

Agenda Item

2.3

Joint Commissioning Committee

Joint Commissioning Committee Risk Register

Dyddiad y Cyfarfod / Date of Meeting	16/07/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Jacqui Maunder-Evans, Committee Secretary Gwenan Roberts, Committee Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval Choose an item.
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Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Senior Leadership Team (SLT)	1/07/2024	Discussed and agreed
JCC Committee Secretaries	Ongoing	Noted
JCC Strategic Risk Owners	April 2024	Noted
CTM Asst. Director of Governance & Risk	17/04/2024	Noted
CTM Datix Team	21/05/2024	Noted
JCC Planning Team	28/05/2024	Noted
JCC SLT	03/06/2024	Noted
JCC SLT	01/07/2024	Noted

Acronyms / Glossary of Terms	
JCC	Joint Commissioning Committee
SLT	Senior Leadership Team
WHSSC	Welsh Health Specialised Services Committee
EASC	Emergency Ambulance Services Committee
NCCU	National Collaborative Commissioning Unit
ICP	Integrated Commissioning Plan
IMTP	Integrated Medium Term Plan
RSG	Risk Scrutiny Group
CRAF	Corporate Risk Assurance Framework
CDGB	Corporate Directors Group Board
QPSC	Quality & Patient Safety Committee
IGC	Integrated Governance Committee
ARC	Cwm Taf Morgannwg Audit & Risk Committee
WFI	Wales Fertility Institute
HFEA	Human Fertilisation and Embryology Authority
IPFR	Individual Patient Funding Request

1. SITUATION

The purpose of this report is to present a transitional amalgamated risk register for the Joint Commissioning Committee (JCC) which encompasses risks scoring 15 and above taken from the commissioning teams and directorate risk registers across the former EASC, NCCU and WHSSC predecessor organisation risk registers. The JCC is asked to review the risks, consider the controls and mitigating actions and approve the JCC risk register, which will then be considered by the CTM Hosted Bodies Audit and Risk Committee.

1.1 Background

The predecessor organisations EASC, NCCU and WHSSC each had a Risk Assurance Framework in place to support the identification, analysis, evaluation and control of the risks which threatened the delivery of their strategic objectives and delivering against their Integrated Commissioning Plan (ICP) and Integrated Medium-Term Plan (IMTP) respectively. The frameworks are applied alongside other key management tools, such as performance, quality and financial reporting, to provide the respective Joint Committees (JCs) with a comprehensive picture of the risk profile.

1.1.1 EASC Risk Register

The former EASC utilised the CTMUHB approach to Risk Management (Strategy and Policy) and delegated the scrutiny and monitoring of its risk register to the EASC Management Group in order to provide oversight and assurance to the EASC JC. All risks were entered on the Datix Risk Management system in line with the policy. The key actions to mitigate and control the risks relating to risks scoring 15 and above were monitored at bi-monthly Quality and Delivery meetings between the EASC Team and WAST, and monthly meetings with Welsh Government officials. The EASC JC received the whole risk register bi-monthly for

assurance. The former Chief Ambulance Services Commissioner and the Committee Secretary attended the CTMUHB Audit and Risk Committee bi-monthly to present the EASC Risk Register for assurance.

1.1.2 WHSSC Corporate Risk Assurance Framework (CRAF)

The former WHSSC closely followed the CTMUHB approach to Risk Management (Strategy and Policy) and delegated the in-depth scrutiny and monitoring of the commissioning and organisational risks of the former WHSSC on its Corporate Risk Assurance Framework (CRAF). This was routinely presented to the JC and its sub-committees to provide assurance to the WHSSC JC, through their Committee Update Reports, on the management of its principal risks. The Quality and Patient Safety Committee (QPSC), the Integrated Governance Committee (IGC) and the Cwm Taf Morgannwg Audit and Risk Committee (ARC) received the CRAF at each meeting and the WHSSC JC received the CRAF on a six-monthly basis for assurance. The Director of Finance and the WHSSC Committee Secretary attended the CTMUHB ARC bi-monthly to present the WHSSC CRAF for assurance.

WHSSC had an internal Risk Scrutiny Group (RSG), which included the Directorate Managers who were responsible for the review and scrutiny of the narrative, scores and mitigating actions for each risk. Any risks identified as scoring 15 and above were captured on the Corporate Risk Assurance Framework (CRAF) and were presented to the Corporate Directors Group Board (CDGB) for scrutiny on a monthly basis.

It is the role and responsibility of the Directors to review and discuss their commissioning/corporate risks, agree any new risks and escalation/de-escalation of risks, review controls and ensure appropriate action plans are in place. Effective management and mitigation of these risks will enable the JCC to improve its chances of success and reduce the likelihood of failure.

2. NEW JOINT COMMISSIONING COMMITTEE RISK REGISTER

Whilst both EASC and WHSSC managed robust risk management strategies, the structure and presentation of their risk registers differed slightly.

Under the new Host Body agreement, the JCC is expected to utilise the CTMUHB approach to risk management including its [strategy](#) and [procedure](#). Therefore, as an interim approach in amalgamating the former EASC and WHSSC JC risk registers, the layout has been brought in line with the presentation of the CTMUHB Risk Register to move the JCC a step forward.

The amalgamated risk register for the JCC as at 30 June 2024 presented at **Appendix 1** is a transition risk register whilst further work is undertaken to fully develop and implement the CTM Risk Management Strategy for the JCC (in line with the hosting agreement) and until the JCC has an opportunity to consider its risk appetite and the strategic objectives of the JCC are set.

2.1 Work undertaken to Develop the New JCC Risk Register

As part of fact finding, the following pieces of work have been undertaken:

- Meetings with the Committee Secretaries to map the governance processes for risk management within the former WHSSC and EASC JCs,
- Discussions with the key strategic risk owners to understand the processes for the management of risks specific to, and within, the individual directorates/commissioning teams,
- Meeting with the CTM Assistant Director of Governance and Risk regarding the CTM Risk Management Strategy and Procedure,
- Meeting with the CTM Datix Team to initiate the setting up of the new JCC and JCC Team on the Datix Risk Management system,
- Attendance at JCC Planning Team meetings to share the draft version of the amalgamated risk register and to discuss a review of the current commissioning risks; and
- Discussion at the Senior Leadership Team meeting on 3 June 2024 to gather views on the structure and content of the amalgamated risk register from the responsible directors as the key strategic risk owners.

Following attendance at the Planning Team meeting on 28 May 2024, the planning leads have undertaken a detailed review of the current commissioning risks in relation to the activities of the former WHSSC Team. This included:

- Risk descriptions to ensure they capture the essence of the risk accurately within the CTM format (If...Then...Resulting In...),
- Providing the risk appetite level,
- Linking risk domains with the strategic goals of the JCC (former WHSSC) Specialised Services Strategy,
- Controls and Actions to ensure they are still reflecting the current position, and are valid and working (having the necessary impact required), including any references to Covid-19 and ministerial waiting times targets,
- Current risk scores and Target risk scores, to ensure a consistent and moderated approach to risk assessment across the commissioning teams, with a clear link to the controls and mitigating actions; and
- Providing an update for May/June 2024 position.

In line with the internal governance process, the outcome of the reviews were taken through the individual Commissioning Team meetings for approval. In addition, a second review was undertaken by the Director of Planning & Performance as the Strategic Risk Owner.

The Ambulance and 111 Commissioning Risks at level 15 and above have been reviewed and updated. These risks will need to be reviewed again in two months' time in line with the CTMUHB approach.

The risks associated with the commissioning of the 111 service have not yet been incorporated into the JCC Risk Register. The outstanding risks held by the

previous programme and recommendations for moving forward are presented within the 111 commissioning arrangements paper.

2.2 Next Steps

2.2.1 Risk Register

During Q2 the Q3 the phased programme of work will continue to fully develop and implement the new JCC risk register.

During this transition, the amalgamated risk register presented at **Appendix 1** will be used as the main tool to provide oversight of the high risks and assurance to the Committee on their scrutiny and management. An update will be presented to the CTMUHB ARC meeting for hosted bodies on 15 August 2024 and to the JCC at its meeting on 17 September 2024.

In addition, this programme of work will link into the organisational development piece being led by the JCC Transition Director, specifically the development of a vision, mission and strategic objectives for the JCC to enable the risks to be triangulated against them.

2.2.2 Risk Appetite

Risk management is an integral part of good governance and corporate management mechanisms. An organisation's risk management framework harnesses the activities that identify and manage uncertainty, allows it to take opportunities and to take managed risks not simply to avoid them, and systematically anticipates and prepares successful responses. A key consideration in balancing risks and opportunities, supporting informed decision-making and preparing tailored responses is the conscious and dynamic determination of the organisation's risk appetite.

As part of the JCC development programme a risk appetite workshop will be held with JCC members to make a strategic choice about the style, shape and quality of risk management, the risk assessment process (including scoring) and management of opportunity and risk, and to determine and continuously assess the nature and extent of the principal risks that the organisation is exposed to and is willing to take to achieve its objectives - its risk appetite.

2.2.3 Risk Training

Refresher training on risk management will form part of the implementation programme for the JCC Team, in addition to the use of the Datix Risk Management system. The training will be supported by the CTMUHB Assistant Director of Governance and Risk, and the CTMUHB Datix team.

3. KEY RISKS / MATTERS FOR ESCALATION

3.1 Risk Summary

As at 30 June 2024 there are **28** risks with a score of 15 and above (high risks) on the Risk Register. A summary of these risks is outlined below.

3.2 Commissioning Risks

There are **26** risks open with a risk score of 15 and above:

- Ambulance Services x 5
- Cancer and Blood x 1
- Cardiac x 3
- Intestinal Failure x 3
- Mental Health and Vulnerable Groups x 2
- Neurosciences x 4
- Welsh Kidney Network x 2
- Women and Children x 6

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

Table 1 – Commissioning Risk Profile – June 2024

Commissioning Risk Activity	Update as at June 2024
New Commissioning Risks	No new risks were added.
Escalated Commissioning Risks	Two risks were escalated: <ul style="list-style-type: none"> • <u>Risk 38 – P/21/16</u> – Neonatal cot availability. Risk reviewed and the score increased from 16 to 20 due to increased pressure across the network for cot availability. • <u>Risk 75 – IF02</u> – Calea contract renewal. Risk reviewed and the score increased from 8 to 16 due to the provider (Calea) being in contingency measures.
De-escalated Commissioning Risks	Seven risks were de-escalated: <ul style="list-style-type: none"> • <u>Risk 48 – P/21/20</u> – Wales Fertility Institute. Risk reviewed and the score reduced from 25 to 15 due to a positive report received from the HFEA that there are no critical or major concerns within the service.

Commissioning Risk Activity	Update as at June 2024
	<ul style="list-style-type: none"> • <u>Risk 63 – NCC063</u> – Neurosurgery sustainability. Risk reviewed and the score reduced from 25 to 16 as there is a plan in place to recommission within the existing commissioning allocation and additional monies included in the ICP. • <u>Risk 57 - NCC04949</u> – Delays in surgery due to insufficient theatre beds. Risk reviewed and the score reduced from 20 to 12 as there is a plan in place to recommission an element of the 700k RTT funding to mitigate high risks in neuro subspecialties. There are currently no patients waiting over 52 weeks. • <u>Risk 6 – P/21/10</u> - Paediatric patients waiting for surgery. Risk reviewed and the score reduced from 16 to 8 following assurances received from the Escalation meeting on the 16 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. • <u>Risk 60 – P/21/24</u> - WFI treatment temporary pause. Risk reviewed and the score reduced from 20 to 10 as four staff members have taken and passed the PR exam and a positive report from the HFEA. • <u>Risk 46 – CB06</u> - Outreach Plastic Surgery. Risk reviewed and the score reduced from 15 to 12 as the Harms Review undertaken reported No Harm. • <u>Risk 40 – WKN08</u> - Limited outpatient dialysis capacity in Swansea. Risk reviewed and the score reduced from 16 to 12 due to confidence on planned opening of Bridgend Unit in September 2024 as per project update to WKN Board 05.06.24.
Closed Risks	<p>Two risks were closed:</p> <ul style="list-style-type: none"> • <u>Risk 39 – WKN06</u> – Renal funding. Financial plans have been drawn up to look at the areas of reducing the funding gap of £0.82m. Will

Commissioning Risk Activity	Update as at June 2024
	<p>form part of the financial reporting at regional levels and board.</p> <ul style="list-style-type: none"> • <u>Risk 51 – NCC061</u> - Deep Brain Stimulation, lack of awareness of eligibility criteria. Risk merged with Risk 50 – NCC060 which remains on the risk register >15.

3.3 Corporate/Organisational Risks

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

- Corporate Services x2

A summary of the changes that have taken place in May and June 2024 are outlined in **table 2** below.

Table 2 – Corporate/Organisational Risk Profile – June 2024

Corporate Risk Activity	Update as at May/June 2024
New Risks	No new risks were added.
Escalated Risks	No risks were escalated.
De-escalated Risks	<p>One risk was de-escalated:</p> <ul style="list-style-type: none"> • <u>Risk 29 – CS8</u> – JCC IPFR Terms of Reference (ToR) and Governance. Risk reviewed and the score reduced from 20 to 12 as several of the mitigating actions have now been completed such as approval of the updated All Wales Policy.
Closed Risks	No risks were closed.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
	Not Applicable

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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A

Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the work undertaken to date to produce a transitional amalgamated risk register,
- **Note** the review work undertaken by the commissioning teams to produce a refreshed, updated version of the transitional amalgamated risk register to be presented to the JCC meeting on 16 July 2024,
- **Approve** the JCC risk register as at 30 June 2024,
- **Note** the further work planned to fully develop the CTM Risk Management Strategy for the JCC, and the steps required to implement it; and
- **Note** that the CTMUHB ARC meeting for hosted bodies on 15 August 2024 will receive an update on the progress of the JCC risk register.