

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

JCC RISK REGISTER - RISKS WITH SCORES 15 AND ABOVE													
Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	JCC Strategic Objective	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current)		Rating (Target)		Trend	Opened
								C	L	C	L		
3 CB03	Plastic Surgery Delays	If... the maximum waiting times target is not achieved for plastic surgery patients in south Wales Then... some patients will be waiting in excess of WG waiting time targets Resulting in... poor patient experience and poor outcome which may lead to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service	Director of Planning & Performance	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> The service is in escalation level 2 due to the waiting times performance position. The delivery plan to achieve the Welsh Government target by March 2025 has been received from SBUHB. A further plan has been requested to achieve the target by December 2024 in line with Welsh Government's requirement to bring forward achievement of the target. Additional funding has been approved by JCC to achieve the target of clearing the >104wk waiting list by Dec 2024 for paediatric patients and those waiting for DIEP surgery following breast cancer. Continue to monitor progress against the delivery plan. SBUHB has applied for additional funding to achieve the target of clearing the >104wk waiting list by March 2024 This risk is included within the C&B register for monitoring purposes, it is included within the overarching risk for waiting times (Risk 33(CS/10 CD03) Welsh Government Priority Delivery Measures) 	<ul style="list-style-type: none"> To work with SBUHB on their trajectory against the revised waiting times target. To monitor progress against the plastic surgery recovery plan via monthly commissioner assurance meetings with SBUHB – next escalation meeting 23/09/24. To report on progress against the recovery plan at the monthly Cancer & Blood commissioning team meeting and to SLT as appropriate. To seek approval for an amendment in the use of the additional JCC funding to enable SBUHB to treat patients waiting >104 wks for surgery following breast cancer using techniques other than DIEP. <p>Update for September 2024 - The C&B Commissioning team reviewed the risk which remains unchanged</p>	Joint Commissioning Committee	15	9	↔	26.02.2021		
28 CS3/ CD01	Business Continuity	If... JCC staff are unable to deliver core business whilst implementing the transition plan to form the new JCC Then... this will have an impact on the ability to deliver core business on delivery of the integrated commissioning plan and/or the actions to implement new systems and processes Resulting in... the workforce being under pressure and affecting morale; a negative impact on the reputation of the JCC and failure to deliver all of our plans and transition to the new operating model.	Transformation Director	Facilitate Integration: through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales	<ul style="list-style-type: none"> A Transition Director has been appointed to lead the work to implement the new operating model for the JCC. The Transition Plan will be agreed with the SLT to ensure realistic timescales are set for implementation. The overarching governance framework for the JCC is complete. As part of the establishment of the NW JCC, the staffing structure for the JCC team will be reviewed following the appointment of the JCC Directors in June/July to ensure we have the right people in the right teams to fulfil our commissioning responsibilities. Any risks or gaps will be identified and mitigations developed – either by identifying work that will be deprioritised, with agreement of the JCC where necessary, or by ensuring the right resources are in place by increasing the Direct Running Costs (subject to JCC approval). Any new areas of work coming into the NW JCC remit will be fully scoped to identify the resource implications for the JCC team, with the resource identified explicitly before the new responsibilities are accepted and endorsed. Close working with CTM as the host body in respect of timely recruitment of staff where vacancies arise, or new posts are established should minimise gaps in the core JCC team. 	<ul style="list-style-type: none"> The Director of Transition and Transformation is leading work to develop the directorate structures to support the new operating model for the JCC. A vacancy scrutiny panel has been established to review the organisational finances and workforce structures. The Vacancy Scrutiny Panel has responsibility for monitoring requests for recruitment against organisational objectives and priorities and ensuring alignment with NWJCC direction of travel, taking into consideration the ongoing organisational change and resource challenges in line with CTMUHB's policies. The panel will: <ul style="list-style-type: none"> Ensure consistency and standardisation of processes and procedures across new organisation Address talent management matters, aid with workforce planning and recognise and develop existing skillset and; Ensure compliance with CTMUHB policies relating to organisational change process and workforce related matters. The Panel will review the following workforce related matters: <ul style="list-style-type: none"> All recruitment requests (fixed term, secondment, permanent), Re-banding requests, Fixed term contract requests (retire and return recommendations by line managers) and Partial retirement requests recommendations Following the announcement that the interim Chief Commissioner has attained a new role with SBUHB and will leave in October 2024, the process to recruit a substantive replacement has commenced with plans in place to identify interim leadership arrangements. Interim cover arrangements are planned for the Director of Commissioning (Specialised Services) and Director of Planning & Performance whilst substantive appointments are made/commence. It is anticipated that the risk will reduce in Q3 once the JCC team is fully established but there will remain a residual risk that will need to be managed by regularly taking stock of the work programme and team resources to ensure they remain in balance, with work reprioritisation when necessary. <p>Update for September 2024 - The risk score has been reviewed and remains the same</p>	Joint Commissioning Committee	16	12	↔	16.09.2021		
34 P/21/02	Lack of Paediatric Intensive Care Beds	If... a paediatric intensive care bed, in the Children's Hospital for Wales, is not available when required due to constraints within the service Then... paediatric patients from South Wales requiring intensive care will not be able to access a commissioned bed Resulting in... patients being cared for in, inappropriate areas where the necessary skills or equipment are not available across the referring units of South Wales, or the patient being transferred out of Wales	Director of Planning & Performance	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> Investment through WHSSC 2019/20 ICP to increase bed capacity to meet demand Ongoing monitoring at quarterly Risk, Recovery and Assurance meetings with provider Completed winter surge plan for 2021/22 which sets out clear escalation management across the South West of England region Received Health Board surge plan for 2022/ 23 Reviewed information on adverse incidents which have occurred as a consequence of bed availability Health board escalated to Level 3 in line with WHSSC escalation framework (September 2023) Escalation process underway following (previous WHSSC) Escalation Framework Reported via QPSC, JCC Performance Report and SLA meetings 	<ul style="list-style-type: none"> Escalation status reviewed by JCC SLT, no change Re-set meeting agreed to discuss and agree revised process and objectives in collaboration with the Health Board to be arranged <p>Update for September 2024 - W&C Commissioning Team have reviewed the risk which remains unchanged</p>	Joint Commissioning Committee	20	4	↔	24.02.2021		
38 P/21/16	No neonatal cot availability in South Wales due to staffing shortages	If... a neonatal cot is not available when required across south Wales due to significant neonatal nursing shortages Then... babies will not be able to access a commissioned neonatal cot Resulting in... babies needing to travel to North Wales or NHS England to receive their care or be cared for in an inappropriate setting whilst waiting for an available cot, resulting in poor patient and family experience	Director of Planning & Performance	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> Phase 1 rebasing of contract activity to support meeting national clinical standards (BAPM) undertaken and agreed by the previous WHSSC JC resulting in investment of £5m in 2023/24 Continue to monitor at Quarterly Commissioner Assurance Meeting encouraging an open dialogue in the interim, as necessary, with all providers, to understand refusal rates, staffing numbers and implementation of Phase 1. New cot day tariff implemented Phase 2 programme agreed by JCC in May 2024 to review the service model across South and West Wales - will take at least 2 years Continue to monitor through Performance Management Framework 	<ul style="list-style-type: none"> Quarterly meetings with each provider to monitor implementation of Phase 1 cot re-configuration - ongoing Working with C&V UHB team to develop a plan to implement new baseline Through quarterly assurance meetings with all neonatal units in the South & West of Wales it has been reported that there has been increased pressure across the network for cot availability which has increased the likelihood and raised the risk to 20 - June 24 <p>Update for September 2024 - W&C Commissioning team reviewed the risk which remains unchanged</p>	Joint Commissioning Committee	20	4	↔	26.07.2022		

Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	JCC Strategic Objective	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating		Trend	Opened	
								(Current)	(Target)			
50 NCC060	Deep Brain Stimulation and delays in communication with gatekeeper/ referring clinician	<p>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</p> <p>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</p> <p>Resulting in...poor outcomes for patients</p>	Director of Planning & Performance	<p>Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these</p>	<ul style="list-style-type: none"> The JCC is engaged in ongoing discussions with the DBS gatekeeper, mindful of the waiting list for patients for whom referral to Bristol has been paused A single JCC point of contact had been established for NBNHST and ongoing correspondence commenced NBNHST is developing a Standing Operating procedure that covers both outpatient and discharge communication and which will provide the JCC with assurance that previously highlighted issues have been addressed A workshop between regional clinicians, the Gatekeeper and the JCC has been held in order to understand current provision/pathway and to build relationships, and a follow-up workshop is being arranged The JCC and Gatekeeper are working with St George's Hospital, London and University College Hospital London to explore potential for their being temporary providers of a Deep Brain Stimulation service The Gatekeeper is working with the potential London providers to scope the pathway implications of the proposed temporary service change Llais/WG/Parkinson's UK are being kept informed of the current position and kept updated as required 	<ul style="list-style-type: none"> NBNHST study day scheduled for July 2024 JCC to arrange a follow-up meeting with the regional clinicians in 4 weeks' time JCC to pursue UCLH with urgency to receive a designated provider proposal for new patients from them by the 10 July 2024 Patients previously referred to Bristol to continue to received their follow-up care at NBNHST JCC to support NBNHST through the provision of assurance and, subsequently, the development and submission of a designated provider proposal JCC Associate Medical Director to continue correspondence with the Gatekeeper focused on development of temporary arrangements and management of patients awaiting referral for Deep Brain Stimulation <p>Update for September 2024 - Commissioning Team undertaken a review of this risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	16	4	↔	25.07.2023	
								4	4	2	2	
53 NCC062	C&VUHB Neurosciences Staffing issues/level	<p>If...Cardiff and Vale University Health Board is unable to recruit to a number of current vacancies in the Neuro-rehabilitation service</p> <p>Then...the gap in the number of posts that have been commissioned means that the service is not meeting the national standards</p> <p>Resulting in...patients requiring admission to the Inpatient Neuro-rehabilitation Unit are unable to access the specialist rehabilitation they require</p>	Director of Planning & Performance	<p>Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these</p>	<ul style="list-style-type: none"> JCC (former WHSSC) quality team have met with C&VUHB Neurosciences lead nurse to discuss the staffing issues/level. Receiving quarterly repatriation delay information and monitor through the Neurosciences Risk, Recovery and Assurance meetings 	<ul style="list-style-type: none"> JCC to continue meeting with the C&VUHB team to understand the risks The concerns raised by the Rehabilitation team will be addressed in the Rehabilitation Strategy which is due for consideration by the Joint Committee in Quarter 3/4 2024/25 Development and delivery of the strategy has been paused due to capacity issues <p>Update for September 2024 - Commissioning Team undertaken a review of this risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	16	4	↔	30.08.2023	
								4	4	2	2	
55 P/21/22	Neonatal Workforce	<p>If...the impact of the available workforce within UHW, to support the current intensive care demand continues to be difficult</p> <p>Then...neonates who require tertiary regional neonatal support in South Wales may be inappropriately cared for</p> <p>Resulting in...a neonate being cared for in an inappropriate care setting, where the necessary skills and/or equipment are not available</p>	Director of Planning & Performance	<p>Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these</p>	<ul style="list-style-type: none"> Phase 1 rebasing of contract activity to support meeting national clinical standards (BAPM) undertaken and agreed by the previous WHSSC JC resulting in investment of £5m in 2023/24 Continue to monitor at Quarterly Commissioner Assurance Meeting encouraging an open dialogue in the interim, as necessary, with all providers, to understand refusal rates, staffing numbers and implementation of Phase 1. New cot day tariff implemented Phase 2 programme agreed by JCC in May 2024 to review the service model across South and West Wales - will take at least 2 years Continue to monitor through Performance Management Framework 	<ul style="list-style-type: none"> Quarterly meetings with each provider to monitor implementation of Phase 1 cot re-configuration - ongoing Working with C&V UHB team to develop a plan to implement new baseline Through quarterly assurance meetings with all neonatal units in the South & West of Wales it has been reported that there has been increased pressure across the network for cot availability which has increased the likelihood and raised the risk to 20 - May 24 <p>Update for September 2024 - W&C Commissioning team reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	20	4	↔	19.09.2023	
								5	4	2	2	

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56 P/21/23	Neo-natal Infection Control	If... Infection, Prevention & Control issues within the clinical area are not addressed Then... neonates within the Neonatal Intensive Care Unit environment within UHW, are at greater risk of infections, whilst safer practice monitoring is being embedded Resulting in... increased neonatal morbidity	Director of Planning & Performance	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> Service escalated to level 3 of WHSSC Escalation Framework Letter issued to health board providing an update on commissioner view of progress against objectives Escalation status being discussed at executive level within the JCC Re-set meeting to discuss and agree actions/objectives in collaboration with the health board 	<ul style="list-style-type: none"> Executive to Executive meeting scheduled with C&VUHB - Completed Action Plan requested as part of escalation framework - Completed Triple Escalation meeting to discuss detail and progress against action plan - Monthly - next meeting 16/05/24 This risk is part of the wider neonatal escalation process and at the time of the meeting there are no further updates as the health board have not given us assurances that this risk has been mitigated. Risk rating to remain the same in the interim until a new action plan has been agreed between the NWJCC and the health board <p>Update for September 2024 - W&C Commissioning team reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	16	4	↔	19.09.2023
61 CT050	Obesity surgery waiting times	If... long waiting times for obesity surgery continue (which Salford Royal hospital have advised will be unlikely to reduce significantly in the medium to long-term) Then... patients from Betsi Cadwaladr University Health Board and North Powys awaiting obesity surgery procedures in Salford Royal Hospital will have their treatment delayed Resulting in... poor patient experience, poor outcomes and inequity of service provision between the North and South Wales service	Director of Planning & Performance	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> Salford Royal Hospital extending operating hours and working with private provider to increase the number of procedures undertaken JCC and BCUHB Level 3 service communicating proactively to ensure that the health board is fully cognisant of the identity of longer waiters JCC corresponding with Salford Royal to monitor current waiting list position JCC pursuing mitigating actions with South Wales to be able to make a better offer to patients 	<ul style="list-style-type: none"> JCC commence work to identify an alternative English provider - November 2024 JCC to initiate the process for escalation of the service - October/November 2024 <p>Update for September 2024 - A meeting took place with Salford on the 21 August 2024. The meeting did not provide the necessary assurance in regards to the waiting list and activity position for Welsh patients. The Salford team did confirm that there were a number of waiting list initiatives underway but the likely impact on the Welsh patients waiting list position was unclear. The Commissioning Team agreed that the process for escalation of the service should be initiated. The JCC will continue to work with WIMOS to progress with the implementation of the funding investment to increase capacity to help address the waiting list position at Salford; no change to risk score</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	16	4	↔	01.12.2023
62 CT051	The Trauma Audit and Research Network (TARN) delays	If... the TARN database remains offline (from June 2023) and the delays in the instituting of both the interim arrangements and a sustainable long-term solution for the South Wales Major Trauma Network TARN database continue Then... the backlog of TARN submission data will continue to grow Resulting in... Delays to the availability of reporting – including quarterly dashboards, clinical reports and TARN analytics – impeding the ability of the Network to monitor the implementation of the PBC and benchmark performance, including survival outcomes	Director of Planning & Performance	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> SWTN has agreed (via a meeting comprising the Trauma Network Clinical Directors and Managers, the TARN team and representatives from NHSE) that the TARN system will no longer be hosted by the University of Manchester TARN to issue standardised Excel spreadsheet for interim data collection Wales will be able to use the new TARN platform to be developed within the NHSE data repository as part of NHSE National Outcomes Registries Programme JCC has endorsed the recommendation that, as a result of their being insufficient resource nationally to support the submission of a case backlog, no data is submitted during the period that TARN is offline Ongoing monitoring via the SWTN DAG and reporting to JCC by the Chair 	<ul style="list-style-type: none"> JCC to seek an update position on the implementation of the required governance for the new TARN database - June 2024; Revised to August 2024 <p>Update for September 2024 - Governance arrangements for the new National Major Trauma Registry (NMTR) database (TARN replacement) were discussed at the September 2024 Delivery Assurance Group meeting (noting that this meeting was due to take place in August but had been rescheduled). The Group was advised that although the new arrangements were on the cusp of being agreed and implemented, this had not been secured prior to the meeting. As such, the Major Trauma Network was not yet able to utilise the database, with the result that the risk score remains the same. Once the Network has secured NMTR access, the risk score will be lowered.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	16	4	↔	01.12.2023
63 NCC063	Neurosurgery Sustainability	If... there is a delay in progressing the Neurosurgery Sustainability and Standards CIAG scheme for the ICP 22/23 and not investing in key high risk posts (Intra operative Monitoring (IOM), CNS Skull Base and Neuromodulation) due to the financial pressures of NHS Wales Then... there will be a lack of ability to recruit to the IOM post substantively, as recommended by NICE guidelines. Additionally there is no commissioned CNS posts for skull base and Neuromodulation services, the service is managed by single handed consultants Resulting in... <ul style="list-style-type: none"> the loss of the sub speciality services of Neurosurgery (Skull Base, Facial Pain, Complex Spine and elements of tumour surgery). These subspecialty surgeries would have to cease in Wales with patients then being required to receive treatment in North Bristol Trust (NBT). Consultant time being used inappropriately to deliver nurse led services – this does not meet national standards Patients would be denied timely access to neurosurgical advice and treatment. 	Director of Planning & Performance	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> Continue to monitor the scheme via the Neurosciences Performance Meeting The scheme has been included in the ICP 24/25 – awaiting JCC approval in quarter 4 There is a plan in place to recommission an element of the RTT monies, letter has been sent to the Director of Finance, CUVHB in June 24 	<ul style="list-style-type: none"> JCC has met with the C&VUHB team to understand the risks. The scheme has been risk assessed as part of the 10/20/30 WG efficiency saving project. It has recently been risked assessed using the Quality Impact Assessment tool. The scheme is currently on hold as a result of this piece of work - Quarter 3 24/25 Awaiting the outcome of the ICP 24/25 to establish if these high risk posts will receive investment in 2024/25 - Quarter 4 24/25 The risk score was reduced from 25 to 16 in June 2024 as it was felt that the score, when compared to other commissioning risk scores, did not align and was therefore adjusted. <p>Update for September 2024 - Commissioning Team undertaken a review of this risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	16	4	↔	12.12.2023

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64 WKN15	Lack of Interventional Radiology at SBUHB	<p>If...the current lack of interventional radiology service provided by SBUHB continues</p> <p>Then...patients may experience a lack of or delayed access to appropriate radiological interventions such as fistuloplasty or kidney biopsy bleed embolisation</p> <p>Resulting in...worse patient clinical outcomes, fewer choices available to patients and more dialysis line related complications such as infections.</p>	Director of Planning & Performance	<p>Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these</p>	<ul style="list-style-type: none"> Risk forms part of the SB UHB Risk Register Monitoring position through provider meetings Raising as an issue on the JCC (former WHSSC)/SBUHB provider meetings Open dialogue with SB provider on on-going risk 	<ul style="list-style-type: none"> Letter to be issued to SB UHB CEO from WKN Clinical Lead on risk of absence of Interventional Radiology to renal patients - February 24 Request for SBUHB Regional team to submit an action plan on how they will mitigate the risks associated with the lack of interventional radiology service. The action plan has been received which includes a medium term plan which is health board led, with collaboration from CVUHB for out of hours services. With a more long term plan again health board led which involves work on remodelling of interventional radiology services in Swansea which is going out to tender so resolution is unlikely in this financial year. Interim arrangements with C&V UHB for urgent treatments in place to provide appropriate cover for patients SBUHB has appointed 4 Interventional Radiologists, two are due to start in November 2024. <p>Update for September 2024 - WKN Commissioning Team reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	16	2	↔	25.01.2024		
								4	4	2	1		
65 WKN18	Renal Dialysis Capacity across Wales	<p>If...the trajectory of the number of patients requiring unit dialysis continues</p> <p>Then...demand will exceed current capacity across Wales with regional variation</p> <p>Resulting in...patients may not be able to dialyse at a unit closer to home and the opening of 'twilight' dialysis slots. Which is associated with higher patient risks due to fewer medical staff being available and patients going home late at night.</p>	Director of Planning & Performance	<p>Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these</p>	<ul style="list-style-type: none"> Value in Health Care funding secured to increase the number of transplant and home dialysis patients Monitoring through provider WKN meetings and SLA meetings Assurance and oversight through WKN Board and the JCC via the WKN Chair's Report 	<ul style="list-style-type: none"> Appointment of a Prevention Clinical Lead for the Network, providing clinical leadership for the strategic development of primary and secondary care prevention to include the design of an All Wales Healthcare pathway for referral into Primary Care Commission a distinct piece of work on Demand and Capacity Modelling, To develop a model of future activity/demand, and responding capacity, in order to inform future growth predictions which will be the basis of a) the Welsh Kidney networks commissioning intentions and b) the investment profile of the Welsh Kidney Network over the timescale set. HEOR have been commissioned to deliver on this work and an initial draft has been received and returned to them for amendments, with the request for production of a report by 18th July which can then be presented at the WKN Board on the 1st August Development of regional actions plans for increasing patient numbers for home dialysis and transplantation <p>Update for September 2024 - WKN Commissioning Team reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	16	2	↔	25.01.2024		
								4	4	2	1		
67 CT052	Cardiac Device Service	<p>If...the staffing pressures and the increase in demand (evident since the repatriation of activity from LHCH in 2010 and exacerbated by increased demand) continues</p> <p>Then...this may impede Betsi Cadwaladr University Health Boards ability to delivery timely and equitable care</p> <p>Resulting in...</p> <ul style="list-style-type: none"> Significant variations between the JCC commissioned device services Precluding the delivery of National standards of service and governance and risk an inferior service to that which patients were able to access at LHCH Insufficiently robust out of hours service 	Director of Planning & Performance	<p>Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these</p>	<ul style="list-style-type: none"> BCUHB submitted a CIAG scheme to the JCC (formally WHSSC) in 2022 seeking investment in an additional Specialist Nurse; scheme was prioritised through CIAG and reviewed again during 2023, but has not been supported. BCUHB and JCC have discussed the potential for Liverpool Heart and Chest Hospital (LHCH) to provide out of hours support. Review of all JCC-commission device services has been included in the 2024-25 Integrated Commissioning plan Risks have been highlighted to the health board via the BCUHB Cardiology Steering Group. 	<ul style="list-style-type: none"> BCUHB and JCC to conclude negotiations with LHCH re. inclusion of out of hours cover in the SLA - June 24 Ongoing monitoring of device service via BCUHB SLA meetings (JCC) and via Cardiology Steering Group meetings (BCUHB) - Bi-monthly Commencement of review of JCC-commissioned device services with a view to ensuring equitable provision across Wales (Terms of Reference to be confirmed) - June 24 <p>Update for September 2024 - The risk was discussed at the September meeting of BCUHB Cardiology Steering Group, at which it was agreed that the current score should remain unchanged. In view of the extent to which treating the risk would be within the ambit of the health board (as noted in response to a previous CIAG submission), its continued inclusion on the NWJCC Risk Register will be discussed by the Cardiac Commissioning Team moving forward.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	16	4	↔	16.02.2024		
								4	4	4	1		

Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	JCC Strategic Objective	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (C x L)	Rating (Target) (C x L)	Trend	Opened
68 NCC064	C&VUHB Specialist Auditory Hearing Service Waiting Times	If... staffing difficulties, and an increase in BCHI referrals being received from Aneurin Bevan University Health Board continues Then... south Wales patients requiring a Cochlear Implant or Bone Conduction Hearing Implant are unable to access the Specialist Auditory Hearing Service within a timely manner Resulting in... the service cutting short the pathway to enable the service to see more patients within the current staff resources which is resulting in the quality of the service being compromised	Director of Planning & Performance	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> JCC have met with C&VUHB Specialist Auditory Hearing Service to discuss performance, staffing issues/level and risks. Receiving and monitoring performance information Performance reporting and oversight via Risk assurance and recovery meetings, SLA meetings and to Management Group and JCC 	<ul style="list-style-type: none"> JCC has met with the C&VUHB team to discuss performance and understand the risks. The service are forwarding a waiting list plan and trajectory of how the service will move towards achieving a 26 week wait has been received - Q4 24/25 A finance meeting, followed by a data discussion will be arranged this will provide members with an understanding of where there are blocks in the system - Q4 24/25 JCC has arranged further performance meetings with the south Wales Specialist Auditory Hearing Service - Q2 24/25 <p>Update for September 2024 - Commissioning Team undertaken a review of this risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	16 4	4 2	↔	06.02.2024
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 leave 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	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> New proposal for service requested 	<ul style="list-style-type: none"> Arrange meeting with service leads to discuss new proposal Paper to be presented to JCC Senior Leadership Team to outline changes to original business case and phased approach to delivering a 24/7 service <p>Update for September 2024 - W&C Commissioning team reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	20 4	4 2	↔	20.03.2024
76 FD4	Financial break-even	If... the NWJCC overspends against the agreed 24/25 ICP Then... the Health Boards will have to include the relevant amounts in their own financial reporting Resulting in... unexpected overspends/restriction of JCC/HB services to patients/breaching HB statutory financial requirements	Director of Finance & Information	Maximise Value: through our expertise and advice, determine where resources are best focussed and prioritised to inform choices that support the improvement of patient outcome and commission appropriate services where value is demonstrated	<ul style="list-style-type: none"> Financial performance monitored and reported to LHBS on a monthly basis providing key variance analysis in a timely manner to allow LHBS to make their own financial provisions or to take mediating actions to manage their demand on specialist services Monthly Commissioning team meetings with a multi-disciplinary internal team Monthly Management Group and bi-monthly Joint Committee meetings to discuss key variances from plan, formulate plans to manage demand where possible and to provide LHBS with sufficient information and financial forecasts to be able to make their own financial provisions in advance. Route to Breakeven presentation to Joint Committee schedule for Sept 17th to discuss potential mitigations to the position 	<ul style="list-style-type: none"> Individual Director leads to develop fully worked up proposals to improve the financial position for presentation and discussion with the JCC in its October development session <p>Update for September 2024 - The risk score has been reviewed and remains the same</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	15 9	5 3	↔	Jul-24
77	Commissioning of sufficient Emergency Ambulance Services capacity	If... the NWJCC does not commission sufficient capacity of services Then... the providers will be unable to deliver their commissioned requirements Resulting in... reduced performance and quality standards, increased risk of harm, reduced system flow and NWJCC reputational risk	Director of Commissioning for Ambulance and 111 Services	Facilitate Integration: through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales	<ul style="list-style-type: none"> If the NWJCC failed to commission sufficient ambulance services capacity to respond to the needs of the population of Wales, significant harm, disability or death would occur. The NWJCC have commissioned ambulance services capacity in-line with the 2019 ambulance services demand and capacity review. In addition to the 2019 demand and capacity review, the NWJCC and Welsh Government have commissioned additional ambulance service capacity, to respond to the changing demands for ambulance services. It is recognised though, that the level of commissioned ambulance resources are not being fully utilised due to ambulance handover delays and therefore presents a higher scoring risk, under the risk of capacity utilisation. 	<ul style="list-style-type: none"> Reduce ambulance handover delays to 15 minutes - Health Boards April 2025 Increase the number of patients managed at Step 2 of the ambulance commissioning framework - WAST April 2025 Investment in additional ambulance service capacity - NWJCC - April 2025 <p>Update for September 2024 - Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. This is a new risk replacing previous Risks 70 and 74</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	15 10	5 3	New Risk	okt-24
78	Utilisation of Emergency Ambulance Capacity	If... the capacity commissioned by the NWJCC is not utilised for its intended purpose Then... Health boards and their populations will not receive the services they require Resulting in... patients not receiving a timely emergency ambulance response, increasing the risk of harm, disability and death	Director of Commissioning for Ambulance and 111 Services	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<ul style="list-style-type: none"> Implementation of Welsh Government ambulance handover targets for health boards NWJCC collaborative working with health boards and WAST to reduce conveyance to Emergency Departments 	<ul style="list-style-type: none"> Reduce ambulance handover delays to 15 minutes - Health Boards April 2025 Increase the number of patients managed at Step 2 of the ambulance commissioning framework - WAST April 2025 Investment in additional ambulance service capacity - NWJCC April 2025 <p>Update for September 2024 - Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. This is a new risk replacing previous Risks 71, 72 and 73</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee 	25 15	5 3	New Risk	okt-24

JCC RISK REGISTER FOR NEW RISKS <15

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

JCC RISK REGISTER FOR DE-ESCALATED RISKS <15

Datix ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Month De-escalated	De-escalation Rationale	
57 NCC049	Delays in surgery due to insufficient theatre beds	<p>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</p> <p>Then...patients in south Wales will have their surgery delayed and neurosurgery activity is impacted</p> <p>Resulting in...deteriorating condition and disease progression for patients.</p>	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales.	Impact on the safety of patients, staff or public (physical/psychological harm)	<p>Population Health</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>	<ul style="list-style-type: none"> Gateway service review as part of the five year neurosciences strategy. Neurosciences gateway review paper was submitted to February Management Group meeting Neurosciences and complex conditions commissioning team (NCCCT) to monitor the recovery plan and continuing meeting with the team at the Risk and Assurance meetings. Full access restored to theatres 12 and 14 in September 22- extended theatre sessions have been identified as commencing in April 2023 to achieve RTT at pre- COVID levels by March 2024 – as per WG targets. Bed capacity will be restored to pre- COVID levels - no timeline available at the moment. Bed capacity has increased but not quite back to pre-COVID levels. This is continued to be monitored via the performance management meetings. WHSSC have had internal discussions and are working with the service The cessation of the extended theatre sessions will be raised at the next Cardiff SLA meeting in January 2024 The Commissioning Team are continuing to monitor the situation through the quarterly Neurosciences Performance Meeting. The cessation of Tracheostomy Training for stroke services has been escalated to CVUHB Specialist Clinical Board Operational Director -12/12/23 Continue to monitor the position via the quarterly Neurosciences Performance Meeting 	<ul style="list-style-type: none"> Neurosciences gateway review paper was submitted to February Management Group meeting - Completed Further meeting has taken place to with the services to discuss the GIRFT neurosurgery recommendations. Review the 3 top impact changes to be included in the business Case for the ICP 2022-2023 scheme. Still waiting to receive the business case – due in quarter 1 2023/24 - Quarter 1 2023/24 WHSSC NCCCT to monitor the recovery plan through the bi-monthly Risk, Assurance and Recovery meetings. (Currently the service is operating at 80% of 2 theatres pre-COVID they had access to 100% of the 2 theatres) - Bi-monthly Further review of this risk was undertaken by the CTM in November 21 to recommend rewording the risk and incorporating Risk NCC050 into Risk NCC049 - Completed Further review of this risk was undertaken by the CTM in October 23, the CTM agreed to increase the risk score. The matter was raised at the Cardiff and Vale SLA meeting with the Director of Ops for Specialist Services – 19th Oct 2023. Action for the Health Board to raise with the Surgical Board. The matter will be raised at the Cardiff and Vale SLA meeting with the Director of Ops for Specialist Services – 7th March 2024 - March 24 	<ul style="list-style-type: none"> Joint Commissioning Committee Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	12 (Risk reduced from a 20)	4 (C4 x L1)	apr-24	Risk reviewed the score has been lowered as the plan to re-commission an element of the 700K RTT funding to mitigate high risks in neuro specialities has been put in place. Theatre capacity is back to the pre-Covid level albeit that bed capacity has not been fully reinstated. Commissioning Team members discussed this with Director of Operations Cardiff & Vale on 26 July 2023 and will continue to monitor the situation at the quarterly performance meetings.
29 CS8	JCC IPFR ToR & Governance	<p>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</p> <p>Then...this may lead to delayed decision making</p> <p>Resulting in...potential legal challenges in the form of judicial reviews</p>	Committee Secretary	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)	<p>Population Health</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>	<ul style="list-style-type: none"> A new HB IM Interim Chair has been appointed from 1 August 2022 to ensure business continuity for a 6 month period to ensure business continuity. The Joint Committee approved that this interim could be extended until 31 March 2023, at its meeting on 8 November 2023. This was subsequently extended again to 31 September 2023. The formal engagement process to review the WHSSC IPFR panel ToR and the specific and limited review of the all Wales IPFR policy, was launched on 10 November 2022 for a 6 week period following the Joint Committee supporting the proposed engagement process at its meeting on the 8 November 2022. The engagement exercise closed on the 22 December 2022. An IPFR stakeholder engagement event to review the WHSSC IPFR panel ToR and a specific, limited review of the all Wales IPFR policy was held on the 2 December 2022, supported by a briefing from a Kings Counsel (KC) for the NHS Wales Medical Directors Peer Group and a stakeholder engagement session on the 2 December 2022. The updated WHSSC ToR were approved by the Joint Committee on 14 March 2023. In addition, the results of the engagement exercise for the All Wales Policy review were presented. Following approval of the ToR in March 2023 WHSSC are currently working on an implementation plan as the new ToR will involve some changes to the current membership and to ensure that HBs have sufficient time to review their WHSSC membership. The updated All Wales IPFR Policy was not discussed at the July 2023 JC meeting as issues were raised immediately before the meeting regarding the approval process. Since then it has been agreed that a Task and Finish Group will be formed to finalise the work on the IPFR policy. To address the concerns raised a Task & Finish group, consisting of the ABUHB Board Secretary, the All Wales IPFR Lead and the WHSSC Committee Secretary was established. Amendments to the ToR were agreed regarding the definition of quoracy and the requirement for the Chair to review membership, which have addressed the concerns. The group also considered how IPFR functions would feature within the new Standing Orders for the new single Joint Commissioning Committee, and further work is now being taken through the governance work-stream which supports the implementation of the national commissioning review. The IPFR All Wales Policy has been approved by all HBs. The Policy will be implemented following WG approval. There has been recent challenges with ensuring quoracy. 	<ul style="list-style-type: none"> An engagement process on the WHSSC IPFR panel ToR launched on 10 November 2022 for a 6 week period and included HBs, the 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 The updated WHSSC ToR were presented to the Joint Committee 14 March 2023 and were approved. In addition, the results of the engagement exercise for the All Wales Policy were presented - Completed The Committee Secretary to keep the NHS Wales Board Secretaries peer group and Welsh Government informed of progress on developments - Ongoing The updated All Wales IPFR Policy is scheduled to be presented to the Joint Committee in July 2023 for approval, prior to submission to the seven HBs for approval - July 2023 Full implementation of the new ToR and amended policy is planned for Autumn 2023 subject to JC approval. This was not discussed at the July 2023 JC meeting but the recruitment of the new Chair was agreed in an extraordinary JC meeting on 1 August 2023 - By June 2024 A Chair's Action was taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel from 1 November 2023 for a period of up to 3 years. The JC ratified the decision on 21 November 2023 - 23/10/2023 The Joint Committee supported the proposed changes to the All Wales IPFR Policy on 21 November prior to a report being submitted to each Health Board (HB) Board meeting for final approval in January 2024. The Revised Policy has now been approved by all HBs. This has been shared with Welsh Government prior to adoption. Welsh Government confirmed their agreement to the new Policy in April 2024 A recruitment process to appoint new lay members will commence during quarter 2 of 2024/2025 to coincide with the application of the updated IPFR policy - Quarter 2 2024 	<ul style="list-style-type: none"> Joint Commissioning Committee Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	12 (Risk reduced from a 20)	4 (C2 x L2)	mai-24	Risk reviewed and the score reduced to 12 as a number of the mitigating actions have now been completed such as approval of the updated All Wales Policy.
6 P/21/10	Paediatric patients waiting for surgery	<p>If...the ministerial waiting times target is not achieved for paediatric surgery patients in South Wales</p> <p>Then...some paediatrics will be waiting in excess of the ministerial waiting times target for their surgery</p> <p>Resulting in...a deteriorating condition for the patient and that the current operational infrastructure is insufficient</p>	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales.	Impact on the safety of patients, staff or public (physical/psychological harm)	<p>Population Health</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>	<ul style="list-style-type: none"> Ongoing monitoring at Quarterly Commissioner Assurance Meeting with provider This risk is included within the W&C register for monitoring purposes, it is included within the overarching risk for waiting times (Risk 33(CS/10 CD03) Welsh Government Priority Delivery Measures). Plan in place for a number of children to be outsourced to NHS England and the Private Sector. Performance Management arrangements to be re-instigated which will allow WHSSC to identify and monitor where the issues are that need addressing. Monthly escalation meetings have been established – first meeting scheduled 26/04. Action plan received against escalation objectives Continue with outsourcing to NHS England and the Private Sector. Letter issued to health board providing an update on commissioner view of progress against objectives Escalation status being discussed at executive level within the JCC 	<ul style="list-style-type: none"> Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including: - Quarterly <ul style="list-style-type: none"> Staffing establishment Bed and theatre capacity Assurance on clinical management of patients on WL Recovery trajectory Requested information on long waiting patients from provider to support potential outsourcing arrangements - Completed Meetings being scheduled with NHS England providers to discuss outsourcing capacity - Completed Requested plan from C&V to manage long waiting patients, with clear trajectories and timeframes - Completed Requested revised recovery plan further to Joint Committee - Completed Discussing with local Health Boards scope for mutual aid - Completed Place service in escalation Level 3 - Completed Performance Management arrangements to be re-instigated - Monthly Requested revised trajectories that reach contract baseline as a minimum - Completed Performance reporting to JC & MG via performance report - Monthly Executive to Executive meeting scheduled with C&VUHB - Completed WHSSC JC Workshop - Paediatrics - Completed Triple Escalation meeting to discuss detail and progress against action plan - Monthly (next meeting 16/05/24) 	<ul style="list-style-type: none"> Joint Commissioning Committee Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	8 (Risk reduced from a 16)	4 (C2 x L2)	jun-24	Risk reviewed and score has been reduced. The decision has been made following the assurances received 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	<p>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</p> <p>Then...all licenced HFEA activity at WFI will urgently and temporarily need to cease</p> <p>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</p>	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales.	Impact on the safety of patients, staff or public (physical/psychological harm)	<p>Population Health</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>	<ul style="list-style-type: none"> Consideration to cease all activity, pause current treatment for patients and under no circumstances accept new patients. Discussion with SBUHB the license holder and the HFEA to consider the options with regards to ensuring a PR is in post including succession planning. The HB have nominated a number of staff to sit the prep and exams to the HFEA; this will enable each site Neath and Cardiff to have their own PR, with staff ready to step up should they become unavailable to fulfil the statutory requirements of the role of PR. The Cardiff site has also applied to be a licence only facility as they have not undertaken treatment since pre COVID. They are waiting for the HFEA to approve this change. It is anticipated they will know the outcome of the change in early Spring 2024. The HFEA licensing panel have approved the change of licence for the Cardiff site to be a storage only facility De-escalation to be considered based on the HFEA report and providing there has been an appointment of PR for Cardiff and Neath/Port Talbot sites Service de-escalated to level 3 in line with WHSSC escalation framework 	<ul style="list-style-type: none"> Formal recommendation to CDGB that there is a likelihood the person responsible may be unable to fulfil their duties casting doubt on the sustainability of the service in its current form - Completed Monitoring of service continues through formal escalation - Monthly 	<ul style="list-style-type: none"> Joint Commissioning Committee Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	10 (Risk reduced from a 20)	4 (C2 x L2)	jun-24	Risk reviewed and the score has been reduced. Four staff members have taken and passed the PR exam, good report from HFEA with no critical or majors, commissioning team agreed to reduce escalation to Level 3 in line with WHSSC escalation framework.
46 CB06	North Wales Outreach Plastic Surgery Clinic Management Arrangements	<p>If...there is a lack of clinical prioritisation and oversight of waiting lists for outreach plastic surgery clinics in YG and YGC, caused by lack of clarity in the governance and management arrangements for these clinics</p> <p>Then...waiting list will grow and waiting times increase and patients will be seen out of clinical prioritised order</p> <p>Resulting in...poor patient experience and outcomes</p>	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales.	Impact on the safety of patients, staff or public (physical/psychological harm)	<p>Population Health</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>	<ul style="list-style-type: none"> Escalation is being taken forward within the Welsh Government special measures process rather than the NWJCC escalation process. NWJCC continues to engage through meetings with Welsh Government, at least quarterly, and participation on the Task & Finish Group led by BCUHB. BCUHB has established a Task & Finish Group including colleagues from Mersey & West Lancashire NHST (MWL). BCUHB to report to NWJCC on progress of the T&F Group at the interface planning meeting and the SLA meeting. NWJCC quality team meets regularly with the assistant director of quality BCUHB and has established links with the quality team at MWL. 	<ul style="list-style-type: none"> Patient audit/harm review undertaken by BCUHB and MWL for all patients with long waiting times (new and follow up). This has been completed. Report to BCUHB QPSC in June 2024. Patient audit/harm review to be reported to next NWJCC QPSC. Continue to work with BCUHB and MWL through the Task & Finish Group to support implementing the improvement plan to address the risks relating to the outreach clinics – Ongoing Continue to work with BCUHB, MWL and with Welsh Government, to address the risks relating to the outreach clinics - Ongoing Continue to support Waiting List Initiative clinics to continue to reduce the waiting list and time NWJCC Quality team to continue to liaise closely with quality leads in BCUHB and MWL. 	<ul style="list-style-type: none"> Joint Commissioning Committee Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	12 (Risk reduced from a 15)	6 (C3 x L2)	jun-24	Commissioning Team undertaken a review of the controls risk description, controls and actions. The harms review undertaken reported No Harm, therefore the risk score has been reduced.

Datix ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Month De-escalated	De-escalation Rationale
40 WKN08	Limited outpatient dialysis capacity in Swansea	<p>If...the delay in the programme of 2 new additional units within the Neath Port Talbot and Bridgend localities.</p> <p>Then...the number of patients receiving outpatient haemodialysis in Morriston could exceed capacity.</p> <p>Resulting in...patients who may not be able to dialyse in a unit closest to home.</p>	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/psychological harm)	<ul style="list-style-type: none"> Twilight dialysis shifts are opened 6 days weekly, some overflow provided in the acute dialysis facility. Active home haemodialysis programme to ease the pressure until expansion of existing resource is established. Procurement process for retender of existing units and establishment of two new units commenced Jan 2021. The funding release was agreed by the JC in January 2023 but there are awaiting WG sign-off. Any delays in the process has a knock on effect to the operational date of the two new builds. Procurement supported by WG. Contract awarded Implementation programme commenced New units in place NB risk score will not reach target until new units are in place and therefore additional capacity is available. Risk will need to be tolerated until then. WKN has provided funding for a Project Manager role in SBU to support the implementation of the project/programme Funding release to assist with new equipment, consumables as per the new contract WKN participate in the SB & Fresenius implementation meetings to ensure delivery to project plan Request for increased reporting through highlight reports to WKN Board 	<ul style="list-style-type: none"> New units scheduled to be in place Bridgend Sept 2024, NPT 2025 - September 2024 and Summer 2025 <p>Update - The risk score has been reviewed by the WKN Board and remains the same for the following reasons, noting that this is from a Commissioning risk perspective and not a service risk:</p> <ul style="list-style-type: none"> The risk entered onto the Network risk register September 2019 with a score of 12 with an agreed action to commence a procurement process for 2 new additional units, the risk was escalated to a score of 16 in November 2022 as there was no assurance at the time of a timely award of new contract however the service had mitigated the risk by opening up 'twilight' sessions The service has been tolerating the risk for a significant length of time Twilight sessions are stipulated within the WKN's Unit Haemodialysis Service specification, although not always clinically preferred due to the patients having dialysis in a night session from 7-11pm, it is practiced within other NHS organisations, BCU run a twilight shift and other units in NHS England. The use of twilight is a lesser risk to the patient than not receiving the life sustaining dialysis treatment The Swansea Bay procurement has been awarded and although there have been delays to the programme the Bridgend site is due to open on 9th December 2024 with the second site in Neath Port Talbot due in June 2025. This will enable the service to move patients closer to home and reduce if not eliminate the requirement for twilight dialysis. Funding from JCC has been approved for the new Swansea bay contract, appointments have been made for the staffing of the new units <p>Notwithstanding the pressures on unit dialysis across Wales, Risk 65 (WKN18) Renal Dialysis capacity across Wales was added to the risk register in 25.01.24 is an active risk on both the WKN register and previous CRAF due to it having a current rating of 16.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Welsh Kidney Network Board Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	12 (Risk reduced from a 16 in June 2024)	2 (C2 x L1)	Jul-24	Refer to update within the Action Plan for de-escalation rationale.
48 P/21/20	Wales Fertility Institute (WFI)	<p>If...the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital is not providing a safe and effective service</p> <p>Then...patients will not be receiving the quality of care expected from the service</p> <p>Resulting in...an impact on patient outcomes, and the possibility of no service being available to patients in South Wales</p>	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<ul style="list-style-type: none"> Received the report from the HFEA to support monitoring Requested action plan from the service to improve against the concerns identified by the HFEA. WHSSC attendance at SBUHB monthly Gold Command meeting Service escalated to Level 3 formally requested action plan (July 2023) Executive to Executive action plan submitted to JCC team Service escalated to Level 4 in line with Escalation Framework (November 2023) A review of the HB escalation process undertaken and reconfigured to form a WFI sustainability group which feeds into the WFI Assurance, Recovery and Accountability Board, JCC team is member. The HFEA licensing panel has approved the change of licence for the Cardiff site to be a storage only facility, de-escalation to be considered based on the HFEA report and providing there has been an appointment of PR for Cardiff and Neath/Port Talbot sites Service de-escalated to Level 3 in line with Escalation Framework 	<ul style="list-style-type: none"> Contract monitoring, MDS and RTT are due each month on 21st, these have been requested by the JCC (former WHSSC) Information and planning. All Discussions between SBUHB and the JCC (former WHSSC) have resulted in SBUHB submitting August data, October 2023. JCC (former WHSSC) has requested all data for April-August and September be submitted. JCC (former WHSSC) has reminded SBUHB data needs to be submitted monthly 21st of the month - 21/04/24 Escalation meetings established and held monthly A positive report from the HFEA highlights there are no critical or major concerns within the service and the fact that four staff members have taken and passed the exam to be the person responsible (PR), the team agreed that the service has met the required standard to be de-escalated to level 3 - June 24 There remains an issue with receiving contract monitoring information, which is in the process of being resolved. A service review has been completed to be presented to the executive leads on 15th July, post the review findings being discussed by the executive leads we expect an announcement on who will be the nominated PR. With this announcement and when the contract monitoring information issue is resolved further de-escalation will be considered by the team - Aug 24 	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	8 (Risk reduced from a 15 in Aug 2024)	4 (C2 x L2)	aug-24	Based on the improvements of receiving data and although a PR has not been appointed the team are satisfied that progress has allowed the risk to be mitigated further and the score to be reduced

	A	B	C	D	E	F	G	H	I	J	K
1	JCC RISK REGISTER FOR CLOSED RISKS <15										
2	Datix ID	Risk Title	Risk Description	Strategic Risk Owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
3	39 WKN06	Renal Funding	If... there is insufficient funding to meet the service demand through the agreed Integrated Commissioning Plan funding position of 2024-2025 Then... there will be an estimated in year shortfall of funding to meet the demand of £0.87m Resulting in... non delivery against the agreed financial plan of 2024-2025 for the Welsh Kidney Network	Director of Planning & Performance	To maximise value and outcomes within available resources	Finance including claims	<ul style="list-style-type: none"> Funding agreed in ICP for 2024/325 HB financial representation now form part of the regional meetings Monthly review of the HB's submissions on monitoring and returns Standing agenda item on regional provider meetings and Network Board 	<ul style="list-style-type: none"> Review contract inflationary uplift mechanisms to separate growth factors i.e. staffing, consumable, utility costs to enable more nuanced negotiations with independent service providers (ISPs) Contract baselines to be reviewed so that service lines are clear and understood and linked to a clear allocation Ensure data accuracy on baseline activity is reflected with the monthly monitoring and returns Work with providers to ensure that the data held within Vital Data is reflective of the monthly HB submissions Commission a distinct piece of work on Demand and Capacity Modelling, To develop a model of future activity/demand, and responding capacity, in order to inform future growth predictions which will be the basis of a) the Welsh Kidney networks commissioning intentions and b) the investment profile of the Welsh Kidney Network over the timescale set (Delay in project due to CTM Information Governance requirement) An initial financial assessment identifying £0.531M costs savings from WKN Delegated Budget was presented and agreed by WKN Board 05.06.24 Further work to be undertaken with the providers to reduce the current gap of £0.26m by July 2024 	<ul style="list-style-type: none"> Joint Commissioning Committee Welsh Kidney Network Board Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	jun-24	Financial plans have been drawn up to look at the areas of reducing the funding gap of £0.82m. Will form part of the financial reporting at regional levels and board
4	51 NCC061	Deep Brain Stimulation – lack of awareness of eligibility criteria re: unmet need	If... a lack of awareness of eligibility criteria and potential to benefit amongst referring clinicians continues Then... patients with Parkinson's disease, tremor and dystonia who could benefit from Deep Brain Stimulation will not be referred for treatment Resulting in... poor outcomes for patients	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.	Impact on the safety of patients, staff or public (physical/ psychological harm) Population Health	<ul style="list-style-type: none"> JCC have had internal discussions and are working with the gatekeeper A Welsh single point of contact had been established for NBNHST NBNHST to develop a Standing Operating procedure that covers both outpatient and discharge communication Workshop to be held between Regional clinicians, gatekeeper and JCC to understand current provision/pathway and to build relationships Llais/WG/Parkinson's UK informed of current position and kept updated 	<ul style="list-style-type: none"> JCC have had internal discussions and are working with the gatekeeper A Welsh single point of contact had been established for NBNHST NBNHST to develop a Standing Operating procedure that covers both outpatient and discharge communication Workshop to be held between Regional clinicians, gatekeeper and JCC to understand current provision/pathway and to build relationships Llais/WG/Parkinson's UK informed of current position and kept updated 	<ul style="list-style-type: none"> Joint Commissioning Committee Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	jun-24	Risk merged with NCC060
5	75 IF02	Calea Contract Renewal	If... the private provider Calea once again experiences technical issues in the provision of HPN Then... there will be issues of supply Resulting in... potential patient harm	Director of Planning & Performance	To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change	Service/ business interruption	<ul style="list-style-type: none"> This risk remains on the register for monitoring and will be escalated when Calea experience technical issues in the provisions of Home Parenteral Nutrition (HPN) <p>June 2023</p> <ul style="list-style-type: none"> The JCC (former WHSSC) received notice of Implementation of Contingency Strategy from Calea 15.06.23 and further update received 11.09.23 issues were resolved 24.10.23 <p>May 2024</p> <ul style="list-style-type: none"> The Joint Commissioning Committee (JCC) received notification of Implementation of Contingency Strategy from Calea on the 23.05.24 Regular review meetings between Calea and procurement (acting on JCC's behalf) to be put in place Contingency arrangements to be in place for approx. 1 month and Calea will be reviewed by JCC in mid-June 	<ul style="list-style-type: none"> Due to increased absence and machinery down time in our production unit Calea are experiencing a backlog in PN production. Contingencies from Calea include: <ul style="list-style-type: none"> Implementing multi-chamber bag (MCB) alternatives for those patients on compounding identified by Trusts as green for a 4-week period and patients on the amber list for a 2-week period, (in agreement with clinical teams) Not accepting any new referrals of patients to the PN service, except for patients prescribed multi-chamber bags/fluids Continuing with overtime whenever possible Procurement to remain in close liaison with Calea regarding the situation - Weekly Increase risk scoring - 29/05/24 JCC was informed on the 23/05/24 that Calea were in contingency measures. Therefore the risk was reviewed by the commissioning team and agreed the score should be lowered to 8 (target score) 	<ul style="list-style-type: none"> Joint Commissioning Committee Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	jul-24	Procurement confirmed in July 24 that Calea are no longer in contingency measures. Risk score lowered to 8 (target score) therefore, commissioning team agreed to close risk.
6	59 IF15	Calea Contract Renewal	If... the current homecare provider contracts ends on 30th June 2024 with no current arrangement to extend Then... the HPN supply to patients could be impacted Resulting in... patients could be left without a service	Director of Planning & Performance	To ensure the provision of safe, high-quality services for the people of Wales	Impact on the safety of patients, staff or public (physical/ psychological harm)	<ul style="list-style-type: none"> Urgent meeting arranged NWSSP and provider to discuss contract and severity of risk to service for patients from 2024. Escalated to JCC Medical Director (former WHSSC) Escalated risk to JCC Director of Finance (former WHSSC) 8th April 2024 paper was received at CDGB to approve 3 month extension of contract until 30th June 2024. 	<ul style="list-style-type: none"> Tender issued on the 9th April 2024 and returned the 10th May 2024. Tender analysis undertaken in mid-May. Approval given by JCC Senior Leadership Team to renew the framework Agreement. Procurement (NWSSP) to continue with the process to progress new providers being put in place from 01 July 2024 05.06.24 Information endorsed by the Senior Leadership Team. Procurement (NWSSP) to continue with the process to progress new providers being put in place from 01 July. 	<ul style="list-style-type: none"> Joint Commissioning Committee Integrated Governance Sub-Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	jul-24	New providers in place 01 July 24.

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	Datix ID	Risk Title	Risk Description	Strategic Risk Owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
2	26 NCC046	Neuro- psychiatry 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	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"> Business case received Developed ICP scheme Service transferred to the Mental Health portfolio Six monthly review meetings with the service to ensure staff have the specific training, skill and expertise to meet the needs of the existing service and provide an equitable service across Wales Funding release was paused in Financial Recovery Options work and re-prioritisation of the Integrated Commissioning Plan. Prioritised and agreed for inclusion in the ICP 2024/25. 	<ul style="list-style-type: none"> Monitor the recovery plan through the six monthly Risk, Assurance and Recovery meeting Funding release paper to be submitted to July Management Group - as agreed in the ICP funding will be released from Q4 2024/25. <p>Update for August/September 2024 - MH&VG Commissioning team reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	sep-24	Reported by Service on 03/09/2024 that there is no current waiting list for admission. 1 new admission due that week and 1 bed currently being used by a C&V older adult patient. Therefore not currently evidenced that current shortfall in resources is leading to delay in admissions. Day hospital (step down) not open since COVID.
7	54 MH/23/16	CAHMS Environment and Workforce (NWAS)	If... environmental and workforce issues within the service continue Then... Tier 4 provider for CAMHS in North Wales (NWAS) cannot meet the service specification Resulting in... children absconding/coming to harm	Director of Commissioning for Mental Health & Vulnerable Groups	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"> Requested assurance from the unit regarding safety of the patients Formally escalated to Health Board by previous WHSSC Managing Director Director of Nursing escalated to HB Director of Nursing Actively monitored by JCC Quality team and reported to the Commissioning Team, SLT, QPSC and JCC 	<ul style="list-style-type: none"> Unit has recorded and escalated this risk within BCUHB Discussed at BCUHB SLA meeting. It has been confirmed that all internal doors for NWAS will be included in the programme of work for Estates in this financial year - March 24 <p>Update for August 2024 - MH&VG Commissioning team reviewed the risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	aug-24	Risk reviewed by MHLGVG risk group on 03/09/2024. Review of Doors assessed as suitable to the function of a locked service. Any residual clinical risk is responsibility of provider organisation. If service unable to meet the acuity of risk then they can send patient to an external provider.
8	47 IF14	Sustainability and Delivery of Service provided by Cardiff and Vale University Health Board	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	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"> Provision of Intestinal Failure service escalated to previous WHSSC CDGB Wrote to CVUHB for a formal position Reported to Quality Patient Safety Committee and raised at SLA meetings with CVUHB Decision made not to consider transferring service to Bristol due to patient numbers. Escalated to Exec to Exec meeting Escalated to Interim Chief Commissioner Written assurance received from Medical Director CVUHB 01/08/24 	<ul style="list-style-type: none"> Consultant cover in the Intestinal Failure service has become unsustainable and requires accelerated action for assurance of sustained delivery. Assurance received from CVUHB on 01/08/24 that the sustainability of the service remains fragile but is being reviewed. In addition to the monthly CVUHB assurance commissioning team meetings, a meeting is to be arranged in six months to formally update on progress and agree any further steps with CVUHB Medical Director - Feb 2025 <p>Update for August 2024 - Risk reviewed by the commissioning team and agreed the risk is closed but progress will be monitored via the Intestinal Failure Commissioning Assurance meetings. The substantive consultant has commenced maternity leave and the Locum consultant has agreed to cover Intestinal Services for the next 6 months.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	aug-24	Assurance received from CVUHB on 01/08/24 that the sustainability of the service remains fragile but is being reviewed. In addition to the monthly CVUHB assurance commissioning team meetings, a meeting will be arranged in six months to formally update on progress and agree any further steps with CVUHB Medical Director.
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	Datix ID	Risk Title	Risk Description	Strategic Risk Owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
2	66 CS18	Business Continuity Risk for Specialised Services Commissioning	<p>If...the number of business continuity risks for specialised services commissioning associated with the establishment of the new NHS Wales Joint Commissioning Committee wef 1 April 2024 are not resolved. These relate to the following broad categories;</p> <ul style="list-style-type: none"> The make-up of the Joint Commissioning Committee, Workforce retention, The Financial operating model; and The Business operating model <p>Then...this could impact on delivering the ICP and/or core business across all portfolios</p> <p>Resulting in...the delivery of the JCC financial plan not being achieved, which could create a potential cost pressure across the 7 HBs</p>	Director of Transformation	<p>To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change.</p> <p>To be an effective partner, supporting service and system transformation.</p>	Service/business interruption Business objectives/projects	<ul style="list-style-type: none"> Legacy statements and Annual Governance Statements for 2023/24 were produced for the legacy bodies and identified key commissioning and organisational risks being carried into the new NW JCC. The WG led Oversight Board approved a Q1 Transition Plan that was subsequently adopted by the NW JCC. This set out actions to be undertaken to support the establishment of the JCC. A plan is being developed that will set out the actions needed to enable the full establishment of the NW JCC which is likely to take 12 – 18 months. The plan will focus on ensuring continuity of delivery of the JCC business – mainly the delivery of the two Integrated Commissioning Plans, whilst also undertaking the work required to fully establish the JCC as the national commissioning joint committee and delivering the benefits envisaged by the Coombes Review. A Transition and Transformation Director has been appointed to lead the work on the Transition and Transformation Plan, who will be working closely with the JCC members and the JCC team. Risk register and assurance framework will be updated as part of the development plan and will link back to the strategic objectives for the JCC once these have been developed and agreed. 	<ul style="list-style-type: none"> The development of the NWJCC establishment is on target for completion by the end of Q2 (Jul-Sept) which has been led by the Director of Transition and Transformation who joined the JCC in early July 2024. The transition plan and associated programme is supported by the establishment of the JCC Tier 1 and Tier 2 team structure which is now in place following the OCP process. An update on the transition plan for 2024-2025 and internal operating model will be presented to the JCC on 17 September 2024. Work is progressing on the statutory sub committee structure to support the JCC and to finalise the hosting agreement and memorandum of agreement between the JCC and the 7 x Health Boards, a report will be presented to the JCC meeting on 17 September 2024 to finalise the governance framework arrangements. As part of the JCC development programme a development day was held with JCC members on 20 August which focussed on the financial challenges, developing the Integrated Medium Term Plan (IMTP) and to consider the vision, mission and objectives for the JCC team to ensure a clear sense of direction is set, and opportunities created by the establishment of the JCC are realised, and associated risks managed. There is an outstanding requirement to consider how the commissioning performance is presented in an integrated way and the structure supporting it. 	<ul style="list-style-type: none"> Joint Commissioning Committee Quality & Patient Safety Sub-Committee CTMUHB Audit & Risk Committee 	aug-24	<p>The sub-committee structure, hosting agreement and memorandum of agreement between the JCC and the 7 x Health Boards have been agreed by the JCC on 17/09/24.</p> <p>The strategic objectives for the JCC have been agreed by the JCC on 17/09/24.</p> <p>In addition, the final two lay members have been appointed.</p> <p>The remaining elements of this risk have been incorporated into Risk 28 (CS23/CD01) and will continue to be considered and managed in line with the risk management process</p>
10	70 4503	Secure Sufficient Ambulance Services	<p>If...the JCC are unable to plan and secure sufficient services and maintain effective collaborative relationships with providers</p> <p>Then...the purpose and effectiveness of the JCC would not be met</p> <p>Resulting in...potential Ministerial and Welsh Government intervention</p>	Director of Commissioning for Ambulance and 111 Services	Facilitate Integration: through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales	Adverse Publicity or Reputation	<ul style="list-style-type: none"> Agreed collaborative commissioning methodology; whole system approach with key stakeholders Review and refine commissioning arrangements and refresh Commissioning Frameworks Effective function of the NHS Wales Joint Commissioning Committee Independent Chair Effective governance arrangements in place JCC (Former CASC) and Welsh Government IQPD meetings (bi-monthly) Minister meets with the Chair and JCC (former CASC) quarterly Meet regularly with providers to ensure continued development of open and transparent relationship Ministerial Summit meeting on Handover Improvement plans (as a result of increasing numbers of hours lost) Committee reviews its effectiveness annually – undertaken in May 2023 – no specific areas of concern identified re commissioning Chair and JCC (former CASC) annual visits with all health boards in Wales planned Ambulance improvement plan developed, agreed and circulated weekly 	<ul style="list-style-type: none"> Commissioning framework and monitoring at JCC and its sub committees/groups Annual Governance Statement produced Monitoring of the JCC (former EASC) IMTP 2024-27 at JCC and sub committees Review and refine governance arrangements for new JCC Maintaining close working and collaborative relationships during unprecedented system pressures Ambulance action plan for Ministerial priorities and monthly monitoring return commitment including Integrated Commissioning Action Plans Three key actions with appropriate indicators agreed with each HB during the winter period Improvement plans are used by Ambulance Commissioning Team, NHS Executive and WG for focus and consistent approach NHS Executive set 30% reduction in handover waits over 60 minutes for health boards by December 2024 Range of performance scenarios have been modelled aligned to commitments within the JCC (former EASC) IMTP 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	okt-24	<p>The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. This risk has been replaced by Risk 77.</p>
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	Datix ID	Risk Title	Risk Description	Strategic Risk Owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
2	71 4506	Ambulance Services Red Performance Levels	If... the provider is unable to achieve the red performance level of 65% response rate within 8 minutes across Wales as a whole on a monthly basis Then... the core target will be missed Resulting in... unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.	Director of Commissioning for Ambulance and 111 Services	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	<ul style="list-style-type: none"> The necessary resources secured in the JCC (former EASC) IMTP 2024-27 Performance monitoring on a daily basis and month to date position Bi monthly IQPD meetings with Welsh Government Monthly Quality and Delivery Meeting with the Welsh Ambulance Services University NHS Trust Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored Quality and Safety Report - transition arrangements and to agree submission to JCC Commissioned a new demand and capacity review (August 2023) Financial commitment to maintain overtime for WAST staff (Sept 2023) Ambulance improvement plan developed, agreed and circulated weekly 	<ul style="list-style-type: none"> Delivery of the JCC (former EASC) IMTP 2024-27 and WAST IMTP Implementation of the commissioning intentions through the commissioning agreement Role of the Interim Ambulance and 111 Commissioning Group to provide oversight on operational performance Development of WAST performance improvement plan JCC (Former EASC) Action Plan includes detailed clinical review of red incidents to understand clinical need of patients to assess improvement opportunities ICAP meetings and monitoring commitments and deliver Three key actions with appropriate indicators agreed with each HB during the winter period Improvement plans are used by the Ambulance Commissioning Team, NHS Executive and WG for focus and consistent approach Revised Red Improvement plan in development by WAST <p>Update for September 2024 - Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These will be considered by the Senior Leadership Team on 4 November 2024 and included in the new JCC Risk Register for November, which will be presented to the JCC at its meeting in January 2025.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	okt-24	The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. This risk has been replaced by Risk 78
12	72 4507	Ambulance Services Amber Performance Levels	If... the provider is unable to reduce the average and longest times for amber incidents Then... patients will not receive the care they need in a timely manner Resulting in... unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.	Director of Commissioning for Ambulance and 111 Services	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	<ul style="list-style-type: none"> The necessary resources secured in the JCC (former EASC) IMTP 2024-27 performance monitoring on a daily basis and month to date position Monthly quality and delivery meetings with WAST Bi monthly Quality and Delivery meeting with Welsh Government Monthly Quality and Delivery Meeting with the Welsh Ambulance Services University NHS Trust Commissioner element of EMS Demand and Capacity plan for additional staff supported and implementation being monitored Quality and Safety Report presented to the JCC (frequency to be confirmed) Weekly dashboard shared across NHS Wales – sent to all members and key senior NHS staff Ambulance improvement plan developed, agreed and circulated weekly 	<ul style="list-style-type: none"> JCC (Former EASC) IMTP 2024-27 accepted with accountability conditions awaiting outcome of WAST IMTP Implementation of the commissioning intentions through the commissioning agreement Role of the Interim Ambulance and 111 Commissioning Group to provide oversight on operational performance Development of WAST performance improvement plan Weekly dashboard of management information developed and shared across NHS Wales to capture progress JCC (Former EASC) Action plan includes detailed clinical review of amber incidents to understand clinical need of patients to assess improvement opportunities Three key actions with appropriate indicators agreed with each HB during the winter period Improvement plans are used by the Ambulance and 111 Commissioning Team, NHS Executive and WG for focus and consistent approach 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	okt-24	The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. This risk has been replaced by Risk 78
13	73 5005	Ambulance Services Patient Safety and Clinical Risks	If... commissioning actions are not taken to manage patient safety and minimise clinical risks Then.. patients are more likely to come to harm Resulting in... poorer patient outcomes and patient experience, increased SAIs, litigation and reputational damage	Director of Commissioning for Ambulance and 111 Services	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	<ul style="list-style-type: none"> Discussion at JCC Committee Discussion at Interim Ambulance and 111 Commissioning Group (former EASC Management Group) Ambulance and 111 Commissioner and WAST Quality & Delivery meeting Sought clarification from WAST re Equality Impact Assessment Agree red lines for handover delays to improve ambulance availability Securing of funding for additional emergency ambulance capacity Quality and Safety Report to be presented to the JCC (frequency to be confirmed) ICAP meeting overseeing performance and outcomes Update to host Quality and Safety Meeting (23 January 2024) Key item on Interim Ambulance and 111 Commissioning Group agenda New Quality and Safety Report 	<ul style="list-style-type: none"> Joint escalation plan developed and approved at NHS Leadership Board now led by the NHS Executive Provide necessary funding to WAST Agreed with WAST 5 key actions for the winter period 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	okt-24	The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. This risk has been replaced by Risk 78
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	A	B	C	D	E	F	G	H	I	J	K
	Datix ID	Risk Title	Risk Description	Strategic Risk Owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
2	74 5370	Ambulance Services Commissioned Capacity	<p>If...sufficient ambulance capacity is not available</p> <p>Then...organisational and clinical safety levels of escalation will be higher and for longer durations within the clinical safety plan and patients will not receive a response</p> <p>Resulting in...increasing number of patients not receiving an ambulance response which is an unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p> <p>Lack of compliance with statutory requirements for the JCC.</p>	Director of Commissioning for Ambulance and 111 Services	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	<p>Safety & Well-being - Patients/ Staff/ Public</p> <p>Quality/ Complaints/ Assurance/ Patient Outcomes</p>	<ul style="list-style-type: none"> The necessary resources secured in the JCC (former EASC) IMTP performance monitoring on a daily basis and month to date position Bi monthly JCC (former CASC) IQPD meetings with Welsh Government JCC (former CASC) monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored Quality and Safety Report presented at every JCC (former EASC) meeting New demand and capacity review commissioned ICAP meetings with health boards and WAST Performance dashboard IMTP tracker Key item on JCC (former EASC) agenda New Quality and Safety Report Ambulance improvement plan developed, agreed and circulated weekly 	<ul style="list-style-type: none"> Delivery of JCC (former EASC) IMTP and WAST IMTP Implementation of the commissioning intentions through the commissioning agreement Role of the Interim Ambulance and 111 Commissioning Group to provide oversight on quality and safety Development of WAST performance improvement plan JCC (former EASC) Action Plan includes detailed clinical review of red incident to understand clinical need of patients to assess improvement opportunities Actions from the Ministerial summit on handover improvement Integrated Commissioning Action Plan (ICAP) work Agreed with WAST 5 key actions for the winter period Three key actions with appropriate indicators agreed with each HB during the winter period Improvement plans are used by the JCC (former EASC) Team, NHS Executive and WG for focus and consistent approach 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee 	okt-24	The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. This risk has been replaced by Risk 77