

Audit, Risk & Assurance Committee Hosted Bodies

Thu 14 August 2025, 09:30 - 10:30

Virtual Via Teams



Agenda

09:30 - 09:35 **1. PRELIMINARY MATTERS** 5 min

1.1. Welcome and Introductions

Patsy Roseblade, Committee Chair

1.2. Apologies for Absence

Information Patsy Roseblade, Committee Chair

1.3. Declarations of Interest

Information Patsy Roseblade, Committee Chair

09:35 - 09:40 **2. MAIN AGENDA** 5 min

2.1. Action Log

Discussion Matthew Jenkins, Deputy Committee Secretary, JCC

2.1 Action Log ARAC Hosted Bodies 14 August 2025.pdf (2 pages)

2.2. Matters Arising not contained within the Action Log

Discussion Patsy Roseblade, Committee Chair

09:40 - 10:20 **3. IMPROVING CARE** 40 min

3.1. JCC Update

Discussion Huw George, Chief Commissioner JCC (Interim)

3.1 JCC Update HB ARAC 14 August 2025.pdf (6 pages)

3.2. JCC Organisational Risk Register

Discussion Matthew Edwards, Deputy Committee Secretary JCC

3.2 JCC Org Risk Register HB ARAC 14 August 25.pdf (6 pages)

3.2a JCC Risk Register - May 2025 v3(1).pdf (6 pages)

3.3. JCC Audit Tracker

Discussion Matthew Edwards, Deputy Committee Secretary JCC

3.3 JCC Audit Tracker Report ARAC HB 14 August 2025 V3.pdf (5 pages)

3.3.a JCC Audit Recs Tracker ARAC HB 14 Aug 25.pdf (4 pages)

3.4. Internal Audit Reports

Discussion *Internal Audit*

3.4.1. IA Report - JCC Financial Arrangements

Discussion *Internal Audit*

 3.4 JCC Financial Arrangements Final IA Report ARAC HB 14 August 25.pdf (12 pages)

10:20 - 10:25 4. CONSENT AGENDA 5 min

4.1. Items for Approval

4.1.1. Unconfirmed Minutes of the Meeting held on 22 May 2025

Decision *Patsy Roseblade, Committee Chair*

 4.1.1 Unconfirmed Minutes ARAC HB 22 May 2025 v1 KD.pdf (6 pages)

4.2. Items for Noting

There are no items for noting under consent on this occasion.

10:25 - 10:25 5. ANY OTHER URGENT BUSINESS 0 min

Discussion *Patsy Roseblade, Committee Chair*

10:25 - 10:25 6. DATE AND TIME OF NEXT MEETING 0 min

13th November 2025 at 13:30 pm

**HOSTED BODIES AUDIT & RISK COMMITTEE ACTION LOG
FOLLOWING MEETING HELD ON 22 May 2025**

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	Propose to Close Both Chairs have previously met so a further meeting was not required.
COMPLETED ACTIONS						
4.4	17 December 2024	Internal Audit Report – Mental Health Quality Commissioning Arrangements	To check if the workshop referred to was held on the 28 th November 2024 took place	February 2025	Interim Chief Commissioner/ Director of Finance & Information	Completed 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	Completed The risks have been reviewed as follows: <ul style="list-style-type: none"> • 40 – this related to limited outpatient dialysis in Swansea which has now been managed and the risk has been de-escalated, • 57 this related to insufficient theatre beds which has now been managed and the risk has been de-escalated, • 63 this related to neurosurgery sustainability which has now been managed and the risk has been de-escalated.
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	Completed 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	Completed 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	Completed 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	Completed Further narrative provided within risk register. The risk has been mitigated by the opening up of twilight sessions to increase capacity until the two new units are open and fully functioning. Unit dialysis capacity pressures across Wales are being managed and monitored through Risk 65 on the risk register with a score of 16.
4.2	17 October 2024	JCC Organisational Risk Register	To provide a detailed focus on the two red Ambulance Risks 71 & 74 for the next meeting of the Committee.	17 December 2024	JCC Committee Secretary/Associate Director of Corporate Services	Completed The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. Risks 71 and 74 have been replaced by Risk 77
4.3	17 October 2024	National Imaging Academy Wales	To amend the wording in the report in relation to recruitment and re-circulate to members.	November 2024	NIAW Academy Manager	Completed Report has been amended and re-circulated.
5.	15 August 2024	Any other Urgent Business	To provide a written update report on the JCC, for future meetings.	17 October 2024	JCC Committee Secretary/Associate Director of Corporate Services	Completed Written report on the agenda for December 2024 meeting.



Agenda Item

3.1

Hosted Bodies - Audit, Risk & Assurance Committee

NHS Wales Joint Commissioning Committee Update

Dyddiad y Cyfarfod / Date of Meeting	14/08/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Matthew Edwards, Acting Assistant Committee Secretary, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Huw George, Interim Chief Commissioner, NWJCC
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Huw George, Interim Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
Discussed by the NWJCC Senior Leadership Team	2 July 2025	Endorsed for Committee Approval
Joint Committee Meeting	15 July 2025	Approved

Acronyms / Glossary of Terms	
CEO	Chief Executive Officer
CTMUHB	Cwm Taf University Health Board
JC	Joint Committee
NWJCC	NHS Wales Joint Commissioning Committee
NWSSP	NHS Wales Shared Services Partnership
SARC	Sexual Assault Referral Centres



1. Situation /Background

- 1.1 The purpose of this report is to provide Cwm Taf University Health Board's (CTMUHB) Audit, Risk and Assurance Committee members with an 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. Work continued at pace during Quarter 1 2025-2026, to continue to implement the steps to 'routine business' for the new NWJCC and the NWJCC team. Specific areas to note are:

- **Implementation of the new organisational structure for the NWJCC**
- Substantive roles have been appointed to through an open, competitive process in accordance with a prioritised recruitment plan which will support filling the gaps of the 29% vacancy rate reported in May 2025 due to the vacancy freeze during the Organisational Change Policy process which heavily impacted on capacity. Development opportunities will be circulated with Chief Executive Officers (CEOs) and Health Education and Improvement Wales throughout July.
- **Design and commence a robust Organisational Development Programme** – Working with CTMUHB's People Services team, the development of an organisational development programme for the NWJCC continues and is being designed to address:
 - Joint Committee (JC) Development
 - Senior Leadership Team Development
 - Development to support new ways of working across the new matrix operating model. A baseline assessment has been undertaken.
- **NWJCC Leadership Forum** - The establishment of a Leadership Forum within the NWJCC is progressing, bringing together all Deputy and Assistant Directors to support the work of the Senior Leadership Team on key priorities. Initially, the Leadership Forum have been tasked with supporting work on NWJCC accommodation, responding to the Staff Survey and the development of the organisational development programme.
- **All NWJCC Staff Away Day** – A staff away day was held on 24 July 2025 to reflect on the past year since the establishment of the NWJCC. Staff also helped shape the design and introduction of a staff recognition programme that helps embed and celebrate the NWJCC's organisational values and behaviours and discussed new ways of working within the NWJCC and the accommodation strategy.

2.2 **NWJCC Foundation Plan 2025-26**

The Interim Chief Commissioner received correspondence from Judith Paget on 28 July confirming that the NWJCC Foundation Plan for 2025-26 had been assessed as satisfactory. A set of accountability actions had also been agreed to support the Plan's implementation.

2.3 **Collaborative Commissioning Leadership Group (CCLG)**

The purpose of the CCLG is to support the Chief Commissioner and Health Board Chief Executive Officers in developing plans and proposals to inform decision-making by the Chief Commissioner and the JC in adherence with the delegations afforded to them.

The last meeting was held on 24 June 2025 and the Interim Chief Commissioner was pleased that five Health Board Executives and one Deputy joined us. The focus of discussions was:

- Stereotactic Ablative Body Radiotherapy (SABR) for Lung Cancer – Designation Assessment of Betsi Cadwaladr University Health Board
- Positron Emission Tomography (PET) – CCLG was advised in relation to the expected growth in demand for PET scans in 2025-26 and the likelihood this will exceed the level of commissioned activity for south Wales in the NWJCC Foundation Plan. The group discussed the preferred commissioning response for PET. A further report will be taken to the CCLG meeting on 26 August 2025
- Non-Emergency Patient Transport Service – capacity constraints
- Manchester Arena Inquiry - provided an update on the NWJCC response to the review of the Recommendation 106 Welsh Ambulance Services University NHS Trust Capability Report.

2.4 **Public Health Update**

The NWJCC team is working with Public Health Wales to develop a proposal to address the recommendation of the Combe report "an Independent Report into a review of National Commissioning Functions" to secure public health input into the NWJCC's commissioning activities based on learning from NHS England and elsewhere. This is a key part in the establishment of the NWJCC to support a population health and evidence-based approach to commissioning that puts quality and equity at the centre. A recruitment process is underway to appoint an Associate Medical Director for Public Health by the autumn.

2.5 **Senior Leadership Team Changes**

I am pleased to confirm that following a competitive recruitment process Aaron Fowler will be joining the NWJCC as the new Committee Secretary and Deputy Director of Corporate Governance in September 2025. In the interim, Matt Edwards has been appointed as the Deputy Committee Secretary to cover corporate governance and the committee secretariat function from 23 June 2025 for a 6 month period, and Lee Leyshon, Deputy

Director of Communication and Engagement will cover the corporate services portfolio until the new Committee Secretary joins the NWJCC.

3 Programmes of Work

The NWJCC Foundation Plan set out a work programme for the year. As the year has developed there has been, as expected, a need to reassess the workplan and the priorities. The issues described below will all impact on our resource throughout the year and we will plan for this accordingly.

3.1 National Commissioning Arrangements for Third Sector Organisations

In February 2025, following a request from the Director General, Chief Executive Management Team considered and supported a paper, baseline assessment and draft framework to ask the NWJCC to lead and co-ordinate the work to develop a third sector commissioning framework, focussing on the first phase on hospices and adult mental health services. The work would require collaboration with NHS Wales Shared Services Partnership (NWSSP) to develop a procurement framework for third sector providers to the NHS.

As the lead CEO, Hayley Thomas, CEO Powys Teaching Health Board, formally requested the NWJCC becomes the lead co-ordinator on behalf of the Health Boards for the development of a Third Sector Commissioning Framework, focussing on Hospices and Adult Mental Health Services, subject to formal approval by the JC.

Work has progressed, in partnership with NWSSP, to assess the resources required to support this work.

The paper that was supported by the Chief Executive Management Team in February 2025 noted the following scope for the work:

- **In scope** are some third sector services which are commissioned solely or predominantly by the NHS with not for profit third sector organisations providing clinical services, patient care, or support within a core NHS service
- **Out of scope** are services commissioned on a multiagency basis through partnerships, such as Regional Partnership Boards.

NWJCC senior resource has recently been redirected to this priority area (with effect August 2025) and will lead the work onward.

3.2 Continuing Health Care including Direct Payments

Earlier this year (2025) the NWJCC agreed in principle to lead on a Continuing Healthcare programme, subject to receipt of requisite funding. Funding was not forthcoming, and the approach did not progress. Based on this decision, the NWJCC confirmed that within its available resource that it would not be able to support the programme of work.



The NWJCC had not therefore anticipated playing any further role within the programme. However, recent discussions between the Director General for Health and the Interim Chief Commissioner has resulted in the need for us to work closely with the Continuing Healthcare workstream of the Value and Sustainability Board (chaired by Hayley Thomas) to look at immediate priorities of the implementation of Direct pay and the commissioning of a digital system. The resource implications will be assessed and the JC will be updated.

3.3 Sexual Assault Referral Centres (SARC)

The programme has historically been hosted within the NHS Collaborative (now the NHS Wales Performance and Improvement Unit). The original intention of the programme was a time limited piece of work to support a hub and spoke model for the improvement of SARC delivery. This aim was achieved with an ambition to close the programme and move to a 'business as usual' arrangement for the longer term. At its inception, the NWJCC was asked to make recommendations for future arrangements on the commissioning of the health elements of SARC.

Given the complexity of the programme, and the shared responsibilities for both delivery and funding, the longer-term arrangements would require a networked arrangement for the delivery of SARC and also discussions on appropriate partnership governance and funding models. Bringing this clarity to the arrangements is critical and would need to reflect the complexity of a partnership commissioning model, and potential joint/lead budget arrangements.

The NWJCC has recently realigned some senior resource to lead this work, seeking to work in partnership with key stakeholders in order to gain this clarity on the transition of SARC services and a paper will be brought to the November meeting of the JC.

4 Assessment

Objectives / Strategy	
Dolmen if 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	Choose an item.
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant / Link to Wellbeing of Future Generations Act - Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd	Leadership



(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

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

5 Recommendation

- Members are asked to **Note** the report.



Agenda Item

3.2

Audit, Risk & Assurance Committee – Hosted Bodies

**NHS Wales Joint Commissioning Committee Risk Register
as of May 2025**

Dyddiad y Cyfarfod / Date of Meeting	14/08/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Matthew Edwards, Acting Assistant Committee Secretary, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Matthew Edwards, Acting Assistant Committee Secretary, NWJCC
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Georgina Galletly, Director of Corporate Planning and Strategy, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
Discussed by the NWJCC Senior Leadership Team	2 July 2025	Endorsed for Committee Approval
Joint Committee Meeting	15 July 2025	Approved

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf University Health Board
HA	Hosting Agreement
NWJCC	NHS Wales Joint Commissioning Committee

1. Situation /Background

1.1 The purpose of this report is to present the transitional amalgamated NWJCC Risk Register as of May 2025 to provide an assurance to the Cwm Taf Morgannwg University Health Board (CTMUHB) Audit, Risk and Assurance Committee for hosted bodies on the NHS Wales Joint Commissioning Committee (NWJCC) risks scoring 15 and above. The NWJCC Risk Register was last presented to the Joint Committee meeting on 15 July 2025 to review the risks, to consider the controls, to mitigate actions and for approval.

2. Specific Matters for Consideration

2.1 Further to the establishment of the NWJCC on 1 April 2024, in accordance with the new Hosting Agreement (HA) with CTMUHB, the NWJCC is required to adopt the risk assessing mechanisms of CTMUHB. Any adaptation to the NWJCC's agreed risk processes would only be made after consulting with the Host Body's Executive Director of Finance and the Director of Corporate Governance/Board Secretary.

2.2 The NWJCC Risk Register as of 31 May 2025 (**Appendix 1**) remains transitional whilst further work continues to be undertaken to fully develop and implement the NWJCC's Risk Management Strategy and Assurance Framework (in line with the CTMUHB HA). Work is ongoing to develop a risk appetite statement which recognises the risks identified in the NWJCC Annual Foundation Plan 2025-26 and which aligns with the new NWJCC Strategy, once approved.

2.3 Each of the high risks with a risk score over 15 have been assigned to one of the sub-committees as set out in the NWJCC's Risk Register. The Quality, Safety & Outcomes Sub-Committee and the Planning, Performance & Finance Sub-Committee, held their meetings on 2 June 2025 and 10 June 2025 respectively.

2.4 These sub-committees have a role to play in ensuring effective risk management through the monitoring and scrutiny of the risks assigned in order to provide onwards assurance to the JC.

2.5 Due to the time lag between meetings and the risk updates received, it was not possible to present the NWJCC Risk Register as of 31 May 2025 to the sub-committees. However, general comments and observations received on the NWJCC Risk Register as of 30 April 2025 were noted as set out below:

- Improve timing of risk reporting to align with directorate updates,
- Review and refresh risk register entries to ensure completed actions are reclassified as controls; and
- Ensure actions are clearly linked to risk reduction and the wording is consistent and meaningful.



2.6 These actions are being taken forward with the directorate teams and will be reflected in the next iteration of the NWJCC Risk Register to the Joint Committee in September 2025.

3. Key Risks / Matters for Escalation

3.1 Risk Summary

As of 31 May 2025, there are **19** 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 4
- Cardiac x 2
- Neurosciences x 4
- Welsh Kidney Network x 1
- Women and Children x 4

3.3 A summary of the changes that have taken place up to May 2025 are outlined in **Table 1** below:

Table 1 – Commissioning Risk Profile – May 2025

Commissioning Risk Activity	Update as of May 2025
New Commissioning Risks	Four new risks have been added: <ul style="list-style-type: none"> • Risk 80 -JACIE accreditation - south Wales Chimeric Antigen Receptor T-cell (CAR T) service • Risk 81 - JACIE accreditation - south Wales Bone Marrow Transplant service • Risk 85 - Chimeric Antigen Receptor T-cell (CAR T) Capacity • Risk 86 – Cardiff and Value University Health Board Neurosciences National Standards
Escalated Commissioning Risks	No risks have been escalated.
De-escalated Commissioning Risks	No risks have been de-escalated.
Closed Risks	No risks have been closed.



3.4 Corporate/Organisational Risks

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

- Corporate Services x 1
- Finance x 1

3.5 A summary of the changes that have taken place in May 2025 are outlined in **Table 2** below.

Table 2 – Corporate/Organisational Risk Profile – May 2025

Corporate Risk Activity	Update as at March 2025
New Risks	No new risks have been added.
Escalated Risks	No risks have been escalated.
De-escalated Risks	No risks have been de-escalated.
Closed Risks	No risks have been closed.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to NWJCC Strategic Goal(s)	Not Applicable
	Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration The NWJCC was established on 1 April 2024. The strategic goals were approved in September 2024. The Risk Register is a key element of the control for the JCC
Dolen i Feysydd Strategol BIP CTM / Link to NWJCC Strategic Principles	Not Applicable
	Commission evidence based services that are secured through forging excellent relationships; shaped by people with expert knowledge and experience to secure high quality care with outcomes that matter and ensure involvement of patients and are sustainable and make the best use of resources The NWJCC was established on 1 April 2024. The principles were approved by the NWJCC in September 2024. The aim to be the centre of excellence for collaborative commissioning
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	A Healthier Wales
	If more than one applies please list below: A more equal Wales A Wales of cohesive communities



Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Data to Knowledge If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Efficient If more than one applies please list below: Effective; equitable; person-centred; timely and safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <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
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	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



Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.
Enw da / Reputational	Yes (Include further detail below) The Risk Register is a key document to manage all issues and risks within the JCC including its reputation
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below) Identified within the Risk Register

5. Recommendation

5.1 Members are asked to:

- **Note** the report; and
- **Note** the NWJCC Risk Register as of 31 May 2025.

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

		CONSEQUENCE (C)					
		CxL	1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
LIKELIHOOD (L)	1 - Highly Unlikely						
	2 - Unlikely						
	3 - Likely						77 Commissioning of sufficient Emergency Ambulance Services capacity 80 JACIE accreditation - south Wales CAR T service - NEW RISK ADDED MAY 25 81 JACIE accreditation - south Wales BMT service - NEW RISK ADDED MAY 25
	4 - Highly Likely				28 Business Continuity 53 C&VUHB Neurosciences Staffing issues/level 56 CVUHB Neo-natal infection control 61 Obesity surgery waiting times 65 Renal dialysis capacity across Wales 79 Type A Aortic Dissection 82 SBUHB Neuro-rehabilitation 85 CAR T Capacity - NEW RISK ADDED MAY 25 86 C&VUHB Neurosciences National Standards - NEW RISK ADDED MAY 25	55 CVUHB Neo-natal workforce 69 Paediatric Radiology out of hours provision	
	5 - Almost Certain		03 Plastic surgery delays 83 Full commissioning of paediatric orthopaedic surgical service 84 Financial Break-even 2025/26	68 C&VUHB Specialist Auditory Hearing service waiting times	78 Utilisation of Emergency Ambulance capacity		

Organisational Risk Register (Risks Graded 15 and Above) - May 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)		Rating (Target)		Trend	Opened	Last Reviewed
											(C x L)		(C x L)				
											C	L	C	L			
3 CB03	Plastic Surgery Delays	If...the maximum waiting times target is not achieved for plastic surgery patients in south Wales Then...some patients will be waiting in excess of WG waiting time targets Resulting in...poor patient experience and poor outcome which may lead to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service	Director of Commissioning for Specialised Services	Cancer & Blood	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	SBUHB	<ul style="list-style-type: none"> The service is in escalation level 2 due to the waiting times performance position. The delivery plan to achieve the Welsh Government target by March 2025 has been received from SBUHB. Continue to monitor progress against the delivery plan. SBUHB has received additional funding to achieve the target of clearing the >104wk waiting list by March 2025 	<ul style="list-style-type: none"> To work with SBUHB on their trajectory against the revised waiting times target. To monitor progress against the plastic surgery recovery plan via monthly commissioner assurance meetings with SBUHB – next escalation meeting 07/07/25. To report on progress against the recovery plan at the monthly Cancer & Blood commissioning team meeting and to SLT as appropriate. To request an update from SBUHB with regards to the impact of waiting on patients together with any mitigations in place. COMPLETE To request a plan from SBUHB regarding their communications with long-waiting patients. COMPLETE Re-benchmark efficiency - in progress. Request comprehensive demand and capacity plan. REQUESTED <p>Update for May 2025 - The health board has confirmed that all patients waiting >104wks were treated by the end of March and the position was maintained through April and May. However, this position will not be sustainable without additional funding above baseline in 25/26 from quarter 2 onwards. The C&B Commissioning team reviewed the risk which remains unchanged.</p>	Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee	15	9	↔	26/02/2021	May-2025		
3	5	3	3														
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 Services	Facilitate Integration: through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales	Service/ business interruption	N/A	<ul style="list-style-type: none"> A Transition Director has been appointed to lead the work to implement the new operating model for the JCC. The Transition Plan has been agreed with the SLT to ensure realistic timescales are set for implementation. The overarching governance framework for the JCC is complete. As part of the establishment of the JCC, the staffing structure for the JCC team will be reviewed following the appointment of the JCC Directors in June/July to ensure we have the right people in the right teams to fulfil our commissioning responsibilities. Any risks or gaps will be identified and mitigations developed – either by identifying work that will be deprioritised, with agreement of the JCC where necessary, or by ensuring the right resources are in place by increasing the Direct Running Costs (subject to JCC approval). Any new areas of work coming into the JCC remit will be fully scoped to identify the resource implications for the JCC team, with the resource identified explicitly before the new responsibilities are accepted and endorsed. Close working with CTM as the host body in respect of timely recruitment of staff where vacancies arise, or new posts are established should minimise gaps in the core JCC team. Prioritised recruitment plan in place. Re-aligning existing resources to key priorities focussed on delivering the annual foundation plan 25/26. 	<ul style="list-style-type: none"> The Director of Transition and Transformation is leading work to develop the directorate structures to support the new operating model for the JCC - COMPLETE A vacancy scrutiny panel has been established to review the organisational finances and workforce structures - COMPLETE 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 Interim cover arrangements are planned for the Director of Commissioning (Specialised Services) and Director of Planning & Performance whilst substantive appointments are made/commence - COMPLETE <p>Update for May 2025 -</p> <ul style="list-style-type: none"> OCP continues to be implemented A prioritised recruitment plan is in place, starting with key risk appointments including Deputy Directors Interim arrangements to support the Senior Leadership Team are in place The interim Chief Commissioner post has been filled for 12 months and commenced in April 2025. <p>The new structure has been implemented and existing staff have been realigned into roles. Vacancies are being recruited to, with all substantive appointments being advertised externally to maximise opportunities. It is envisaged that vacant posts will be filled by the end of July/beginning of August 2026. On the basis that the JCC is running at a high vacancy factor (26%) the risk score remains the same. It is anticipated that the risk will reduce in Q3 2025/26 once the JCC team is fully established but there will remain a residual risk that will need to be managed by regularly taking stock of the work programme and team resources to ensure they remain in balance, with work reprioritisation when necessary.</p> <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>	Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee	16	12	↔	16/09/2021	May-2025		
4	4	4	3														
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"> JCC (former WHSSC) quality team have met with C&VUHB Neurosciences lead nurse to discuss the staffing issues/level. Receiving quarterly repatriation delay information and monitor through the Neurosciences Risk, Recovery and Assurance meetings 	<ul style="list-style-type: none"> JCC to continue meeting with the C&VUHB team to understand the risks The concerns raised by the Rehabilitation team will be addressed in the Rehabilitation Strategy which is due for consideration by the Joint Committee in Quarter 3/4 2024/25 Development and delivery of the strategy has been paused due to capacity issues <p>Update for May 2025 - Commissioning Team undertaken a review of this risk which remains unchanged</p>	Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee	16	4	↔	30/08/2023	May-2025		
4	4	2	2														
55 P/21/22	Neonatal Workforce	If...the impact of the available workforce within UHW, to support the current intensive care demand continues to be difficult Then...neonates who require tertiary regional neonatal support in South Wales may be inappropriately cared for Resulting in...a neonate being cared for in an inappropriate care setting, where the necessary skills and/or equipment are not available	Director of Commissioning for Specialised Services	Women & Children	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB	<ul style="list-style-type: none"> Phase 1 rebasing of contract activity to support meeting national clinical standards (BAPM) undertaken and agreed by the previous WHSSC JC resulting in investment of £5m in 2023/24 Continue to monitor at Quarterly Commissioner Assurance Meeting encouraging an open dialogue in the interim, as necessary, with all providers, to understand refusal rates, staffing numbers and implementation of Phase 1. New cot day tariff implemented Phase 2 programme agreed by JCC in May 2024 to review the service model across South and West Wales - will take at least 2 years Continue to monitor through Performance Management Framework Re-set meeting to discuss and agree actions/objectives in collaboration with the health board on 18th September. Actions/objectives agreed. Meetings to be held every 6 weeks to monitor progress. 	<ul style="list-style-type: none"> Quarterly meetings with each provider to monitor implementation of Phase 1 cot re-configuration - ongoing Working with C&V UHB team to develop a plan to implement new baseline - ongoing Through quarterly assurance meetings with all neonatal units in the South & West of Wales it has been reported that there has been increased pressure across the network for cot availability which has increased the likelihood and raised the risk to 20 - May 24 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. <p>Update for May 2025 - The W&C Commissioning Team have reviewed the risk which remains unchanged. Decision made by the W&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.</p>	Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee	20	4	↔	19/09/2023	May-25		
5	4	2	2														
56 P/21/23	Neo-natal Infection Control	If...Infection, Prevention & Control issues within the clinical area are not addressed Then...neonates within the Neonatal Intensive Care Unit environment within UHW, are at greater risk of infections, whilst safer practice monitoring is being embedded Resulting in...increased neonatal morbidity	Director of Commissioning for Specialised Services	Women & Children	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB	<ul style="list-style-type: none"> Re-set meeting to discuss and agree actions/objectives in collaboration with the health board (September 2024) Re-set meeting to discuss and agree actions/objectives in collaboration with the health board on 18th September 2024. Actions/objectives agreed. Meetings to be held every 6 weeks to monitor progress. 	<ul style="list-style-type: none"> Executive to Executive meeting scheduled with C&VUHB - Completed Action Plan requested as part of escalation framework - Completed This risk is part of the wider neonatal escalation process and at the time of the meeting there are no further updates as the health board have not given us assurances that this risk has been mitigated. Risk rating to remain the same in the interim until a new action plan has been agreed between the NWJCC and the health board 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. <p>Update for May 2025 - The W&C Commissioning Team have reviewed the risk which remains unchanged. Decision made by the W&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.</p>	Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee	16	4	↔	19/09/2023	May-25		
4	4	2	2														

Organisational Risk Register (Risks Graded 15 and Above) - May 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	Opened	Last Reviewed
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"> Salford Royal Hospital extending operating hours and working with private provider to increase the number of procedures undertaken JCC and BCUHB Level 3 service communicating proactively to ensure that the health board is fully cognisant of the identity of longer waiters JCC corresponding with Salford Royal to monitor current waiting list position JCC pursuing mitigating actions with South Wales to be able to make a better offer to patients 	<ul style="list-style-type: none"> JCC commence work to identify an alternative English provider - July 2025 JCC to initiate the process for escalation of the service - December 2024 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. <p>Update May 2025 – 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"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	16	4	↔	01/12/2023	May-2025
65 WKN18	Renal Dialysis Capacity across Wales	If... the number of patients requiring dialysis continues to grow annually at a rate of 3–4% (or higher based on some projections) Then... the demand will exceed current capacity across Wales for both unit-based and home dialysis. Resulting in... <ul style="list-style-type: none"> Limited availability of unit-based dialysis slots Decreased accessibility to unit-based dialysis facilities near patients' homes Increased reliance on twilight (evening) dialysis slots, which are associated with elevated patient safety risks, such as fewer medical staff being available and patients traveling home late at night. Delays or limits on the number of patients accessing home dialysis, as the growing demand exceeds the capacity of the nursing workforce to provide timely training and ongoing monitoring. Increased pressure on the NEPTS service to transport a greater number of patients to and from dialysis session 3 times per week 	Director of Commissioning for Specialised Services	Welsh Kidney Network	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	BCUHB, CVUHB, SBUHB	<ul style="list-style-type: none"> Value in Health Care funding secured to increase the number of transplant and home dialysis patients Monitoring through provider WKN meetings through the WKN commissioning performance dashboard Additional capacity provided in Welshpool and through the new Bridgend Dialysis Unit will be monitored through provider meetings 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 	<ul style="list-style-type: none"> Prevention workstream WKN Clinical Lead for Prevention providing clinical leadership for the strategic development of primary and secondary care prevention to include the design of an All Wales Healthcare pathway for referral into Primary Care Update; Community Healthcare Pathways All Wales CKD – to be completed by Qtr 1 2025/26 Update May; All Wales sign-off complete; being deployed into local HB's for adoption by Qtr 2 2025/2026 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 o early CKD – CPD-approved is under construction with HEIW Community Cardiorenal clinic pilot being developed in SBUHB - start date to be confirmed 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. Update May; final report to be tabled at June Network Board Development of regional actions plans for increasing patient numbers for home dialysis and transplantation Update; Working with regional meetings on action plans being picked up as part of the WKN/Regional performance meetings – to be completed by Qtr 1 2025/26 Update May; meetings scheduled for June Risk submitted into JCC IMTP 2025/2026 process, with request for £3.207M investment covering growth including ISP's - Update May; only 1.77% approved <p>Update for May 2025 - Risk reviewed and risk rating remains the same</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Welsh Kidney Network Board Quality & Patient Safety Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	16	2	↔	25/01/2024	WKN Senior Leadership team 28/05/25
68 NCC064	C&VUHB Specialist Auditory Hearing Service Waiting Times	If... staffing difficulties, and an increase in BCHI referrals being received from Aneurin Bevan University Health Board continues Then... south Wales patients requiring a Cochlear Implant or Bone Conduction Hearing Implant are unable to access the Specialist Auditory Hearing Service within a timely manner Resulting in... the service cutting short the pathway to enable the service to see more patients within the current staff resources which is resulting in the quality of the service being compromised	Director of 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"> JCC have met with C&VUHB Specialist Auditory Hearing Service to discuss performance, staffing issues/level and risks. Receiving and monitoring performance information Performance reporting and oversight via Risk assurance and recovery meetings, SLA meetings and to Management Group and JCC 	<ul style="list-style-type: none"> JCC has met with the C&VUHB team to discuss performance and understand the risks. The service are forwarding a waiting list plan and trajectory of how the service will move towards achieving a 26 week wait has been received - Q4 24/25 A finance meeting, followed by a data discussion will be arranged this will provide members with an understanding of where there are blocks in the system - Q4 24/25 JCC has arranged further performance meetings with the south Wales Specialist Auditory Hearing Service - Q2 24/25 <p>Update for May 2025 - Commissioning Team undertaken a review of this risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	20	4	↔	06/02/2024	May-2025
69 P/21/25	Paediatric Radiology Service	If... the commissioned 24/7 paediatric radiology service model is not operationalised within the children's hospital Then... this may leave a prolonged gap in out of hours' provision Resulting in... patients being transferred out of Wales, out of hours, for diagnostic assessment and potentially their ongoing treatment	Director of 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	CVUHB	<ul style="list-style-type: none"> Revised business case against the 2021 investment received in May 2024 Quarterly assurance & performance meetings to monitor progress commenced July 2024 New proposal for service agreed September 2024 	<ul style="list-style-type: none"> Arrange meeting with service leads to discuss new proposal - Complete Paper to be presented to JCC Senior Leadership Team to outline changes to original business case and phased approach to delivering a 24/7 service agreed September 2024 Progression against business plan monitored through quarterly assurance meetings with service leads - Next quarterly assurance meeting with service 01/09/25 <p>Update for May 2025 - The W&C Commissioning team have reviewed the risk which remains unchanged.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	20	4	↔	20/03/2024	May-25
77	Commissioning of sufficient Emergency Ambulance Services capacity	If... the NWJCC does not commission sufficient capacity of services Then... the providers will be unable to deliver their commissioned requirements Resulting in... reduced performance and quality standards, increased risk of harm, reduced system flow and NWJCC reputational risk	Director of Commissioning for Ambulance Services and 111	Ambulance Services and 111	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	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	WAST / EMRTS	<ul style="list-style-type: none"> If the NWJCC failed to commission sufficient ambulance services capacity to respond to the needs of the population of Wales, significant harm, disability or death would occur. The NWJCC have commissioned ambulance services capacity in-line with the 2019 ambulance services demand and capacity review. In addition to the 2019 demand and capacity review, the NWJCC and Welsh Government have commissioned additional ambulance service capacity, to respond to the changing demands for ambulance services. It is recognised though, that the level of commissioned ambulance resources are not being fully utilised due to ambulance handover delays and therefore presents a higher scoring risk, under the risk of capacity utilisation. 	<ul style="list-style-type: none"> Establishment of the clinically led National Improvement Delivery Group to reduce ambulance handover delays of which the JCC is an active participant 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. <p>Update for May 2025 - Ambulance & 111 Commissioning Team have reviewed the risk score which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	15	10	↔	Sep-24	May-2025

Organisational Risk Register (Risks Graded 15 and Above) - May 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	Opened	Last Reviewed
78	Utilisation of Emergency Ambulance Capacity	If... the capacity commissioned by the NWJCC is not utilised for its intended purpose Then... Health boards and their populations will not receive the services they require Resulting in... patients not receiving a timely emergency ambulance response, increasing the risk of harm, disability and death	Director of Commissioning for Ambulance 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"> Implementation of Welsh Government ambulance handover targets for health boards NWJCC collaborative working with health boards and WAST to reduce conveyance to Emergency Departments 	<ul style="list-style-type: none"> Establishment of the clinically led National Improvement Delivery Group to reduce ambulance handover delays of which the JCC is an active participant Increase the number of patients managed at Step 2 of the ambulance commissioning framework Investment in additional ambulance service capacity by pass-through 2024/25 uplift Developing of productivity improvement plan aligned to the 5 step ambulance pathway - maximising efficiency of commissioned capacity Supporting NHS Executive with further analysis of national ambulance handover position - JCC support for the adoption and phased implementation of Rapid Clinical Screening Introduction of rapid clinical screening in December 2024, to clinically optimise dispatch decisions 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. Support a weekly operational discussion regarding national ambulance handover performance with Welsh Government and NHS executive including taking a lead on the development of a performance dashboard. 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. 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. <p>Update for May 2025 - Ambulance & 111 Commissioning Team have reviewed the risk score which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	25	15	↔	Sep-24	May-2025
79	Type A Aortic Dissection	If... the recommendations of the 202 GIRFT review relating to the treatment of Type A Aortic Dissections cannot be implemented 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 Resulting in... suboptimal patient outcomes and inequity of 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		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	<p>Update May 2025 - Continue working with CVUHB and SBUHB to identify the means of implementing the GIRFT recommendation at the earliest possible opportunity.</p> <p>Present option of aligning delivery with the Cardiac Review by means of a forthcoming Joint Commissioning Committee paper that will clarify the process and resources required by Phase 2 of the review.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	16	4	↔	Mar-25	May-2025
82 NCC057	SBUHB Neuro-rehabilitation	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 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 Resulting in... poor patient experience and poor outcomes	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"> Recommendations to mitigate the current risks and medium to longer term staffing requirements by recruiting and maintaining a well-resourced and competent multidisciplinary team. SBUHB have reduced the number of Neuro-rehabilitation inpatient beds from 14 to 10 beds in the short term whilst recruitment gaps are resolved. Information re: delayed admissions/discharges to be shared with WHSSC - now completed 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. Reinstated half yearly Performance meetings. JCC undertook writing a specialised rehabilitation strategy and the unit is to be included in this project. 	<ul style="list-style-type: none"> JCC drafted a specialised rehabilitation strategy, the unit is to be included in this project, CTM to confirm delivery date of strategy. Funding release paper on hold - included as part of the 10/20/30 risk assessment process. JC to approve sign off on investment schemes which are to be stopped/paused temporarily - Nov 2023. JCC requested Quality Impact Assessments to be completed - presented in Dec 23 - awaiting the outcome and pending approval of 24/25 ICP in January 2024 - March 24 Half yearly Performance meetings with NPT - Ongoing April 2025 - Commissioning team reviewed risk and score has increased. <p>Update for May 2025 - Commissioning Team undertaken a review of this risk which remains unchanged</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	16	2	↔	06/09/2021	May-25
83 P/21/27	Full commissioning of paediatric orthopaedic surgical service	If... the paediatric orthopaedic surgical service is not fully commissioned by the NWJCC (which requires a full transfer of the existing service) Then... the NWJCC will not be able to performance manage the service Resulting in... potential lack of equity and quality of service provision for the population of South Wales	Director of Commissioning for Specialised Services	Women & Children	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB	Quarterly assurance meetings with the service.	<p>Update for May 2025 - The W&C Commissioning team have reviewed the risk which remains unchanged. 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.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	15	4	↔	01/04/2025	May-25
84	Financial break-even 2025/26	If... the NWJCC overspends against the agreed Annual Foundation Plan 2025/26 Then... the Health Boards will have to include the relevant amounts in their own financial reporting Resulting in... unexpected overspends/restriction of JCC/HB services to patients/breaching HB statutory financial requirements. 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	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	Financial Stability & Impact of Litigation	N/A	<ul style="list-style-type: none"> Financial performance monitored and reported to LHBS on a monthly basis providing key variance analysis in a timely manner to allow LHBS to make their own financial provisions or to take mediating actions to manage their demand. New business partner arrangements with monthly directorate team meetings Internal budget management regime to be updated in tandem with the scheme of delegation. Bi-monthly CCLG and collaborative commissioning group meetings. 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. 	<ul style="list-style-type: none"> Continuation of discussion with Welsh Government and Health Boards SLT prioritising the work plan aligned to the risk based foundational plan and strategic priorities. <p>Update for May 2025 - There are ongoing discussions with regard to the financial risks that are challenging the position. These have been discussed at Senior Leadership Team and the Planning, Performance and Finance sub-committee. A piece of work is being taken forward around mitigating actions to address non-delivery of the savings plan and end of year financial position.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	15	9	↔	01/04/2025	May-2025

New Risks Added (Risks Graded 15 and Above) - May 025

JCC RISK REGISTER FOR NEW 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
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"> 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; adverse impact on patient and family experience; significant increase in costs to NHS Wales; inability to deliver against the strategic intention of ATMP delivery in Wales therefore damaging reputation of NHS Wales; potential workforce issues with long term implications for re-starting the service and the future of ATMPs in south Wales; increase in administrative burden 	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	No controls identified	<ul style="list-style-type: none"> In conjunction with the provider, to advise Welsh Government on the implications for the service and patients if JACIE accreditation is not achieved. <p>Update for May 2025 - New risk added</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	15 (5x3)	5 (5x1)	May-25
81 CB13	JACIE accreditation - south Wales BMT service	<p>If... CVUHB does not achieve JACIE reaccreditation for its BMT service due to facilities not meeting standards</p> <p>Then...JCC will either be commissioning from an unaccredited centre or outsourcing patients to centres in England.</p> <p>Resulting in...</p> <p>If continue to commission Cardiff: Patients receiving treatment from a centre which is deemed not to reach national standards or the NWJCC service specification.</p> <p>If outsourcing: risk to patient safety due to delays in treatment and ability to have timely access to high quality care.</p>	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 / SBUHB	<ul style="list-style-type: none"> Stringent infection control measures are in place Appropriate governance arrangements would need to be in place if the service does not have JACIE accreditation. 	<ul style="list-style-type: none"> In conjunction with the provider, to advise Welsh Government on the implications for the service and patients if JACIE accreditation is not achieved. <p>The following actions would be undertaken if accreditation is not renewed by JACIE:</p> <ul style="list-style-type: none"> Increased reporting re IP&C and plans and progress regarding reaccreditation via updates with capital investment Implement enhanced patient consenting To place the service in escalation level 3 <p>If outsourcing:</p> <ul style="list-style-type: none"> Outsourcing framework to be agreed and in place. <p>Update for May 2025 - New risk added</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	15 (5x3)	5 (5x1)	May-25
85 CB14	CAR T Capacity	<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>Then...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>Resulting in...</p> <ul style="list-style-type: none"> increasing numbers of patients having to travel further to receive treatment; an increased risk of patients not receiving treatment in a timely manner leading to poorer patient outcomes; adverse impact on patient and family experience; increase in costs to NHS Wales; threat to the long term sustainability of CAR T delivery in Wales due to not keeping up with NICE approvals; inability to deliver against the strategic intention of ATMP delivery in Wales therefore damaging reputation of NHS Wales; an increase in administrative burden 	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	Maximising use of Auto-BMT capacity at SBUHB within the current commissioning framework to release capacity in CVUHB.	<ul style="list-style-type: none"> 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 To explore the potential for further increasing Auto-BMT capacity at SBUHB to release additional capacity in CVUHB for CAR-T. <p>Update for May 2025 - New risk added</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	16 (4x4)	8 (4x2)	May-25

New Risks Added (Risks Graded 15 and Above) - May 025

<p>86 NCC066</p>	<p>C&VUHB Neurosciences National Standards</p>	<p>If...Cardiff and Vale University Health Board is unable to meet the current commissioned nursing establishment of the unit and therefore not meeting BSRM standards</p> <p>Then...the gap in the number of posts that have been commissioned means that the service is not meeting the national standards</p> <p>Resulting in...patients requiring admission to the Inpatient Neuro-rehabilitation Unit are unable to access the specialist rehabilitation this also includes tracheostomy patients, due to the number of patients that can be cared for safely</p>	<p>Director of Commissioning for Specialised Services</p>	<p>Neurosciences</p>	<p>Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these</p>	<p>Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes</p>	<p>CVUHB</p>	<ul style="list-style-type: none"> • JCC to continue meeting with CVUHB Neurosurgery Service to discuss performance, staffing issues/level and risks • JCC receiving and monitoring performance information • Performance reporting and oversight via Risk assurance and recovery meetings, SLA meetings and to Management Group and JCC 	<p>JCC has arranged further performance meetings with the service</p> <p>Update for May 2025 - New risk added following a Risk Register CTM meeting.</p>	<ul style="list-style-type: none"> • Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee 	<p>16 (4x4)</p>	<p>4 (2x2)</p>	<p>May-25</p>
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Agenda Item

3.3

Audit, Risk & Assurance Committee – Hosted Bodies

NWJCC Audit Recommendations Tracker

Dyddiad y Cyfarfod / Date of Meeting	14/08/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Matthew Edwards, Assistant Committee Secretary (NWJCC) & Helen Harris, Financial Accountant (NWJCC)
Cyflwynydd yr Adroddiad / Report Presenter	Matthew Edwards, Assistant Committee Secretary (NWJCC)
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Georgina Galletly, Director of Corporate, Planning & Strategy, NWJCC

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

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
ARC	Audit and Risk Committee
JCC	Joint Commissioning Committee



1. Situation /Background

- 1.1 The purpose of this report is to provide the 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 new 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 Committee (JC) business
- 1.3 Further to the establishment of the NWJCC on 1 April 2024, this audit recommendations tracker incorporates all legacy audit recommendations of the predecessor organisations. Currently, all legacy audit recommendations have been completed and nothing remains outstanding.
- 1.4 Audits play an important independent role in providing the JC and the ARAC with assurance on internal controls and that systems and processes are sufficiently comprehensive and operating effectively. Therefore, it is essential that recommendations from both internal and external audits are implemented in a timely way. All reports from audits undertaken across the 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
Traumatic Stress Wales	4	TBC
Finance Systems	4	Reasonable



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

It should be noted that the Draft Internal Audit Report on Traumatic Stress Wales (TSW) has been received and is being considered in light of the options for future hosting arrangements which determines subsequent management action to be taken forward. A final report is anticipated in the coming weeks and will be reported to the Audit, Risk and Assurance Committee at its next meeting.

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

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 proposed for completion by Internal Audit during 2025-2026:

Audit Theme	Quarter	Assurance Rating
Individual Patient Funding Requests	Q3	
Strategic Planning	Q4	
High Cost Drugs	Q4	
Budget Management	Q4	

2.4 External Audit

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

3. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /	Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration



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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This report relates to the audit tracker where issues related to quality may be referred to
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:



Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>		This is the audit tracker and not specifically relatable to the protected characteristics. It is regularly reviewed and does not specifically deal with patient level information ie re protected characteristics although all services are required to comply with the Equality Act and Public Sector Equality Duty
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below) How internal teams work in the JCC is important in terms of the national position and its reputation, particularly in relation to audit is important to uphold	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below) 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 2024/2025
- **Note** the planned audit programme for 2025/2026.

NHS Wales Joint Commissioning Committee
Register of Recommendations from the Internal Audit Report on Financial Arrangements
August 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. RISK: Inability to produce required financial reports or monitoring returns. Inappropriate actions taken or decisions made where there has been inaccurate financial reporting.	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.	
IA FA 2024 2	At the time of our audit review the former WHSSC Financial Control Procedure (FCP) for requisition 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. RISK: Inappropriate procurement actions taken or decisions made where there is a lack guidance.	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.	

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>RISK: Lack of appropriate approval for procurements.</p>	MEDIUM	August 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>	
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>	RISK: Poor use of limited resources.	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>	
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>	RISK: Lack of appropriate approval for procurements.	HIGH	August 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>	

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
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>RISK: Adverse impact on suppliers due to delayed payments. Inability to achieve WG payment targets.</p>	MEDIUM	September 2025	Gwen Kohler, Deputy Director of Finance	Helen Harris, Financial Accountant	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.	
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. Risk: Inadequate governance of old debts.</p>	MEDIUM	September 2025	Gwen Kohler, Deputy Director of Finance	Helen Harris, Financial Accountant	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.	

NHS Wales Joint Commissioning Committee
Summary Position Regarding Progress on Legacy Internal and External Audit Reports
August 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	0	7	6	1	0

Financial Arrangements

Final Internal Audit Report

2024/25

Joint Commissioning Committee



Reasonable Assurance

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Review Reference

CTM-2425-36

Fieldwork

March – May 2025

Executive Sign Off

17 June 2025

Audit Committee

14 August 2025

Executive Lead

Stacey Taylor, Director of Finance

Audit Team

Paul Dalton, Head of Internal Audit

Emma Samways, Deputy Head of Internal Audit



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



Executive Summary

Purpose

Our review of the financial arrangements within the NHS Wales Joint Commissioning Committee ('JCC' or 'the organisation') was completed in line with the 2024/25 Internal Audit Plan. The executive lead for this review was the Director of Finance.

The JCC is a Joint Committee of the seven health boards in Wales, acting collectively on their behalf. The JCC was established in response to the findings of an independent review, commissioned by Welsh Government, into the national commissioning arrangements in Wales. From April 2024, the JCC replaced the Emergency Ambulance Services Committee (EASC), the Welsh Health Specialised Services Committee (WHSSC), and the National Collaborative Commissioning Unit (NCCU), assuming responsibility for the services previously commissioned by these bodies. The JCC has also taken on commissioning responsibilities for NHS 111 Wales services, and the Wales Sexual Assault Referral Centres.

As an organisation hosted by Cwm Taf Morgannwg (CTM) University Health Board, the JCC uses the financial services of CTM and as such follows its financial control procedures. Our review considered the key financial arrangements which have been established within the new organisation.

Overview

We have concluded reasonable assurance on this area. The matters requiring management attention are:

- There are no written procedures in place for the completion of financial monitoring tasks.
- The procurement procedures have not been updated from those of the predecessor organisation.
- Recurring purchase orders in use with no monitoring of invoice values matched against them.
- Potentially un-necessary payments made in relation to hotel costs.
- Authorisation for single tenders are not always obtained in a timely manner.
- The 30-day payment performance target not always achieved.
- A small number of aged debts report which are no longer being pursued, to be considered for write off.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives		Related Findings	Assurance
Financial Management & Budgetary Control			
1	Procedures are in place for the completion of financial monitoring tasks.	1	Limited
2	There is timely and appropriate budget monitoring within the JCC, which includes identifying issues and meeting financial targets.	-	Substantial
3	Timely financial reports and monitoring returns are prepared and reviewed before submitting to health boards and Welsh Government (WG).	-	Substantial
Procurement			
4	Procurement procedures are in place which align to WG and CTM procedures and the JCC's scheme of delegation.	2	Reasonable

5	Procurement activity follows procedures, including quotes and tenders where necessary, with minimal use of retrospective orders. Instances where the process is not followed are monitored and reported.	3, 4,5	Reasonable
6	Accurate, timely and appropriately authorised payments are made that are supported appropriate documentation.	6	Reasonable
Income			
7	There is a process to ensure that income can be promptly received and is accurately recorded, and outstanding debts are pursued.	7	Reasonable

Management Actions



High Priority



Medium Priority

Themes



- Approvals
- Finance Management & Control
- Performance Monitoring
- Policies & Procedures

Risk Types

- Financial Loss
- Public Perception & Reputational Risk

Findings & Agreed Action Plan

Objective 1: Procedures are in place for the completion of financial monitoring tasks **Limited**

Overview / Summary of Observations

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.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 No written procedures for the completion of financial monitoring tasks.</p> <p>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.</p>	<p>Inability to produce required financial reports or monitoring returns.</p> <p>Inappropriate actions taken or decisions made where there has been inaccurate financial reporting.</p>	<p>Agreed Action:</p> <p>Written procedures will be developed which set out the actions required for the completion of financial monitoring tasks.</p> <hr/> <p>Expected Evidence of Implementation:</p> <p>Written procedures which set out the actions required for the completion of financial monitoring tasks.</p>
	Medium Priority	
Theme: Policies & Procedures	Control Design	<p>Officer: Gwen Kohler, Deputy Director of Finance</p> <p>Target Implementation Date: 30th September 2025</p>

Objective 2: There is timely and appropriate budget monitoring within the JCC, which includes identifying issues and meeting financial targets

Substantial

Overview / Summary of Observations

A monthly finance position report is produced and is considered as part of the monthly meetings which are attended by key financial staff covering operational areas. The report is high level and includes a mix of financial and explanatory information in relation to spend with health boards, non-Welsh SLAs, Individual Patient Funding Request (IPFR) costs, mental health placement costs and direct running costs of the JCC. The narrative elements of the report highlights risks and opportunities that the JCC is facing and sets out routes the organisation is taking to breakeven and meet its financial targets. The report is signed by the Interim Chief Commissioner and the Deputy Director of Finance & Information.

Objective 3: Timely financial reports and monitoring returns are prepared and reviewed before submitting to health boards and Welsh Government (WG)

Substantial

Overview / Summary of Observations

In addition to the monthly finance report, our testing confirmed that the finance team also produce the following documents each month:

1. A month end risk sharing spreadsheet that provides details on the budget, actual spend, and the cost variances to be shared across the health boards for a wide range of operational areas including income, service level agreements with Welsh and non-Welsh service providers and individual patient agreements.
2. A WG monthly monitoring return which must be completed by all Welsh health boards, special health authorities and trusts.

These documents are also considered as part of the monthly meetings which are attended by key financial staff covering all operational areas.

We saw that the completed documents are distributed in a timely manner to the health boards, Welsh Government, Joint Commissioning Committee and Planning Performance and Finance sub-committee according to their respective needs. Furthermore, detailed and comprehensive responses are also provided to the monthly action notes raised by Welsh Government.

Overview / Summary of Observations

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.

Key Findings	Risk & Impact	Agreed Management Action
<p>2 Out of date FCP</p> <p>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.</p>	<p>Inappropriate procurement actions taken or decisions made where there is a lack of guidance.</p>	<p>Agreed Action:</p> <p>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.</p> <hr/> <p>Expected Evidence of Implementation:</p> <p>All FCPs updated</p>
<p>Theme: Policies & Procedures</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Officer: Helen Harris, Financial Accountant</p> <p>Target Implementation Date: 31st August 2025.</p>

Overview / Summary of Observations

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.

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.

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.

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>3 Use of recurring purchase orders</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 a mechanism in place to record and monitor total payments to ensure they remain within the purchase order value.</p>	<p>Lack of appropriate approval for procurements.</p>	<p>Agreed Action:</p> <p>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.</p> <p>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.</p> <p>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>Theme: Approvals</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Expected Evidence of Implementation:</p> <p>Monitoring of payments against recurring IPFR purchase orders.</p> <p>Officer: Gwen Kohler, Deputy Director of Finance</p> <p>Target Implementation Date: Already commenced</p>

<p>4</p>	<p>Hotel accommodation non arrival charges</p> <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>	<p>Poor use of limited resources.</p>	<p>Agreed Action:</p> <p>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>Medium Priority</p>	<p>Expected Evidence of Implementation:</p> <p>Reduction in expenditure being incurred in relation to non-arrival charges. All future non-attendance charges should be covered by a valid explanation.</p>	
<p>Theme: Finance Management & Control</p>	<p>Control Operation</p>	<p>Officer: Helen Tyler, Head of Corporate Governance</p> <p>Target Implementation Date: 31st July 2025</p>	
<p>5</p> <p>Single tender actions (STAs)</p> <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>	<p>Lack of appropriate approval for procurements.</p>	<p>Agreed Action:</p> <p>To note that there is rarely a need for an STA process within the JCC. As the finding notes, we only had 4 STAs in operation during 2024-2025.</p> <p>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>Expected Evidence of Implementation:</p> <p>Process developed and training provided to JCC staff.</p>	

		High Priority	Officer: Helen Harris, Financial Accountant
	Theme: Approvals	Control Operation	Target Implementation Date: 31 st August 2025

Overview / Summary of Observations

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.

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.

Key Findings	Risk & Impact	Agreed Management Action
<p>6 Payment performance target exceeded</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>Adverse impact on suppliers due to delayed payments. Inability to achieve WG payment targets.</p>	<p>Agreed Action:</p> <p>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>Expected Evidence of Implementation:</p> <p>Training will be provided to JCC staff and directors</p>
<p>Theme: Performance Monitoring</p>	<p>Medium Priority</p> <p>Control Operation</p>	<p>Officer: Helen Harris, Financial Accountant</p> <p>Target Implementation Date: 30th September 2025</p>

Objective 7: There is a process to ensure that income can be promptly received and is accurately recorded, and outstanding debts are pursued

Reasonable

Overview / Summary of Observations

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.

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.

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.

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.

Key Findings	Risk & Impact	Agreed Management Action
<p>7 Aged debts</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.</p>	<p>Inadequate governance of old debts.</p>	<p>Agreed Action:</p> <p>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>Expected Evidence of Implementation:</p> <p>Appropriately approved write off of aged debts.</p>
<p>Theme: Finance Management & Control</p>	<p>Medium Priority</p> <p>Control Operation</p>	<p>Officer: Helen Harris, Financial Accountant</p> <p>Target Implementation Date: 30th September 2025 (in line with ARC due dates)</p>

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	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
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	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](#)

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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 Joint Commissioning Committee. 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	4.1.1
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Unapproved / Minutes of the Hosted Bodies - Audit & Risk Committee

Date and Time of Meeting	Thursday 22 May 2025 at 9:00 am
Venue	Virtual via Microsoft Teams

Members Present	Patsy Roseblade	Independent Member (Chair)
	Dilys Jouvenat	Independent Member
	Carolyn Donoghue	Independent Member/Interim Vice chair
	Sally May	Executive Director of Finance and Procurement
	Huw George	JCC Interim Chief Commissioner
	Georgina Galletly	JCC Director of Corporate Planning & Strategy
	Stacey Taylor	JCC Director of Finance & Information
	Jacqueline Maunder	JCC Committee Secretary and Associate Director Corporate Services
	Nia Roberts	JCC Lay Member
	Mark Jones	Audit Wales
	Nathan Couch	Audit Wales
	Paul Dalton	NWSSP – Head of Internal Audit & Assurance
	Emma Samways	NWSSP – Deputy Head of Internal Audit & Assurance
	Gareth Watts	Director of Corporate Governance/Board Secretary
	Kathrine Davies	Corporate Governance Manager/Meeting Secretariat
Meeting Observers	Maxine Evans	JCC Assurance & Risk Officer

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	<p>P. Roseblade, Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The format of the proceedings in its virtual form were also noted. Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed.</p>



	The Committee Chair advised that at the end of the meeting, she would be seeking Members views as to how the meeting went.
1.2	Apologies for Absence
	Apologies were received from: <ul style="list-style-type: none"> • Helen Lentle – Independent Member • Kath Palmer – Health Board Vice Chair
1.3	Declarations of Interest
	No declarations were identified.
2.	MAIN AGENDA
2.1	JCC Action Log J. Maunder presented the Action Log and provided an update on the following: <ul style="list-style-type: none"> • Updates on risks 65 and 40 had been circulated to the Committee via email on the 8th May 2025 and this action was proposed to be closed. • Meeting of the two Chairs was now planned for the summer 2025. • The workshop on mental health quality commissioning arrangements that had been planned for November 2024 had taken place and this action was now proposed to be closed. <p>The Chair advised that she had previously met with the Chair and that another meeting planned for the summer would be a good time for a follow up meeting.</p>
Resolution	The Committee DISCUSSED and NOTED the action log
Action	None identified
3.	IMPROVING CARE
3.1	Joint Commissioning Committee (JCC) Verbal Update H. George provided a verbal update to the Committee on the following key matters: <ul style="list-style-type: none"> • The JCC Integrated Medium Term Plan was a foundation one year financial plan and was approved by all seven Health Boards at the end of March 2025. • The Plan includes 8 strategic priorities with milestones and actions and was received by the JCC at their meeting yesterday. • Following establishment of the JCC the Organisational Change Process (OCP) had now been completed, however there were still a large number of vacancies with the organisation with 29 posts vacant with Band A and above at 35%. All efforts were being made to recruiting into the vacant posts over the next few weeks and discussions across Wales with Chief Executives in relation to secondment opportunities for staff and using

	<p>clinical networks in a more cohesive way and providing common opportunities for staff.</p> <ul style="list-style-type: none"> • Progress was provided on major issues related to systems, process controls and accountability report. • The Scheme of Delegation was approved at the JCC at their meeting yesterday (21st May 2025) and was a significant step forward. • Service wise a disproportionate effort had previously been concentrated on one or two services due to legacy issues including sexual assault centre referral centres and the Welsh Kidney Network Governance Review and had been approved on a recurring basis. <p>The Chair thanked H. George for the verbal update.</p>
Resolution	The verbal update was NOTED .
Action	None identified
3.2	<p>JCC Organisational Risk Register</p> <p>J. Maunder presented the report and provided a summary of key matters for the Committee on the transitional amalgamated risk register:</p> <ul style="list-style-type: none"> • The Risk Register was presented to the Joint Committee and approved by the JCC on the 21st May 2025. • There were 13 risks with a score of 15 and above on the Risk Register including 12 commissioning risks and 1 organisational one. • One new risk (79) - Type A Aortic Dissection had been added and one risk (34) – lack of paediatric beds had been de-escalated. • Risk (76) – financial breakeven has been closed and a new financial will be added to the next iteration of the Risk Register for the new financial year. • Further activity in April would enable the JCC to review and adjust risk ratings and mitigation plans which would be brought to the next update in August 2025. <p>N. Roberts referred to the risk on Ambulance Performance and delays that had been receiving the most attention for a long time and expressed her hope that this would be de-escalated at some point so that they could concentrate on other risks that had been overshadowed by the focus on this.</p> <p>The Chair, in response, advised that this also linked to a discussion held with the JCC Chair that the agenda for this Committee should be led by the most significant risk and there was a need to ensure that this was up front and central on the agenda moving forward to that the Committee could take assurance from the mitigations in place and appropriate scrutiny by this Committee.</p>
Resolution	<ul style="list-style-type: none"> • The Committee: • NOTED the report • NOTED the JCC risk register as at 15 May 2025
Action	No action was identified.



3.3	<p>JCC Audit Tracker</p> <p>J. Maunder presented the report that provided the Committee with an update on progress in respect of the implementation of recommendations from internal and external audits. The following key matters were highlighted:</p> <ul style="list-style-type: none"> • A meeting was held with Internal Audit Colleagues on the 14th May 2025 to discuss internal audits related to Traumatic Stress Wales and the Finance Systems audit. The reports were being finalised and would be presented to the next meeting of the Committee in August 2025. • Discussions were also held with Internal Audit on the programme for 2025-26 on focus areas and topics and an update would be brought to the next meeting.
Resolution	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the report, • Take an ASSURANCE on the planned audit programme for 2024/2025; and
Action:	No action was identified.
3.4	<p>IMTP Progress Update</p> <p>G. Galletly provided a presentation to the Committee on the progress with the IMTP. G. Galletly highlighted the following key matters for the attention of the Committee:</p> <ul style="list-style-type: none"> • Foundation Plan Submission: <ul style="list-style-type: none"> ○ The JCC submitted a foundation plan instead of an IMTP due to the transition year and financial situation. ○ The plan was approved by the Joint Committee on the 18th March 2025. • Strategic Priorities: <ul style="list-style-type: none"> ○ The Foundation Plan focuses on eight high-level transformation strategic priorities, including neonates and cardiac pathways. ○ These priorities will be monitored through quarterly milestones. • Long-Term Strategy Development: <ul style="list-style-type: none"> ○ A 10-year strategy is being developed, with engagement from the Joint Committee and other stakeholders. ○ The strategy will focus on value, prevention, and sustainable services. • Engagement and Timelines: <ul style="list-style-type: none"> ○ Engagement mechanisms include the Collaborative Commissioning Leadership Group (CCLG) and Sub Committees. ○ The draft strategy is expected to be ready by the end of the calendar year, with formal sign-off by the end of the financial year. • Risks and Collaboration: <ul style="list-style-type: none"> ○ There are risks associated with the delivery of the program due to vacancies, but efforts are being made to collaborate with Health Boards and prioritise recruitment.



	<p>C. Donoghue queried the level of confidence in terms of delivery with the programme given the level of vacancies and level of risk. G. Galletly acknowledged the risks associated with vacancies and emphasised the efforts being made to collaborate with Health Board colleagues to find urgent and critical support for the programmes. G. Galletly advised on the commitment from Chief Executives to work together and that it had been suggested the JCC meeting for a system of rotation or secondments to support the JCC.</p> <p>In response, H. George advised that they need to be mindful that they don't overcommit themselves and that the Strategy was the one where the JCC needed to lead on and complete that for this year.</p> <p>The Chair commented that taking into account of the Health Boards and queried how they would they would drive this forward via the Directors of Planning meetings. G. Galletly confirmed that the JCC uses several mechanisms to ensure representation of all the Health Boards and that the Collaborative Commissioning Leadership Group (CCLG) included Executive Directors from each Health Board and meets monthly, is Chaired by the JCC Interim Chief Commissioner and was a key engagement mechanism.</p> <p>G. Galletly also advised that the JCC has Sub Committees with Chief Executive leads and was linked into various peer groups and the Director of Planning meetings which was another mechanism for developing the strategy.</p>
Resolution	The presentation and update was NOTED .
Action	None identified
3.5	<p>Internal Audit Report (Advisory) – JCC Governance</p> <p>E. Samways presented the report and outlined the key matters for the Committee:</p> <ul style="list-style-type: none"> • The review had been positive with a governance structure largely in place and bedding down well. Some observations had been made as an opportunity for improvement which were: <ul style="list-style-type: none"> - the need for improved documentation and tracking of actions arising from meetings. - the importance of ensuring that all actions are clearly assigned and followed up. - the report recommended regular updates to the action log to reflect the current status of each action. - It also suggested that the governance framework should be reviewed and updated to ensure it remains fit for purpose. <p>D. Jouvenat queried whether the CCLG were now having quorate meetings. G. Galletly advised that this had been discussed at the JCC yesterday where it was highlighted that all Chief Executives were all very committed to ensure that good attendance was encouraged.</p>

	D. Jouvenat, in response to her question, stated that it was important that representatives attending these meetings should provide feedback and that their attendance is recorded.
Resolution	The report was NOTED .
Action	None identified.
4.	CONSENT AGENDA
4.1	ITEMS FOR APPROVAL
4.1.1	Unconfirmed Minutes of the Meeting held on 13 February 2025 were APPROVED .
4.2	ITEMS FOR NOTING
	There were no items to note.
5.	CLOSE OF BUSINESS
5.1	Any Other Urgent Business There was no urgent business to report.
6.	DATE OF NEXT MEETING: 14th August 2025
7.	CLOSE OF MEETING