

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Risk Ref/ Date 12	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team/ Directorate	Identified Risk Owner/ Manager	Strategic Goal	Risk Domain	Risk Appetite Level	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (Current)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
3 CC03	Plastic Surgery Delays	If...the maximum ministerial waiting times target is not achieved for plastic surgery patients at SBUHB  Then...the commissioned service for South Wales will not meet the waiting times standards  Resulting in...a commissioned service that does not provide the required quality (Timeliness and Equity) of service	Director of Planning & Performance	Cancer & Blood	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	SBUHB	• The service is in escalation level 2 due to the waiting times performance position. • The delivery plan to achieve the 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 revised KPIs. • Additional funding above the ITA may be required to achieve the target in 2024/25 - assessment and handling plan in progress. • Continue to monitor progress against the delivery plan and manage performance through the (previous WHSSC) Performance Management Framework.	• To work with SBUHB on their trajectory against the revised waiting times target. • To undertake further work with SBUHB to understand the demand, activity and efficiency assumptions in this trajectory by the end of June 2024. • To work with health boards and participate in the directors of finance discussion on the balance between finance and performance choices to ensure alignment with the wider system in the approach to the arrangements for plastic surgery (expected to conclude by end of June 2024). • To report on progress against the recovery plan at the monthly Cancer & Blood commissioning team meeting, to SLT as appropriate and to escalate as required formally through the SBUHB SLA meeting.  Update May/June 2024 - Commissioning Team undertaken a review of the risk description, controls and actions. The risk score remains the same.	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTHUHB Audit & Risk Committee	13 (C4 x L5)	6 (C2 x L3)	↔	26/02/2021	17/06/2024	08/07/2024
26 NCC046	Neuropsychiatry patients waiting times	If...patients are unable to be treated in a timely manner with the appropriate therapy support due to staffing issues  Then...some patients will have long waiting times  Resulting in...poor access to the service, and the lack of availability of step down facilities to support the acute centre will also result in delays	Director of Commissioning for Mental Health & Vulnerable Groups	Mental Health & Vulnerable Groups	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	• Business case received • Developed ICP scheme • Service transferred to the Mental Health portfolio • Six monthly review meetings with the service to ensure staff have the specific training, skill and expertise to meet the needs of the existing service and provide an equitable service across Wales. • Funding release was paused in Financial Recovery Options work and re-prioritisation of the Integrated Commissioning Plan. • Prioritised and agreed for inclusion in the ICP 2024/25.	• Monitor the recovery plan through the six monthly Risk, Assurance and Recovery meeting • Funding release paper to be submitted to July Management Group - as agreed in the ICP funding will be released from Q4 2024/25.  Update for May/June 2024 - Funding has now been agreed in the ICP for Q4, funding release paper to go to MG in July 2024.	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTHUHB Audit & Risk Committee	20 (C4 x L5)	4 (C4 x L3)	↔	12/02/2020 (Moved to MH&VG Risk Register July 23)	17/06/2024	15/07/2024
28 CS23/CD01	Workforce capacity	If...JCC staff are unable to keep up with the increasing work demand due to additional work related services currently commissioned through HBs or services which are new to Wales  Then...this will have an impact on the capacity of the workforce and the ability to meet all of the requirements of the necessary organisational Integrated Commissioning Plan (ICP)/Integrated Medium Term Plan (IMTP)  Resulting in...an inability for teams to absorb the additional work and additional stress for the JCC team and failure to deliver all of our plans and targets.	Interim Chief Commissioner	Corporate Services	Committee Secretary	To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Service/ business interruption	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	N/A	• As part of the establishment of the new NWJCC, the staffing structure for the JCC team will be reviewed following the conclusion of the Organisational Policy (OP) process to point Tier 2 Directors in July to ensure we have the right people in the right teams to fulfil our commissioning responsibilities. Any risks or gaps will be identified and mitigations developed - either by identifying work that will be deprioritised, with the agreement of the JCC where necessary, or by ensuring that the right resources are in place by giving consideration to increasing the Direct Running Costs (DRC) budget (subject to JCC approval). • As part of the establishment of the NW JCC, work will be undertaken to develop an optimal operating model that facilitates efficient and effective working in the JCC team. • Any new areas of work coming into the NW JCC remit will be fully scoped to identify the resource implications for the JCC team, with the resource identified explicitly before the new responsibilities are accepted and endorsed. • Close working with CTM as the host body in respect of timely recruitment of staff where vacancies arise, or new posts are established should minimise gaps in the core JCC team. • Part of the establishment plan will include clarifying interfaces and interdependencies with other parts of the NHS Wales system, including the newly formed NHS Executive.	• The development of the NW JCC establishment plan will be completed in Q2 with the arrival of the Transition and Transformation Director at the beginning of July. This plan and associated programme of work will support the design and establishment of the JCC team structure and internal operating model. • The NW JCC establishment plan will also include finalising proposals for the JCC substructure and collaborative commissioning arrangements to ensure effective and efficient working between the JCC team and the seven health boards. • It is anticipated that the risk will reduce in Q3 once the JCC team is fully established but there will remain a residual risk that will need to be managed by regularly taking stock of the work programme and team resources to ensure they remain in balance, with work re-prioritisation when necessary.	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTHUHB Audit & Risk Committee	18 (C4 x L4)	9 (C3 x L3)	↔	16/09/2021	20/06/2024	Jul 24
34 P/21/02	Lack of Paediatric Intensive Care Beds	If...a paediatric intensive care bed, in the Children's Hospital for Wales, is not available when required due to constraints within the service  Then...paediatric patients from South Wales requiring intensive care will not be able to access a commissioned bed  Resulting in...patients being cared for in inappropriate areas where the necessary skills or equipment are not available across the referring units of South Wales, or the patient being transferred out of Wales	Director of Planning & Performance	Women & Children	Senior Planning Manager	To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Service/ business interruption	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	• Investment through WHSSC 2019/20 ICP to increase bed capacity to meet demand • Ongoing monitoring at quarterly Risk, Recovery and Assurance meetings with provider • Completed water surge plan for 2021/22 which sets out clear escalation management across the South West of England region • Received Health Board surge plan for 2022/23 • Reviewed information on adverse incidents which have occurred as a consequence of bed availability • Health board escalated to Level 3 in line with WHSSC escalation framework (September 2023) • Escalation process underway following (previous WHSSC) Escalation Framework • Reported via QPSC, JCC Performance Report and SLA meetings	Escalation status reviewed by JCC SLT, no change • Re-set meeting agreed to discuss and agree revised process and objectives in collaboration with the Health Board to be arranged  Update May/June 2024 - Commissioning Team undertaken a review of this risk and no changes made to mitigation or risk score on this review.	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTHUHB Audit & Risk Committee	20 (C4 x L5)	4 (C2 x L2)	↔	24/02/2021	19/06/2024	17/07/2024
38 P/21/16	No neonatal cot availability in South Wales due to staffing shortages	If...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	Women & Children	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	ARUHB, CTHUHB, CVUHB, HDUHB, SBUHB	• Phase 1 rebasing of contract activity to support meeting national clinical standards (BAPH) undertaken and agreed by the previous WHSSC JCC resulting in investment of £5m in 2022/24 • Continue to monitor at Quarterly Commissioner Assurance Meeting encouraging an open dialogue in the interim, as necessary, with all providers, to understand refusal rates, staffing numbers and implementation of Phase 1. • New cot day tariff implemented • Phase 2 programme agreed by JCC in May 2024 to review the service model across South and West Wales - will take at least 2 years • Continue to monitor through Performance Management Framework	• Quarterly meetings with each provider to monitor implementation of Phase 1 cot re-configuration - ongoing • Working with CVUHB team to develop a plan to implement new baseline  Update May/June 2024 - WBC Commissioning team reviewed the risk - through quarterly assurance meetings with all neonatal units in the South & West of Wales it has been reported that there has been increased pressure across the network for cot availability which has increased the likelihood and raised the risk to 20.  Risk increased from 16 to 20	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTHUHB Audit & Risk Committee	20 (C4 x L5)	4 (C2 x L2)	↑	26/07/2022	19/06/2024	17/07/2024
47 JF14	Sustainability and Delivery of Intestinal Failure (IF) Service provided by CVUHB	If...issues with provider sustainability and delivery continue at Cardiff and Vale University Health Board  Then...The Health Board may no longer be able to provide Intestinal Failure services to the Welsh population  Resulting in...no intestinal failure service available in Welsh patients	Director of Planning & Performance	Intestinal Failure	Assistant Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	• Provision of Intestinal Failure service escalated to previous WHSSC CDGB • Written 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	• Consultant cover in the Intestinal Failure service has become unsustainable and requires accelerated action for assurance of sustained delivery. Assurance received from CVUHB via SLA meeting that the sustainability of the service is being reviewed. • Consultant post currently advertised - May 24 • JCC Medical Director has written a formal letter to CVUHB Medical Director raising concerns identified for the Intestinal Failure Service. Issues raised included: - Feb 24 - Action remains open • An informal update on the above was given at the assurance meeting in February 2024. No formal response to letter has been received. • Following escalation to Interim Chief Commissioner & discussion at Q1 SLA meeting JCC Medical Director will meet with Interim Medical Director CVUHB for detailed response on progress & consideration of formal escalation - June 24 • JCC ADPP will also meet with Planning Director CVUHB to request outstanding response to the formal letter in the absence of commissioner assurance - June 24  Update May/June 2024 - Risk reviewed and team agreed the risk title, score and action 11.06.24	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTHUHB Audit & Risk Committee	18 (C4 x L3)	6 (C3 x L2)	↔	17/05/2023	11/06/2024	24/07/2024
48 P/21/20	Wales Fertility Institute (WFI)	If...the Wales Fertility Institute (WFI) in Health & Port Talbot Hospital is not providing a safe and effective service  Then...patients will not be receiving the quality of care expected from the service  Resulting in...an impact on patient outcomes, and the possibility of no service being available to patients in South Wales	Director of Planning & Performance	Women & Children	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	SBUHB	• Received the report from the HFEA to support monitoring • Requested action plan from the service to improve against the concerns identified by the HFEA. • WHSSC attendance at SBUHB monthly Gold Command meeting • Service escalated to Level 3 formally requested action plan (July 2023) • Executive to Executive action plan submitted to JCC team • Service escalated to Level 4 in line with Escalation Framework (November 2023) • A review of the HB escalation process undertaken and reconfigured to form a WFI sustainability group which feeds into the WFI Assurance, Recovery and Accountability Board, JCC team is member. • The HFEA 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 the with Escalation Framework	• Contract monitoring, MDS and RTT are due each month on 21st, these have been requested by the JCC (former WHSSC) Information and planning. All Discussions between SBUHB and the JCC (former WHSSC) have resulted in SBUHB submitting August data, October 2023. JCC (former WHSSC) has requested all data for April-August and September be submitted. JCC (former WHSSC) has reminded SBUHB data needs to be submitted monthly 21st of the month - 21/04/24 • Escalation meetings established and held monthly  Update May/June 2024 - WBC Commissioning team reviewed the risk. A positive report from the HFEA highlights there are no critical or major concerns within the service and the fact that four staff members have taken and passed the exam to be the person responsible (PR), the team agreed that the service has met the required standard to be de-escalated to level 3. There remains an issue with receiving contract monitoring information, which is in the process of being resolved. A service review has been completed to be presented to the executive leads on 15th July, post the review findings being discussed by the executive leads we expect an announcement on who will be the nominated PR. With this announcement and when the contract monitoring information issue is resolved further de-escalation will be considered by the team.	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTHUHB Audit & Risk Committee	15 (C4 x L3)	4 (C2 x L2)	↓	16/05/2023	19/06/2024	17/07/2024
50 NCC060	Deep Brain Stimulation and Delivery of Intestinal Failure (IF) Service provided by CVUHB	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	Neurosciences	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	North Bristol NHS Trust	• The JCC is engaged in ongoing discussions with the 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 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/pipeline and to build relationships, and • The JCC and Gatekeeper are working with St George's Hospital, London and University College Hospital London to explore potential for their being temporary providers of a Deep Brain Stimulation service • The Gatekeeper is working with the potential London providers to scope the pathway implications of the proposed temporary service change • Lists/WG/Parkinson's UK are being kept informed of the current position and kept updated as required	• NBNHST study day scheduled for July 2024 • JCC to arrange a follow-up meeting with the regional clinicians in 4 weeks' time • JCC to pursue UCLH with urgency to receive a designated provider proposal for new patients from them by the 10 July 2024 • Patients previously referred to Bristol to continue to receive their follow-up care at NBNHST • JCC to support NBNHST through the provision of assurance and, subsequently, the development and submission of a designated provider proposal • JCC to support NBNHST to continue correspondence with the Gatekeeper focused on development of temporary arrangements and management of patients awaiting referral for Deep Brain Stimulation  Update May/June 2024 - Commissioning Team undertaken a review of this risk and no changes made to mitigation or risk score on this review.	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTHUHB Audit & Risk Committee	18 (C4 x L4)	4 (C2 x L2)	↔	25/07/2023	14/05/2024	12/06/2024
53 NCC062	CVUHB Neurosciences Staffing Issues/level	If...Cardiff and Vale University Health Board is unable to recruit to a number of current vacancies in the Neuro-rehabilitation service  Then...the gap in the number of posts that have been commissioned means that the service is not meeting the national standards  Resulting in...patients requiring admission to the Inpatient Neuro-rehabilitation Unit are unable to access the specialist rehabilitation they require	Director of Planning & Performance	Neurosciences	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	• JCC (former WHSSC) quality team have met with CVUHB Neurosciences lead nurse to discuss the staffing issues/level. • Receiving quarterly repatriation delay information and monitor through the Neurosciences Risk, Recovery and Assurance meetings	• JCC to continue meeting with the CVUHB team to understand the risks • The concerns raised by the Rehabilitation team will be addressed in the Rehabilitation Strategy which is due for consideration by the Joint Committee in Quarter 3/4 2024 • Development and delivery of the strategy has been paused due to capacity issues  Update May/June 2024 - Commissioning Team undertaken a review of this risk and no changes made to mitigation or risk score on this review.	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTHUHB Audit & Risk Committee	16 (C4 x L4)	4 (C2 x L2)	↔	30.08.23	14/05/2024	12/06/2024
54 HR/23/16	CAHMS Environment and Workforce (NWAS)	If...environmental and workforce issues within the service continue  Then...Tier 4 provider for CAHMS in North Wales (NWAS) cannot meet the service specification  Resulting in...children absconding/coming to harm	Director of Commissioning for Mental Health & Vulnerable Groups	Mental Health & Vulnerable Groups	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	BCUHB	• Requested assurance from the unit regarding safety of the patients • Formally escalated to Health Board by previous WHSSC Managing Director • Director of Nursing escalated to HB Director of Nursing • Actively monitored by JCC Quality team and reported to the Commissioning Team, SLT, QPSC and JCC	• Unit has recorded and escalated this risk within BCUHB • Discussed at BCUHB SLA meeting. It has been confirmed that all internal doors for NWAS will be included in the programme of work for Estates in this financial year March 24  Update May/June 2024 - Most doors have now been fitted this risk will be reviewed with a view to reducing it at the next Commissioning Team meeting in July when they should all be fitted.	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTHUHB Audit & Risk Committee	20 (C4 x L5)	8 (C4 x L2)	↔	25/09/2023	17/06/2024	15/07/2024
55 P/21/22	Neonatal Workforce	If...the impact of the available workforce within UHW, to support the current intensive care demand continues to be difficult  Then...neonates who require tertiary regional neonatal support in South Wales may be inappropriately cared for  Resulting in...a neonate being cared for in an inappropriate care setting, where the necessary skills and/or equipment are not available	Director of Planning & Performance	Women & Children	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	• Phase 1 rebasing of contract activity to support meeting national clinical standards (BAPH) undertaken and agreed by the previous WHSSC JCC resulting in investment of £5m in 2022/24 • Continue to monitor at Quarterly Commissioner Assurance Meeting encouraging an open dialogue in the interim, as necessary, with all providers, to understand refusal rates, staffing numbers and implementation of Phase 1. • New cot day tariff implemented • Phase 2 programme agreed by JCC in May 2024 to review the service model across South and West Wales - will take at least 2 years • Continue to monitor through Performance Management Framework	• Quarterly meetings with each provider to monitor implementation of Phase 1 cot re-configuration - ongoing • Working with CVUHB team to develop a plan to implement new baseline  Update May/June 2024 - WBC Commissioning team reviewed the risk - through quarterly assurance meetings with all neonatal units in the South & West of Wales it has been reported that there has been increased pressure across the network for cot availability which has increased the likelihood and raised the risk to 20.	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTHUHB Audit & Risk Committee	20 (C4 x L4)	4 (C2 x L2)	↔	19/09/2023	19/06/2024	17/07/2024
56 P/21/23	Neo-neatal Infection Control	If...infection, Prevention & Control issues within the clinical area are not addressed  Then...neonates within the Neonatal Intensive Care Unit environment within UHW, are at greater risk of infections, whilst safer practice monitoring is being embedded  Resulting in...increased neonatal morbidity	Director of Planning & Performance	Women & Children	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales.  To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Population Health	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	• Service escalated to level 3 WHSSC Escalation Framework • Letter issued to health board providing an update on commissioner view of progress against objectives • Escalation status being discussed at executive level within the JCC • Re-set meeting to discuss and agree actions/objectives in collaboration with the health board	• Executive to Executive meeting scheduled with CVUHB - Completed • Action Plan requested as part of escalation framework - Completed • Triple Escalation meeting to discuss detail and progress against action plan - Monthly - next meeting 16/05/24  Update for May/June 2024 - WBC Commissioning team reviewed the risk which remains unchanged. This risk is part of the wider neonatal escalation process and at the time of the meeting there are no further updates as the health board has not given us assurances that this risk has been mitigated. Risk rating to remain the same in the interim until a new action plan has been agreed between the NWJCC and the health board.	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • CTHUHB Audit & Risk Committee	18 (C4 x L4)	4 (C2 x L2)	↔	19/09/2023	19/06/2024	17/07/2024

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Risk Ref/ Data ID	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team/ Directorate	Identified Risk Owner/ Manager	Strategic Goal	Risk Domain	Risk Appetite Level	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (Current)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
59 1715	Calea Contract Renewal	If...the current homecare provider contracts ends on 30th June 2024 with no current arrangement to extend Then...the HFN supply to patients could be impacted Resulting in...patients could be left without a service	Director of Planning & Performance	Intestinal Failure	Assistant Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	Calea	<ul style="list-style-type: none"> <li>Urgent meeting arranged NWSP and provider to discuss contract and severity of risk to service for patients from 2024.</li> <li>Escalated to JCC Medical Director (former WHSSC)</li> <li>JCC and BCUBH Level 3 service communicating proactively to ensure that the health board is fully cognisant of the identity of longer waiters</li> <li>Former WHSSC CDGB approved 3 month extension of contract until 30th June 2024</li> </ul>	<ul style="list-style-type: none"> <li>Tender issued on the 9th April 2024 and returned the 10th May 2024. Tender analysis undertaken in mid-May.</li> <li>Approval given by JCC Senior Leadership Team to renew the Framework Agreement.</li> <li>Procurement (NWSP) to continue with the process to progress new providers being put in place from 01 July 2024</li> </ul> <p><b>Update for May/June 2024</b> - Risk reviewed and team agreed the risk title, score and action 11.06.24. Likely to be closed in next review.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMHB Audit &amp; Risk Committee</li> </ul>	15 (C5 x L3)	12 (C4 x L3)	←	09/11/2023	11/06/2024	24/07/2024
61 CT050	Obesity surgery waiting times	If...long waiting times for obesity surgery continue (which Salford Royal hospital have advised will be unlikely to reduce significantly in the medium to long-term) Then...patients from Betsi Cadwaladr University Health Board and North Poyys awaiting obesity surgery procedures in Salford Royal Hospital will have their treatment delayed Resulting in...poor patient experience, poor outcomes and inequity of service provision between the North and South Wales service	Director of Planning & Performance	Cardiac	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	BCUBH/Salford Royal Hospital	<ul style="list-style-type: none"> <li>Salford Royal Hospital extending operating hours and working with private provider to increase the number of procedures undertaken</li> <li>JCC and BCUBH Level 3 service communicating proactively to ensure that the health board is fully cognisant of the identity of longer waiters</li> <li>JCC corresponding with Salford Royal to monitor current waiting list position</li> <li>JCC pursuing mitigating actions with South Wales to be able to make a better offer to patients</li> </ul>	<ul style="list-style-type: none"> <li>JCC commence work to identify an alternative English provider</li> <li>Interim JCC meetings to take place with the Senior Planning Manager and members of the Finance team to agree the finance and contracting work required to progress with the repatriation of funding from BCUBH to SBUHB</li> <li>JCC to convene a follow-up meeting with BCUBH and Salford Royal to discuss the waiting list concerns and agree an appropriate plan of action(s)</li> </ul> <p><b>Update May/June 2024</b> - Commissioning Team undertaken a review of this risk and no changes made to mitigation or risk score on this review.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMHB Audit &amp; Risk Committee</li> </ul>	16 (C5 x L4)	4 (C4 x L1)	←	01/12/2023	17/05/2024	14/06/2024
62 CT051	The Trauma Audit and Research Network (TARN) delays	If...the TARN database remains offline (from June 2023) and the delays in the instating of both the interim arrangements and a sustainable long-term solution for the South Wales Major Trauma Network TARN database continue Then...the backlog of TARN submission data will continue to grow Resulting in... <ul style="list-style-type: none"> <li>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</li> </ul>	Director of Planning & Performance	Cardiac	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB SBUHB	<ul style="list-style-type: none"> <li>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</li> <li>TARN to issue standardised Excel spreadsheet for interim data collection</li> <li>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</li> <li>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</li> <li>Ongoing monitoring via the SWTN DAC and reporting to JCC by the Chair</li> </ul>	<ul style="list-style-type: none"> <li>JCC to seek an update position on the implementation of the required governance for the new TARN database - June 2024</li> </ul> <p><b>Update May/June 2024</b> - TARN paper was presented to the new Joint Commissioning Committee in May 2024, at which the recommendation that the TARN database is not completed was endorsed; the new TARN database hosted by NHSE was launched on 1 April 2024, but is not yet accessible to the SWTN owing to the required information governance not yet being in place; the SWTN has estimated that the necessary information governance will take 1-2 months to agree; the current risk status of the TARN database will be reviewed by the Cardiac Commissioning Team in June 2024, although a reduction in the risk level will likely be delayed pending access to the new database</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMHB Audit &amp; Risk Committee</li> </ul>	16 (C4 x L4)	4 (C4 x L1)	←	01/12/2023	17/05/2024	14/06/2024
63 WCC063	Neurosurgery Sustainability	If...there is a delay in progressing the Neurosurgery Sustainability and Standards CAG scheme for the ICP 22/23 and not investing in key high risk posts (Intra operative Monitoring (IOM), CNS Skull Base and Neuroendovascular) due to the financial pressures of NHS Wales Then...there will be a lack of ability to recruit to the IOM post substantively, as recommended by NICE guidelines. Additionally there is no commissioned CNS posts for skull base and Neuroendovascular services, the service is managed by single handed consultants Resulting in... <ul style="list-style-type: none"> <li>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).</li> <li>Consultant time being used inappropriately to deliver nurse led services - this does not meet national standards.</li> <li>Patients would be denied timely access to neurosurgical advice and treatment.</li> </ul>	Director of Planning & Performance	Neurosciences	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	<ul style="list-style-type: none"> <li>Continue to monitor the scheme via the Neurosciences Performance Meeting</li> <li>The scheme has been included in the ICP 24/25 - awaiting JCC approval in quarter 4.</li> <li>There is a plan in place to recommission an element of the RIT modules, letter has been sent to the Director of Finance, CVUHB in June 24.</li> </ul>	<ul style="list-style-type: none"> <li>JCC team met with the CVUHB team to understand the risks. The scheme was risk assessed as part of the ICP development and was prioritised for inclusion in the agreed ICP.</li> </ul> <p><b>Update May/June 2024</b> - Risk reviewed and score has been lowered as there is a plan in place to recommission within the existing commissioning allocation and additional moles included in the ICP</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMHB Audit &amp; Risk Committee</li> </ul>	16 (C4 x L4)	4 (C2 x L2)	↓	12/12/2023	14/05/2024	12/06/2024
64 WKN15	Lack of Interventional Radiology at SBUHB	If...the current lack of interventional radiology service provided by SBUHB continues Then...patients may experience a lack of or delayed access to appropriate radiological interventions such as fistulotomy or kidney biopsy bleed Resulting in...worse patient clinical outcomes, fewer choices available to patients and more dialysis line related complications such as infections.	Director of Planning & Performance	Welsh Kidney Network	Deputy Kidney Network Manager	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	SBUHB	<ul style="list-style-type: none"> <li>Risk forms part of the SB UHB Risk Register</li> <li>Interim arrangements through provider meetings</li> <li>Raising an issue on the JCC (former WHSSC/SBUHB provider meetings)</li> <li>Open dialogue with SB provider on on-going risk</li> </ul>	<ul style="list-style-type: none"> <li>Letter to be issued to SB UHB CEO from WKN Clinical Lead on risk of absence of Interventional Radiology to renal patients - February 24</li> <li>Interim JCC meetings to take place with the Senior Planning Manager and members of the Finance team to agree the finance and contracting work required to progress with the repatriation of funding from BCUBH to SBUHB</li> <li>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 Coonies Review.</li> <li>A Transition and Transformation Director has been appointed and took up post on 1 July 2024 to lead the work on the Transition and Transformation Plan, who will be working closely with the JCC members and the JCC team.</li> <li>The JCC risk register and assurance framework will be updated as part of the development plan and will link back to the strategic objectives for the JCC once these have been developed and agreed.</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Welsh Kidney Network Board</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMHB Audit &amp; Risk Committee</li> </ul>	16 (C4 x L4)	2 (C2 x L1)	←	25/01/2024	11/06/2024	01/07/2024
65 WKN18	Renal Dialysis Capacity across Wales	If...the trajectory of the number of patients requiring unit dialysis continues Then...demand will exceed current capacity across Wales with regional variation Resulting in...patients may not be able to dialyse at a unit closer to home and the opening of 'twilight' dialysis slots. Which is associated with higher patient risks due to fewer medical staff being available and patients going home late at night.	Director of Planning & Performance	Welsh Kidney Network	Deputy Kidney Network Manager	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	BCUHB CVUHB SBUHB	<ul style="list-style-type: none"> <li>Value in Health Care funding secured to increase the number of transplant and home dialysis patients</li> <li>Monitoring through provider WKN meetings and SLA meetings</li> <li>Assurance and oversight through WKN Board and the JCC via the WKN Chair's Report</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>Commission Demand and Capacity Review to inform the development of 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 in future IMHA. A company called HDX 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.</li> <li>Development of regional action plans for increasing patient numbers for home dialysis and transplantation</li> </ul> <p><b>Update May/June 2024</b> - WKN Management Team has reviewed and team agreed the risk title, score and action</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Welsh Kidney Network Board</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMHB Audit &amp; Risk Committee</li> </ul>	16 (C4 x L4)	2 (C2 x L1)	←	25/01/2024	11/06/2024	01/07/2024
66 CS18	Business Continuity Risk for Specialised Services Commissioning	If...the number of business continuity risks for specialised services commissioning associated with the establishment of the new NHS Wales Joint Commissioning Committee w/ 1 April 2024 are not resolved. These relate to the following broad categories: <ul style="list-style-type: none"> <li>The make-up of the Joint Commissioning Committee,</li> <li>Workforce retention,</li> <li>The financial operating model, and</li> <li>The Business operating model</li> </ul> Then...this could impact on delivering the ICP and/or core business across all portfolios Resulting in...the delivery of the JCC financial plan not being achieved, which could create a potential cost pressure across the 7 HBs	Interim Chief Commissioner	Corporate Services	Committee Secretary	To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Service/business interruption  Business objectives/ projects	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	N/A	<ul style="list-style-type: none"> <li>Legacy statements and Annual Governance Statements/Compliance statements for 2023/24 were produced for the predecessor organisations which identified key commissioning and organisational risks being carried into the new NWJCC</li> <li>The WG led Oversight Board approved a Q1 Transition Plan comprising of an interim operating framework which was formally adopted by the NW JCC on 9 April 2024. This set out actions to be undertaken to support the establishment of the JCC.</li> <li>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 Coonies Review.</li> <li>A Transition and Transformation Director has been appointed and took up post on 1 July 2024 to lead the work on the Transition and Transformation Plan, who will be working closely with the JCC members and the JCC team.</li> <li>The JCC risk register and assurance framework will be updated as part of the development plan and will link back to the strategic objectives for the JCC once these have been developed and agreed.</li> </ul>	<ul style="list-style-type: none"> <li>The development of the operating model for the JCC will put into practice the operationalisation of the Governance Framework for the NW JCC which was developed by the Oversight Board and adopted by the NW JCC at its first meeting.</li> <li>There will be a development programme for both the JCC members and the JCC team to ensure clear sense of direction is set, and opportunities created by the establishment of the JCC are realised, and associated risks managed.</li> <li>A clear process for prioritising work, performance and assurance and staff training and development will be established.</li> <li>This risk will be considered and managed in line with the risk 68 relating to staff capacity to absorb additional workloads.</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMHB Audit &amp; Risk Committee</li> </ul>	16 (C4 x L4)	8 (C3 x L2)	←	01/01/2024	20/06/2024	30-24
67 CT052	Cardiac Device Service	If...the staffing pressures and the increase in demand (evident since the repatriation of activity from LHCN in 2016 and exacerbated by increased demand) continues Then...this may impede Betsi Cadwaladr University Health Boards ability to deliver timely and equitable care Resulting in... <ul style="list-style-type: none"> <li>Significant variations between the JCC commissioned device services</li> <li>Including the delivery of national standards of service and governance and risk an inferior service to that which patients were able to access at LHCN</li> <li>Insufficiently robust out of hours service</li> </ul>	Director of Planning & Performance	Cardiac	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	BCUHB	<ul style="list-style-type: none"> <li>BCUHB submitted a CIAG scheme to the JCC (former WHSSC) in 2022 seeking investment in an additional Specialist Nurse; scheme was prioritised through CIAG and reviewed again during 2023, but has not been supported.</li> <li>BCUHB and JCC have discussed the potential for Liverpool Heart and Chest Hospital (LHCH) to provide out of hours support.</li> <li>Review of all JCC-commissioned device services has been included in the 2024-25 Integrated Commissioning Plan</li> <li>Risks have been highlighted to the health board via the BCUBH Cardiology Steering Group.</li> </ul>	<ul style="list-style-type: none"> <li>BCUHB and JCC to conclude negotiations with LHCH re. inclusion of out of hours cover in the SLA - June 24</li> <li>Ongoing monitoring of device service via BCUBH SLA meetings (JCC) and via Cardiology Steering Group meetings (BCUBH) - Bi-monthly</li> <li>Commencement of review of JCC-commissioned device services with a view to ensuring equitable provision across Wales (Terms of Reference to be confirmed) - June 24</li> </ul> <p><b>Update May/June 2024</b> - BCUBH has provided description of requirement for the SLA; discussions between BCUBH and LHCH have suggested that LHCH have concerns with providing the requested out of hours cover on the basis that it provided by BCUBH, will be discussed at the next LHCH Cardiac Services Risk and Assurance meeting; risk score is unchanged</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMHB Audit &amp; Risk Committee</li> </ul>	16 (C4 x L4)	4 (C4 x L1)	←	16/02/2024	17/05/2024	14/06/2024
68 WCC064	CVUHB Specialist Auditory Hearing Services Waiting Times	If...staffing difficulties, and an increase in BCHI referrals being received from Acromin Seven University Health Board continues Then...south Wales patients requiring a Cochlear Implant or Bone Conduction Hearing Implant are unable to access the Specialist Auditory Hearing Service within a timely manner Resulting in...the service cutting short the pathway to enable the service to see more patients within the current staff resources which is resulting in the quality of the service being compromised	Director of Planning & Performance	Neurosciences	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	<ul style="list-style-type: none"> <li>JCC have met with CVUHB Specialist Auditory Hearing Service to discuss performance, staffing issues/level and risks.</li> <li>Performance reporting and oversight via Risk assurance and recovery meetings, SLA meetings and to Management Group and JCC</li> </ul>	<ul style="list-style-type: none"> <li>JCC has met with the CVUHB team to discuss performance and understand the risks. The service are forwarding a waiting list plan and trajectory of how the service will be delivered over a 2 year period which has been received.</li> <li>JCC has arranged further performance meetings with the south Wales Specialist Auditory Hearing Service</li> </ul> <p><b>Update May/June 2024</b> - Commissioning Team undertaken a review of this risk and no changes made to mitigation or risk score on this review.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMHB Audit &amp; Risk Committee</li> </ul>	16 (C4 x L4)	4 (C2 x L2)	←	06/02/2024	14/05/2024	12/06/2024
69 P/21/25	Paediatric Radiology Service	If...the commissioned 24/7 paediatric radiology service model is not operationalised within the children's hospital Then...this may have a prolonged gap in out of hours' provision Resulting in...patients being transferred out of Wales, out of hours, for diagnostic assessment and potentially their ongoing treatment	Director of Planning & Performance	Women & Children	Senior Planning Manager	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	CVUHB	<ul style="list-style-type: none"> <li>New proposal for service requested</li> </ul>	<ul style="list-style-type: none"> <li>Arrange meeting with service leads to discuss new proposal</li> <li>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</li> </ul> <p><b>Update May/June 2024</b> - WCC Commissioning team reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMHB Audit &amp; Risk Committee</li> </ul>	20 (C5 x L4)	4 (C2 x L2)	←	20/03/2024	19/04/2024	17/07/2024
70 4503	Ambulance Services - Collaborative Relationships	If...the JCC are unable to plan and secure sufficient services and maintain effective collaborative relationships with providers Then...the purpose and effectiveness of the JCC would not be met Resulting in...potential Ministerial and Welsh Government intervention	Director of Commissioning for Ambulance and 111 Services	Ambulance and 111 Services	Deputy Director of Commissioning for Ambulance and 111 Services	To ensure the provision of safe, high-quality services for the people of Wales	Effective Commissioning	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	WAST / EMRTS	<ul style="list-style-type: none"> <li>Agreed collaborative commissioning methodology; whole system approach with key stakeholders</li> <li>Review and refine commissioning arrangements and refresh Commissioning Frameworks that the JCC</li> <li>Independent Chair</li> <li>Effective governance arrangements in place</li> <li>JCC (former CASC) and Welsh Government IQPD meetings (bi-monthly)</li> <li>Minister meets with the Chair and JCC (former CASC) quarterly</li> <li>Meet regularly with providers to ensure continued development of open and transparent relationship</li> <li>Ministerial Summit meeting on Handover Improvement plans (as a result of increasing numbers of hours lost)</li> <li>Committee reviews its effectiveness annually - undertaken in May 2023 - no specific areas of concern identified re commissioning</li> <li>Chair and JCC (former CASC) annual visits with all health boards in Wales planned</li> <li>Ambulance improvement plan developed, agreed and circulated weekly</li> </ul>	<ul style="list-style-type: none"> <li>Annual Governance Statement produced</li> <li>Review of the JCC (former EASC) IMTP 2024-27 at JCC and sub committees</li> <li>Review and refine governance arrangements for new JCC</li> <li>Effective governance arrangements in place</li> <li>Ambulance action plan for Ministerial priorities and monthly monitoring return commissioning including Integrated Commissioning Action Plans</li> <li>Three key actions with appropriate indicators agreed with each HB during the winter period</li> <li>Improvement plans are used by Ambulance Commissioning Team, NHS Executive and WG for focus and consistent approach</li> <li>NHS Executive set 30% reduction in handover waits over 60 minutes for health boards by December 2024</li> <li>Range of performance scenarios have been modelled aligned to commitments within the JCC (former EASC) IMTP</li> </ul> <p><b>Update May/June 2024</b> - Commissioning Team undertaken a review of the controls risk description, controls and actions. The risk score remains the same.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Ambulance and 111 Management Group</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMHB Audit &amp; Risk Committee</li> </ul>	15 (C5 x L3)	5 (C5 x L1)	←	01/08/2020	May-24	30-24
71 4506	Ambulance Services - Red Performance	If...the provider is unable to achieve the red performance level of 65% response rate within 8 minutes across Wales as a whole on a monthly basis Then...the core target will be missed Resulting in...unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.	Director of Commissioning for Ambulance and 111 Services	Ambulance and 111 Services	Deputy Director of Commissioning for Ambulance and 111 Services	To ensure the provision of safe, high-quality services for the people of Wales	Securing safe ambulance services	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	WAST	<ul style="list-style-type: none"> <li>The necessary resources secured in the JCC (former EASC) IMTP 2024-27</li> <li>Performance monitoring on a daily basis and month to date position</li> <li>Bi monthly IQPD meetings with Welsh Government</li> <li>Monthly Quality and Delivery Meeting with the Welsh Ambulance Services University NHS Trust</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported - implementation being monitored</li> <li>Quality and Safety Report - transition arrangements and to agree submission to JCC</li> <li>Commissioned a new demand and capacity review (August 2023)</li> <li>Financial commitment to maintain overtime for WAST staff (Sept 2023)</li> <li>Ambulance improvement plan developed, agreed and circulated weekly</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of the JCC (former EASC) IMTP 2024-27 and WAST IMTP</li> <li>Implementation of the commissioning intentions through the commissioning agreement</li> <li>Role of the JCC (former EASC)/Ambulance Management Group to provide oversight on operational performance</li> <li>Development of WAST performance improvement plan</li> <li>JCC (former EASC) Action Plan includes detailed clinical review of red incidents to understand clinical need of patients to assess improvement opportunities</li> <li>ICAP meetings and monitoring commitments and deliver</li> <li>Three key actions with appropriate indicators agreed with each HB during the winter period</li> <li>Improvement plans are used by the Ambulance Commissioning Team, NHS Executive and WG for focus and consistent approach</li> <li>Revised Red Improvement plan in development by WAST</li> </ul> <p><b>Update May/June 2024</b> - Commissioning Team undertaken a review of the controls risk description, controls and actions. The risk score remains the same.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Interim Ambulance and 111 Management Group</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMHB Audit &amp; Risk Committee and JCC Audit and Risk Committee</li> </ul>	21 (C5 x L5)	15 (C5 x L3)	←	01/08/2020	May-24	30-24

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Risk Ref/ Date 12	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team/ Directorate	Identified Risk Owner/ Manager	Strategic Goal	Risk Domain	Risk Appetite Level	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (Current) (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
72 4507	<b>Ambulance Services - Times for Amber Incidents</b>	If...the provider is unable to reduce the average and longest times for amber incidents <b>Then...</b> patients will not receive the care they need in a timely manner <b>Resulting in...</b> unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.	Director of Commissioning for Ambulance and 111 Services	Ambulance and 111 Services	Deputy Director of Commissioning for Ambulance and 111 Services	Failure to achieve agreed performance standard for category red calls which is 65% of calls responded to within 8 minutes Failure to achieve agreed performance for amber category calls	Securing safe ambulance services	<b>Cautious</b> - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	WAST	<ul style="list-style-type: none"> <li>The necessary resources secured in the JCC (former EASC) BMT 2024-27</li> <li>performance monitoring on a daily basis and month to date position</li> <li>Monthly quality and delivery meetings with WAST</li> <li>Bi monthly Quality and Delivery meeting with Welsh Government</li> <li>Monthly Quality and Delivery Meeting with the Welsh Ambulance Services University NHS Trust</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported and implementation being monitored</li> <li>Quality and Safety Report presented to the JCC (frequency to be confirmed)</li> <li>Weekly dashboard shared across NHS Wales - sent to all members and key senior NHS staff</li> <li>Ambulance improvement plan developed, agreed and circulated weekly</li> </ul>	<ul style="list-style-type: none"> <li>JCC (former EASC) BMT 2024-27 accepted with accountability conditions awaiting outcome of WAST BMT</li> <li>Implementation of the commissioning intentions through the commissioning agreement</li> <li>Role of the Interim Ambulance and 111 Management Group to provide oversight on operational performance</li> <li>Development of WAST performance improvement plan</li> <li>Weekly dashboard of management information developed and shared across NHS Wales to capture progress</li> <li>JCC (former EASC) Action Plan includes detailed clinical review of amber incidents to understand clinical need of patients to assess improvement opportunities</li> <li>Three key actions with appropriate indicators agreed with each HB during the winter period</li> <li>Improvement plans are used by the Ambulance and 111 Commissioning Team, NHS Executive and WG for focus and consistent approach</li> </ul> <p><b>Update May/June 2024</b> - Commissioning Team undertaken a review of the controls risk description, controls and actions. The risk score remains the same.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Interim Ambulance and 111 Management Group</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMH&amp;B Audit &amp; Risk Committee and JCC Audit and Risk Committee</li> </ul>	20 (C5 x L4)	15 (C5 x L3)	←	01/08/2020	May-24	Jul-24
73 5005	<b>Ambulance Services - Patient Safety</b>	If...commissioning actions are not taken to manage patient safety and minimise clinical risks <b>Then...</b> patients are more likely to come to harm <b>Resulting in...</b> poorer patient outcomes and patient experience, increased SAs, litigation and reputational damage	Director of Commissioning for Ambulance and 111 Services	Ambulance and 111 Services	Deputy Director of Commissioning for Ambulance and 111 Services	Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation	Effective Commissioning	<b>Cautious</b> - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	WAST	<ul style="list-style-type: none"> <li>Discussion at JCC Committee</li> <li>Discussion at Interim Ambulance and 111 Management Group</li> <li>Ambulance and 111 Commissioner and WAST Quality &amp; Delivery meeting</li> <li>Sought clarification from WAST re Equality Impact Assessment</li> <li>Agree red lines for handover delays to improve ambulance availability</li> <li>Securing of funding for additional emergency ambulance capacity</li> <li>Quality and Safety Report to be presented to the JCC (frequency to be confirmed)</li> <li>ICAP meeting overseeing performance and outcomes</li> <li>Update to host Quality and Safety Meeting (23 January 2024)</li> <li>Key Item on Ambulance and 111 Commissioning Team agenda</li> <li>New Quality and Safety Report</li> </ul>	<ul style="list-style-type: none"> <li>Joint escalation plan developed and approved at NHS Leadership Board now led by the NHS Executive</li> <li>Provide necessary funding to WAST</li> <li>Agreed with WAST 5 key actions for the winter period</li> </ul> <p><b>Update May/June 2024</b> - Commissioning Team undertaken a review of the controls risk description, controls and actions. The risk score remains the same.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Interim Ambulance and 111 Management Group</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMH&amp;B Audit &amp; Risk Committee and JCC Audit and Risk Committee</li> </ul>	20 (C5 x L4)	5 (C5 x L1)	←	01/12/2021	May-24	Jul-24
74 5370	<b>Ambulance Services - Ambulance capacity</b>	If...sufficient ambulance capacity is not available <b>Then...</b> 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 <b>Resulting in...</b> increasing number of patients not receiving an ambulance response which is an unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.  Lack of compliance with statutory requirements for the JCC.	Director of Commissioning for Ambulance and 111 Services	Ambulance and 111 Services	Deputy Director of Commissioning for Ambulance and 111 Services	Failure to secure sufficient ambulance capacity to meet the needs of the population	Effective Commissioning	<b>Cautious</b> - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	WAST	<ul style="list-style-type: none"> <li>The necessary resources secured in the JCC (former EASC) BMT performance monitoring on a daily basis and month to date position</li> <li>Bi monthly JCC (former EASC) IQPO meetings with Welsh Government</li> <li>JCC (former EASC) monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported - implementation being monitored</li> <li>Quality and Safety Report presented at every JCC (former EASC) meeting</li> <li>New demand and capacity review commissioned</li> <li>ICAP meetings with health boards and WAST</li> <li>Performance dashboard</li> <li>BMT tracker</li> <li>Key Item on JCC (former EASC) agenda</li> <li>New Quality and Safety Report</li> <li>Ambulance improvement plan developed, agreed and circulated weekly</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of JCC (former EASC) BMT and WAST BMT</li> <li>Implementation of the commissioning intentions through the commissioning agreement</li> <li>Role of the JCC (former EASC) Management Group to provide oversight on quality and safety</li> <li>Development of WAST performance improvement plan</li> <li>JCC (former EASC) Action Plan includes detailed clinical review of red incident to understand clinical need of patients to assess improvement opportunities</li> <li>Actions from the Ministerial summit on handover improvement</li> <li>Integrated Commissioning Action Plan (ICAP) work</li> <li>Agreed with WAST 5 key actions for the winter period</li> <li>Three key actions with appropriate indicators agreed with each HB during the winter period</li> <li>Improvement plans are used by the JCC (former EASC) Team, NHS Executive and WG for focus and consistent approach</li> </ul> <p><b>Update May/June 2024</b> - Commissioning Team undertaken a review of the controls risk description, controls and actions. The risk score remains the same.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Interim Ambulance and 111 Management Group</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMH&amp;B Audit &amp; Risk Committee and JCC Audit and Risk Committee</li> </ul>	25 (C5 x L5)	10 (C5 x L2)	←	01/01/2023	May-24	Jul-24
75 1702	<b>Calea Contract Renewal</b>	If...the private provider Calea once again experiences technical issues in the provision of HPN <b>Then...</b> there will be issues of supply <b>Resulting in...</b> potential patient harm	Director of Planning & Performance	Intestinal Failure Services	Assistant Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/ psychological harm)	<b>Minimal</b> Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	Calea	<ul style="list-style-type: none"> <li>This risk remains on the register for monitoring and will be escalated when Calea experience technical issues in the provisions of Home Parenteral Nutrition (HPN) June 2023</li> <li>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</li> <li>May 2024</li> <li>The Joint Commissioning Committee (JCC) received notification of Implementation of Contingency Strategy from Calea on the 23.05.24</li> <li>Regular review meetings between Calea and procurement (acting on JCC's behalf) to be put in place</li> <li>Contingency arrangements to be in place for approx. 1 month and Calea will keep procurement and JCC briefed of any change to this provision</li> </ul>	<ul style="list-style-type: none"> <li>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"> <li>Implementing multi-chamber bag (MCS) 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)</li> <li>Not accepting any new referrals of patients to the PN service, except for patients prescribed multi-chamber bags/fluids</li> </ul> </li> <li>Continuing with overtime whenever possible</li> <li>Procurement to remain in close liaison with Calea regarding the situation - Weekly</li> <li>Increase risk scoring - 29/05/24</li> <li>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</li> </ul> <p><b>Update May/June 2024</b> - Risk reviewed and team agreed the risk title, score and action 11.06.24</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMH&amp;B Audit &amp; Risk Committee</li> </ul>	16 (C4 x L4)	8 (C4 x L2)	↑	19/01/2022	11/06/2024	24/07/2024

Datix ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	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"> <li>Gateway service review as part of the five year neurosciences strategy. Neurosciences gateway review paper was submitted to February Management Group meeting</li> <li>Neurosciences and complex conditions commissioning team (NCCCT) to monitor the recovery plan and continuing meeting with the team at the Risk and Assurance meetings</li> <li>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.</li> <li>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.</li> <li>WHSSC have had internal discussions and are working with the service</li> <li>The cessation of the extended theatre sessions will be raised at the next Cardiff SLA meeting in January 2024</li> <li>The Commissioning Team are continuing to monitor the situation through the quarterly Neurosciences Performance Meeting.</li> <li>The cessation of Tracheostomy Training for stroke services has been escalated to CVUHB Specialist Clinical Board Operational Director -12/12/23</li> <li>Continue to monitor the position via the quarterly Neurosciences Performance Meeting to change.</li> </ul>	<ul style="list-style-type: none"> <li>Neurosciences gateway review paper was submitted to February Management Group meeting - Completed</li> <li>Further meeting has taken place to with the services to discuss the GIRT 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</li> <li>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</li> <li>Further review of this risk was undertaken by the CT in November 21 to recommend rewording the risk and incorporating Risk NCC050 into Risk NCC049 - Completed</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	12 (Risk reduced from a 20 in April 2024)	4 (C4 x L1)	Risk reviewed the score has been lowered as there is a plan in place to re-commission and element of the 700k RTT funding to mitigate high risks in neuro subspecialties e.g. skull base, neuromodulation, IOM and therapies. There are currently no patients waiting over 52 weeks.
29	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"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>To address the concerns raised a Task &amp; 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.</li> <li>The IPFR All Wales Policy has been approved by all HBs. The Policy will be implemented following WG approval. There has been recent challenges with ensuring quoracy. Implementing the new WHSSC Tor should hopefully make achieving quoracy less problematic.</li> </ul>	<ul style="list-style-type: none"> <li>An engagement process on the WHSSC IPFR panel Tor launched on 10 November 2022 for a 6 week period and included HBs, the AWTTCC 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</li> <li>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</li> <li>The Committee Secretary to keep the NHS Wales Board Secretaries peer group and Welsh Government informed of progress on developments - Ongoing</li> <li>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</li> <li>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</li> <li>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</li> <li>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</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	12 (Risk reduced from a 20 in May 2024)	4 (C2 x L2)	Risk reviewed and the score reduced to 12 as a number of the mitigating actions have now been completed such as approval of the updated All Wales Policy.
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"> <li>Ongoing monitoring at Quarterly Commissioner Assurance Meeting with provider</li> <li>This risk is included within the W&amp;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).</li> <li>Plan in place for a number of children to be outsourced to NHS England and the Private Sector.</li> <li>Performance Management arrangements to be re-instigated which will allow WHSSC to identify and monitor where the issues are that need addressing.</li> <li>Monthly escalation meetings have been established - first meeting scheduled 26/04.</li> <li>Continue with outsourcing to NHS England and the Private Sector.</li> <li>Letter issued to health board providing an update on commissioner view of progress against objectives</li> <li>Escalation status being discussed at executive level within the JCC</li> </ul>	<ul style="list-style-type: none"> <li>Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including:- Quarterly</li> <li>Staffing establishment</li> <li>Bed and theatre capacity</li> <li>Assurance on clinical management of patients on WL</li> <li>Recovery trajectory</li> <li>Requested information on long waiting patients from provider to support potential outsourcing arrangements - Completed</li> <li>Meetings being scheduled with NHS England providers to discuss outsourcing capacity - Completed</li> <li>Requested plan from CBV to manage long waiting patients, with clear trajectories and timeframes - Completed</li> <li>Requested revised recovery plan further to Joint Committee - Completed</li> <li>Discussing with local health boards scope for mutual aid - Completed</li> <li>Place service in escalation Level 3 - Completed</li> <li>Performance Management arrangements to be re-instigated - Monthly</li> <li>Requested revised trajectories that reach contract baseline as a minimum - Completed</li> <li>Performance reporting to JC &amp; MG via performance report - Monthly</li> <li>Executive to Executive meeting scheduled with CBVUHB - Completed</li> <li>WHSSC JC Workshop - Paediatrics - Completed</li> <li>Triple Escalation meeting to discuss detail and progress against action plan - Monthly (next meeting 16/05/24)</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Integrated Governance Sub-Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	8 (Risk reduced from a 16 in June 2024)	4 (C2 x L2)	Risk reviewed and score has been reduced. The decision has been made following the assurances received from the Escalation meeting on the 16th May 2024 where the Health Board stated that the Ministerial target will be met by the end of June 2024 and that there is a robust plan to maintain this during 2024/25 in line with the ministerial waiting time agreed by the (previous WHSSC) Joint Committee in our Integrated Commissioning Plan. As a result we have agreed to de-escalate the service from Level 3 to Level 0 in line with the previous WHSSC (now JCC) Escalation Framework.
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"> <li>Consideration to cease all activity, pause current treatment for patients and under no circumstances accept new patients.</li> <li>Discussion with SBUHB the license holder and the HFEA to consider the options with regards to ensuring a PR in post including succession planning.</li> <li>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.</li> <li>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.</li> <li>The HFEA licensing panel have approved the change of licence for the Cardiff site to be a storage only facility</li> <li>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</li> <li>Service de-escalated to level 3 in line with WHSSC escalation framework</li> </ul>	<ul style="list-style-type: none"> <li>Formal recommendation to CDBG 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</li> <li>Monitoring of its service continues through formal escalation - Monthly</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	10 (Risk reduced from a 15 in June 2024)	4 (C2 x L2)	Risk reviewed and the score has been reduced. Four staff members have taken and passed the PR exam, good report from HFEA with no critical or major, 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 YCC, 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"> <li>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 &amp; Finish Group led by BCUHB.</li> <li>BCUHB has established a Task &amp; Finish Group including colleagues from Mersey &amp; West Lancashire NHST (MWL).</li> <li>BCUHB to report to NWJCC on progress of the T&amp;F Group at the interface planning meeting and the SLA meeting.</li> <li>NWJCC Quality team meets regularly with the assistant director of quality BCUHB and has established links with the quality team at MWL.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Patient audit/harm review to be reported to next NWJCC QPSC.</li> <li>Continue to work with BCUHB and MWL through the Task &amp; Finish Group to support implementing the improvement plan to address the risks relating to the outreach clinics - Ongoing</li> <li>Continue to support Waiting List Initiative clinics to continue to reduce the waiting list and time</li> <li>Requested revised trajectories that reach contract baseline as a minimum - Completed</li> <li>NWJCC Quality team to continue to liaise closely with quality leads in BCUHB and MWL.</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	12 (Risk reduced from a 15 in June 2024)	4 (C2 x L2)	Commissioning Team undertaken a review of the controls risk description, controls and actions. The harms review undertaken reported No Harm, therefore the risk score has been reduced.
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.  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)	<ul style="list-style-type: none"> <li>Twilight dialysis shifts are opened 6 days weekly, some overflow provided in the acute dialysis facility.</li> <li>Active home haemodialysis programme to ease the pressure until expansion of existing resource is established.</li> <li>Procurement process for tender of existing units and establishment of two new units commenced Jan 2021.</li> <li>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.</li> <li>Procurement supported by WG. Contract awarded</li> <li>Implementation programme commenced</li> <li>New units in place</li> <li>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.</li> <li>WKN has provided funding for a Project Manager role in SBU to support the implementation of the project/programme</li> <li>Funding release to assist with new equipment, consumables as per the new contract</li> <li>WKN participate in the SB &amp; Fresenius implementation meetings to ensure delivery to project plan</li> <li>Request for increased reporting through highlight reports to WKN Board</li> </ul>	<ul style="list-style-type: none"> <li>New units scheduled to be in place - Bridgend Sept 2024, NPT 2025 - September 2024 and Summer 2025</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Welsh Kidney Network Board</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	12 (Risk reduced from a 16 in June 2024)	2 (C2 x L1)	Rating reduced due to confidence on planned opening of Bridgend Unit in September 2024 as per project update to WKN Board 05.06.24. Provider is tolerating the risk.

	A	B	C	D	E	F	G	H	I	J	K
	Datix ID	Risk Title	Risk Description	Strategic Risk Owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
1	39 WKN06	Renal Funding	<p>If...there is insufficient funding to meet the service demand through the agreed Integrated Commissioning Plan funding position of 2024-2025</p> <p><b>Then...</b>there will be an estimated in year shortfall of funding to meet the demand of £0.87m</p> <p><b>Resulting in...</b>non delivery against the agreed financial plan of 2024-2025 for the Welsh Kidney Network</p>	Director of Planning & Performance	To maximise value and outcomes within available resources	Finance including claims	<ul style="list-style-type: none"> <li>Funding agreed in ICP for 2024/25</li> <li>HB financial representation now form part of the regional meetings</li> <li>Monthly review of the HB's submissions on monitoring and returns</li> <li>Standing agenda item on regional provider meetings and Network Board</li> </ul>	<ul style="list-style-type: none"> <li>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)</li> <li>Contract baselines to be reviewed so that service lines are clear and understood and linked to a clear allocation</li> <li>Ensure data accuracy on baseline activity is reflected with the monthly monitoring and returns</li> <li>Work with providers to ensure that the data held within Vital Data is reflective of the monthly HB submissions</li> <li>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)</li> <li>An initial financial assessment identifying £0.531M costs savings from WKN Delegated Budget was presented and agreed by WKN Board 05.06.24</li> <li>Further work to be undertaken with the providers to reduce the current gap of £0.26m by July 2024</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Welsh Kidney Network Board</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	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
2	51 NCC061	Deep Brain Stimulation – lack of awareness of eligibility criteria re: unmet need	<p>If...a lack of awareness of eligibility criteria and potential to benefit amongst referring clinicians continues</p> <p><b>Then...</b>patients with Parkinson's disease, tremor and dystonia who could benefit from Deep Brain Stimulation will not be referred for treatment</p> <p><b>Resulting in...</b>poor outcomes for patients</p>	Director of Planning & Performance	<p>To ensure the provision of safe, high-quality services for the people of Wales.</p> <p>To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.</p>	<p>Impact on the safety of patients, staff or public (physical/psychological harm)</p> <p>Population Health</p>	<ul style="list-style-type: none"> <li>JCC have had internal discussions and are working with the gatekeeper</li> <li>A Welsh single point of contact had been established for NBNHST</li> <li>NBNHST to develop a Standing Operating procedure that covers both outpatient and discharge communication</li> <li>Workshop to be held between Regional clinicians, gatekeeper and JCC to understand current provision/pathway and to build relationships</li> <li>Llais/WG/Parkinson's UK informed of current position and kept updated</li> </ul>	<ul style="list-style-type: none"> <li>JCC have had internal discussions and are working with the gatekeeper</li> <li>A Welsh single point of contact had been established for NBNHST</li> <li>NBNHST to develop a Standing Operating procedure that covers both outpatient and discharge communication</li> <li>Workshop to be held between Regional clinicians, gatekeeper and JCC to understand current provision/pathway and to build relationships</li> <li>Llais/WG/Parkinson's UK informed of current position and kept updated</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	Jun-24	Risk merged with NCC060
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Year	Project Name	Start Date	End Date	Project Manager	Project Description	Status	Progress	Cost	Revenue
2018	Project A	2018-01-01	2018-12-31	John Doe	Project A description	Completed	100%	\$100,000	\$100,000
2019	Project B	2019-01-01	2019-12-31	Jane Smith	Project B description	In Progress	75%	\$150,000	\$120,000
2020	Project C	2020-01-01	2020-12-31	Mike Johnson	Project C description	On Hold	20%	\$80,000	\$16,000
2021	Project D	2021-01-01	2021-12-31	Sarah Lee	Project D description	Planned	0%	\$120,000	\$0

