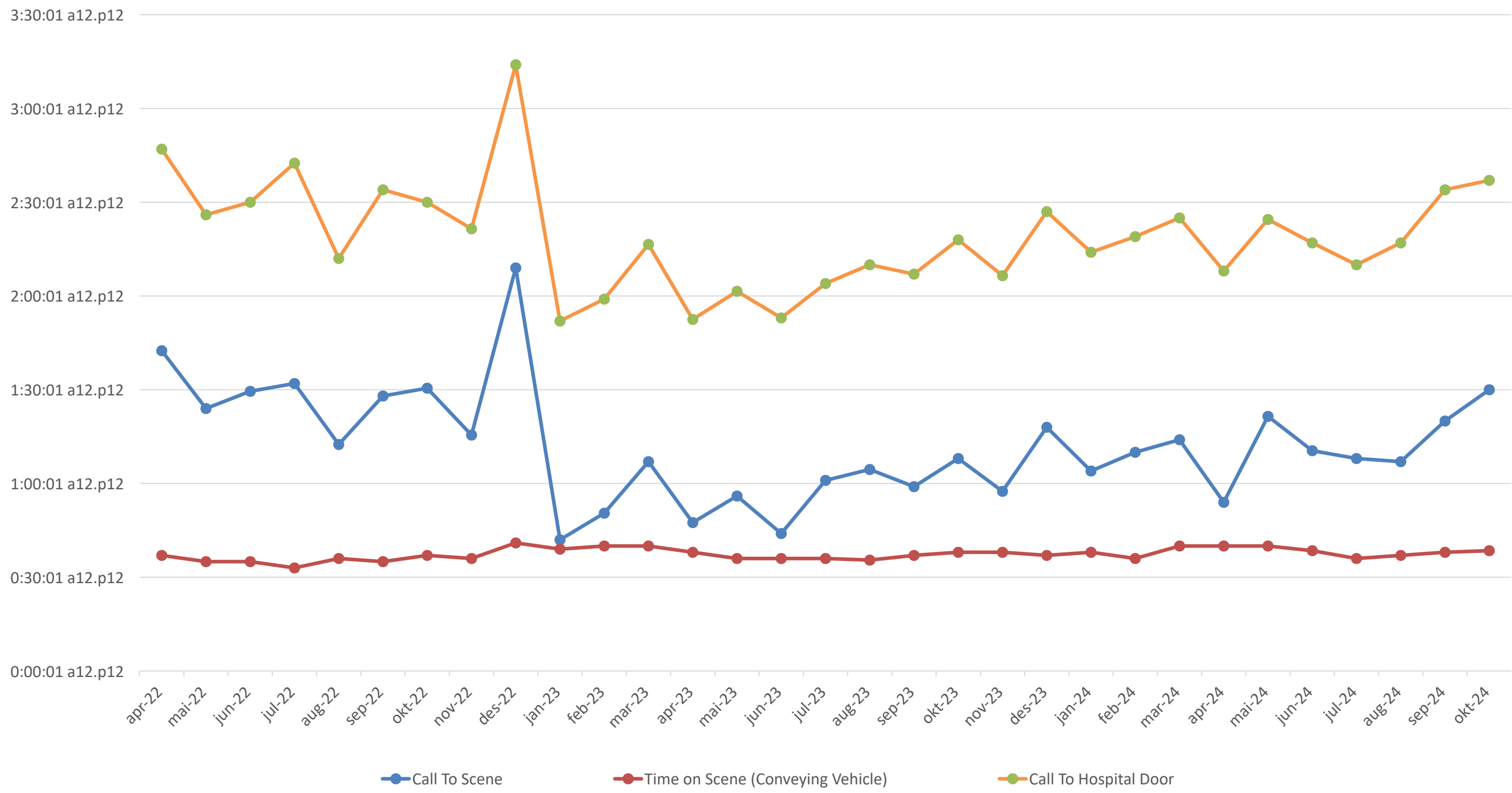
STEMI - Call To Hospital Door Median Times



Median CTD times (minutes) by Ambulance Trust, by quarter



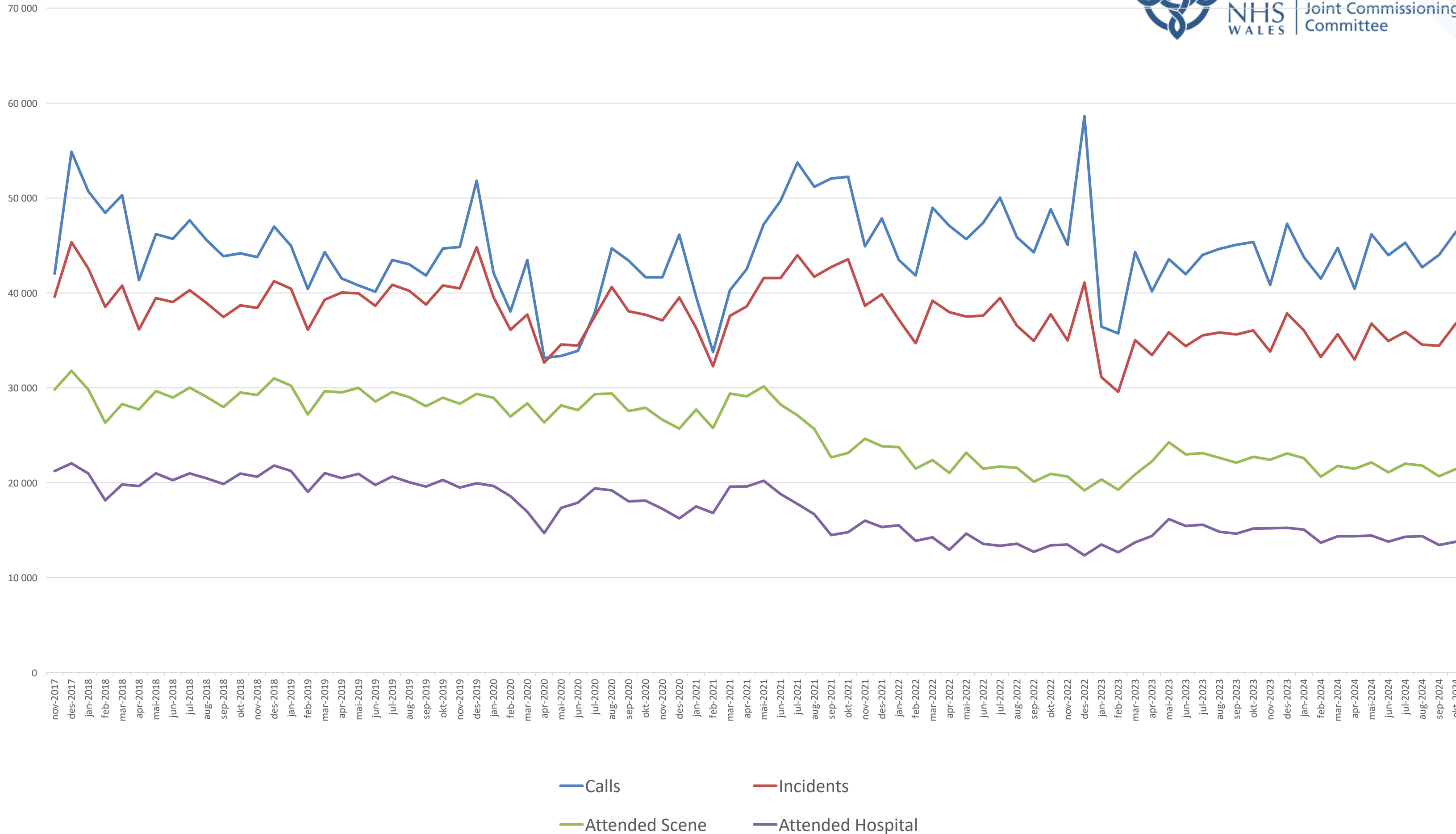
STROKE - Call To Hospital Door Median Times



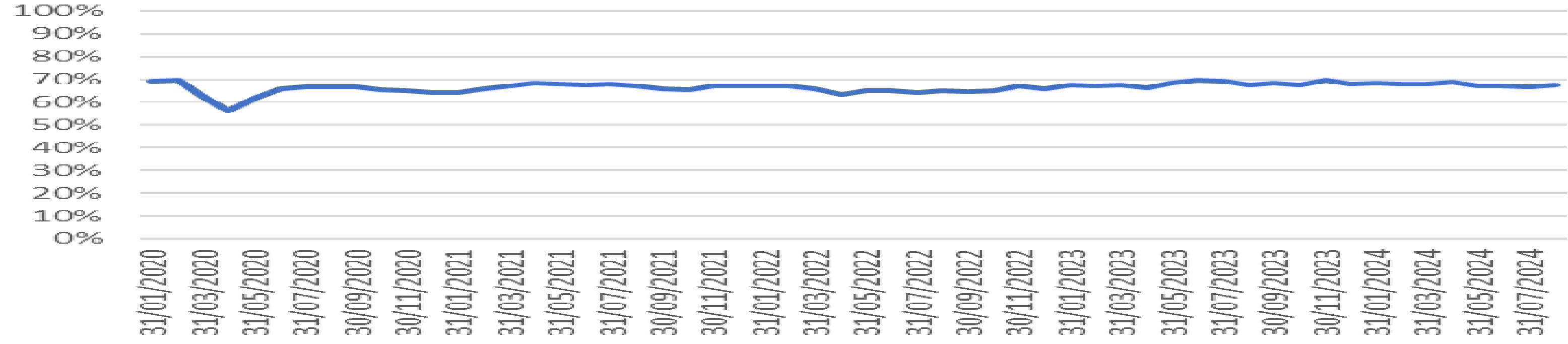


GIG
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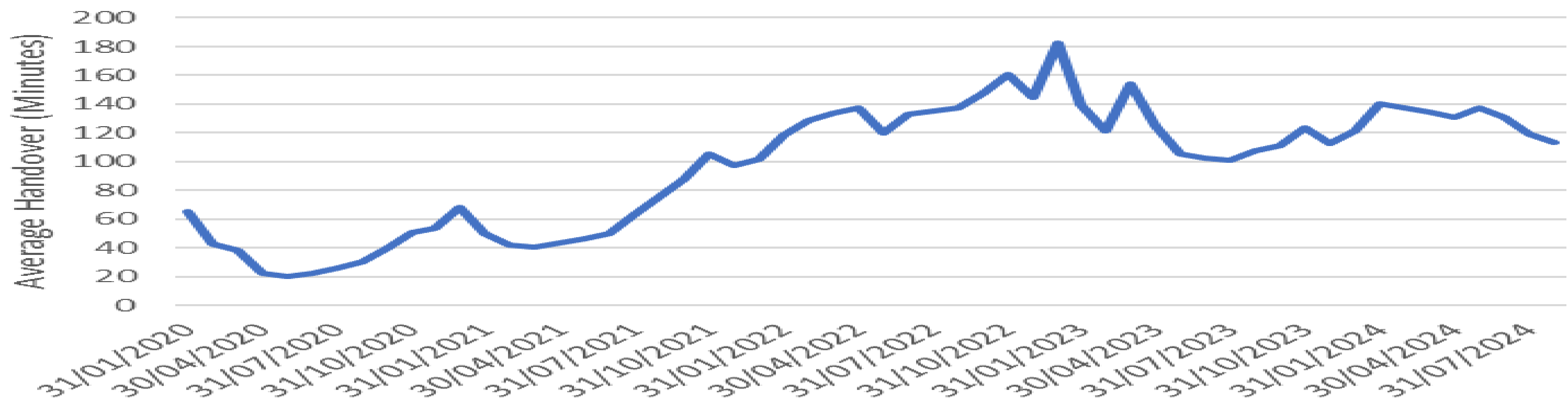
Cyd-bwyllgor
Comisiynu
Joint Commissioning
Committee



Conveyance Rate for Patients Aged 65+ (Scene to Hospital)



Average Handover Minutes for Patients aged 65+ years





Agenda Item

3.3

Audit, Risk & Assurance Hosted Bodies Committee

JCC Audit Recommendations Tracker

Dyddiad y Cyfarfod / Date of Meeting	13/02/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Corporate Governance
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
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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

There were legacy internal audit reports with outstanding recommendations which were carried forward into the JCC. As reported to the ARC meeting 17 December 2024 all of the recommendations in these reports have been completed and there are no legacy recommendations outstanding.

2.2 Summary of Planned Audits for 2024-2025

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



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

Audit Theme	Quarter	Assurance Rating
Mental Health & Vulnerable Groups	3	Reasonable
Establishment of the JCC - Advisory	4	N/A
Traumatic Stress Wales	4	Tbc
Finance Systems	4	Tbc

2.4 A summary of progress against the internal audit recommendations is outlined in Appendix 1.

3. External Audit

3.1 As reported to the ARC meeting 17 December 2024 all of the legacy recommendations relating to the review of [Audit Wales Committee Governance Arrangements at WHSSC](#) report. have been completed and there are no legacy recommendations outstanding.

3.2 The JCC received an update on 21 January 2025 and noted that Audit Wales were satisfied that all of recommendations were categorised as closed. An update will also be provided 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 (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	If more than one applies please list below: A More Equal Wales A Wales of cohesive communities
	Data to Knowledge
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	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 Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	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 Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	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)
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	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)
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	The lead for the review needs to be identified and resourced.

5. Recommendation

Members of are asked to:

- **Note** the report,
- Take an **assurance** on the planned audit programme for 2024/2025; and
- **Note** that the JCC received an update on 21 January 2025 confirming that the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report have now been completed and all actions were now categorised as closed.

NHS Wales Joint Commissioning Committee
Register of Recommendations from Internal Audit Report on the Mental Health Quality Commissioning Arrangements
Jan-25

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA MH 2025 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. 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	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. 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 'Critical' has	MEDIUM	Mar-25	Shane Mills, Director of Commissioning for Mental Health, LD & VG	Shane Mills, Director of Commissioning for Mental Health, LD & VG	The action concerning an issue with a delayed post-audit feedback to a provider, has been rectified by strengthening the audit planning process.	Completed



Agenda Item	4.1.1
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Unapproved / Minutes of the Hosted Bodies - Audit & Risk Committee

Date and Time of Meeting	Tuesday 17 December 2024 at 09:00 am
Venue	Virtual via Microsoft Teams

Members Present	Patsy Roseblade	Independent Member (Chair)
	Kath Palmer	Health Board Vice Chair/Independent Member
	Ian Wells	Independent Member
In Attendance	Sally May	CTM Executive Director of Finance & Procurement
	Stacey Taylor	JCC Interim Chief Commissioner/Director of Finance & Information
	Jacqueline Maunder	JCC Committee Secretary and Associate Director of Corporate Services
	Paul Dalton	NWSSP – Head of Internal Audit & Assurance
	Emma Samways	NWSSP – Deputy Head of Internal Audit & Assurance
	Nathan Couch	Audit Wales
	Mark Jones	Audit Wales
	Gareth Watts	Director of Corporate Governance/Board Secretary
	Kathrine Davies	Corporate Governance Manager/Meeting Secretariat
	Meeting Observers	Nia Roberts

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	<p>P. Roseblade, Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. 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 an accurate record of the meeting. Members confirmed they were happy to proceed.</p> <p>The Committee Chair advised that at the end of the meeting, she would be seeking Members views as to how the meeting went.</p>



1.2	Apologies for Absence
	No apologies had been received.
1.3	Declarations of Interest
	No declarations were identified.
2.	CONSENT AGENDA BUSINESS
2.1	Items for Approval
2.1.1	Unconfirmed Minutes of the meeting held on 17 October 2024
Resolution	The minutes were APPROVED as an accurate record.
3.	MAIN AGENDA
3.1	GOVERNANCE
3.1	Audit & Risk Committee Action Log
	<p>J. Maunder presented the Action Log and provided updates on the following:</p> <ul style="list-style-type: none"> • 4.2 & 4.3 – Organisational Risk Register – These Actions had now been closed. • 3.1.1 – Organisational Risk Register – J. Maunder provided apologies that the narrative had not been updated and advised that the risks were discussed at the JCC meeting 12 November 2024 and at a JCC Strategy workshop on 10 December 2024 and that work was ongoing to review the risks specifically in relation to ambulance performance and capacity. Work was underway to review and recalibrate the risks. • Risk 40 in relation to limited outpatient dialysis at Swansea Bay had been reduced. • Risk 57 in relation to neurosurgery delays due to insufficient theatre beds, that was now being captured under risk 63 on neurosurgery sustainability. • 4.2 JCC audit Tracker – Audit Wales have now categorised this recommendation closed following discussion with Welsh Government and an update is provided under the Audit Tracker Report. <p>J. Maunder provided an assurance that work was ongoing, and a more detailed update would be provided under the Risk Register report.</p>
Resolution	The Committee DISCUSSED and NOTED the action log.
Action:	No action was identified.
3.2	Matters Arising not contained within the Action Log
Resolution	There were no matters raised.



4.	IMPROVING CARE
4.1	<p>Joint Commissioning Committee (JCC) Update</p> <p>S. Taylor presented the report that provided the Committee with an update on the following key matters:</p> <ul style="list-style-type: none"> • Development of the Integrated Medium-Term Plan (IMTP) 2025-2028 – Work has been progressing and a workshop was held in early December with representatives from all Health Boards, and with the Joint Commissioning Committee members participated in a JCC Strategy session on the 10 December 2024, during which a range of choices were presented for discussion and potential inclusion in the plan. • Public Health Wales Input – 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. A workplan will be presented 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. • Update on JCC transition quarter 2 Progress - 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. <p>K. Palmer welcomed the approach around population health and the evidence base and the significant change it would entail once fully integrated.</p> <p>K. Palmer queried how the JCC plans to capture the risk around the transition and change and whether the strategic objectives relating to access to services should include more commissioned services to meet demand and whether this should be a strategic objective of the JCC or the Health Boards.</p> <p>S. Taylor in response, emphasised the importance of integrating the population health dynamic into the JCC's commissioning activities and advised that many commissioning activities were driven by demand rather than need. S. Taylor added that the JCC's goal was to become a centre of excellence for collaborative commissioning and prioritisation of resources within the commissioning remit.</p> <p>With regard to the strategic objectives, S. Taylor advised that the JCC was working towards aligning their strategic objectives with the broader NHS Wales strategic objectives as set out in "A Healthier Wales". S. Taylor advised that there were challenges in balancing resources and ambition, given the varying population health parameters across different health boards.</p> <p>S. Taylor advised that the JCC was engaging in regular discussions with health boards to ensure alignment and that the planning process was iterative with</p>



	<p>potential adjustments to strategic objectives based on the outcome of the planning sessions.</p> <p>The Chair referred to the alignment of the health board plans and that the seven health boards would have the main plans for the population health for their respective organisations and geographical areas and queried how the JCC would ensure that they meet the needs of the seven health boards within the domain of population health.</p> <p>In response, S. Taylor advised that there were challenges in relation to working for and on behalf of the health board to commission all Wales services, given the different population needs of each health board. S. Taylor advised that the JCC has been holding development sessions with the health board Chief Executives bi-monthly to discuss collaborative commissioning and address regional differentials and population needs. There was direct engagement with individual health boards to understand their specific requirements and the sub structures that sit underneath have representatives from all seven health boards to help frame this work.</p> <p>The Chair advised that it would be helpful for a future meeting to receive an update on the plan and understand how those things were aligned. S. Taylor confirmed that they could bring something back to the Committee in relation to the planning and the process and could invite the Director of Planning along to talk about this.</p>
Resolution	The report was NOTED .
Action	To bring an update to a future meeting of the Committee on the planning and process in relation to the Plan.
4.2	<p>JCC Organisational Risk Register</p> <p>J. Maunder presented the report and provided a summary of key matters for the Committee on the transitional amalgamated risk register:</p> <ul style="list-style-type: none"> • Further work was planned to fully develop the CTM Risk Management Strategy and Risk Register for the JCC. • The Risk Register was presented to the JCC at its meeting held on the 12 November 2024 to review the risks, controls and mitigating actions. • Ambulance & 111 high risk areas Members were advised that at the request of the JCC, given the high scoring red risk concerning ambulance performance and capacity the Director of Commissioning for Ambulance Services and 111 had undertaken a review of the risks related to Emergency Ambulance Services commissioning, and that work had been undertaken to develop a consistent approach to risk development across the whole Ambulance Services and 111 commissioning portfolio. On the 12 November 2024 the JCC agreed that Risks 70, 71, 72, 73 and 74 related to ambulance performance and capacity should be closed and replaced with two new risks, specifically: Risk 77 - Commissioning of sufficient Emergency Ambulance Services Capacity Red 15 (replaced



risks 70 and 74); and Risk 78 – Utilisation of Emergency Ambulance capacity – Red 25 (replaced risk 71, 72 and 73).

- The ambulance risks were further discussed at a JCC strategy workshop on 10 December 2024 which provoked very useful discussions on the ambulance performance and capacity risk profiles across the seven Health Boards. The discussions are informing the JCC’s risk appetite.

K. Palmer referred to the importance of collaborative working between the JCC, the Welsh Ambulance Services Trust and health boards and that some actions listed on the risk register seemed to place responsibility on individual organisations rather than promoting a joint approach so it would be helpful to see some collaborative working in the actions. S. Taylor advised that they did take a number of actions away from the recent development session and reviewing the mitigations with a collaborative approach.

K. Palmer referred to a specific issue in relation to ambulances not waiting in the right areas which was impacting response times for red calls and queried whether there had been any actions on this and an analysis across health boards due to the impact of this. S. Taylor advised that this issue had also been discussed in depth at the JCC development session and the JCC were reviewing the mitigations for risk 78 and re-framing them. S. Taylor added that there was a need for a collaborative approach between health boards and the Welsh ambulance trust to address this issue effectively and they could also discuss this up at the next meeting when the Chief Ambulance Commissioner would be in attendance to provide assurances to the Committee.

The Chair commented that given that that this was the highest risk scoring at 25 that it would have been useful to receive a focussed paper for the Committee to discuss at the meeting today.

J. Maunder, in response, advised that for assurance purposes the risk had been discussed in depth at the JCC meeting on the 12 November and the Strategy session on the 10 December. Committee members requested that sufficient time was dedicated to the JCC Risk Register’s highest risk at future meetings and requested that the Director of Commissioning for Ambulance Services and 111 be invited to the next meeting to provide an assurance on how the ambulance risks were being managed.

G. Watts advised colleagues that in CTM’s role as hosts, the Assistant Director of Governance & Risk has been working the JCC Senior Management Team undertaking training sessions on risk management and how this would develop and mature in the JCC. G. Watts advised that the Governance Team will support the JCC as far as they are able to in manage the risks and ensuring that the Committee have the assurance that those risks are being managed effectively and accordingly.

S. Taylor, in response, advised that it might be helpful if she arranges for a discussion to be held before the next meeting of the Committee between the JCC Chair and the Hosted Bodies Chair on the point made with regard to the management of the risks and assurance for the Committee.



Resolution	<ul style="list-style-type: none"> • The Committee: • NOTED the report, • Took ASSURANCE on the planned audit programme for 2024/2025; and • NOTED that Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report have now been completed and all actions are now closed.
Action	To arrange a meeting between the two Chairs to discuss management of risks and provide assurance back to the next meeting of the Audit & Risk Committee.
4.3	<p>JCC Audit Tracker</p> <p>J. Maunder presented the report that provided the Committee with an update on progress in respect of the implementation of recommendations from internal and external audits. The following key matters were highlighted:</p> <ul style="list-style-type: none"> • The Internal Audit Final Report on Mental Health was on the agenda for discussion today. • Discussions and work had commenced on the advisory Internal Audit assessment on the establishment of the JCC linking in with the Director of Transition and Transformation at the JCC. • An Internal review of the Traumatic Stress Wales (TSW) function was planned and discussions were ongoing with Welsh Government and to assess the scope of the review. • Internal Audit on Financial Systems and meeting in January to discuss that. • An Internal Review was planned for the Welsh Kidney Network (WKN) which is a legacy sub-committee from the predecessor organisation the Welsh Health Specialised Services Committee (WHSSC). • The External Audit outstanding recommendation 6 from the Audit Wales “WHSSC Committee governance arrangements report” has been categorised as completed following discussions between the Auditor General for Wales and the Chief Executive of NHS Wales and will be reported to the JCC in January 2025. <p>The Chair commented that it was good news that the outstanding recommendation from the WHSSC governance arrangements report had now been completed.</p>
Resolution	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the report, • Take an ASSURANCE on the planned audit programme for 2024/2025; and • NOTED that Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report have now been completed and all actions are now closed.
Action:	No action was identified.



4.4	<p>Internal Audit Report – Mental Health Quality Commissioning Arrangements</p> <p>E. Samways presented the report that had been given a ‘reasonable’ assurance rating.</p> <p>I Wells queried whether the workshop took place on the 28 November to confirm process. S. Taylor advised that she would check and would come back on that. The Chair commented that the format of the report was a good improvement and less duplication.</p>
Resolution	The Committee NOTED the Report.
Action	To check if the workshop to be held on the 28 November 2024 took place.
5.	CLOSE OF BUSINESS
6.1	<p>Any Other Urgent Business</p> <p>There was no urgent business to report.</p>
6.2	<p>How Did we Do in this meeting</p> <p>The Committee Chair advised that if Committee Members had any comments to raise as to how the meeting went today, then they could share these with herself and the Head of Corporate Governance outside the meeting.</p>
6.3	Committee Highlight Report
Resolution:	The Committee Chair advised that this would be drafted outside the meeting by the Governance Team.
6.	CLOSE OF MEETING