

# Audit, Risk & Assurance Committee - Hosted Bodies

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

Virtual via Teams



## Agenda

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

#### 1.1. Welcome and Introductions

*Information* Patsy Roseblade, Committee Chair

#### 1.2. Apologies for Absence

*Information* Patsy Roseblade, Committee Chair

#### 1.3. Declarations of Interest

*Information* Patsy Roseblade, Committee Chair

### 13:35 - 13:40 **2. MAIN AGENDA** 5 min

#### 2.1. Action Log

*Discussion* Aaron Fowler, Committee Secretary/Deputy Director of Corporate Governance

2.1 Action Log ARAC Hosted Bodies - 13 November 2025.pdf (5 pages)

#### 2.2. Matters Arising not contained within the Action Log

*Discussion* Patsy Roseblade, Committee Chair

### 13:40 - 14:15 **3. IMPROVING CARE** 35 min

#### 3.1. Joint Commissioning Committee Update

*Discussion* Huw George, Chief Commissioner (Interim)

3.1 - NWJCC HB ARAC 13 November 2025.pdf (9 pages)

#### 3.2. Joint Commissioning Committee Organisational Risk Register

*Discussion* Aaron Fowler, Committee Secretary/Deputy Director of Corporate Governance, JCC

3.2a NWJCC Organisational Risk Register (002).pdf (10 pages)

3.2b MASTER - JCC Risk Register - August V2.pdf (9 pages)

#### 3.3. Joint Commissioning Committee Audit Tracker


*Discussion* Aaron Fowler, Committee Secretary/Deputy Director of Corporate Governance, JCC

3.3 - NWJCC Audit Tracker Report HB ARAC 13 November 2025.pdf (5 pages)

3.3.1 Audit Recommendations Progress Tracker 2025-2026.pdf (5 pages)

#### 3.4. Update Report - Ambulance Service Assurance on Risks

*Discussion*      *Ross Whitehead, Director of Commissioning for Ambulance Services & 111*

 3.4 - Ambulance Service Commissioner Risk Update (002) Rw final.pdf (6 pages)

### **3.5. Internal Audit Review - Joint Commissioning Committee - Traumatic Stress Wales 24/25 - Limited Assurance**

*Discussion*      *Paul Dalton, Head of Internal Audit*

 3.5 IA Report TSW - Final ARAC HB 13 Nov 25.pdf (17 pages)

## **14:15 - 14:15 4. SUSTAINING OUR FUTURE**

0 min

### **4.1. JCC Updated Financial Control Procedures**

*Decision*      *Stacey Taylor, Director of Finance & Value, JCC*

 4.1 Financial Control Procedures HB ARAC 13 Nov 25.pdf (6 pages)

### **4.2. JCC Irrecoverable Debts**

*Decision*      *Stacey Taylor, Director Finance & Value JCC*

 4.2 Irrecoverable Debts ARC Committee 13 November 2025.pdf (6 pages)

## **14:15 - 14:20 5. CONSENT AGENDA**

5 min

### **5.1. Items for Approval**

#### **5.1.1. Unconfirmed Minutes of the Meeting held on 14 August 2025**

*Decision*      *Patsy Roseblade, Committee Chair*

 5.1.1 Unconfirmed Minutes 14.8.2025 HB ARAC 13 Nov 25.pdf (6 pages)

### **5.2. Items for Noting - tbc**

## **14:20 - 14:25 6. ANY OTHER URGENT BUSINESS**

5 min

*Discussion*      *Patsy Roseblade, Committee Chair*

## **14:25 - 14:25 7. DATE AND TIME OF NEXT MEETING**

0 min

*Patsy Roseblade, Committee Chair*

3rd February 2026 at 14:00 pm

**HOSTED BODIES AUDIT & RISK COMMITTEE ACTION LOG  
FOLLOWING MEETING HELD ON 14 August 2025**

**OPEN ACTIONS**

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT NOVEMBER 2025
Agenda item 2.1	14 <sup>th</sup> August 2025	Visibility of significant risks	H George agreed that further updates reports would focus and demonstrate assurance on how risks are being mitigated.	Next Meeting	A Fowler and SMT	<b>Complete</b> – Updates are confirmed within the report shared for agenda item 3.2
Agenda item 3.1	14 <sup>th</sup> August 2025	Joint Commissioning Committee Update - Right Care Right Person	H George agreed to seek an update on the latest position and provide a briefing to members outside the meeting.	Next Meeting	A Fowler and SMT	<b>Complete</b> – Update shared with Committee members offline via email.
		Joint Commissioning Committee Update - External Adhoc Requests	H George and JCC colleagues to consider the level of risk posed by receiving various external activity / support requests.	Next Meeting	A Fowler and SMT	<b>Complete</b> – The level of risk posed by ad hoc support requests is addressed via the JCC's prioritisation and planning work streams which ensure that commissioned activity is prioritised according to risk.
Agenda item 3.2	14 <sup>th</sup> August 2025	Joint Commissioning Committee Organisational Risk Register	Director of Commissioning for Ambulance Services & 111 to be invited to a future Committee meeting to provide assurance on the action being taken to meet the changes /targets set by the MAG report affecting the Ambulance service.	Next Meeting	A Fowler and SMT to liaise with lead and confirm attendance with the CTMUHB Meeting Secretariat.	<b>Complete</b> – Update to be shared against agenda item 3.4.

			Updates to risks 55, 68 and 80 to be shared with Members outside the meeting.	Next Meeting	A Fowler and SMT	<p>Updates for risks 55, 68 and 80 are detailed within agenda item 3.2. However, the following up to date position is shared for additional context.</p> <p>Risk 55 – (Neonatal Workforce) – Whilst tough the service remains at escalation level 3 this is not related to its current work force. During the escalation meetings the health board has explained that they have no current concerns with their nursing work force. The risk was reduced from a score of 20 to 12.</p> <p>Risk 68 (C&amp;VUHB Specialist Auditory Hearing service waiting times) – The Specialist Auditory service has been put into escalation level 3. The NWJCC is in the process of setting up the first escalation meeting and the outcome of this process will report into QSOC in December 2025, in addition to the reporting of this risk.</p> <p>Risk 80 – (JACIE accreditation - south Wales CAR T service) – A JACIE accreditation report is expected by the 18<sup>th</sup> November. Further updates will be shared following that report.</p>
			Revisit the timelines for producing the risk register for Committee meetings to ensure the latest possible update approved by the Joint Commissioning Committee can be received.	Next Meeting	A Fowler and SMT	<b>Complete</b> – Updates are confirmed within the report shared for agenda item 3.2
Agenda item 3.4	14th August 2025	Internal Audit Review – Joint Commissioning Committee Financial Arrangements	S Taylor and S May to discuss future standalone reporting to the Hosted Bodies Committee in relation to any breach or waiver to the Standing Orders and Standing Financial Instructions.	Next Meeting	S Taylor & S May	<b>Ongoing</b> – ST has engaged with SM and a standalone report will be shared with the Hosted Bodies Committee for any breach or waiver to the Standing Orders and Standing Financial Instructions will be shared. A request has been shared with NWSSP for this detail, which is presently reported to the CTMUHB ARAC, to be separated for sharing as a standalone item.

## COMPLETED ACTIONS

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT AUGUST 2025
4.2	17 December 2024	JCC Organisational Risk Register	To arrange a meeting between the two Chairs to discuss management of risks and provide assurance back to the next meeting of the Audit, Risk & Assurance Committee	February 2025	Interim Chief Commissioner/ Director of Finance & Information	<b>Completed</b> Both Chairs have previously met so a further meeting was not required.
4.4	17 December 2024	Internal Audit Report – Mental Health Quality Commissioning Arrangements	To check if the workshop referred to was held on the 28 <sup>th</sup> November 2024 took place	February 2025	Interim Chief Commissioner/ Director of Finance & Information	<b>Completed</b> The workshop did take place.
3.1.1	15 August 2024	JCC Organisational Risk Register	To review risks 40, 57 and 63 that had been reduced and feedback to the Committee.  To feedback the comments and observations made today to the Risk Workshop in September 2024.	17 October 2024	JCC Committee Secretary/Associate Director of Corporate Services	<b>Completed</b> The risks have been reviewed as follows: <ul style="list-style-type: none"> <li>• 40 – this related to limited outpatient dialysis in Swansea which has now been managed and the risk has been de-escalated,</li> <li>• 57 this related to insufficient theatre beds which has now been managed and the risk has been de-escalated,</li> <li>• 63 this related to neurosurgery sustainability which has now been managed and the risk has been de-escalated.</li> </ul>
2.1	February 2025	JCC Action Log	To review the narrative on risks 65 and 40 on the risk register.	May 2025	JCC Committee Secretary/Associate Director of Corporate Services	<b>Completed</b> An update on the risks has been circulated to the Committee via email on the 8.5.25
4.1	17 December 2025	JCC Update	To bring an update to a future meeting of the Committee on the planning and process in relation to the Plan.	February 2025	Interim Chief Commissioner/ Director of Finance and Information	<b>Completed</b> Update contained within the JCC Progress Report for the February 2025 meeting.
4.2	15 August 2024	JCC Audit Tracker	To discuss Recommendation 6 with colleagues and provide an update to the Committee on the discussions with Welsh Government.	17 October 2024	Darren Griffiths, Audit Wales	<b>Completed</b> An updated was provided to the ARC meeting 17 December and all recommendations have been closed.

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT AUGUST 2025
4.2	17 October 2024	JCC Organisational Risk Register	To review the narrative on the de-escalated Risk 40 – Limited Outpatient Dialysis for patients in Swansea due to the recent issues at the Princess of Wales Hospital.  To review Risk 65 – Renal Dialysis across Wales.	17 December 2024	JCC Committee Secretary/Associate Director of Corporate Services	<b>Completed</b> Further narrative provided within risk register. The risk has been mitigated by the opening up of twilight sessions to increase capacity until the two new units are open and fully functioning. Unit dialysis capacity pressures across Wales are being managed and monitored through Risk 65 on the risk register with a score of 16.
4.2	17 October 2024	JCC Organisational Risk Register	To provide a detailed focus on the two red Ambulance Risks 71 & 74 for the next meeting of the Committee.	17 December 2024	JCC Committee Secretary/Associate Director of Corporate Services	<b>Completed</b> The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. Risks 71 and 74 have been replaced by Risk 77
4.3	17 October 2024	National Imaging Academy Wales	To amend the wording in the report in relation to recruitment and re-circulate to members.	November 2024	NIAW Academy Manager	<b>Completed</b> Report has been amended and re-circulated.
5.	15 August 2024	Any other Urgent Business	To provide a written update report on the JCC, for future meetings.	17 October 2024	JCC Committee Secretary/Associate Director of Corporate Services	<b>Completed</b> Written report on the agenda for December 2024 meeting.



**Agenda Item**

3.1

**Audit, Risk & Assurance Committee – Hosted Bodies**

**NHS Wales Joint Commissioning Committee Update**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Aaron Fowler, Committee Secretary, NWJCC
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Huw George, Interim Chief Commissioner, NWJCC
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Huw George, Interim Chief Commissioner, NWJCC

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
Discussed by the NWJCC Senior Leadership Team	10 September 2025	Noted
Joint Committee Meeting	16 September 2025	Noted

<b>Acronyms / Glossary of Terms</b>	
CCLG	Collaborative Commissioning Leadership Group
CPR	Cardiopulmonary Resuscitation
CTMUHB	Cwm Taf University Health Board
NWJCC	NHS Wales Joint Commissioning Committee
OD	Organisational Development
PET	Positron Emission Tomography
PETIC	Positron Emission Tomography Imaging Centre
SARC	Sexual Assault Referral Centres
WG	Welsh Government

## 1. Situation /Background

The purpose of this report is to provide Cwm Taf Morgannwg University Health Board's (CTMUHB) Audit, Risk and Assurance Committee members with an assurance update on key issues relating to the NHS Wales Joint Commissioning Committee (NWJCC).

## 2. Specific Matters for Consideration

### 2.1 Update on NWJCC Transition - Progress

Positive progress continues to be made following the establishment of the NWJCC in April 2024. Building on the work undertaken in Q1 2025-26, work continued at pace during July and August to implement the steps to 'routine business' for the new NWJCC and the NWJCC team. Specific areas relating to governance and assurance to note are:

- **Revised Meeting Schedule**

As the NWJCC is emerging into business-as-usual processes and procedures it has become apparent that there is a need to realign the scheduling of Joint Committee and Sub Committee meetings to support the timeliness of data gathering and reporting and the subsequent flow of assurance between these forums.

Accordingly, an exercise has been undertaken to re-schedule Joint Committee and Sub-Committee meetings moving forward. From November 2025, all sub-committee meetings have been scheduled to ensure that the most up to date, financial, performance and risk management data is available for scrutiny and to support decision-making prior to reporting through to Joint Committee. Furthermore, some Joint Committee meeting dates have also been rescheduled to align to a more robust assurance cycle.

Updated meeting invites will be circulated during the weeks commencing 3<sup>rd</sup> and 10<sup>th</sup> November. Following the re-scheduling of meetings, it is expected that the suitable time will be available for colleagues to share updates at Sub-Committee for scrutiny and subsequent onward assurance to Joint Committee. By way of example, please see the below update in relation to our revised risk management processes.

- **Risk Management & Assurance.**

To provide operational and governance teams an opportunity to re-set and re-consider risk management and reporting processes in line with the CTM Risk Management approach, an overview of risks as at the 31<sup>st</sup> August was reported to our Sub-Committee's in October, as opposed to the scheduled update for September.

This pause in reporting supported a move to bi-monthly risk reporting which aligns to updates to the NWJCC meeting schedule and will support the timelier reporting of risks to the Joint Committee and its Sub-committees. Whilst no risk update for September was shared at either Joint Committee or Sub-Committees due to the reset of meeting dates, risks continued to be managed at a local level.

At the 25 November 2025 Joint Committee meeting an update on the Operational Risk Register (ORR) as at the 31 October 2025 will be shared. Following this update a review of the ORR as at 30 November 2025 will be shared at Sub-Committees in December and at Joint Committee in January 2026. From January 2026 ORR updates will be shared for scrutiny at sub-committees and subsequently to Joint Committee on a bi-monthly basis. This will result in the following timeline for the reporting of risk:

Risk Register Date:	Reported to:
31 January 2026	- February Sub-Committee Meetings - March Joint Committee
31 March 2026	- April Sub-Committee Meetings - May Joint Committee
31 May 2026	- June Sub-Committee Meetings - July Joint Committee
31 July 2026	- August Sub-Committee Meetings - September Joint Committee
30 September 2026	- October Sub-Committee Meetings - November March Joint Committee
30 November 2026	- December Sub-Committee Meetings - January 2027 Joint Committee

During fallow reporting months, where ORR updates are not requested for Sub-Committee and Joint Committee review, the Corporate Governance team will work with commissioning directorates to provide support and guidance on the NWJCC's risk management processes, and

the expectations of our Sub-committees, the Joint Committee and the Hosted Audit, Risk and Assurance Committee for the reporting and management of risk.

It is intended that this process will provide an opportunity for the Corporate Governance team to undertake a second line assurance review of risk management processes and risk reporting, whilst also allowing operational colleagues sufficient time to manage risk mitigations and implement actions plans between reporting cycles.

- **Review of the NWJCC Commissioning Assurance Framework**

NWJCC colleagues, led by the Director of Nursing and Quality Assurance, are currently in the process of reviewing and updating the legacy Welsh Health Specialised Services Committee (WHSSC) Commissioning Assurance Framework (CAF) which will continue to drive quality assurance and improvement in our commissioned services.

The fundamental principles underpinning the CAF are to develop open and transparent relationships with our providers, to engage and involve clinical teams and work in partnership with stakeholders when planning and commissioning services. This process is underpinned by NWJCC's Risk Management and Escalation processes, aligned to CTM's Risk Management Policy, and will also inform the planned development of the Joint Committee Assurance Framework.

Updates on the ongoing development and approval of the CAF will be shared at future Committee meetings.

- **Implementation of the new organisational structure for the NWJCC**

The first phase of prioritised recruitment has been completed. Key appointments have been made to leadership roles at Deputy Director and Assistant Director levels, these will commence by 1 October 2025. The commencement of these key roles will drive shaping and driving the NWJCC organisational culture and its core values and behaviours. The current vacancy rate is 15.83% at end of October 2025 which has fallen significantly over the past few months (33.33% in April 2025). Staff turnover rate has decreased from 3.65% in October 2024 to 2.79% in October 2025 showing a greater staff retention rate for the NWJCC.



The second phase of prioritised recruitment has commenced and is expected to be completed by December 2025. Development opportunities have been shared with Health Board colleagues. The ongoing recruitment selection process has been supported by Lay Members, Health Board colleagues, key stakeholder partners such as Welsh Government (WG), Welsh Ambulance Services NHS University Trust and Llais through participation in stakeholder panels.

- **Design and commence a robust Organisational Development (OD) Programme** – The development of the OD programme is ongoing with support from Cwm Taf Morgannwg University Health Board’s People Services team. Strategic Workforce Planning will be incorporated in this programme to meet organisational and commissioned service needs. As part of the OD programme, the following activities are taking place:
  - Line management development series aimed at building competencies and confidence (August to December 2025)
  - Senior Managers Induction to drive organisational core values and behaviours and culture (October 2025).

### 2.3 Internal Audit Update

NWSSP Internal Audit Colleagues will share a Limited Assurance report with the Committee following their review of the Traumatic Stress Wales (TSW) service.

It should be noted that at the point of establishment, the NWJCC acknowledged the need to undertake a review of the legacy arrangements in place for hosting TSW to inform a review to strengthen the governance and reporting arrangements, resulting in the internal audit shared with the Committee.

Management responses to the audit observations within the report are made in the context of ongoing discussions with Public Health Wales NHS Trust (PHW) to enact the transfer of hosting arrangements for the TSW service from NWJCC to PHW.

Such discussions have been on-going since April 2025 to work through new hosting arrangements, with a view to the transfer of TSW to PHW to sit alongside the Adverse Childhood Experiences (ACE) Hub.

At their meeting on 16 September 2025, the Joint Committee supported the proposal to transfer TSW to PHW. PHW are progressing the same proposal through their governance arrangements with a view to finalise new hosting arrangements by the end of the calendar year.

## 2.5 NWJCC Senior Leadership Team Changes

Stakeholder panels and interviews were held week commencing 1<sup>st</sup> September 2025 for the role of Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups. Unfortunately, no appointment was made and Adrian Clarke agreed to carry on as Interim in the post whilst we re-run the recruitment process. The role is currently out to advert with interviews planned for early December 2025.

## 2.6 Programmes of Work

The Joint Committee has noted the need to reassess the workplan and priorities within the NWJCC Foundation Plan. It has been agreed that there is a need to redirect capacity within the organisation to a number of national programmes including the following:

- **National Commissioning Arrangements for Third Sector Organisations**

The NWJCC has written to the Chief Executive of NHS Wales and Welsh Government (WG) colleagues to confirm its commitment to this programme and updated on the work undertaken to date, including:

- Development of 2 Project Initiation Documents for a) Commissioning of hospices b) Development of a voluntary sector framework.
- Specific work to allocate the additional £3m to the hospice sector within 2025-26 with associated performance reporting arrangements
- Attendance at the weekly Hospices Commissioning Oversight Group led by WG.

- **Sexual Assault Referral Centres (SARC)**

Work is progressing to develop a paper for the November meeting of the Joint Committee. The paper will act as a formal handover from the NHS Performance and Improvement Unit (formerly NHSE) and will establish the role and remit of the NWJCC moving forward. The paper will also include the partnership governance arrangements, the funding model and roles and responsibilities across the programme.

### 3 Assessment

<b>Objectives / Strategy</b>	
<b>Dolmen if Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Choose an item.
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd</i> (llyw.cymru)) / <b>Link to Enablers of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Leadership
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd</i> (llyw.cymru)) / <b>Link to Domains of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Effective
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) /</b>	No - Not Applicable
	If more than one applies please list below:



<b>Environmental /Sustainability Impact (5Rs)</b>	
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Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
<b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Outcome:	n/a
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
<b>Cyfreithiol / Legal</b>	Choose an item. <a href="#">National Health Service Joint Commissioning Committee (Wales) Directions 2024</a> <a href="#">National Health Service Joint Commissioning Committee (Wales) Regulations 2024</a>	
<b>Enw da / Reputational</b>	Choose an item. There is no direct impact on the reputation of the Local Health Boards or the Joint Committee as a result of the activity outlined in this report.	
<b>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</b>	There is no direct impact on resources as a result of the activity outlined in this report.	

#### 4 Recommendation



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

4.1 Members are asked to:

- **Note** the report.



**Agenda Item**

3.2

**Audit, Risk & Assurance Committee – Hosted Bodies**

**NHS Wales Joint Commissioning Committee Organisational Risk Register**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	13/11/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Aaron Fowler Committee Secretary, NWJCC
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Aaron Fowler Committee Secretary, NWJCC
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Georgina Galletly, Director of Corporate Planning and Strategy, NWJCC

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

<b>Committee / Group /Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
Discussed by the NWJCC Senior Leadership Team	5 November 2025	Endorsed for Committee Approval on the 25 November 2025

**Acronyms / Glossary of Terms**

CTMUHB	Cwm Taf University Health Board
NWJCC	NHS Wales Joint Commissioning Committee



## 1. Situation /Background

- 1.1 As required by the Terms of Reference for the Hosted Audit, Risk and Assurance Committee ("the Committee"), this report is shared to provide assurance to the Committee that appropriate governance arrangements are in place for the management of risk by the NWJCC.
- 1.2 In accordance with the Hosting Agreement ("the HA") between CTMUHB and the NWJCC, the NWJCC has adopted the Risk Management provisions of CTMUHB (para. 5.2 of the HA). To this end, the NWJCC has developed an NWJCC Organisational Risk Register ("ORR") which details those risks scoring 15 (out of 25) or above and/or those that cannot be managed locally across the NWJCC through adopted risk management processes. This process mirrors the risk management process adopted by CTMUHB, as set out within the CTMUHB Risk Management Strategy.
- 1.3 Each of the high/extreme risks recorded within the ORR are assigned to one of the NWJCC sub-committees (Quality, Safety & Outcomes Sub-Committee ("QSOC") and the Planning, Performance & Finance Sub-Committee ("PPF")) to be reviewed, and for assurance to be provided that risks are being appropriately mitigated, with robust actions in place for their ongoing management. Additionally, each sub-committee provides onwards assurance, via sub-committee Highlight Reports, to the NWJCC Joint Committee (the "JC") regarding the management of risk.
- 1.4 Work remains ongoing to develop a Joint Committee Assurance Framework and Risk appetite statement that recognises the risks identified in the NWJCC Annual Foundation Plan 2025-26. A progress update on this work will be shared at the next Committee meeting, at which point it is anticipated that the NWJCC will be in a position to recommend approval of its own Risk Management Strategy and Assurance Framework and Risk Management Policy, which will align with CTMUHB's iterations of these documents.
- 1.5 The narrative within this report, and the appended ORR, is intended to provide assurance to the Committee that the aforementioned processes are operating effectively and support the ongoing management of risk by the NWJCC.

## 2. Specific Matters for Consideration

2.1 In addition to the local review of risk by operational teams, the following reviews of the ORR have been undertaken at JC and sub-committee meetings since the update shared with the Committee in August 2025:

- Joint Committee Meeting – 16 September 2025
  - o The JC undertook a review of the ORR as at the 31<sup>st</sup> July 2025. This meeting was attended by all NWJCC Lay Members, Health Board Chief Executives and NWJCC operational leads.
- Quality Safety and Outcomes Committee – 06 October 2025
  - o The QSOC undertook a review of all patient quality, safety and outcome related risks within the ORR as of 31 August 2025. This meeting was attended by three NWJCC Lay Members and Phil Kloer, Hywel Dda UHB CEO, as appointed CEO lead for the sub-committee.
- Planning, Performance and Finance Committee – 23 October 2025
  - o The PPF Committee undertook a review of all planning, performance and finance related risks within the ORR as of 31 August 2025. This meeting was attended by two NWJCC Lay Members and Hayley Thomas, Powys Teaching Health Board CEO, as appointed CEO lead for the sub-committee.

2.2 At the 25 November 2025 JC meeting an update on the ORR as of 31 October 2025 will be shared. Following this update a review of the ORR as at 30 November 2025 will be shared at sub-committees in December and at JC in January 2026. From January 2026 ORR updates will be shared at sub-committees and JC on a bi-monthly basis.

2.3 During fallow reporting months, where ORR updates are not requested for sub-committee and JC review, the Corporate Governance team will work with commissioning directorates to provide support and guidance on the NWJCC’s risk management processes, and the expectations of our sub-committees, the JC and the Committee for the reporting and management of risk.

2.4 It is intended that this process will provide an opportunity for the Corporate Governance team to undertake a second line assurance review of risk management processes and risk reporting, whilst also

allowing operational colleagues sufficient time to manage risk mitigations and implement actions plans between reporting cycles.

2.5 Attached is a copy of the ORR as of 31 August 2025, which has been subject to review as detailed at paragraph 2.1 above. To date, the ORR as of the 31 October 2025 is yet to be reviewed by the JC or at sub-committee and it is not deemed appropriate to share this detail with the Committee prior to internal review. Notwithstanding this, an overview of movement within the ORR between June 2025 and August 2025 is detailed below to provide assurance to the Committee that reported risks continue to be managed and mitigated.

### 3. Key Risks / Matters for Escalation

#### 3.1 Risk Summary

As of 31 August 2025, there are **20** risks with a score of 15 and above (high risks) on the NWJCC Risk Register. A summary of these risks is outlined below.

#### 3.2 Commissioning Risks

There are 17 risks open with a risk score of 15 and above:

- Ambulance Services x 2
- Cancer and Blood x 3
- Cardiac x 2
- Neurosciences x 6
- Welsh Kidney Network x 1
- Women and Children x 3

3.3 A summary of the changes that have taken place between **June 2025 and August 2025** are outlined in **Table 1** below. In addition, an interim update of the movement as of October 2025 has been provided.

Table 1 – Commissioning Risk Profile – August 2025

Commissioning Risk Activity	Update as of August 2025	Interim Update: October 2025
<b>New Commissioning Risks</b>	Two new risks have been added: <ul style="list-style-type: none"> <li>• <u>Risk 88 – South Wales Thrombectomy Equity 24/7.</u></li> </ul>	Two new risks have been added: <ul style="list-style-type: none"> <li>• <u>Risk 91 – Hereditary Anaemias Service Capacity in south Wales</u></li> </ul>



Commissioning Risk Activity	Update as of August 2025	Interim Update: October 2025
	<ul style="list-style-type: none"> <li>• <u>Risk 89 – Paediatric Neurology Service Provision for Welsh Patients.</u></li> </ul>	<ul style="list-style-type: none"> <li>• <u>Risk 92 – Women &amp; Children Commissioned Services Posts Not Advertised in CVUHB</u></li> <li>• <u>An update in relation to this risk will be shared at the November Joint Committee meeting for scrutiny.</u></li> </ul>
<b>Escalated Commissioning Risks</b>	<p>One risk has been escalated.</p> <ul style="list-style-type: none"> <li>• <u>Risk 87 - Neurosurgery Acute Therapy MDT.</u> The risk has been increased from a score of 12 to 20 as funding release through the ICP 2024/25 has been paused.</li> </ul>	<p>No risks have been escalated.</p>
<b>De-escalated Commissioning Risks</b>	<p>Three risks have been de-escalated.</p> <ul style="list-style-type: none"> <li>• <u>Risk 85 – CAR-T Capacity</u> Following review of the risk score by the Associate Medical Director for C&amp;B, it was considered that the risk from a commissioner’s perspective might have previously been overstated, as patients would still have access to CAR T albeit not from Cardiff UHB.</li> <li>• <u>Risk 55 – Neonatal Workforce</u> Even though the service remains at escalation level 3 this is not related to its current work force. During</li> </ul>	<p>No risks have been de-escalated</p>



Commissioning Risk Activity	Update as of August 2025	Interim Update: October 2025
	<p>the escalation meetings the health board has explained that they have no current concerns with their nursing work force. The risk was reduced from a score of 20 to 12.</p> <ul style="list-style-type: none"> <li>• <u>Risk 78 – Utilisation of Emergency Ambulance Capacity</u> Whilst this risk remains on the JCC Risk Register, the score has been reduced from 25 to 20 due to a reduction in the likelihood of occurrence as a result of the actions and activity underway.</li> </ul>	
<b>Closed Risks</b>	<p>One risk has been closed.</p> <ul style="list-style-type: none"> <li>• <u>Risk 56 – Neonatal Infection Control</u> The health boards position with blood stream infections has improved. The MRSA outbreak has been downgraded and a closure form has been received from the health board to support this decision. Cardiff has an operational meeting in place and there have been no further escalations. The JCC Quality Team have met with health board service leads and they have agreed to close this from a Quality and Patient Safety perspective.</li> </ul>	No risks have been closed.



### 3.4 Corporate/Organisational Risks

There are 3 risks open with a risk score of 15 and above:

- Corporate Services x 2
- Finance x 1

3.5 A summary of the changes that have taken place between **June 2025 and August 2025** are outlined in **Table 2** below. In addition, an interim update of the movement as of October 2025 has been provided.

Table 2 – Corporate/Organisational Risk Profile – August 2025

Corporate Risk Activity	Update as of August 2025	Interim Update: October 2025
<b>New Risks</b>	One new risk has been added: <ul style="list-style-type: none"> <li>• <u>Risk 90 - JCC Organisational Development through Effective Strategic Workforce Planning has been added to the ORR with a risk score of 16/20.</u></li> </ul>	No new risks have been added.
<b>Escalated Risks</b>	No risks have been escalated.	No risks have been escalated.
<b>De-escalated Risks</b>	No risks have been de-escalated.	One risk has been de-escalated (in October): <ul style="list-style-type: none"> <li>• <u>Risk 28 – Business Continuity</u> Only 5% posts remain in the recruitment process. Corporate Induction sessions in place. Delivery of Foundation Plan is being closely monitored. Decision to reduce the likelihood score to a 2, reducing overall risk score to 8.</li> </ul>



<b>Closed Risks</b>	No risks have been closed.	
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#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to NWJCC Strategic Goal(s)</b>	Not Applicable
	<p>Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration</p> <p>The NWJCC was established on 1 April 2024. The strategic goals were approved in September 2024. The Risk Register is a key element of the control for the JCC</p>
<b>Dolen i Feysydd Strategol BIP CTM / Link to NWJCC Strategic Principles</b>	Not Applicable
	<p>Commission evidence-based services that are secured through forging excellent relationships; shaped by people with expert knowledge and experience to secure high quality care with outcomes that matter and ensure involvement of patients and are sustainable and make the best use of resources</p> <p>The NWJCC was established on 1 April 2024. The principles were approved by the NWJCC in September 2024. The aim to be the centre of excellence for collaborative commissioning</p>
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	<p>If more than one applies please list below:</p> <p>A more equal Wales</p> <p>A Wales of cohesive communities</p>
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Data to Knowledge
	<p>If more than one applies please list below:</p> <p>Learning, improvement and research</p> <p>Whole systems perspective</p> <p>Leadership</p>
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Efficient
	<p>If more than one applies please list below:</p> <p>Effective; equitable; person-centred; timely and safe</p>
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	<p>If more than one applies please list below:</p>



Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <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: The Risk Register is regularly reviewed and does not specifically deal with patient level information i.e. re protected characteristics although all services are required to comply with the Equality Act and Public Sector Equality Duty
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Equally applied. No potential negative impact
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	The Risk Register is a key document to manage all issues and risks within the JCC including its reputation	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	Identified within the Risk Register	

## 5. Recommendation

### 5.1 Members are asked to:

- **Note** the report and detail contained within the NWJCC Organisational Risk Register as of 31 August 2025.
- Take **assurance** that the NWJCC has appropriate risk management processes and procedures in place for the ongoing management of organisational risk.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

Risk Dashboard (Risks Graded 15 and Above) - August 2025

		CONSEQUENCE (C)				
		CxL	1 - Negligible	2 - Minor	3 - Moderate	4 - Major
LIKELIHOOD (L)	1 - Highly Unlikely					
	2 - Unlikely					
	3 - Likely					<b>77</b> Commissioning of sufficient Emergency Ambulance Services capacity <b>80</b> JACIE accreditation - south Wales CAR T service <b>81</b> JACIE accreditation - south Wales BMT service
	4 - Highly Likely				<b>28</b> Business Continuity <b>53</b> C&VUHB Neurosciences Staffing issues/level <b>61</b> Obesity surgery waiting times <b>65</b> Renal dialysis capacity across Wales <b>79</b> Type A Aortic Dissection <b>82</b> SBUHB Neuro-rehabilitation <b>86</b> C&VUHB Neurosciences National Standards <b>89</b> Paediatric Neurology service provision for Welsh patients <b>90</b> JCC Organisational Development through Effective Strategic Workforce Planning	<b>69</b> Paediatric Radiology out of hours provision <b>78</b> Utilisation of Emergency Ambulance capacity <b>87</b> Acute Therapies MDT <b>88</b> South Wales Thrombectomy Equity 24/7
	5 - Almost Certain			<b>03</b> Plastic surgery delays <b>83</b> Full commissioning of paediatric orthopaedic surgical service <b>84</b> Financial Break-even 2025/26	<b>68</b> C&VUHB Specialist Auditory Hearing service waiting times	

Organisational Risk Register (Risks Graded 15 and Above) - August 2025

JCC RISK REGISTER - RISKS WITH SCORES >15																	
Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team/ Directorate	JCC Strategic Objective	CTM Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (C x L)		Rating (Target) (C x L)		Trend	Risk Opened	Last Reviewed
											C	L	C	L			
3 CB03	Plastic Surgery Delays	If...the maximum waiting times target is not achieved for plastic surgery patients in south Wales  Then...some patients will be waiting in excess of WG waiting time targets  Resulting in...poor patient experience and poor outcome which may lead to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service	Director of Commissioning for Specialised Services	Cancer & Blood	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public  Quality/ Complaints/ Assurance/ Patient Outcomes	SBUHB	<ul style="list-style-type: none"> <li>The service is in escalation level 2 due to the waiting times performance position.</li> <li>The delivery plan to maintain the Welsh Government target through 2025/26 has been received from SBUHB.</li> <li>Continue to monitor progress against the delivery plan.</li> <li>SBUHB has received additional planned care funding to maintain achievement of the 104wk waiting time target through the 2nd quarter 2025/26 (planned care funding is released by Welsh Government on a quarter by quarter basis).</li> </ul>	<ul style="list-style-type: none"> <li>To monitor progress against the plastic surgery delivery plan for quarter 2 via monthly commissioner assurance meetings with SBUHB - next escalation meeting 21/07/25.</li> <li>Re-benchmark efficiency - in progress.</li> <li>Request comprehensive demand and capacity plan. REQUESTED (expected in July 2025)</li> </ul> <p><b>Update for August 2025</b> - The health board has confirmed that the 104wks maximum waiting time target continues to be met and is on track to be met for the remainder of the quarter. However, this position will not be sustainable without additional funding above baseline in 25/26. Planned care funding has been made available for quarter 2; quarter 3 funding will be applied for in August/September. The C&amp;B Commissioning team reviewed the risk which remains unchanged since additional funding above baseline is forecast to be required in quarters 3 and 4 to maintain the target.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	15	9	←	Feb-21	Aug-2025		
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.	Director of Corporate Planning & Strategy	Corporate Planning & Strategy	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	Service/ business interruption	N/A	<ul style="list-style-type: none"> <li>A Transition Director has been appointed to lead the work to implement the new operating model for the JCC.</li> <li>The Transition Plan has been agreed with the SLT to ensure realistic timescales are set for implementation.</li> <li>The overarching governance framework for the JCC is complete.</li> <li>As part of the establishment of the 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).</li> <li>Any new areas of work coming into the 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.</li> <li>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.</li> <li>Prioritised recruitment plan in place.</li> <li>Re-aligning existing resources to key priorities focussed on delivering the annual foundation plan 25/26.</li> </ul>	<ul style="list-style-type: none"> <li>The Director of Transition and Transformation is leading work to develop the directorate structures to support the new operating model for the JCC - COMPLETE</li> <li>A vacancy scrutiny panel has been established to review the organisational finances and workforce structures - COMPLETE</li> <li>Following the announcement that the interim Chief Commissioner has attained a new role with SBUHB and left in October 2024, the process to recruit a substantive replacement commenced with plans in place to identify interim leadership arrangements - COMPLETE</li> <li>Interim cover arrangements are planned for the Director of Commissioning (Specialised Services) and Director of Planning &amp; Performance whilst substantive appointments are made/commence - COMPLETE</li> </ul> <p><b>Update for August 2025</b> -</p> <ul style="list-style-type: none"> <li>OCF continues to be implemented - all key roles recruited to in line with prioritised recruitment plan but lag with start dates due to notice periods - majority will commence in post Sept/Oct 2025. Group induction being arranged to support early integration and collaboration for new starters.</li> <li>Interim arrangements to support the Senior Leadership Team are in place</li> </ul> <p>Delivery of the Foundation Plan is being monitored and risk assessed given the capacity and resource constraints in the JCC. With support from our member CEOs, opportunities are being explored with CTM (host) and HEIW to secure additional short term capacity through secondments and training/development placements.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	16	12	←	Sep-21	Aug-2025		
53 NCC062	C&VUHB Neurosciences Staffing issues/level (merged with NCC058)	If...Cardiff and Vale University Health Board is unable to recruit to a number of current vacancies in the Neuro-rehabilitation service  Then...the gap in the number of posts that have been commissioned means that the service is not meeting the national standards  Resulting in...patients requiring admission to the Inpatient Neuro-rehabilitation Unit are unable to access the specialist rehabilitation they require	Director of Commissioning for Specialised Services	Neurosciences	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public  Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB	<ul style="list-style-type: none"> <li>JCC (former WHSSC) quality team have met with C&amp;VUHB Neurosciences lead nurse to discuss the staffing issues/level.</li> <li>Receiving quarterly repatriation delay information and monitor through the Neurosciences Risk, Recovery and Assurance meetings</li> </ul>	<ul style="list-style-type: none"> <li>JCC to continue meeting quarterly with the C&amp;VUHB team to understand the risks</li> <li>The concerns raised by the Rehabilitation team will be addressed in the Rehabilitation Strategy which is currently paused for review in 25/26.</li> <li>Development and delivery of the strategy has been paused due to capacity issues</li> <li>CVUHB have successfully recruited to the commissioned staffing establishment but remain below the minimum standards for the British Society Physical Rehabilitation Medicine. The risk will be reviewed at the next Commissioning Team meeting in July 25.</li> </ul> <p><b>Update for August 2025</b> - Commissioning Team undertaken a review of this risk which remains unchanged</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	16	4	←	Aug-23	Aug-2025		
61	Obesity surgery waiting times	If...long waiting times for obesity surgery continue (which Salford Royal hospital have advised will be unlikely to reduce significantly in the medium to long-term)  Then...patients from Betsi Cadwaladr University Health Board and North Powys awaiting obesity surgery procedures in Salford Royal Hospital will have their treatment delayed  Resulting in...poor patient experience, poor outcomes and inequity of service provision between the North and South Wales service	Director of Commissioning for Specialised Services	Cardiac	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public  Quality/ Complaints/ Assurance/ Patient Outcomes	BCUHB/Salford Royal Hospital	<ul style="list-style-type: none"> <li>Salford Royal Hospital extending operating hours and working with private provider to increase the number of procedures undertaken</li> <li>JCC and BCUHB Level 3 service communicating proactively to ensure that the health board is fully cognisant of the identity of longer waiters</li> <li>JCC corresponding with Salford Royal to monitor current waiting list position</li> <li>JCC pursuing mitigating actions with South Wales to be able to make a better offer to patients</li> </ul>	<ul style="list-style-type: none"> <li>A meeting will be arranged with the level 2/3 BCUHB Obesity service with a view to exploring the options for an alternative provider - August/September 2025</li> <li>Head of Commissioning for Cardiac is arranging to meet with the Commissioning Lead for Obesity Services (Greater Manchester ICB) in NHSE -August/September 2025 (Awaiting confirmation of a meeting date)</li> <li>JCC to commence work to identify an alternative English provider - September 2025</li> <li>JCC to initiate the process for escalation of the service - December 2024</li> <li>The process for the escalation of the Salford obesity surgery service to Level 3 of the NWJCC Escalation Framework was initiated in December 2024 and endorsed by the NWJCC Senior Leadership Team in January 2025. A letter was sent to Salford in February informing them of the escalation and process (no response has yet been received).A chasing communication was sent by the Director of Commissioning for Specialised Services in April 2025. An escalation meeting will be arranged with the Salford service as soon as a response has been received from Salford. WIMOS have recruited the Dietician post, who has commenced in post, thereby increasing the staffing capacity to enable the service to receive a small number of referrals from North Wales.</li> </ul> <p><b>Update August 2025</b> - WIMOS have confirmed that the service are progressing with arranging a clinic for a small number of BCUHB patients (a date has not yet been confirmed). The risk score will be reviewed following confirmation that WIMOS are receiving referrals from North Wales; no change to the risk score.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	16	4	←	Dec-23	Aug-2025		

Organisational Risk Register (Risks Graded 15 and Above) - August 2025

Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team / Directorate	JCC Strategic Objective	CTM Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (C x L)	Rating (Target) (C x L)	Trend	Risk Opened	Last Reviewed
65 WKN18	Renal Dialysis Capacity across Wales	<b>If...</b> ...the number of patients requiring dialysis continues to grow annually at a rate of 3-4% (or higher based on some projections) <b>Then...</b> ...the demand will exceed current capacity across Wales for both unit-based and home dialysis. <b>Resulting in...</b> • Limited availability of unit-based dialysis slots • Decreased accessibility to unit-based dialysis facilities near patients' homes • Increased reliance on twilight (evening) dialysis slots, which are associated with elevated patient safety risks, such as fewer medical staff being available and patients traveling home late at night. • Delays or limits on the number of patients accessing home dialysis, as the growing demand exceeds the capacity of the nursing workforce to provide timely training and ongoing monitoring. • Increased pressure on the NEPTS service to transport a greater number of patients to and from dialysis session 3 times per week	Director of Commissioning for Specialised Services	Welsh Kidney Network	<b>Ensure quality:</b> 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	BCUHB, CVUHB, SBUHB	<ul style="list-style-type: none"> <li>Value in Health Care funding secured to increase the number of transplant and home dialysis patients</li> <li>Monitoring through provider WKN meetings through the WKN commissioning performance dashboard</li> <li>Additional capacity provided in Welshpool and through the new Bridgend Dialysis Unit will be monitored through provider meetings</li> <li>A focus on increasing home therapies and transplant will increase capacity in the units, although a percentage of patients will return to unit dialysis for respite or due to kidney transplant failure, which needs to be accounted for when assessing capacity pressures</li> <li>The following strategic Prevention workstreams are expected to have a medium/long term effect, led by the WKN Clinical Prevention Lead:                             <ul style="list-style-type: none"> <li>All Wales Community Healthcare Pathway for referrals for Chronic Kidney Disease have been agreed and introduced into Primary Care</li> <li>Regional actions plans have been developed for increasing patient numbers for home dialysis and transplantation, monitored through the WKN Regional performance meetings</li> </ul> </li> </ul>	Prevention workstream medium/long term effect  • National Primary Care CKD optimisation project approved as a mandatory component of the new GMS contract for all GP practices in Wales £4.5m budget. Educational webinar to promote project is planned for September 2025 supported by regional workshops. Target metrics have been developed by DHCW and EMIS searches • CKD e-learning module for primary care focusing on prevention, screening and optimisation for early CKD - CPD-approved is under construction with HEIW • Community Cardiorenal clinic pilot being developed in SBUHB - start date to be confirmed  Commissioned services • 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. • Full workforce analysis with Regions and bench marking to quantify the various staffing costs per session. • Monitor the variation between the 1.77% uplift applied as part of the IMTP Foundation plan and the projected 3.7% growth for dialysis across Wales - Qtr 4 2025/26  <b>Update for August 2025 - No regional meetings have taken place; these are due in September 2025</b>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Welsh Kidney Network Board</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	16	2	←	Jan-24	Aug-2025
68 NCC064	C&VUHB Specialist Auditory Hearing Service Waiting Times	<b>If...</b> ...staffing difficulties, and an increase in BCHI referrals being received from Aneurin Bevan University Health Board continues <b>Then...</b> ...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 <b>Resulting in...</b> ...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 Commissioning for Specialised Services	Neurosciences	<b>Ensure quality:</b> 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	CVUHB	<ul style="list-style-type: none"> <li>JCC have increased the frequency of meetings with C&amp;VUHB Specialist Auditory Hearing Service to discuss performance, staffing issues/level and risks.</li> <li>In March 25 CVUHB shared the work force requirement to right size the service, indicating significant investment required. The JCC has requested that CVUHB considers this internally as it has been identified that CVUHB receives more income than it costs to deliver the current service. The JCC are awaiting confirmation from CVUHB regarding the financial position and recruitment to right size the service.</li> <li>The next performance meeting with the south Wales Specialist Auditory Hearing Service has been arranged for the 7th August 25 where an update from CVUHB is expected.</li> </ul>	• JCC has met regularly with the C&VUHB team to discuss performance and understand the risks. In March 2025 the service presented a waiting list plan and trajectory of how the service will move towards achieving a 26 week wait. • In March 25 CVUHB shared the work force requirement to right size the service, indicating significant investment required. The JCC has requested that CVUHB considers this internally as it has been identified that CVUHB receives more income than it costs to deliver the current service. The JCC are awaiting confirmation from CVUHB regarding the financial position and recruitment to right size the service. • The next performance meeting with the south Wales Specialist Auditory Hearing Service has been arranged for the 7th August 25 where an update from CVUHB is expected.  <b>Update for August 2025 - Commissioning Team undertaken a review of this risk which remains unchanged</b>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	20	4	←	Feb-24	Aug-2025
69 P/21/25	Paediatric Radiology Service	<b>If...</b> ...the commissioned 24/7 paediatric radiology service model is not operationalised within the children's hospital <b>Then...</b> ...this may leave a prolonged gap in out of hours' provision <b>Resulting in...</b> ...patients being transferred out of wales, out of hours, for diagnostic assessment and potentially their ongoing treatment	Director of Commissioning for Specialised Services	Women & Children	<b>Ensure quality:</b> 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	CVUHB	<ul style="list-style-type: none"> <li>Revised business case against the 2021 investment received in May 2024</li> <li>Quarterly assurance &amp; performance meetings to monitor progress commenced July 2024</li> <li>New proposal for service agreed September 2024</li> </ul>	• Arrange meeting with service leads to discuss new proposal - Complete • Paper to be presented to JCC Senior Leadership Team to outline changes to original business case and phased approach to delivering a 24/7 service agreed September 2024 • Progression against business plan monitored through quarterly assurance meetings with service leads - Next quarterly assurance meeting with service 01/09/25  <b>Update for August 2025 - The W&amp;C Commissioning team have reviewed the risk which remains unchanged.</b>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	20	4	←	Mar-24	Aug-25
77	Commissioning of sufficient Emergency Ambulance Services capacity	<b>If...</b> ...the NWJCC does not commission sufficient capacity of services <b>Then...</b> ...the providers will be unable to deliver their commissioned requirements <b>Resulting in...</b> ...reduced performance and quality standards, increased risk of harm, reduced system flow and NWJIC reputational risk	Director of Commissioning for Ambulance Services and 111	Ambulance Services and 111	<b>Facilitate Integration:</b> through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	WAST / EMRTS	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul>	• Increase the number of patients managed at Step 2 of the ambulance commissioning framework • Investment in additional ambulance service capacity by pass through of 2024/25 uplift • Completion of 2024 Demand and Capacity review - findings being considered as part of 2025/26 IMTP plan development • Assessment of implications of Manchester Arena Inquiry submission by the ambulance service being undertaken • The Ministerial Advisory Group report into NHS Wales Performance and Productivity (Recommendation 13) recommends urgent action should be taken to reduce ambulance handover delays at emergency departments by implementing a national improvement programme, supported by real-time data, operational standards, and accountability mechanisms. JCC are working collaboratively to support implementation of this recommendation including taking a lead on the development of a performance dashboard. • Establishment of the clinically led National Improvement Delivery Group on 1st July 2025 to reduce ambulance handover delays of which the JCC is an active participant • Number of lost hours due to handover delays reduced in July 2025 and August 2025 to circa 12000 hours which is an improving trend.  <b>Update for August 2025 - Ambulance &amp; 111 Commissioning Team have reviewed the risk score which remains unchanged.</b>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	15	10	←	Sep-24	Aug-2025

Organisational Risk Register (Risks Graded 15 and Above) - August 2025

Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team/ Directorate	JCC Strategic Objective	CTM Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (C x L)	Rating (Target) (C x L)	Trend	Risk Opened	Last Reviewed
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 Services and 111	Ambulance Services and 111	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	WAST	<ul style="list-style-type: none"> <li>Implementation of Welsh Government ambulance handover targets for health boards</li> <li>NWJCC collaborative working with health boards and WAST to reduce conveyance to Emergency Departments</li> </ul>	<ul style="list-style-type: none"> <li>The Ministerial Advisory Group report into NHS Wales Performance and Productivity (Recommendation 13) recommends Urgent action should be taken to reduce ambulance handover delays at emergency departments by implementing a national improvement programme, supported by real-time data, operational standards, and accountability mechanisms. JCC are working collaboratively to support implementation of this recommendation and support a weekly operational discussion regarding national ambulance handover performance with Welsh Government and NHS Wales Performance &amp; Improvement including taking a lead on the development of a performance dashboard.</li> <li>Establishment of the clinically led National Improvement Delivery Group (National Handover-45 Taskforce) to reduce ambulance handover delays of which the JCC is an active participant</li> <li>6 Goals programme working to ensure All Health Boards in Wales establish Single Points of Access (SPOA) by September 2025 to facilitate more patients being streamed to the correct place to meet their needs.</li> <li>Increase the number of patients managed at Step 2 of the ambulance commissioning framework</li> <li>Investment in additional ambulance service capacity by pass-through 2024/25 uplift</li> <li>Developing of productivity improvement plan aligned to the 5 step ambulance pathway - maximising efficiency of commissioned capacity</li> <li>Introduction of rapid clinical screening from December 2024, to clinically optimise dispatch decisions</li> <li>Phased introduction of RICS (Remote Integrated Care Service) in Q4, providing consistency for 111 and 999 to remotely clinically assess patients via a single point and appropriately refer patients to a direct pathway (where available). This ensures ensuring patients can access the right response first time.</li> <li>Sustained reduction throughout Q1 2025/26 in the number of lost hours due to ambulance handover delays within a number of hospitals within NHS Wales is resulting in more emergency ambulance capacity being utilised for its intended purpose.</li> <li>Accelerated design events planned to take place during August/September 2025 to improve handover delays further.</li> </ul> <p>Update for August 2025 - Ambulance &amp; 111 Commissioning Team have reviewed the risk score which has remained unchanged.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	20	15	←	Sep-24	Aug-2025
79	Type A Aortic Dissection	<p>If...the recommendations of the 202 GIRFT review relating to the treatment of Type A Aortic Dissections cannot be implemented</p> <p>Then...patients from South Wales will not have access to the recommended single Type A Aortic Dissection treatment pathway and will continue to need to be transferred to England if identified as benefiting from the Frozen Elephant Trunk procedure</p> <p>Resulting in... suboptimal patient outcomes and inequity of service</p>	Director of Commissioning for Specialised Services	Cardiac	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes		<ul style="list-style-type: none"> <li>Following the publishing of the GIRFT review recommendations, the NWJCC worked with the two South Wales providers to identify whether either would be interested in being the single provider of the Frozen Elephant Trunk procedure (mindful that this might also facilitate a move towards the provision of a single pathway), with neither centre expressing an interest</li> </ul>	<ul style="list-style-type: none"> <li>Continue working with CVUHB and SBUHB to identify the means of implementing the GIRFT recommendation at the earliest possible opportunity.</li> <li>Present option of aligning delivery with the Cardiac Review by means of a forthcoming Joint Commissioning Committee paper that outlines the scope of Phase 2 of the cardiac review for which aortic dissection is included. The paper is being presented to SLT and the Joint Committee development session in August. The outcome will be to progress with an interim pathway to ensure ongoing service provision for these patients.</li> </ul> <p>Update August 2025 - The Cardiac Commissioning team have reviewed the risk which remains unchanged. The risk score will be reviewed following the development / implementation of an interim pathway for these patients.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	16	4	←	Mar-25	Aug-2025
82 NCC057	SBUHB Neuro-rehabilitation	<p>If...patients requiring admission to the Inpatient Neuro-rehabilitation Unit (SBUHB) are unable to access specialist rehabilitation due to considerable staffing pressures across the whole of the multidisciplinary team</p> <p>Then...patient care will be compromised and the opportunity to avoid preventable complications (where specialist Neuro-rehabilitation intervention is needed but not available) will be lost</p> <p>Resulting in...poor patient experience and poor outcomes</p>	Director of Commissioning for Specialised Services	Neurosciences	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	SBUHB	<ul style="list-style-type: none"> <li>Recommendations to mitigate the current risks and medium to longer term staffing requirements by recruiting and maintaining a well-resourced and competent multidisciplinary team.</li> <li>SBUHB have reduced the number of Neuro-rehabilitation inpatient beds from 14 to 10 beds in the short term whilst recruitment gaps are resolved.</li> <li>Information re: delayed admissions/discharges to be shared with WHSSC - now completed</li> <li>Requested Bed Days lost data from NPT to identify efficiency savings and the identify the need for Level 2 step down facilities to improve clinical flow.</li> <li>Reinstated half yearly Performance meetings.</li> <li>JCC undertook writing a specialised rehabilitation strategy and the unit is to be included in this project.</li> </ul>	<ul style="list-style-type: none"> <li>JCC drafted a specialised rehabilitation strategy, the unit is to be included in this project. The strategy has been paused for review in 25/26.</li> <li>Half yearly Performance meetings with NPT - Ongoing</li> <li>April 2025 - Commissioning team reviewed risk and score has increased due to delayed investment planned for 24/25 with no funding release to take forward in the 25/26 foundation plan.</li> </ul> <p>Update for August 2025 - Commissioning Team undertaken a review of this risk which remains unchanged</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	16	2	←	Apr-25	Aug-2025
80 CB12	JACIE accreditation - south Wales CAR T service	<p>If...CVUHB does not achieve JACIE reaccreditation for its CAR-T service due to facilities not meeting standards</p> <p>Then...there will be no CAR-T service in Wales (as pharmaceutical companies will withdraw their approvals for CVUHB to administer their products)</p> <p>Resulting in...</p> <ul style="list-style-type: none"> <li>patients having to travel further to receive treatment at an accredited centre an increased risk of patients not receiving treatment in a timely manner leading to poorer patient outcomes;</li> <li>adverse impact on patient and family experience;</li> <li>significant increase in costs to NHS Wales;</li> <li>inability to deliver against the strategic intention of ATMP delivery in Wales therefore damaging reputation of NHS Wales;</li> <li>potential workforce issues with long term implications for re-starting the service and the future of ATMPs in south Wales;</li> <li>increase in administrative burden</li> </ul>	Director of Commissioning for Specialised Services	Cancer & Blood	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB	<ul style="list-style-type: none"> <li>No controls identified</li> </ul>	<ul style="list-style-type: none"> <li>In conjunction with the provider, to advise Welsh Government on the implications for the service and patients if JACIE accreditation is not achieved.</li> </ul> <p>Update for August 2025 - The risk has been reviewed and remains unchanged.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	15	5	←	May-25	Aug-2025

Organisational Risk Register (Risks Graded 15 and Above) - August 2025

Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team / Directorate	JCC Strategic Objective	CTM Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (C x L)	Rating (Target) (C x L)	Trend	Risk Opened	Last Reviewed
81 CB13	JACIE accreditation - south Wales BMT service	<b>If...</b> CVUHB does not achieve JACIE reaccreditation for its BMT service due to facilities not meeting standards <b>Then...</b> JCC will either be commissioning from an unaccredited centre or outsourcing patients to centres in England. <b>Resulting in...</b> If continue to commission Cardiff: Patients receiving treatment from a centre which is deemed not to reach national standards or the NWJCC service specification. If outsourcing: risk to patient safety due to delays in treatment and ability to have timely access to high quality care.	Director of Commissioning for Specialised Services	Cancer & Blood	<b>Ensure quality:</b> 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	CVUHB SBUHB	<ul style="list-style-type: none"> <li>Stringent infection control measures are in place</li> <li>Appropriate governance arrangements would need to be in place if the service does not have JACIE accreditation.</li> </ul>	<ul style="list-style-type: none"> <li>In conjunction with the provider, to advise Welsh Government on the implications for the service and patients if JACIE accreditation is not achieved.</li> </ul> <p>The following actions would be undertaken if accreditation is not renewed by JACIE:</p> <ul style="list-style-type: none"> <li>Increased reporting re IP&amp;C and plans and progress regarding reaccreditation via updates with capital investment</li> <li>Implement enhanced patient consenting</li> <li>To place the service in escalation level 3</li> </ul> <p>If outsourcing:</p> <ul style="list-style-type: none"> <li>Outsourcing framework to be agreed and in place.</li> </ul> <p><b>Update for August 2025 - The risk has been reviewed and remains unchanged.</b></p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	15	5	↔	May-25	Aug-2025
83 P/21/27	Full commissioning of paediatric orthopaedic surgical service	<b>If...</b> the paediatric orthopaedic surgical service is not fully commissioned by the NWJCC (which requires a full transfer of the existing service) <b>Then...</b> the NWJCC will not be able to performance manage the service <b>Resulting in...</b> potential lack of equity and quality of service provision for the population of South Wales	Director of Commissioning for Specialised Services	Women & Children	<b>Ensure quality:</b> 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	CVUHB	<ul style="list-style-type: none"> <li>Quarterly assurance meetings with the service.</li> </ul>	<ul style="list-style-type: none"> <li>The health board surgical board have committed to submitting a paper to the JCC which includes activity and costs, paediatric orthopaedic costs, theatre activity and a breakdown of coded activity. This will aid the next steps for commissioning of the service. The paper is expected by the 30th June.</li> </ul> <p><b>Update for August 2025 - Awaiting receipt of agreed paper. Not received at time of report. The W&amp;C Commissioning team have reviewed the risk which remains unchanged. Further chaser emails have been sent to the leads in the service. It was agreed in our commissioning team meeting that a meeting will be scheduled with the service to progress.</b></p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	15	4	↔	May-25	Aug-25
84	Financial break-even 2025/26	<b>If...</b> the NWJCC overspends against the agreed Annual Foundation Plan 2025/26 <b>Then...</b> the Health Boards will have to include the relevant amounts in their own financial reporting <b>Resulting in...</b> unexpected overspends/restriction of JCC/HB services to patients/breaching HB statutory financial requirements. If this happens there is a risk that the JCC financial position will have a detrimental impact on individual Health Board financial positions.	Director of Finance & Value	Finance & Value	<b>Maximise Value:</b> through our expertise and advice, determine where resources are best focussed and prioritised to inform choices that support the improvement of patient outcomes and commission appropriate services where value is demonstrated	Financial Stability & Impact of Litigation	N/A	<ul style="list-style-type: none"> <li>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.</li> <li>New business partner arrangements with monthly directorate team meetings</li> <li>Internal budget management regime to be updated in tandem with the scheme of delegation.</li> <li>Bi-monthly CCLG and collaborative commissioning group meetings.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Continuation of discussion with Welsh Government and Health Boards</li> <li>SLT prioritising the work plan aligned to the risk based foundational plan and strategic priorities.</li> </ul> <p><b>Update for August 2025 - The position and associated risks were discussed at the JCC meeting on 15 July, followed by the JCC strategy session on 19 August at which potential savings and achieving financial balance with actions and action plans to deliver were presented. Progress on delivery will be the key focus at the JCC meeting in September.</b></p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	15	9	↔	Apr-25	Aug-25
86 NCC066	C&VUHB Neurosciences National Standards	<b>If...</b> Cardiff and Vale University Health Board is unable to meet the current commissioned nursing establishment of the unit and therefore not meeting BSRM standards <b>Then...</b> the gap in the number of posts that have been commissioned means that the service is not meeting the national standards <b>Resulting in...</b> patients requiring admission to the Inpatient Neuro-rehabilitation Unit are unable to access the specialist rehabilitation this also includes tracheostomy patients, due to the number of patients that can be cared for safely	Director of Commissioning for Specialised Services	Neurosciences	<b>Ensure quality:</b> 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	CVUHB	<ul style="list-style-type: none"> <li>JCC to continue meeting with CVUHB Neurosurgery Service to discuss performance, staffing issues/level and risks</li> <li>JCC receiving and monitoring performance information</li> <li>Performance reporting and oversight via Risk assurance and recovery meetings, SLA meetings and to Management Group and JCC</li> </ul>	<ul style="list-style-type: none"> <li>New risk added in May 2025 following identification of this risk through the provider risk based assessment for the foundation plan.</li> <li>JCC has arranged further performance meetings with the service</li> </ul> <p><b>Update for August 2025 - The Neurosciences Commissioning Team has reviewed the risk which remains unchanged.</b></p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	16	4	↔	May-25	Aug-2025
87 NCC059	Neurosurgery Acute Therapy MDT	<b>If...</b> there are insufficient commissioned resource for the acute therapy MDT on the acute neuroscience pathway at the UHW <b>Then...</b> there is a risk of delay and inequity of acute therapy service provision for neuroscience patients on the acute neuroscience pathway at the Neurosurgery Service at the University Hospital of Wales (UHW) due to the limited capacity of the commissioned therapy MDT <b>Resulting in...</b> the service being unable to provide a safe, equitable and sustainable rehabilitation service for these patients	Director of Commissioning for Specialised Services	Neurosciences	<b>Ensure quality:</b> 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	CVUHB	<ul style="list-style-type: none"> <li>CIAG proposal expected for consideration for ICP 24-27.</li> <li>Continue to monitor the position at the quarterly Neurosciences Performance Meeting.</li> <li>Acute Neurosurgery therapies was approved in the ICP 24/25.</li> </ul>	<ul style="list-style-type: none"> <li>Met with Neurorehabilitation team on the 8th of June 2023 to understand the risks - Q2 24/25</li> <li>CIAG proposal submitted in Aug 2023 - the highest scoring scheme included in the ICP 24/25 - require approval and sign off of ICP 24/25 - Q4 24/25</li> <li>Commissioning team to clarify if the funding release can proceed in 25/26.</li> </ul> <p><b>Update for August 2025 - The Neurosciences Commissioning Team has reviewed the risk which remains unchanged.</b></p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	20	4	↔	Jul-25	Aug-2025

Organisational Risk Register (Risks Graded 15 and Above) - August 2025

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88	South Wales Thrombectomy Equity 24/7	<p>If...a 24 hour / 7 day per week mechanical thrombectomy service is not provided for South Wales and South Wales patients in a timely manner</p> <p>Then...there is a risk of continued inequity compared to patients in North East Wales and North Powys that have access to a 24/7 Mechanical Thrombectomy Service</p> <p>Resulting in...the potential for poorer patient outcomes in South Wales and South Powys</p>	Director of Commissioning for Specialised Services	Neurosciences	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB	<ul style="list-style-type: none"> <li>Business case received from CVUHB 4 phase plan to provision of 24/7 service</li> <li>Ongoing discussions with North Bristol Hospital Trust (NBHT) being held regarding service provision.</li> </ul>	<ul style="list-style-type: none"> <li>JCC continue to monitor CVUHB progress against the phase 1 investment and timely progression towards a 24/7 service.</li> <li>JCC to continue to meet Cardiff service regularly as required (currently fortnightly) to monitor activity.</li> </ul> <p>Update for August 2025 - The Neurosciences Commissioning Team has reviewed the risk which remains unchanged.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	20	4	↔	Jul-25	Aug-2025	
											4	5	2	2		
89 P/21/28	Paediatric Neurology Service provision for Welsh Patients	<p>If...neurology services in Alder Hey continue to be reduced</p> <p>Then...North Wales paediatric patients will not have access to the full range of Paediatric services.</p> <p>Resulting in...Inequity of care, poor patient experience and poor outcomes, which may lead to a commissioned service unable to implement JCC policies in terms of access to drugs and treatments, thus not providing a high-quality service required by JCC.</p>	Director of Commissioning for Specialised Services	Women & Children	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	Alder Hey	<ul style="list-style-type: none"> <li>The service are under capacity and delivering a restricted service. Internal meetings in JCC to discuss the current outreach provision have been held. Next meeting planned for October when the new Assistant Director of Commissioning commences who will take this work forward with Alder Hey.</li> </ul>	<p>Update for August 2025 - W&amp;C Commissioning Team have reviewed the risk which remains unchanged. A dedicated meeting to address the outreach model has been scheduled for the 7th October 2025. This will be a JCC meeting with BC UHB to discuss the Alder Hey outreach provision. The meeting will include; the new Assistant Director of Commissioning, head of commissioning, quality and business outcomes manager, associate medical director and commissioning manager from the JCC plus Asst. Director Health Strategy Planning, operations manager CYP and the Director of Performance and Commissioning from BC UHB.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	16	4	↔	Jul-25	Aug-25	
											4	4	2	2		
90	JCC Organisational Development through Effective Strategic Workforce Planning	<p>If...Strategic workforce planning is not undertaken to help identify and create the right workforce and the right ways of working to deliver the organisational strategic objectives.</p> <p>Then...there will be an inability to establish effective ways of working, capabilities and organisational culture to align priorities and execution of key plans</p> <p>Resulting...in a lack of recruitment and retention of workforce with the right skills to meet evolving organisational priorities.</p>	Director of Corporate Planning and Strategy	Corporate Planning & Strategy	Maximise Value: through our expertise and advice, determine where resources are best focussed and prioritised to inform choices that support the improvement of patient outcomes and commission appropriate services where value is demonstrated	Staff / Health Wellbeing/ Organisational Resilience	N/A	<ul style="list-style-type: none"> <li>Currently receive ad hoc OD support from our host CTMUHB</li> <li>Prioritised recruitment plan in place</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing recruitment drive</li> <li>Development for New Senior Manager Induction Plan - October 2025</li> <li>Development Sessions for Line Managers December 2025</li> <li>Scoping of Secondment opportunity across CTMUHB to address skills gap October 2025</li> <li>Organisational training needs analysis and skills mapping - October 2025</li> <li>Working with CTMUHB (Host) to identify OD resources and development of a comprehensive OD plan</li> </ul> <p>Update for August 2025:</p> <ul style="list-style-type: none"> <li>Ongoing recruitment drive; second phase of prioritised recruitment is in progress. The vacancy rate is reducing steadily.</li> <li>New Senior Manager Induction Plan - This is being finalised in collaboration with the Leadership Forum and scheduled for Monday, 13 September 2025. This session is aimed at Senior Managers namely Deputy and Assistant Directors and other colleagues. It will provide an overview of JCC as an organisation, its strategy and structure.</li> <li>Line Manger Developmental Session is ongoing. A leadership series is being created to develop of competency and confidence is being developed with CTMUHB colleagues. ESR Training is being promoted as part of data assurance.</li> <li>Discussions on workforce planning activities secondment opportunity is ongoing. These initial activities will assist with creation of a comprehensive OD plan for the JCC.</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	16	8	↔	Jul-25	Aug-2025	
											4	4	4	2		

New Risks Added (Risks Graded 15 and Above) - August 2025

JCC RISK REGISTER FOR NEW AND ESCALATED RISKS >15													
Datix ID	Risk Title	Risk Description	Strategic Risk owner	Commissioning Team / Directorate	JCC Strategic Objective	CTM Risk Domain	Provider(s)	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) C x L	Rating (Target) C x L	Month Added
87 NCC059	Neurosurgery Acute Therapy MDT	<b>If...</b> there are insufficient commissioned resource for the acute therapy MDT on the acute neuroscience pathway at the UHW  <b>Then...</b> there is a risk of delay and inequity of acute therapy service provision for neuroscience patients on the acute neuroscience pathway at the Neurosurgery Service at the University Hospital of Wales (UHW) due to the limited capacity of the commissioned therapy MDT  <b>Resulting in...</b> the service being unable to provide a safe, equitable and sustainable rehabilitation service for these patients	Director of Commissioning for Specialised Services	Neurosciences	<b>Ensure quality:</b> 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	CVUHB	<ul style="list-style-type: none"> <li>• CIAG proposal expected for consideration for ICP 24-27.</li> <li>• Continue to monitor the position at the quarterly Neurosciences Performance Meeting.</li> <li>• Acute Neurosurgery therapies was approved in the ICP 24/25.</li> </ul>	<ul style="list-style-type: none"> <li>• Met with Neurorehabilitation team on the 8th of June 2023 to understand the risks - Q2 24/25</li> <li>• CIAG proposal submitted in Aug 2023 – the highest scoring scheme included in the ICP 24/25 – require approval and sign off of ICP 24/25 - Q4 24/25</li> <li>• Commissioning team to clarify if the funding release can proceed in 25/26.</li> </ul> <p><b>Update for July 2025</b> - Commissioning team reviewed risk and score has <b>increased from a risk score of 12 to 20</b> as funding has been paused.</p>	<ul style="list-style-type: none"> <li>• Joint Commissioning Committee</li> <li>• Planning, Performance &amp; Finance Sub-Committee</li> <li>• Senior Leadership Team</li> <li>• CTMUHB Audit &amp; Risk Committee</li> </ul>	20 (5x4)	4 (2x2)	Jul-25
88	South Wales Thrombectomy Equity 24/7	<b>If...</b> a 24 hour / 7 day per week mechanical thrombectomy service is not provided for South Wales and South Wales patients in a timely manner  <b>Then...</b> there is a risk of continued inequity compared to patients in North East Wales and North Powys that have access to a 24/7 Mechanical Thrombectomy Service  <b>Resulting in...</b> the potential for poorer patient outcomes in South Wales and South Powys	Director of Commissioning for Specialised Services	Neurosciences	<b>Ensure quality:</b> 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	CVUHB	<ul style="list-style-type: none"> <li>• Business case received from CVUHB 4 phase plan to provision of 24/7 service</li> <li>• Ongoing discussions with North Bristol Hospital Trust (NBHT) being held regarding service provision.</li> </ul>	<ul style="list-style-type: none"> <li>• JCC continue to monitor CVUHB progress against the phase 1 investment and timely progression towards a 24/7 service.</li> <li>• JCC to continue to meet Cardiff service regularly as required (currently fortnightly) to monitor activity.</li> </ul> <p><b>Update for July 2025</b> - New risk added following a Risk Register CTM meeting.</p>	<ul style="list-style-type: none"> <li>• Joint Commissioning Committee</li> <li>• Quality, Safety &amp; Outcomes Sub-Committee</li> <li>• Senior Leadership Team</li> <li>• CTMUHB Audit &amp; Risk Committee</li> </ul>	20 (4x5)	4 (2x2)	Jul-25
89 P/21/28	Paediatric Neurology Service provision for Welsh Patients	<b>If...</b> neurology services in Alder Hey continue to be reduced  <b>Then...</b> North Wales paediatric patients will not have access to the full range of Paediatric services.  <b>Resulting in...</b> Inequity of care, poor patient experience and poor outcomes, which may lead to a commissioned service unable to implement JCC policies in terms of access to drugs and treatments, thus not providing a high-quality service required by JCC.	Director of Commissioning for Specialised Services	Women & Children	<b>Ensure quality:</b> 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	Alder Hey	<ul style="list-style-type: none"> <li>• The service are under capacity and delivering a restricted service. Internal meetings in JCC to discuss the current outreach provision have been held. Next meeting planned for October when the new Assistant Director of Commissioning commences who will take this work forward with Alder Hey.</li> </ul>	<p><b>Update for July 2025</b> - New Risk added. Discussed in Specialised service team meeting, with agreement received from Director of Specialised Services to add to risk register.</p>	<ul style="list-style-type: none"> <li>• Joint Commissioning Committee</li> <li>• Quality, Safety &amp; Outcomes Sub-Committee</li> <li>• Senior Leadership Team</li> <li>• CTMUHB Audit &amp; Risk Committee</li> </ul>	16 (4x4)	4 (2x2)	Jul-25
90	JCC Organisational Development through Effective Strategic Workforce Planning	<b>If...</b> Strategic workforce planning is not undertaken to help identify and create the right workforce and the right ways of working to deliver the organisational strategic objectives.  <b>Then...</b> there will be an inability to establish effective ways of working, capabilities and organisational culture to align priorities and execution of key plans  <b>Resulting...</b> in a lack of recruitment and retention of workforce with the right skills to meet evolving organisational priorities.	Director of Corporate Planning and Strategy	Corporate Planning & Strategy	<b>Maximise Value:</b> through our expertise and advice, determine where resources are best focussed and prioritised to inform choices that support the improvement of patient outcomes and commission appropriate services where value is demonstrated	Staff / Health Wellbeing/ Organisational Resilience	N/A	<ul style="list-style-type: none"> <li>• Currently receive ad hoc OD support from our host CTMUHB</li> <li>• Prioritised recruitment plan in place</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing recruitment drive</li> <li>• Development for New Senior Manager Induction Plan - October 2025</li> <li>• Development Sessions for Line Managers December 2025</li> <li>• Scoping of Secondment opportunity across CTMUHB to address skills gap October 2025</li> <li>• Organisational training needs analysis and skills mapping - October 2025</li> <li>• Working with CTMUHB (Host) to identify OD resources and development of a comprehensive OD plan</li> </ul> <p><b>Update for July 2025</b> - New risk added</p>	<ul style="list-style-type: none"> <li>• Joint Commissioning Committee</li> <li>• Planning, Performance &amp; Finance Sub-Committee</li> <li>• Senior Leadership Team</li> <li>• CTMUHB Audit &amp; Risk Committee</li> </ul>	16 (4x4)	8 (4x2)	Jul-25

De-Escalated Risks (Risks Graded 15 and Above) - August 2025

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
85 CB14	<b>CAR T Capacity</b>	<p>If... the strategic capital plan for cellular therapy does not include sufficient capacity for the south Wales CAR T service to accommodate NICE approvals beyond those currently delivered</p> <p><b>Then...</b>increasing levels of capacity will need to be sought from CAR T centres outside of Wales to ensure timely and equitable access for patients to treatment</p> <p><b>Resulting in...</b></p> <ul style="list-style-type: none"> <li>increasing numbers of patients having to travel further to receive treatment;</li> <li>an increased risk of patients not receiving treatment in a timely manner leading to poorer patient outcomes;</li> <li>adverse impact on patient and family experience;</li> <li>increase in costs to NHS Wales;</li> <li>threat to the long term sustainability of CAR T delivery in Wales due to not keeping up with NICE approvals;</li> <li>inability to deliver against the strategic intention of ATMP delivery in Wales therefore damaging reputation of NHS Wales;</li> <li>an increase in administrative burden</li> </ul>	Director of Commissioning for Specialised Services	<b>Ensure quality:</b> 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	Maximising use of Auto-BMT capacity at SBUHB within the current commissioning framework to release capacity in CVUHB.	<ul style="list-style-type: none"> <li>To work with the provider to advise WG on the implications of the options for capital development to meet strategic ambitions of ATMP delivery in Wales</li> <li>To explore the potential for further increasing Auto-BMT capacity at SBUHB to release additional capacity in CVUHB for CAR-T.</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	12 (Risk reduced from a 16)	6	Jun-25	Following review of the risk score by the Associate Medical Director for C&B, it was considered that the risk from a commissioner's perspective might have previously been overstated, as patients would still have access to CAR T albeit not from Cardiff UHB.
55 P/21/22	<b>Neonatal Workforce</b>	<p>If...the impact of the available workforce within UHW, to support the current intensive care demand continues to be difficult</p> <p><b>Then...</b>neonates who require tertiary regional neonatal support in South Wales may be inappropriately cared for</p> <p><b>Resulting in...</b>a neonate being cared for in an inappropriate care setting, where the necessary skills and/or equipment are not available</p>	Director of Commissioning for Specialised Services	<b>Ensure quality:</b> 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"> <li>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</li> <li>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.</li> <li>New cot day tariff implemented</li> <li>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</li> <li>Continue to monitor through Performance Management Framework</li> <li>Re-set meeting to discuss and agree actions/objectives in collaboration with the health board on 18th September 2024. Actions/objectives agreed.</li> <li>Meetings to be held every 6 weeks to monitor progress.</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly meetings with each provider to monitor implementation of Phase 1 cot re-configuration - ongoing</li> <li>Working with C&amp;V UHB team to develop a plan to implement new baseline - ongoing</li> <li>Through quarterly assurance meetings with all neonatal units in the South &amp; 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</li> <li>Re-set meeting agreed to discuss and agree revised process and objectives in collaboration with the Health Board to be arranged - Meetings to be held every 6 weeks. Date of next meeting 25th February 2025 to monitor progress.</li> <li>Decision made by the W&amp;C commissioning team and the JCC executive lead that improvements have been recognised but further improvements against the agreed objectives are required prior to the team considering de-escalation. The health board acknowledged the decision. The next level 3 escalation meeting is scheduled for 23rd September 2025. The August meeting has been stood down at the request of the JCC Director of Commissioning for Specialised Services so finance discussions can take place prior to the next meeting. C&amp;V UHB say they are underfunded for their activity. The commissioning team has now been tasked with facilitating the finance discussions.</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	12 (Risk reduced from 20)	4	Jul-25	The W&C Commissioning Team have reviewed the risk. Even though they remain at escalation level 3 this is not related to their current work force. During the escalation meetings the health board have explained that they have no current concerns with their nursing work force. The team agreed to reduce the risk from 20 to 12 (C4 x L3).

Closed Risks from the Organisational Risk Register (Risks Graded 15 and Above) - August 2025

	A	B	C	D	E	F	G	H	I	J	K
1	<b>JCC RISK REGISTER FOR CLOSED RISKS &gt;15</b>										
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	56 P/21/23	<b>Neo-natal Infection Control</b>	<p><b>If...</b>Infection, Prevention &amp; Control issues within the clinical area are not addressed</p> <p><b>Then...</b>neonates within the Neonatal Intensive Care Unit environment within UHW, are at greater risk of infections, whilst safer practice monitoring is being embedded</p> <p><b>Resulting in...</b>increased neonatal morbidity</p>	Director of Commissioning for Specialised Services	<b>Ensure quality:</b> 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"> <li>Re-set meeting to discuss and agree actions/objectives in collaboration with the health board (September 2024)</li> <li>Re-set meeting to discuss and agree actions/objectives in collaboration with the health board on 18th September 2024. Actions/objectives agreed.</li> <li>Meetings to be held every 6 weeks to monitor progress.</li> </ul>	<ul style="list-style-type: none"> <li>Executive to Executive meeting scheduled with C&amp;VUHB - Completed</li> <li>Action Plan requested as part of escalation framework - Completed</li> <li>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</li> <li>Re-set meeting agreed to discuss and agree revised process and objectives in collaboration with the Health Board to be arranged - Meetings to be held every 6 weeks. Date of next meeting 25th February 2025 to monitor progress.</li> <li>Decision made by the W&amp;C commissioning team and the JCC executive lead that improvements have been recognised but further improvements against the agreed objectives are required prior to the team considering de-escalation. The health board acknowledged the decision. The next level 3 escalation meeting is scheduled for 1st July.</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	Jul-25	The W&C Commissioning Team have reviewed the risk. The health boards position with blood stream infections has improved. The MRSA outbreak has been downgraded and a closure form has been received from the health board to support this decision. Cardiff have an operational meeting in place and there have been no further escalations. The JCC Quality Team have met with health board service leads and they have agreed to close this from a QPS perspective. The W&C commissioning team agreed that this risk can be closed and removed from the register.



**Agenda Item**

3.3

**Audit, Risk & Assurance Committee – Hosted Bodies**

**NWJCC Audit Recommendations Tracker**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	13/11/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Gareth Mitchell, Corporate Governance Manager and Helen Harris, Financial Accountant, NWJCC
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Aaron Fowler, Committee Secretary, NWJCC
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Georgina Galletly, Director of Corporate Planning and Strategy, NWJCC

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
CTMUHB	Cwm Taf Morgannwg University Health Board
ARAC	Audit, Risk and Assurance Committee
JC	Joint Commissioning Committee
NWJCC	NHS Wales Joint Commissioning Committee



**1. Situation /Background**

- 1.1 The purpose of this report is to provide the Cwm Taf Morgannwg University Health Board (CTMUHB) Audit, Risk and Assurance Committee (ARAC) for hosted bodies with an update on progress in respect of the implementation of recommendations from internal and external audits.
- 1.2 Since 1 April 2024, in accordance with the NHS Wales Joint Commissioning Committee (NWJCC) Standing Orders and the Hosting Agreement with CTMUHB, the NWJCC utilises the CTMUHB ARAC to discharge the requirement to have a sub-committee to cover the audit and risk aspects of Joint Commissioning Committee (JC) business.
- 1.3 Audits play an important independent role in providing the JC and the ARAC with assurance over the internal controls, systems and processes that are in place, and to ensure that they are sufficiently comprehensive and operating effectively. Therefore, it is essential that recommendations from both internal and external audits are implemented in a timely way. All reports from audits undertaken across NWJCC services are logged and monitored through the NWJCC Audit Tracker.

**2. Internal Audit**

**2.1 Summary of Audits Undertaken in 2024-2025**

2.2 The following reviews were completed by Internal Audit during 2024-2025:

Audit Theme	Quarter	Assurance Rating
Mental Health Quality Commissioning Arrangements	3	Reasonable
Establishment of the JCC - Advisory	4	N/A
Finance Systems	4	Reasonable

Progress towards achieving the recommendations in these reports is shown below.

An Internal Audit Report on Traumatic Stress Wales will be reported to the ARAC against Agenda Item 3.5. It should be noted that the recommendations in this audit report are subject to formal agreement for future hosting arrangements and will be incorporated within future updates to the ARAC.



Audit Theme	Recommendations			
	Made	Achieved	Not Yet Due	Outstanding
Mental Health Quality Commissioning Arrangements	1	1		0
Financial Arrangements	7		6	1

### 2.3 Summary of Planned Audits for 2025-2026

The Director of Finance, the Chief Commissioner and the Committee Secretary met with colleagues from the NHS Wales Shared Services Partnership's Internal Audit team on 17 June 2025 to discuss the NWJCC's internal audit programme for 2025-2026.

The following reviews have been agreed with Internal Audit for completion during 2025-2026:

Audit Theme	Quarter	Assurance Rating
Individual Patient Funding Requests	Q3	Audit brief finalised.
Strategic Planning	Q4	Not yet due
High-Cost Drugs	Q4	Not yet due
Budget Management	Q4	Not yet due

### 2.4 External Audit

The NWJCC is not involved in any external audits at present.

## 3. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration
	The NWJCC was established on 1 April 2024. The strategic goals were approved in September 2024. This work aims to maximise value and facilitate integration
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Commission evidence based services that are secured through forging excellent relationships; shaped by people with expert knowledge and experience to secure high quality care with outcomes that matter and ensure



	involvement of patients and are sustainable and make the best use of resources
	The NWJCC was established on 1 April 2024. The principles were approved by the NWJCC in September 2024. The aim to be the centre of excellence for collaborative commissioning
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration A Healthier Wales
<b>Dolen i Hwyluswyr Ansawdd</b> (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / <b>Link to Enablers of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	If more than one applies please list below: A More Equal Wales A Wales of cohesive communities Data to Knowledge
<b>Dolen i Feysydd Ansawdd</b> (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / <b>Link to Domains of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership Efficient All of the domains of quality apply
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	If more than one applies please list below: Effective; equitable; person centred; timely and safe No - Not Applicable

Impact Assessment		
<b>Ansawdd</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / <b>Quality</b> Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This report relates to the audit tracker where issues related to quality may be referred to
<b>Cydraddoldeb a'r Gymraeg</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / <b>Equality and Welsh Language</b> Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is the audit tracker and not specifically relatable to the protected characteristics. It is regularly reviewed and does not specifically deal with patient level



		information ie re protected characteristics although all services are required to comply with the Equality Act and Public Sector Equality Duty
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below) How internal teams work in the NWJCC is important in terms of the national position and its reputation, particularly in relation to audit is important to uphold	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below) The lead for the review needs to be identified and resourced.	

#### 4. Recommendation

4.1 Members are asked to:

- **Note** the report; and
- Take an **assurance** on the progress against the audit programme for 2024-25
- **Note** the planned audit programme for 2025-26.

**NHS Wales Joint Commissioning Committee**  
**Register of Recommendations from the Internal Audit Report on Financial Arrangements**  
**November 2025**

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA FA 2024 1	With the exception of WG monitoring return guidance, there are no written procedures in place for the completion of financial monitoring tasks. Due to the size of the team and the routine nature of the financial reports and monitoring tasks to be performed each month, there has not been a documented timetable/procedure. However, with the expansion of the Finance team by several members of staff, this would be advisable going forward. The organisation is now larger and potentially more complex. Furthermore, where there is only a small team, this can increase the risk of over-reliance on a few key members of staff.	No written procedures for the completion of financial monitoring tasks. While key financial staff meet immediately following month end to agree the financial monitoring reports, there are no written procedures in place which set out the actions required. <b>RISK: Inability to produce required financial reports or monitoring returns. Inappropriate actions taken or decisions made where there has been inaccurate financial reporting.</b>	MEDIUM	September 2025	Gwen Kohler, Deputy Director of Finance	Sandra Tallon, Assistant Director of Finance	Agreed Action: Written procedures will be developed which set out the actions required for the completion of financial monitoring tasks. <b>PROGRESS: Written procedures have been developed and are out for review across the wider NWJCC finance team before being put into action from October 2025 month end reporting.</b>	<b>COMPLETED</b>
IA FA 2024 2	At the time of our audit review the former WHSSC Financial Control Procedure (FCP) for requisitioning of goods and services remained in use. The JCC have delayed updating the FCP to reflect the new JCC organisation while they wait for CTM, as the host organisation, to update their equivalent FCP. Our review of the procedure in place confirmed that it provides sufficient detail on the requisitioning and ordering process.	As a hosted body of CTM, the JCC adopts their FCP and adapts them for their own circumstances. CTM are in the process of updating their FCPs, as such the former WHSSC FCP in relation to the requisitioning of goods and services work has not yet been updated to reflect the new organisation. <b>RISK: Inappropriate procurement actions taken or decisions made where there is a lack guidance.</b>	MEDIUM	August 2025	Gwen Kohler, Deputy Director of Finance	Helen Harris, Financial Accountant	Agreed Action: All JCC FCPs will be reviewed ensuring alignment to the equivalent CTM FCP. They will take account of the new larger organisation and its revised Scheme of Delegation. <b>PROGRESS: 7 FCPS have been revised and submitted to ARC for approval at the November 2025 meeting. 2 FCPS ( Salaries and Wages and Purchase of Goods &amp; Services ) remain to be reviewed but cannot be progressed until the equivalent CTM FCPs have been revised and approved by the CTM ARC. Both FCPs are in relation to services provided by NHS Wales Shared Services and will be generic across both CTM and the NHSWJCC. As a result they will need to be accepted and implemented as given. This recommendation as it relates to the NHSWJCC FCP's has been completed as far as possible.</b>	<b>COMPLETED</b>

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA FA 2024 3	<p>Due to nature of how WHSSC and now the JCC have been set up, the Oracle financial system is not fully used when requisitioning goods and services. The majority of the procurement process takes place outside of the Oracle system via email.</p> <p>We tested a sample of 30 transactions, split equally between direct running costs, Individual Patient Funding Requests (IPFRs) and mental health placement costs. For each in the sample, we tested the procurement process from purchase order and quotes and tenders where relevant, through to the supplier invoice and supporting documentation, ending in the final payment.</p> <p>No retrospective orders were used for the transactions in our sample, and where quotes or tenders were required, these had been obtained. However, we identified a small number of findings relating to the use of recurring orders and potentially unnecessary payments.</p> <p>Single Tender Action (STA) are required where a normal procurement route has not been followed, for example where contracts with existing suppliers are to be renewed or extended. We identified that the process for renewing STA is not always taking place in a timely manner, meaning payments are made to supplier before authorisation is in place.</p>	<p>3/30 payments related to IPFR costs where the original purchase orders were raised in 2020 and 2021, and annual recurring payments have been made against them. However there does not appear to be any mechanism in place to record and monitor total payments to ensure they remain within the purchase order value.</p> <p><b>RISK: Lack of appropriate approval for procurements.</b></p>	MEDIUM	August 2025. Revised December 2025	Gwen Kohler, Deputy Director of Finance	Sandra Tallon, Assistant Director of Finance	<p>Agreed Action: A review of recurring payments is being undertaken against historic IPFR purchase orders to ensure all remain appropriate, with new and appropriately approved purchase orders raised where necessary. Further, a process has been introduced as part of regular month end monitoring and reporting that allows spend against IPFR purchase orders to be monitored to ensure values are not exceeded. However, as this is an ongoing process that will be embedded into day to day tasks, there is no natural end date. This work has already started and is expected to continue indefinitely.</p> <p><b>PROGRESS: The review has commenced but had to be paused as the finance team member undertaking the review has moved on. The post is currently ( October 2025 ) out to advert for a replacement. Once a replacement has been recruited the review will be restarted.</b></p>	<b>ONGOING</b>
IA FA 2024 4	<p>We identified payments in excess of £1,100 had been made to a hotel chain, specifically in relation to non-arrival charges. We understand the bookings are in relation to the mental health quality team when accommodation is needed for inspection visits that are made to establishments on the JCC framework. However, we are unclear why these bookings had been made and then not used.</p> <p>Whilst this issue had previously been identified by the JCC and systems and training put in place to prevent recurrence; we identified subsequent costs incurred for the same reason.</p>	<b>RISK: Poor use of limited resources.</b>	MEDIUM	July 2025	Helen Tyler, Head of Corporate Governance	Matt Gair, Corporate Services Manager	<p>Agreed Action: We have changed the procedure for booking of accommodation and have changed supplier. This is expected to lead to a reduction in non-attendance charges as a result of the process breaking down.</p> <p>We have discussed with the Director leading the team involved and been provided with assurance that all future invoices will be scrutinised for any unexpected non-attendance charges.</p> <p>Additional compliance monitoring will be undertaken by the JCC Corporate Services team on a quarterly basis. Explanations for any non-attendance charges will be required and any inappropriate charges will be followed up both with the team involved and the supplier.</p> <p><b>PROGRESS: Procedure changed and monitoring in place.</b></p>	<b>COMPLETED</b>

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA FA 2024 5	<p>The register of STAs lists four that have previously been authorised. However, the contracts relating to two of these organisations has expired.</p> <p>One was due to expire at the end of April 2025, and we saw evidence of work commencing to extend the contract and therefore the need for a new STA, commence in March 2025. At the time of our audit the STA application was still in the process of being authorised.</p> <p>A second contract expired in 2024, and we understand the organisation continues to be used. We have been unable to confirm if a renewed contract and STA have been put in place.</p>	<b>RISK: Lack of appropriate approval for procurements.</b>	HIGH	August 2025. Revised November 2025	Gwen Kohler, Deputy Director of Finance	Helen Harris, Financial Accountant	<p>Agreed Action: To note that there is rarely a need for an STA process within the JCC. As the finding notes, we only had 4 STA's in operation during 2024-2025. However, we will work with colleagues in Shared Services Procurement services to develop a more robust process to identify contracts due for renewal to ensure the authorisation of STAs can be completed in a timely manner.</p> <p>We will provide more training to JCC staff to emphasize the importance of complying with WG procurement regulations which will include Single Tender Actions and procurement timescales.</p> <p><b>PROGRESS: Training has been provided to all staff as part of an overarching financial governance training session.</b></p> <p><b>All current STAs have been reviewed to ensure they are still in date.</b></p> <p><b>Meetings have taken place with the SSP Head of Procurement for CTM Locality looking to formalise the STA process within the JCC so that it meets SSP deadlines and requirements.</b></p> <p><b>Discussions with SSP Procurement Services are ongoing.</b></p>	<b>ONGOING</b>
IA FA 2024 6	<p>JCC internal approval of payments is undertaken using emails supported by appropriate documentation. Once approval has been obtained from the relevant budget holder, the Assistant Financial Accountant undertakes a final review of documentation ahead of submitting the information to the NWSSP central Oracle team to instigate payment to the supplier.</p> <p>Our testing of a sample of transactions has identified that all payments had been approved in line with the organisation's scheme of delegation, however, not all were paid in line with the 30-day payment target.</p>	<p>From the sample of 30 payments made, six exceeded the 30-day payment target. Whilst most were only a few days over the 30-day limit, one invoice took nearly five months to be approved, though we are aware of the reason for the delay.</p> <p><b>RISK: Adverse impact on suppliers due to delayed payments. Inability to achieve WG payment targets.</b></p>	MEDIUM	September 2025	Gwen Kohler, Deputy Director of Finance	Helen Harris, Financial Accountant	<p>Agreed Action: Staff are aware of the payment performance requirement and a system is already in place to identify the reasons for targets being missed. Further training will be provided to staff and directors.</p> <p><b>PROGRESS: Individual training has been provided to all Senior Leadership Team Directors, to all staff as part of a governance presentation at the weekly JCC staff meeting on 14th August 2025, and to departmental teams at their monthly team meetings. As far as possible all staff have been reached.</b></p>	<b>COMPLETED</b>

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA FA 2024 7	<p>An up-to-date FCP is in place. It sets out the process for requesting invoices to be raised, the recording of details in an invoice log and the passing of information to CTM for the invoice to be raised in the Oracle system and issued. The FCP also includes details on the process for dealing with aged debts.</p> <p>Our review of a sample of invoices confirmed that the details were consistent with the invoice log and had been appropriately requested. Furthermore, the invoice requests were promptly passed to the Oracle debtors team at CTM who issued invoices with appropriate due dates within a reasonable time.</p> <p>The Oracle aged debtors report is produced by the JCC Assistant Financial Accountant each month end and reconciled to the invoice log to ensure completeness and accuracy. We reviewed the latest reconciliation and no issues were identified. We also confirmed that emails had been promptly sent after month end to follow up overdue debts.</p> <p>As part of our review of the aged debt report we identified four older debts. Whilst the total value was small, some had been overdue for a number of years and were no longer pursued.</p>	<p>Our review of the aged debt report identified four old debts totalling £7,500. They are: £3,000 from October 2021; £2,500 from September 2022 and £1,500 and £500 from November 2023. These debts are no longer being pursued by the JCC and it is unclear why they have not been proposed for write off. <b>Risk: Inadequate governance of old debts.</b></p>	MEDIUM	September 2025	Gwen Kohler, Deputy Director of Finance	Helen Harris, Financial Accountant	<p>Agreed Action: The old debts highlighted in the finding can be considered to be irrecoverable and a formal report will be submitted to ARC requesting approval to write off.</p> <p><b>PROGRESS: Report requesting write off in line with WG Losses and Special Payments Policy presented to ARC November 2025.</b></p>	<b>COMPLETED</b>

**NHS Wales Joint Commissioning Committee**  
**Summary Position Regarding Progress on Internal Audit Reports**  
**November 2025**

Summary Position Regarding JCC Internal Audit Recommendations

Report Title	Report Date	Audit Committee Date	Number of Recommendations Made	Number of Recommendations Achieved	Number of Recommendations Outstanding	Recommendations Not Yet Falling Due	Recommendations over due ( Original Date )	Recommendations with a revised due date
Mental Health Quality Commissioning Arrangements	November 2024	December 2024	1	1	0	0	0	0
Financial Arrangements	June 2025	August 2025	7	5	2	0	2	2



**Agenda Item**

3.4

**Hosted Bodies – Audit, Risk & Assurance Committee**

**Ambulance Service Commissioner Risk Update**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	13/11/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Ross Whitehead, Director of Commissioning for Ambulance Services & 111
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Ross Whitehead, Director of Commissioning for Ambulance Services & 111
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Choose an item. Huw George, Chief Commissioner

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
NWJCC	NHS Wales Joint Commissioning Committee
ADE's	Accelerated Design Events
WAST	Welsh Ambulance Service NHS Trust

## 1. Situation / Background

- 1.1 During the August 2025 Hosted Audit, Risk and Assurance Committee (“the Committee”) meeting members requested a specific update on the two ambulance red rated risks held by the NWJCC.
- 1.2 These risks are related to the commissioning of sufficient capacity and the utilisation of the capacity for its intended purpose.
- 1.3 **Risk 77** - Commissioning of sufficient Emergency Ambulance Services capacity.
- 1.4 This risk is primarily driven by the commissioning decisions of the NWJCC in relation to investment in ambulance capacity. Current capacity is based on the findings of the 2019 demand and capacity review.
- 1.5 There are several drivers resulting in a high score for this risk, namely, the 2024 demand and capacity review recognising that the assumptions made in 2019 have not manifested (i.e. maximum of 6000 lost hours to handover), changes in patterns of demand (i.e. increasing proportion of red calls(pre July 2025)), potential implications of the Manchester Arena Inquiry, potential impacts of the revised performance framework for emergency ambulance services in the medium to long term.
- 1.6 All of which have the potential to require the NWJCC to consider additional investment in emergency ambulance capacity to maintain sufficient capacity to respond to population need.
- 1.7 The risk score for risk 77 has remained static at 15.
- 1.8 **Risk 78** - Utilisation of Emergency Ambulance Capacity
- 1.9 This risk is primarily driven by the lost hours to handover delay outside emergency departments across Wales and, to a lesser extent, by operational processes such as meal break arrangements reducing the availability of commissioned capacity to deliver its core purpose of responding to community 999 incidents.
- 1.10 Following a review of risk 78 up to the end of July 2024, and in recognition of a significantly reduced total lost hours position, increased system priority and the establishment of processes to further mitigate lost hours across NHS Wales, the risk score was reduced from 25 to 20.

## 2. Specific Matters for Consideration

- 2.1 Members have requested updates on the mitigations being taken forward to further reduce these risks.
- 2.2 As set out above, lost hours to handover delay are a major driver of the high risk associated with the utilisation of emergency ambulance resources. The Ministerial Advisory Group report published in April 2025 recommended that Health boards should ensure that no ambulance handover exceeds 45 minutes, with a focus on achieving the 15 minute handover target wherever possible.
- 2.3 In response to this on the 1<sup>st</sup> July 2025 the National Ambulance Handover Taskforce (“the Taskforce”) was established by the Cabinet Secretary. The Taskforce is led by several clinical executives from NHS Wales, and the NWJCC are represented on the Taskforce Board by the Director of Commissioning for Ambulance Services and 111.
- 2.4 During August and September 2025, Accelerated Design Events (“ADEs”) took place across the 6 Health Boards in Wales with acute hospitals, to explore the opportunities for delivering sustainable improvement in ambulance handover. Two further events are planned with Powys Health Board and WAST to look at improving areas specific to their organisations.
- 2.5 Ambulance handover performance has shown measurable improvement across NHS Wales. Key indicators include:
- A reduction in lost ambulance hours, contributing to improved resource availability. July 2025 saw a reduction of 7,250 lost hours compared to July 2024 and was the lowest level of monthly lost hours since July 2021.
  - An increase in the proportion of patients handed over within 60 minutes, reflecting enhanced operational efficiency with over 68% of handovers taking place within 60 minutes in July 2025.
- 2.6 Whilst levels of delays remain above the level that the current commissioned capacity could absorb, the trend has continued in September with a 40% reduction on lost hours compared to September 2024. Whilst improvement is variable across Wales, most sites have delivered improvement.
- 2.7 The NWJCC is supporting this work in several ways, including the provision of weekly performance data to the Taskforce and health boards, supporting the facilitation of the ADE’s, and providing advice and scrutiny on the development of policies and procedures in relation to handover.



- 2.8 Analysis of the corresponding ambulance performance has been undertaken and is being monitored, with work ongoing with WAST as the provider on optimising the opportunities to further enhance the response provided to the population.
- 2.9 In addition, the commissioners review of the WAST submission on their assessment of the implications of the Manchester Arena Inquiry is near completion, findings will be presented to the JCC over the coming months. This will further support a review of the risk score of risk 77.
- 2.10 An external review of the clinical modernisation programme which includes the recent changes to the performance framework for emergency ambulance services has been commissioned by WAST. The NWJCC Director of Commissioning for Ambulance Services and 111 is joint SRO for the multi-year evaluation, which will help support further understanding of the model and its impact.
- 2.11 As part of its foundation plan the NWJCC committed to undertaking a strategic review of the services commissioned from the Welsh Ambulance Service. This work is underway, and its outputs will be used to inform future commissioning decisions.

### 3. Key Risks / Matters for Escalation

- 3.1 Handover delays remain a significant challenge for the effective utilisation of commissioned resources. Whilst substantial recent progress has been made, continuation and sustainability of improvement will be required in order to return to a baseline level of lost hours in line with commissioned capacity.

### 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:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
	A Healthier Wales



<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	If more than one applies please list below:	
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective	
	If more than one applies please list below:	
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Timely	
	If more than one applies please list below:	
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable	
	If more than one applies please list below:	

Impact Assessment		
<b>Ansawdd</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / <b>Quality</b> Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not applicable for this update.
<b>Cydraddoldeb a'r Gymraeg</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / <b>Equality and Welsh Language</b> Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): Neutral	If no, please include rationale below: Not applicable for this update.
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	



**Effaith Adnoddau**  
*(Pobl /Ariannol) /*  
**Resource Impact**  
*(People / Financial)*

There is no direct impact on resources as a result of the activity outlined in this report.

**5. Recommendation**

5.1 The Committee are asked to **Note** the update.

**6. Next Steps**

6.1 This risk will continue to be reviewed and managed through the NWJCC arrangements.

# Review of Traumatic Stress Wales

## Internal Audit Report

2024/25

Joint Commissioning Committee



**Limited Assurance**

### Contents

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Review Reference	CTM-2425-37
Fieldwork	January – February 2025
Executive Sign Off	September 2025
Audit Committee	November 2025
Executive Lead	Adrian Clarke, Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups
Head of Internal Audit	Paul Dalton
Deputy Head of Internal Audit	Emma Samways

# Executive Summary

## Purpose

The purpose of the review was to provide information to assist the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups within the JCC to determine the optimum delivery mechanism for the national objective of Traumatic Stress Wales (TSW), by review of the adequacy of the systems and controls in place within TSW and the JCC in relation to its management of TSW. The review sought to provide assurance to the Chief Commissioner via the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups, that TSW is operating effectively, systems are being managed appropriately, and there is clarity on the purpose and objectives of TSW within the new arrangements for the JCC. This review was specifically requested by JCC management as an addition to the Internal Audit Plan.

## Background

Traumatic Stress Wales was established in April 2020 and is funded by Welsh Government (WG). TSW aims to improve the health and wellbeing of people of all ages living in Wales who have been affected by traumatic events. It also aims to raise trauma-informed awareness and practice across Wales and has a particular focus on those at risk of developing, or already with, post-traumatic stress disorder (PTSD), or complex post-traumatic stress disorder (CPTSD).

TSW defines itself as a national quality improvement initiative that works through a network of locally based services centred around the people they are trying to help, with care pathways to avoid unnecessary repeated referral and assessment. The initiative covers children, young people, and adults, and is co-produced, co-owned and co-delivered by all relevant stakeholders, including people with lived experience of PTSD and CPTSD.

Our review highlighted that the trauma-informed approach is highly regarded by WG, and there are regular meetings between senior Ministers and the Director of TSW. These meetings are undertaken jointly with the Programme Director for the Adverse Childhood Experiences (ACE), which is hosted by Public Health Wales (PHW) on a similar arrangement to that of the TSW and JCC. TSW and ACE have worked jointly with key stakeholders in the public and third sector to develop a Trauma-Informed Wales Framework, which is a key element of the new Mental Health and Wellbeing Strategy being launched by WG in April 2025.

The current funding received by the JCC is *circa* £1.653m. £0.874m of this allocation is provided to the health boards to fund the additional staff they need to deliver to the service improvement specification, with the balance held by the central TSW hub in the JCC. However, at the time of our review, the central TSW hub was resourced to less than 50% of the staffing establishment agreed and funded by WG. This is due to NHS recruitment freezes which has severely impacted the work of TSW. Shortly after the completion of our fieldwork, the Director of TSW has also announced his resignation. Whilst he is contracted to TSW for one day a week, the experience and contacts he has developed over many years of working with trauma are seen as extremely difficult to replace and fundamental to the success of TSW by many of the interviewees we spoke to during our review.

Until the establishment of the JCC in April 2024, TSW were managed on an informal basis by the former Welsh Health Specialised Services Committee (WHSSC). Since coming under the management arrangements of the JCC, there have been attempts to provide more formality to this arrangement, but there has also been a **recognition that there may be a need to review where TSW would best be hosted**. We have not provided any opinion on this matter, but many of our findings arise from the lack of certainty over future arrangements, **and the suggested management actions are also dependent on any agreed changes to those arrangements**.

We have concluded limited assurance on this area. The significant matters requiring management attention were:

- Whilst objectives for TSW are in place and are currently subject to revision, these will need to be further reviewed to ensure alignment with the new Mental Health Strategy and will then subsequently need to be effectively communicated to all stakeholders.
- Once there is clarity on the future hosting arrangements for TSW, appropriate governance and reporting arrangements need to be established.
- Key performance indicators focused on outcomes need to be agreed and reported in line with revised governance arrangements.
- Staffing arrangements within the central TSW hub are currently insufficient to deliver the current and/or planned objectives.

## Scope & Assurance Summary

Objectives	Related Findings	Assurance*
1 Clear national objectives are in place and are understood by all stakeholders with due regard to current and future Welsh Government Mental Health policy intent for TSW.	1	<b>Reasonable</b>
2 There are appropriate delivery methods and governance structures to meet the objectives of TSW within the confines of the mechanisms available to the Welsh Government and the NHS.	2	<b>Limited</b>
3 The reporting structure is appropriate and consistent with NWJCC and Welsh Government reporting requirements.	3	<b>Limited</b>
4 The undertaking of the role, responsibilities, and delegated authorities of NWJCC is consistent with that directed by Welsh Government.	1	<b>Reasonable</b>
5 TSW is fully and appropriately integrated into the governance and delivery processes of the NWJCC, and specifically the management structure of the NWJCC Mental Health, Learning Disabilities and Vulnerable Groups Commissioning Directorate.	4	<b>Limited</b>
6 An annual plan for TSW is documented and approved in accordance with NWJCC and Welsh Government requirements and processes.	5	<b>Reasonable</b>
7 The governance, oversight, and procurement route for training or other external products by TSW aligns to NWJCC, CTMUHB and NHS requirements.	6	<b>Reasonable</b>
8 Financial arrangements and financial controls for TSW are established and complied with in accordance with NWJCC, CTMUHB and NHS requirements.	6	<b>Reasonable</b>
9 Appropriate staff employment, management, clinical oversight and working arrangements are in place to meet its objectives and comply with NWJCC and NHS requirements.	7	<b>Limited</b>
10 The governance, approval, and oversight of any TSW website or any other TSW communication products is appropriate and has been established in accordance with NWJCC and NHS compliance requirements.	8	<b>Reasonable</b>
11 Stakeholder engagement processes, in particular with Health Boards, are in place for services relating to TSW and is consistent with NWJCC requirements and processes.	9	<b>Reasonable</b>

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

### Management Actions



High Priority



Medium Priority

### Themes



■ Communication & Engagement

■ Finance Management & Control

### Risk Types

Public Perception & Reputational Risk

Financial Loss

Choose an item.

Choose an item.

# Findings & Agreed Action Plan

## Hosting of TSW

### Observation:

Until the establishment of the JCC in April 2024, TSW were managed on an informal basis by the former Welsh Health Specialised Services Committee (WHSSC). Since coming under the management arrangements of the JCC, there have been attempts to provide more formality to this arrangement, but there has also been a recognition that there may be a need to review where TSW would best be hosted.

We have not provided any opinion on this matter, but many of our findings arise from the lack of certainty over future arrangements, and the suggested management actions are also dependent on any agreed changes to those arrangements.

Key observation	Impact	Agreed Management Action
<p>1 There appears to be a lack of certainty over the hosting arrangements for TSW. Many of the key findings identified below are dependent on providing clarity of the hosting arrangement.</p>	<p>Continued uncertainty in the hosting arrangements for TSW.</p> <p>Improved synergies with other similar hosted bodies.</p>	<p>At the point of establishment, the NWJCC acknowledged the need to undertake a review of the legacy arrangements in place for hosting TSW, resulting in this internal audit being commissioned. The findings of this review are helpful to formally reflect the synergies with similar hosted bodies, namely ACE which is hosted by Public Health Wales NHS Trust (PHW). Discussions have been on-going with PHW since April 2025 to work through new hosting arrangements, with a view to the transfer of TSW to PHW to sit alongside ACE.</p> <p><b>It should be noted that all subsequent recommendations in this audit report are subject to formal agreement for future hosting arrangements.</b></p> <p>At their meeting on 16 September 2025, the Joint Committee supported the proposal to transfer TSW to PHW Trust. PHW are progressing the same proposal through their governance arrangements with a view to finalise new hosting arrangements by the end of the calendar year.</p> <p><b>Target Implementation Date:</b> 31 December 2025</p> <p><b>Responsible Officer:</b> Huw George, Chief Commissioner</p>

Overview / Summary of Observations

The specific objectives for TSW are set out in a service specification dated November 2020, which has been updated to recognise that TSW is now part of JCC. More recently a revised service specification has been documented to update the current role and purpose of TSW, following engagement with TSW staff in health boards, members of the TSW Public Advisory Group, the Deputy Director for Transformation and Commissioning in the JCC, and the third Sector. This has been shared with the JCC and WG colleagues but is yet to be formally approved. Our discussions with a sample of Directors of Mental Health in health boards demonstrated only a very limited awareness of the current and planned objectives for TSW.

Furthermore, the draft Mental Health and Wellbeing strategy, launched for consultation by WG in February 2024 is due to be published in April 2025. This has a 'trauma-informed approach' as a key element of the designated strategy. We understand the current revision of the TSW service specification will have anticipated the changes the new strategy will introduce. However, as the strategy is yet to be published, we are unable to confirm if the service specification covers all required areas.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 <b>Service specification</b></p> <p>The original service specification for the role of TSW has been updated to reflect the current role. Management will need to ensure that the roles and objectives of TSW are aligned to the Welsh Government Mental Health and Wellbeing Strategy which is due to be published in April 2025. The revised service specification should then be formally approved through an appropriate governance channel, though this will be reliant on a decision being reached on where TSW should sit in terms of its management arrangements.</p> <p>When approved, there is a need to engage with all stakeholders, including Health Board Directors of Mental Health to ensure that there is clarity on the objectives and role of TSW.</p> <p>Theme: Governance</p>	<p>There is a lack of clarity over the objectives of TSW and/or there is a misalignment with the goals of the Mental Health and Wellbeing Strategy, due to be launched by Welsh Government in April 2025.</p> <p><b>Medium Priority</b></p> <p>Control Design</p>	<p>During 2025/2026 the NWJCC is developing a long-term strategy that will incorporate Mental Health, Learning Disabilities and Vulnerable Groups.</p> <p>Given the intention to align TSW under new hosting arrangements, the service specification should be reviewed to reflect Welsh Government strategy and the roles and objectives of TSW under the strategy of the new host body. The Director of MHLDVG will work with PHW colleagues to ensure the specification review is flagged as part of the transfer.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Revised Service Specification</p> <p><b>Target Implementation Date:</b> 31 December 2025</p> <p><b>Responsible Officer:</b> Adrian Clarke, Director of Commissioning MHLDVG</p>

**Objective 2:** There are appropriate delivery methods and governance structures to meet the objectives of TSW within the confines of the mechanisms available to the Welsh Government and the NHS.

**Limited**

Overview / Summary of Observations

There is no current overarching formal governance mechanism for TSW although there are several meetings which provide a form of accountability. The original service specification for TSW stated that “a National Steering Group should be established to oversee the work of the initiative and to provide strategic direction to its development. The group should include representatives from each of the seven health boards and the vulnerable group and other workstreams, as well as people with PTSD/CPTSD, social care providers and representatives of primary care and the third sector.”

The National Steering Group was established, and terms of reference have been agreed. It meets four times a year, and according to the terms of reference, should submit an annual report to WG. To date, an annual report has not been prepared, although information on the achievements of TSW have been included in previous WHSSC Annual Reports. Membership is broadly in line with the requirements set out above but whilst health boards are represented, these tend to be the TSW leads, and the meeting is chaired by the Director of TSW resulting in it not being a forum where TSW can easily be held to account.

There is a separate ‘Trauma-Informed Wales Implementation Steering Group’ whose purpose is to advise and support Adverse Childhood Experience (ACE) Hub Wales and TSW to implement the Trauma-Informed Wales Framework. Whilst this meeting also has a large number of organisations represented, it is purely focused on the framework and is jointly chaired by the Directors of ACE and TSW.

The Director of TSW, along with the Director of ACE, regularly meet with WG officials and Ministers, reflecting the importance with which the work on the trauma-informed approach is viewed at a very senior level in government.

Key Findings	Risk & Impact	Agreed Management Action
<p>2 <b>Governance arrangements</b></p> <p>Although there are several routes for reporting progress with objectives, the governance arrangements for TSW are not clear and are at best informal. The National Steering Group provides a form of holding TSW to account as its membership includes Welsh Government and JCC Senior Leadership from the Mental Health, Learning Disabilities and Vulnerable Groups Directorate. However, the meeting is chaired by the Director of TSW and there is no upward reporting.</p> <p>Theme: Governance</p>	<p>The lack of a formal governance reporting mechanism may result in TSW not being held fully accountable for the achievement of its goals.</p> <p><b>High Priority</b></p> <p>Control Design</p>	<p>The governance arrangements have been updated and the Director of TSW reports to NWJCC’s Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups.</p> <p>Formal reporting is picked up through the Commissioning Director reports to Joint Committee (and sub-Committees) by exception.</p> <p>Future reporting arrangements will be reviewed and strengthened in light of the new hosting arrangements.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Reports to Joint Committee</p> <p><b>Target Implementation Date:</b> Complete</p> <p><b>Responsible Officer:</b> Adrian Clarke, Director of Commissioning MHLDVG</p>

Overview / Summary of Observations

The lack of a current defined and formal governance structure results in the reporting arrangements also being informal. TSW have previously agreed a delivery plan with WG and reporting progress against this plan is quarterly using a traffic light approach. However, the supporting narrative is limited in terms of detail, which we understand to be, at least in part, a reflection of the current limited resource available to TSW, restricting the progress they are able to make. These reports on progress against the delivery plan are shared at the National Steering Group meetings and with JCC management in the Mental Health, Learning Disabilities and Vulnerable Groups Directorate. TSW produces other narrative reports which provide more detail on progress which are used to support the meetings held with Welsh Government Ministers, but they are not linked to any explicit objective targets making it difficult to ascertain whether progress has been satisfactory or not. Every other month TSW management attend a meeting of the NHS Executive Mental Health, Learning Disability and Neurodiversity Programme Board, but there is no formal reporting to this Board.

A highlight report is taken to the bi-monthly meetings of the Trauma-informed Wales Framework Implementation Steering Group. This provides an update on progress with the workstreams that sit under the framework.

Information is also reported on the numbers of staff being trained via TSW programmes. Feedback has always been collected for PTSD and CPTSD training and a survey is shortly to be piloted to gain feedback on how those trained in one specific therapy are using it and how useful they feel the training was in hindsight. Following evaluation of the pilot work, it is intended to extend this approach to all therapy training.

Key Findings	Risk & Impact	Agreed Management Action
<p>3 <b>Reporting arrangements</b></p> <p>The monitoring reports that are produced by TSW either lack sufficient detail and/or specific targets to objectively assess how effective TSW has been in meetings its goals and desired outcomes.</p> <p>Theme: Reporting</p>	<p>The current reporting structure does not provide sufficiently detailed and objective reports on how effective TSW is in meetings its goals.</p> <p><b>High Priority</b></p> <p>Control Design</p>	<p>Once future hosting arrangements for TSW have been completed, reporting arrangements will be revised to align with the new host's governance and assurance framework.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Updated Performance Reports</p> <p><b>Target Implementation Date:</b> Dec 2025</p> <p><b>Responsible Officer:</b> Adrian Clarke, Director of Commissioning MHLDVG</p>

**Objective 4:** The undertaking of the role, responsibilities, and delegated authorities of NWJCC is consistent with that directed by Welsh Government.

**Reasonable**

#### Overview / Summary of Observations

TSW has an agreed delivery plan which is broadly consistent with the extant Mental Health Strategy, but this will need to be revisited and revised to ensure that it aligns with the new strategy due in April 2025. However, responsibility for ensuring delivery is not clear. The approach from WG to date, has been one of a relatively light touch in terms of how TSW are held to account on delivery. Also, the Director of TSW is not an NHS employee and following the establishment of the JCC this has led to some issues in terms of accountability to the newly established JCC, as the previous arrangement with WHSSC, although covered by a secondment agreement for the Director, was at arm's length and more informal in practice. It has been frequently stated during this review by interviewees and in documentation that TSW is a programme rather than an entity and this leads to confusion in relationships and responsibilities. Currently, roles and responsibilities are severely curtailed by the lack of staff resource and the on-going recruitment freeze.

Although we have not raised a finding specifically for this issue, there is a clear link with Key Finding 1 in particular and hence we have attributed reasonable assurance to this objective.

**Objective 5:** TSW is fully and appropriately integrated into the governance and delivery processes of the NWJCC, and specifically the management structure of the NWJCC Mental Health, Learning Disabilities and Vulnerable Groups Commissioning Directorate.

**Limited**

Overview / Summary of Observations

TSW management are invited to, and are attending the Mental Health, Learning Disabilities and Vulnerable Groups Commissioning Directorate meetings, and submit quarterly progress reports to the JCC. Despite this, the relationship between TSW and the JCC is still much at arm's length. However, this is not dissimilar to other relationships within the NHS, including how PHW manage the ACE programme and NWSSP manage the Finance Academy.

Key Findings	Risk & Impact	Agreed Management Action
<p>4 <b>Integration of TSW in JCC</b></p> <p>TSW are not currently fully incorporated into and engaged with the Mental Health, Learning Disabilities and Vulnerable Groups Directorate within JCC. Whilst this is a comparable set up to other initiatives who have a similar relationship with their Host Body, the relationship needs to be clarified as currently it is not effective.</p>	<p>A lack of clarity on how TSW should engage with the Mental Health, Learning Disabilities and Vulnerable Groups Directorate could lead to ineffective and difficult working relationships.</p>	<p>The governance arrangements have been updated and the Director of TSW reports to NWJCC's Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups.</p> <p>Formal reporting is picked up through the Commissioning Director reports to Joint Committee (and sub-Committees) by exception.</p> <p>Future reporting arrangements will be strengthened in light of the new hosting arrangements.</p>
<p>Theme: Governance</p>	<p><b>High Priority</b></p> <p>Control Design</p>	<p><b>Expected Evidence of Implementation:</b></p> <p>Direct management arrangements &amp; reports to Joint Committee</p> <p><b>Target Implementation Date:</b> Complete</p> <p><b>Responsible Officer:</b> Adrian Clarke, Director of Commissioning MHLDVG</p>

**Objective 6:** An annual plan for TSW is documented and approved in accordance with NWJCC and Welsh Government requirements and processes.

**Reasonable**

Overview / Summary of Observations

There is a detailed annual delivery plan in place that has been agreed with WG. Quarterly progress reports are produced and the quarter three report for 2024/25 demonstrates that there are 84 actions to be achieved in the year, with 31 complete.

We understand that if TSW had been able to expand its team as was envisaged in the paper that saw WG agree additional funding in the summer of 2023, this size of plan may have been attainable, but with the level of current resource it appears unachievable. Currently, the delivery plan includes a number of workstreams where work has not started, or has been paused, and consequently there are few actions listed for these workstreams.

Key Findings	Risk & Impact	Agreed Management Action
<p>5 <b>Delivery of work plan</b></p> <p>The detailed annual plan that has been agreed with WG is currently unachievable, this is believed to be mostly attributable to the lack of resource in the TSW team and the inability to progress with any recruitment activity.</p>	<p>The current annual plan is unachievable given the current level of resource available to TSW.</p>	<p>The annual plan will be revised and updated to reflect funding allocated to ensure that it is both achievable and aligned to the goals set out in the revised Service Specification, which will also align with the Mental Health and Wellbeing Strategy published by Welsh Government in April 2025. The annual plan will be agreed with WG.</p> <p>The annual plan will be approved prior to beginning of 2026/2027 financial year, at which point, TSW will have transferred under new hosting arrangements. Preparatory work will commence during 2025/2026 to develop the plan whilst TSW remains in the NWJCC.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Revised Annual Plan</p>
<p>Theme: Resourcing</p>	<p><b>Medium Priority</b></p> <p>Control Operation</p>	<p><b>Target Implementation Date:</b> 31 December 2025</p> <p><b>Responsible Officer:</b> Adrian Clarke, Director of Commissioning MHLDVG</p>

**Objective 7:** The governance, oversight, and procurement route for training or other external products by TSW aligns to NWJCC, CTMUHB and NHS requirements.

**Reasonable**

Overview / Summary of Observations

While we have not undertaken detailed procurement testing, from our discussions with JCC and TSW staff we are aware of some isolated cases in the past where procurement procedures were not followed. Action has been taken to address this non-compliance in the form of the appointment of the Deputy Director of TSW with responsibility for internal management, the delivery of procurement training to TSW staff from the NWSSP procurement team, and closer scrutiny of TSW expenditure from JCC senior management. The JCC staff that we spoke to as part of this review now have much greater confidence that the required procedures are adhered to, and our discussions with TSW staff reiterated that they were aware of, and adhering to the required approach.

The Scheme of Delegation for JCC allows a limit of £10k revenue expenditure for the TSW Deputy Director (the Director is not an NHS employee) but this has been allocated in error in the document to a member of the administrative team.

Key Findings	Risk & Impact	Agreed Management Action
<p>6 The JCC Scheme of Delegation is incorrect in that it has given the £10k authorisation limit for the Deputy Director to a member of the TSW administration team.</p>	<p>There is a very minor risk of inappropriate expenditure given the error in the Scheme of Delegation.</p>	<p>The NWJCC Scheme of Delegation has been corrected to record that the £10k authorisation limit for expenditure is allocated to the TSW Deputy Director rather than the administrative assistant.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Updated Scheme of Delegation</p>
<p>Theme: Financial Management &amp; Control</p>	<p><b>Medium Priority</b></p> <p>Control Operation</p>	<p><b>Target Implementation Date:</b> Complete</p> <p><b>Responsible Officer:</b> Stacey Taylor, Director of Finance &amp; Value</p>

**Objective 8:** Financial arrangements and financial controls for TSW are established and complied with in accordance with NWJCC, CTMUHB and NHS requirements.

**Reasonable**

#### Overview / Summary of Observations

A finance business partner from JCC provides TSW with finance support. TSW do not have their own allocated cost centre report, but the JCC Finance Partner produces a specific report for TSW three times a year setting out actual expenditure against budget and the forecast outturn. The most recent report was produced at the start of February 2025 and forecasts a year-end underspend of £203k, against a total budget of £1.653m. The budget is split between the central hub (£780k) and that devolved to be spent in Health Boards (£874k). Health boards invoice JCC for their element of the budget and they are required to demonstrate how their monies have been spent. The finance report forecasts a £28k underspend on the health board devolved budget and a £175k underspend on the hub element, which is equivalent to 22% of its total budget. The underspend is believed to be due to recruitment freezes and greater scrutiny of planned expenditure. The overall budget will rise by a further £70k in 2025/26 as part of the agreed additional funding from Welsh Government.

Although we have not raised a separate finding for this objective, there is a clear link to the findings in Objective 7 and for this reason we have attributed reasonable assurance to this objective.

**Objective 9:** Appropriate staff employment, management, clinical oversight and working arrangements are in place to meet its objectives and comply with NWJCC and NHS requirements.

**Limited**

Overview / Summary of Observations

TSW staffing is split between the central hub within the JCC and staff employed in health boards using TSW allocated monies. Health board staff report to their own Director of Services, and the structure and ways of working is allowed to be determined within each health board, albeit that they must account to TSW and the JCC finance team on how they have spent the money allocated to them. They invoice TSW for their costs and are not allowed to exceed their allocated amount.

The planned expansion of the central TSW hub, with funding approved by Welsh Government in the summer of 2023, has not progressed. We understand that this is due to recruitment freezes across the NHS, and coupled with the loss of some staff, TSW currently have very limited specialist clinical resource. Consequently, the administrative team is currently too large for the size of the team.

Key Findings	Risk & Impact	Agreed Management Action
<p>7 <b>Resourcing</b></p> <p>The current structure of the central team is unable to deliver the required level of service to achieve the delivery plan, due to a freeze on recruitment. Furthermore, some clinical staff have recently left for a promotion and the uncertainty over future arrangements may not help TSW retain staff. As such, the team have more administrative staff than they currently need, but if the service was to be expanded to the level funded by Welsh Government, the level of administrative support may be appropriate.</p> <p>There is deliberately no set way of working for staff employed using TSW monies in health boards which enables them to develop local plans which respond to their local needs. However, several interviewees involved in our review expressed concerns that the lack of a consistent approach across health boards may result in some not progressing the trauma-informed approach sufficiently and effectively.</p> <p>Theme: Resourcing</p>	<p>The current structure of the central Team is not able to provide the required levels of service, and the flexibility given to staff in Health Boards may not provide a sufficient and consistent approach to trauma across all Health Boards.</p> <p><b>High Priority</b></p> <p>Control Operation</p>	<p>The staffing structure will be reviewed as part of the new hosting arrangements to ensure resources are aligned to support achievement of TSW's objectives.</p> <p>Support will be provided to PHW on transfer of TSW to inform future reporting arrangements.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Revised Staffing Structure</p> <p><b>Target Implementation Date:</b> 31 December 2025</p> <p><b>Responsible Officer:</b> Adrian Clarke, Director of Commissioning MHLDVG</p>

**Objective 10:** The governance, approval, and oversight of any TSW website or any other TSW communication products is appropriate and has been established in accordance with NWJCC and NHS compliance requirements.

**Reasonable**

Overview / Summary of Observations

The TSW website is in a standard NHS format, but feedback from interviewees and our review indicates that it needs to be updated to be more informative, up-to-date and easier to navigate. A formal tender exercise commenced to procure an external contractor to progress this work, however this has been halted by JCC management as it was considered that the proposed solution did not offer value-for-money and raised some Information Governance concerns. We understand that the external contractor would have been able to address these concerns but that it is hoped to update the website using internal JCC resource.

Key Findings	Risk & Impact	Agreed Management Action
<p>8 <b>Website refresh</b></p> <p>The TSW website contains out-of-date content and is not easy to navigate. It may also be non-compliant with the Welsh Language Standards in that, although web pages are translatable, none of the documented or video content is bi-lingual.</p>	<p>The TSW website contains out-of-date content which may be misleading, and it may also not fully comply with the requirements of the Welsh Language Standards.</p>	<p>The TSW website contents will be reviewed and will be passed to PHW to align to the new hosting arrangements.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Updated website</p>
<p>Theme: Information &amp; Data Management</p>	<p><b>Medium Priority</b></p> <p>Control Operation</p>	<p><b>Target Implementation Date:</b> 31 December 2025</p> <p><b>Responsible Officer:</b> Adrian Clarke, Director of Commissioning MHLDVG</p>

Overview / Summary of Observations

Formal engagement with members of the public is through the Public Advisory Group, which has been in existence for almost 10 years, and meets every other month. This comprises of a relatively small number of members of the public who have experienced either PTSD or Complex PTSD and who have benefitted from the service developments that TSW have facilitated health boards to provide. They offer their services to co-develop, 'road test' products and initiatives from TSW and advise on how these are notified to the public in terms of the language used and the style of presentation. The TSW website includes a video from the Chair of the Public Advisory Group on their role.

The engagement with health boards is good in terms of the links with the TSW leads where there are regular meetings to share good practice, training and ideas. However, the profile of TSW with Directors of Mental Health interviewed during this review seems less well developed which may be, at least in part, due to the resourcing issues that TSW have faced in recent years, and that there may be ineffective communication of the benefits that TSW may be able to bring, beyond the TSW lead and their immediate line management, within health boards.

A detailed and formal Communications and Engagement Strategy has been drafted supported by an Engagement and Communications Planner for the specific work relating to the Trauma-Informed Framework. This is still being progressed but has largely been driven by staff from the Adverse Childhood Experiences, rather than TSW.

Key Findings	Risk & Impact	Agreed Management Action
<p>9 <b>Stakeholder engagement</b></p> <p>Whilst there is good engagement with health boards in terms of the regular meetings with TSW leads, there is a lack of top-down engagement with senior Mental Health colleagues in Health Boards to effectively demonstrate how TSW can work with them to improve the lives and outcomes for their patients.</p>	<p>TSW is not currently able to effectively demonstrate to Health Board senior management the benefits that it is able to bring to support Mental Health colleagues in their work.</p>	<p>NWJCC will support PHW on engagement of TSW with HBs. This will be reviewed in light of the new hosting arrangements and the agreed role and objectives of the service.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Updated Communications &amp; Engagement approach</p>
<p>Theme: Communication &amp; Engagement</p>	<p><b>Medium Priority</b></p> <p>Control Operation</p>	<p><b>Target Implementation Date:</b> 31 December 2025</p> <p><b>Responsible Officer:</b> Adrian Clarke, Director of Commissioning MHL DVG</p>

# Appendix A

## Assurance Opinion

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

## Prioritisation of Findings

Priority	Explanation
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

## Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Joint Commissioning Committee, and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Cwm Taf Morgannwg University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.





**Agenda Item**

4.1

**Audit, Risk & Assurance Committee – Hosted Bodies**

**Review and Update of Financial Control Procedures 2025-26**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	13/11/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Helen Harris, Head of Financial Accounting & Governance
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Stacey Taylor, Director of Finance and Value
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stacey Taylor, Director of Finance and Value

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Approval
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

<b>Committee / Group / Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
In line with internal audit recommendation. Internal audit report on Financial Arrangements June 2025	14/08/2025	Audit report recommendations accepted by ARC 14 <sup>th</sup> August 2025

**Acronyms / Glossary of Terms**

CTMUHB	Cwm Taf Morgannwg University Health Board
ARAC	Audit, Risk & Assurance Committee
NJCC	NHS Wales Joint Commissioning Committee



## 1.0 Situation /Background

- 1.1 To seek Audit, Risk & Assurance Committee approval of the NJCC Financial Control Procedures (FCP's) scheduled for review.
- 1.2 All NJCC FCP's have exceeded their 2-year review cycle and must now be tested for continued fitness of purpose. This corresponds to the same review cycle as those of CTM UHB. Updated CTM Financial Control Procedures were presented to their ARAC in its August 2025 meeting, with further procedures being placed before its November 2025 meeting.
- 1.3 All NJCC Financial Control Procedures have been assessed for consistency with those of CTM. Any updates made by the UHB have been assessed for relevance to JCC policies and procedures.
- 1.4 This update is in line with the recommendation on Financial Control Procedures, from the internal audit report on Financial Arrangements approved by ARAC in its meeting on 14<sup>th</sup> August 2025.

## 2.0 Assessment

- 2.1 The following CTM UHB Financial Control Procedures have been adopted by the NJCC without change because they reflect the services provided by UHB departments on behalf of the NJCC.

- Cash and Banking
- Cash Management
- Income and Debtors
- Manual Payments
- Salaries and Wages

## 2.2 General Ledger

This procedure differs from that of CTM by reflecting the increased role that the NJCC plays in the management of its own ledger. While the NJCC ledger sits within the UHB set of books of the Oracle financial management system, it is segregated and the NJCC is responsible for the monitoring and updating of the financial information held within. CTM provides a ledger administration service and oversees the automatic input of ledger feeder but plays little part in the month end or year-end management.

While this procedure remains essentially unchanged from previous versions, CTM have strengthened the following sections:

- 3.1 Journal input, Manual journal entry. This is not used in the NJCC,
- 3.2 Journal Categories. This is specific CTM requirement.
- 5.2 and 5.5 Reconciliations. This has been amended to detail the roles and responsibilities of the NJCC Financial Accounts team when preparing the NJCC balance sheet reconciliations.

### **2.3 Losses and Special Payments**

While this is the same detailed procedure as the equivalent CTM document, it is written with the Joint Committee in mind. It also reflects the unique role of the NJCC Committee Secretary, in the absence of clinical directorates and directorate managers.

The detailed roles, responsibilities and limits within this procedure are underpinned by Welsh Government guidance as laid out in Chapter 6 of the "Manual for Accounts" which covers the treatment of Losses. This procedure is also aligned to the NJCC governance document "Additional Delegations linked to the SFIs" which was approved by Joint Committee in its meeting on 20<sup>th</sup> May 2025.

### **2.4 Creditor Payments**

Members are asked to note that the following sections have been re-written to take account of the fact that the NJCC manages its own creditor payments process. While the NHS Wales Shared Services P2P team do provide the end stage payment services; invoice receipting, invoice matching, and preparation of payment runs is undertaken within the JCC Financial Accounts team.

Members are referred to the following sections which have been updated to account for NJCC responsibilities.

- 2.1 General Processes. Which describes the receipt of invoices, matching, authorisation, and preparation for payment undertaken within the NJCC.
- 3.1 BACS Payments. Which describes the detailed payment run process undertaken within the NJCC Financial Accounts Team. It includes the collating of invoices before the preparation of a run and details the detailed checking and authorisation required

before the completed run can be sent to NHS Wales Shared Services Team to undertake the BACS payments.

## 2.5 Requisition and Ordering of Goods and Services

The equivalent CTM FCP was written in conjunction with the NHS Wales Shared Services Team from CTM UHB.

Members are asked to note the following changes required by the NJCC:

- For the purposes of the NJCC, the section related to requisitioning of stocks through central stores has been removed. The NJCC does not hold stocks and does not use central stores services.
- For the purposes of the NJCC, the section related to capital purchases has been removed. Due to the unique funding mechanism of the NJCC risk sharing, all NJCC funding is revenue only. The NJCC cannot hold capital and does not receive a capital allocation. The NJCC building leases are held by CTM on its behalf and are listed on the CTM asset register.
- For the purposes of the NJCC, the section related to Charitable Funds Purchases has been removed. The NJCC does not hold any charitable funds. If the situation ever arises that the NJCC does receive a charitable donation, this would be managed through the CTM charitable fund.

Members are referred to section 4.5 which has been amended to direct the reporting responsibility for breaches of this procedure to the NJCC Director of Finance and Value and the NJCC Audit and Risk Committee.

**Members are asked to confirm that NJCC breaches of this procedure are reported to the NJCC ARC.**

## 3.0 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration
	The NJCC was established on 1 April 2024. The strategic goals were approved in September 2024. This work aims to maximise value and facilitate integration
Dolen i Feysydd Strategol BIP CTM /	Commission evidence based services that are secured through forging excellent relationships; shaped by people with expert knowledge and experience to secure



<b>Link to CTMUHB Strategic Areas</b>	high quality care with outcomes that matter and ensure involvement of patients and are sustainable and make the best use of resources
	The NWJCC was established on 1 April 2024. The principles were approved by the NWJCC in September 2024. The aim to be the centre of excellence for collaborative commissioning
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration
	A Healthier Wales
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	If more than one applies please list below: A More Equal Wales
	A Wales of cohesive communities
	Data to Knowledge
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	If more than one applies please list below: Learning, improvement and research
	Whole systems perspective
	Leadership
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Efficient
	All of the domains of quality apply
	If more than one applies please list below: Effective; equitable; person centred; timely and safe
	No - Not Applicable

Impact Assessment		
<b>Ansawdd</b> <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: This report relates to Internal Audit recommendations and Financial Control Procedures where issues related to quality may be referred to
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This relates to internal Financial Control Procedures and is not specifically relatable to the



		protected characteristics. It does not specifically deal with patient level information ie or protected characteristics although all services are required to comply with the Equality Act and Public Sector Equality Duty
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below) How internal teams work in the JCC is important in terms of the national position and its reputation, particularly in relation to audit and financial control is important to uphold	
<b>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</b>	Yes (Include further detail below) This report recommends the review and update of Financial Control Procedures. Strong financial control is integral to managing resource consumption.	

#### 4.0 Recommendations

**Audit, Risk & Assurance Committee is asked to consider the following recommendations:**

**Approve** the contents of this report.

**Endorse** the suite of NJCC Financial Control Procedures

**Ratify** the actions proposed.



**Agenda Item**

4.2

**Audit, Risk & Assurance Committee – Hosted Bodies**

**Write off of Irrecoverable Debts 2025-26**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	13/11/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Helen Harris, Head of Financial Accounting & Governance
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Stacey Taylor, Director of Finance and Value
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stacey Taylor, Director of Finance and Value

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Approval
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

<b>Committee / Group / Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
In line with internal audit recommendation. Internal audit report on Financial Arrangements June 2025	14/08/2025	Audit report recommendations accepted by ARC 14 <sup>th</sup> August 2025

**Acronyms / Glossary of Terms**

CTMUHB	Cwm Taf Morgannwg University Health Board
ARAC	Audit, Risk & Assurance Committee
NJCC	NHS Wales Joint Commissioning Committee



## 1. Situation /Background

1.1 To inform the Audit, Risk & Assurance Committee members of irrecoverable debts to be written off during 2025-26 and to request Committee members endorsement of this decision.

1.2 This request is in line with the recommendation on aged debts, from the internal audit report on Financial Arrangements approved by ARAC in its meeting on 14<sup>th</sup> August 2025. This states that:

"..... Our review of the aged debt report identified four old debts totalling £7,500 They are: £3,000 from October 2021; £2,500 from September 2022 and £1,500 and £500 from November 2023. These debts are no longer being pursued by the JCC and it is unclear why they have not been proposed for write off. ...."

With a recommended action of:

".....The old debts highlighted in the finding can be considered to be irrecoverable and a formal report will be submitted to ARC requesting approval to write off. ...."

1.3 As per the NJCC Standing Financial Instructions, all write off of losses or the making of special payments within delegated limits must be reported to the Audit, Risk & Assurance Committee.

## 2.0 Assessment

As per the internal audit findings, the following are long-standing debts now considered to be irrecoverable and ARAC members are requested to consider and endorse the following actions.

### 2.1 Invoice 4331, Date 31/10/2023, Mersey Care NHS Foundation Trust, £1,500.00.

This invoice was raised by the Mental Health, Learning Disabilities and Vulnerable Groups quality team for quality audits allowing providers to remain on the procurement framework for long term residential placements.

Further investigation since the internal audit fieldwork has discovered that the invoice had been raised in error as Mersey Care NHS Foundation Trust was not participating in the framework agreement in that year.



Chapter 6 of the Welsh Government Manual for Accounts provides guidance on the treatment of Losses and Special Payments. This invoice is neither a bad debt nor an abandoned claim. It had been raised in error and in this instance the guidance is...

"...If it is established that a claim has been presented in error or is otherwise discovered to be ill founded, the claim should be withdrawn (whether or not it has actually been presented) and need not be noted..."

**Audit, Risk & Assurance Committee is required to note that the NJCC wishes to cancel this debt as it had been raised in error.**

**2.2 Invoice 4322, Date 31/10/2023, Cygnet Learning Disabilities Midlands Limited, Balance remaining £500.00.**

This is another Mental Health, Learning Disabilities and Vulnerable Groups quality audit invoice. The original invoice was for £4,000, a part credit was raised for £500, and a payment was received for £3,000, leaving a balance remaining of £500.

An ongoing dispute remains with Cygnet Healthcare over the payment of the remaining £500. Cygnet Healthcare believe they have fully paid the invoice. However, CTM finance cashiers team have been unable to reconcile the payment remittances provided to the cash BACS payments received due to incorrect invoice matching provided by Cygnet. In context, for the financial year 2023-2024, 9 invoices were raised to Cygnet units to a total value of £68,500 and all other invoices have been paid in full.

**Audit & Risk Committee is required to note that the NJCC wishes to write off this debt as a claim abandoned as per Welsh Government guidance.**

**2.3 Invoice 3720, Date 24/08/2022, John Munroe Group, £2,500.00**

This is another Mental Health, Learning Disabilities and Vulnerable Groups quality audit invoice.

A Care Quality Commission audit report in January 2022 indicated safety concerns at the John Munroe hospital, Staffordshire, and recommended immediate remedial action. The hospital was part of the John Munroe group of hospitals which took the decision to close the hospital and place it in receivership. This outstanding invoice was

not included in the receivership settlement as were many other creditors.

In this instance the guidance is:

"..... Where the termination of a contract, for example on the bankruptcy or liquidation of a contractor, gives rise to additional contractual expenditure and attempts to obtain recovery under the contract provisions are unsuccessful, the amount should be recorded as a claim abandoned ....."

**Audit, Risk & Assurance Committee is required to note that the NJCC wishes to write off this debt as a claim abandoned.**

#### 2.4 Invoice 3850, Date 22/09/2021, £3,000.00

This invoice relates to an over payment error made by NHS Wales Shared Services Payroll Services for a Voluntary Early Release settlement.

At the time this individual was a long term seconded employee with CTM UHB. The settlement, its calculation, and the agreement of the VER was made by CTM UHB through its VER scheme and with no reference to the WHSSC senior leadership team. It is the JCC belief that this is not a JCC debt to pursue and had been automatically raised as a JCC invoice in error.

While the Welsh Government guidance does not refer to this specific situation it does, however, state:

"..... If a claim for a refund of an overpayment fails or is waived it should be regarded as a cash loss, and not treated as a claim waived or abandoned."

**Audit, Risk & Assurance Committee is required to note that the NJCC wishes to write off this debt as a cash loss.**

### 3.0 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration
	The NWJCC was established on 1 April 2024. The strategic goals were approved in September 2024. This work aims to maximise value and facilitate integration
Dolen i Feysydd Strategol BIP CTM /	Commission evidence based services that are secured through forging excellent relationships; shaped by



<b>Link to CTMUHB Strategic Areas</b>	people with expert knowledge and experience to secure high quality care with outcomes that matter and ensure involvement of patients and are sustainable and make the best use of resources
	The NWJCC was established on 1 April 2024. The principles were approved by the NWJCC in September 2024. The aim to be the centre of excellence for collaborative commissioning
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration
	A Healthier Wales
<b>Dolen i Hwyluswyr Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Enablers of Quality</b> ( <i>Duty of Quality Statutory Guidance (gov.wales)</i> )	If more than one applies please list below: A More Equal Wales A Wales of cohesive communities
	Data to Knowledge
<b>Dolen i Feysydd Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Domains of Quality</b> ( <i>Duty of Quality Statutory Guidance (gov.wales)</i> )	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
	Efficient All of the domains of quality apply
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	If more than one applies please list below: Effective; equitable; person centred; timely and safe
	No - Not Applicable

Impact Assessment		
<b>Ansawdd</b> <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: This report relates to Internal Audit recommendations where issues related to quality may be referred to
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This relates to internal audit recommendations on Financial Systems and is not specifically relatable to



		the protected characteristics. It does not specifically deal with patient level information ie or protected characteristics although all services are required to comply with the Equality Act and Public Sector Equality Duty
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	How internal teams work in the JCC is important in terms of the national position and its reputation, particularly in relation to audit is important to uphold	
<b>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</b>	Yes (Include further detail below)	
	This report recommends the write off of irrecoverable debts under Welsh Government guidance on Losses & Special payments.	

#### 4.0 Recommendations

**Audit, Risk & Assurance Committee is asked to consider the following recommendations:**

**Approve** the contents of this report.

**Endorse** the write off of irrecoverable debts in line with the previously approved Internal Audit report on Financial Arrangements

**Ratify** the actions proposed.

**Agenda Item**

**Unapproved Minutes of the Hosted Audit, Risk & Assurance Committee**

<b>Date and Time of Meeting</b>	Thursday 14 August 2025 @ 9:30am
<b>Venue</b>	Via Microsoft Teams

<b>Members Present</b>	Patsy Roseblade	Independent Member (Committee Chair)
	Dilys Jouvenat	Independent Member (Committee Vice Chair)
	Kath Palmer	Vice Chair of the Health Board Independent Member
	Helen Lentle	Independent Member
	Kathy Mason	Independent Member
<b>In Attendance</b>	Nia Roberts	Lay Member – NWJCC
	Huw George	Chief Commissioner – NWJCC
	George Galletly	Director of Corporate Planning & Strategy – NWJCC
	Stacey Taylor	Director of Finance & Information - NWJCC
	Matthew Edwards	Acting Assistant Committee Secretary - NWJCC
	Sally May	Executive Director of Finance – CTMUHB
	Owen James	Head of Corporate Finance - CTMUHB
	Cally Hamblyn	Assistant Director of Governance & Risk – CTMUHB (Meeting Secretariat)
	Darren Griffiths	Audit Wales - Audit Manager (Performance)
	Paul Dalton	Head of Internal Audit
	Emma Samways	Deputy Head of Internal Audit
	<b>Meeting Observers</b>	Maxine Evans



Agenda Item	Meeting Business
<b>1.</b>	<b>PRELIMINARY MATTERS</b>
1.1	<b>Welcome and Introductions</b>
	<p>P Roseblade, Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The format of the proceedings in its virtual form were also noted. Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed.</p> <p>The Committee Chair advised that at the end of the meeting, she would be seeking Members views as to how the meeting went.</p>
1.2	<b>Apologies for Absence</b>
	<p>Apologies were received from:</p> <ul style="list-style-type: none"> <li>Gareth Watts – CTMUHB Director of Corporate Governance (Cally Hamblyn – Assistant Director of Governance &amp; Risk Deputising)</li> </ul>
1.3	<b>Declarations of Interest</b>
	None identified.
<b>2.</b>	<b>MAIN AGENDA</b>
2.1	<b>Action Log</b>
	<p>M Edwards presented the action log noting that all actions were either closed or proposed for closure. A summary of the actions was received to provide the Committee with the assurance on the rationale for closure.</p> <p>P Roseblade drew attention to action item 4.2 from the meeting held on the 17 October 2024, which referred to the two red Ambulance Risks (Risk IDs 71 and 74) and expressed concerns that the overarching update report did not specifically address these significant risks. In response, H George clarified that whilst there was not a standalone Committee item on the two red ambulance risks, detailed information was provided within the Director of Ambulance Commissioning's report, focusing on the Ministerial Task Force for ambulance handovers and ongoing improvements. H George provided further assurance that there have been considerable improvements in ambulance handovers, with further updates expected at the next Joint Commissioning Committee meeting and a reduction in risk scores anticipated due to sustained improvements.</p> <p>Following further discussion on the importance of ensuring visibility on the significant risks, H George agreed that further updates reports would focus and demonstrate assurance on how risks are being mitigated. He further noted that</p>



	the review of risks is ongoing within the Joint Commissioning Committee with the next review scheduled for early September 2025.
<i>Resolution:</i>	The actions proposed for closure were <b>APPROVED</b> .
<i>Action:</i>	The NWJCC will ensure focus and visibility on significant risks in future reports -including the overarching update report.
2.2	<b>Matters Arising Not Captured on the Action Log</b>
	No further business identified.
<b>3.</b>	<b>IMPROVING CARE</b>
3.1	<b>Joint Commissioning Committee Update</b>
	<p>H George presented the routine update from the Joint Commissioning Committee and provided an opportunity to meet with members outside the meeting should any further detail be required.</p> <p>K Palmer drew attention to the vacancy rate highlighted within the report, which was also linked to risk ID 28, and sought a general update on progress to mitigate the gaps. In response, H George reported on the significant recruitment activity underway which has been successful in attracting a high calibre of candidates. He noted that Deputy Directors of Commissioning are due to commence from now until the end of September and that the new Committee Secretary &amp; Associate Director of Corporate Governance will be joining the Senior Team at the end of September. The national advert for the Director of Commissioning for Mental Health and Vulnerable Groups was noted as having attracted a wide number of applications which has been positive. In concluding, H George provided assurance that these appointments will dramatically improve the vacancy position over the next couple of months.</p> <p>In response to a query from K Palmer on Right Care Right Person, H George agreed to seek an update on the latest position and provide a briefing to members outside the meeting.</p> <p>K Palmer sought further clarity on the role of the Joint Commissioning Committee on the Continuing Health Care Direct Payments changes. H George in responding to this query summarised the position from the Joint Commissioning Committee perspective as highlighted within the report. It was noted that the matter will have a greater impact on Health Boards in Wales and C Hamblyn advised that leads within Cwm Taf Morgannwg University Health Board are undertaking a risk assessment in this regard.</p> <p>In relation to the reference to the National Commissioning Arrangements for Third Sector Organisations, D Jouvenat sought clarity as to whether a third sector organisation meeting two different areas of scope could apply under both, and clarified that some may provide services relevant to both Regional Partnership Boards and NHS commissioning. In response, H George advised that the role of the Joint Commissioning Committee is focused on developing a</p>



	<p>consistent framework and methodology with quality assurance for Health Boards, rather than managing or contracting funding streams for third sector organisations.</p> <p>Following further discussion on this activity the lack of clear governance structures in Wales regarding the role of lead Chief Executives and decision-making authorities in value and sustainability groups was recognised, suggesting a need for discussion and reflection on how responsibilities and leadership are defined and communicated. Joint Commissioning Colleagues recognised this risk and concerns they have around receiving adhoc requests from various external sources which can create a risk of uncontrolled work and impacts the ability to manage current remit priorities, especially given existing vacancy risks. N Roberts queried whether this concern should be reflected on the risk register and H George agreed that consideration will be given to this taking into account current mitigation and the level of impact on the Joint Commissioning Committee.</p>
<i>Resolution:</i>	The report was <b>NOTED</b> .
<i>Action:</i>	<ul style="list-style-type: none"> <li>• <b>Right Care Right Person</b> - H George agreed to seek an update on the latest position and provide a briefing to members outside the meeting.</li> <li>• <b>External Adhoc Requests</b> – H George and JCC colleagues to consider the level of risk posed by receiving various external activity / support requests.</li> </ul>
3.2	<b>Joint Commissioning Committee Risk Register</b>
	<p>M Edwards presented the risk register noting it represented the position as at 31.5.2025, which was approved by the Joint Commissioning Committee at its meeting on 15 July 2025. The risk register captured 17 risks falling within the Commissioning Portfolio and 2 risks that are assigned to Corporate Business areas. M Edwards reported that the risk register remains transitional and as a priority they will be looking to fully develop and implement a Risk Management Strategy, Risk Appetite and an Assurance Framework.</p> <p>H George reiterated that the risk register is in its infancy with significant activity underway with Directorates to review and ensure consistent risk methodology. He provided assurance to Members that the Chairs of the two Sub Committees (Quality &amp; Safety and Planning, Performance and Finance) ensure that appropriate scrutiny and challenge is applied to the risk register.</p> <p>K Palmer acknowledged the evident improvement journey of the risk register and supported earlier discussions around ensuring future reports provided focus on the significant risks around the Ambulance Service and the impact of any changes to targets as a result of the Ministerial Action Group report. In response, H George suggested that the Director of Commissioning for Ambulance Services &amp; 111 is invited to a future Committee meeting to provide assurance on the action being taken to meet the changes in the system. This offer was welcomed by Members as a source of assurance around the risks being faced.</p>



	<p>Following update requests on several open risks (Risk ID 55, 68 and 80) it was acknowledged that as the report was the May 2025 iteration and that a number of risks had since been updated, it would be prudent for the team to share the latest updates outside the meeting.</p> <p>Whilst recognising that the risk register is dynamic and will, due to its very nature, only provide the updates at a point in time, Joint Commissioning Committee colleagues agreed to review their timelines for submission to ensure the latest report is received by the Committee which can be supplemented by verbal updates at the meeting to provide assurance risks are being appropriately managed.</p> <p>In response to a concern highlighted by P Roseblade, C Hamblyn offered support to risk owners in articulating the rationale for consequence score changes.</p>
<i>Resolution:</i>	The JCC Risk Register was <b>NOTED</b> .
<i>Action:</i>	<ul style="list-style-type: none"> <li>• Director of Commissioning for Ambulance Services &amp; 111 to be invited to a future Committee meeting to provide assurance on the action being taken to meet the changes /targets set by the MAG report affecting the Ambulance service.</li> <li>• Updates to risks 55, 68 and 80 to be shared with Members outside the meeting.</li> <li>• Revisit the timelines for producing the risk register for Committee meetings to ensure the latest possible update approved by the Joint Commissioning Committee can be received.</li> </ul>
3.3	<b>Joint Commissioning Committee Audit Tracker</b>
	<p>M Edwards presented the report providing the background and context to the programme of audit activity undertaken during 2024-2025, work in progress and the programme for 2025-2026. It was noted that there is currently no external audit activity scheduled.</p> <p>In response to assurance sought by K Palmer that audit planning takes into consideration the risk profile of the organisation, P Dalton advised Members that meetings are held with leads where the risk register is considered when formulating the programme. He assured members that the programme can flex to meet any new priorities / risk-based activity in-year if required.</p>
<i>Resolution:</i>	<b>The Committee NOTED</b> the report and took <b>ASSURANCE</b> on the planned audit programme for 2024/2025. The planned audit programme for 2025-2026 was also NOTED. The Planned audit programme for 2025-2026 was also <b>NOTED</b> .
<i>Action:</i>	No actions identified.

3.4	<b>Internal Audit Reports</b>
3.4.1	<b>Internal Audit Review – Joint Commissioning Committee Financial Arrangements</b>
	<p>E Samways presented the review outlining the areas of focus and key findings identified within the report. She provided assurance that whilst most of the findings had controls in place it was a matter that these require strengthening to mitigate any identified weaknesses in application. It was noted that the management response was robust with actions agreed to mitigate risk.</p> <p>P Roseblade sought clarity on the route that the Committee would be notified of any waivers or breaches to the Standing Orders &amp; Standing Financial Instructions relating to the Joint Commissioning Committee. In response, S Taylor and S May confirmed that these would be captured in the Procurement and Scheme of Delegation Paper received in the Health Board Committee meeting, however, recognised the need to perhaps feature this activity in a standalone report to the Hosted Bodies Committee. S Taylor and S May agreed to discuss this action outside of the meeting.</p>
<i>Resolution:</i>	S Taylor and S May to discuss future standalone reporting to the Hosted Bodies Committee in relation to any breach or waiver to the Standing Orders and Standing Financial Instructions.
<i>Action:</i>	The Report was <b>NOTED</b> .
<b>4.</b>	<b>CONSENT AGENDA</b>
4.1	<b>ITEMS FOR APPROVAL</b>
4.1.1	<b>Unconfirmed Minutes of the Meeting held on 22 May 2025</b>
<i>Resolution:</i>	The Minutes were <b>APPROVED</b>
4.2	<b>ITEMS FOR NOTING</b>
	No items identified on this occasion.
<b>5.</b>	<b>ANY OTHER BUSINESS</b>
	No further business identified.
<b>6.</b>	<b>DATE AND TIME OF THE NEXT MEETING</b>
	13 November 2025 at 13:30pm.