

Audit, Risk & Assurance Committee Hosted Bodies

Tue 03 February 2026, 15:00 - 16:00

Virtual via Teams



Agenda

15:00 - 15:05 **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

15:05 - 15:10 **2. MAIN AGENDA** 5 min

2.1. Action Log

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

2.1 Action Log ARAC HB 3 February 2026.pdf (5 pages)

2.2. Matters Arising not contained within the Action Log

Discussion Patsy Roseblade, Committee Chair

15:10 - 15:45 **3. IMPROVING CARE** 35 min

3.1. Joint Commissioning Committee Strategic Update

Discussion Huw George, Chief Commissioner (interim)

3.1 - NWJCC Strategic Update.pdf (10 pages)

3.2. Joint Commissioning Committee Organisational Risk Register

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

3.2 - NWJCC Organisational Risk Register.pdf (10 pages)

3.2.1 - NWJCC ORR MASTER - November 25.pdf (7 pages)

3.3. Joint Commissioning Committee Audit Tracker


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

3.3 - NWJCC Audit Tracker Report ARAC Committee.pdf (5 pages)

3.3.1 App 1 - Audit Recs Tracker ARAC HB 3 Feb 26.pdf (11 pages)

3.4. National Imaging Academy Risk Register


Discussion Philip Wardle, Director, National Imaging Academy

 3.4 NIAW RR ARAC HB 3 Feb 26.pdf (5 pages)

 3.4a Appendix 1 NIAW Risk Register.pdf (2 pages)

3.5. Internal Audit Report - JCC Individual Patient Funding Request Process - Final

Discussion Internal Audit

 3.5 IA Report JCC IPFR Final ARAC HB 3 Feb 26.pdf (5 pages)

15:45 - 15:50 4. CONSENT AGENDA

5 min

4.1. Items for Approval

4.1.1. Unconfirmed Minutes of the Meeting held on the 13 November 2025

Decision Patsy Roseblade, Committee Chair

 4.1.1 Unconfirmed Minutes 13.11.25 ARAC HB 3 Feb 26.pdf (7 pages)

4.2. Items for Noting - tbc

15:50 - 15:55 5. ANY OTHER URGENT BUSINESS

5 min

Discussion Patsy Roseblade, Committee Chair

15:55 - 16:00 6. DATE AND TIME OF NEXT MEETING

5 min

Information Patsy Roseblade, Committee Chair

4th June 2026 at 14:00 pm

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

OPEN ACTIONS

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT January 2026
Agenda item 2.1	13 th November 2025	Action Log	To share the update on 'Right Care Right Person' outside of the meeting.	Next Meeting	A Fowler	Closed – Update shared with Committee Members by email on the 27 th November 2025.
Agenda item 3.2	13 th November 2025	JCC Organisational Risk Register	To provide an update on risk 28 business continuity and vacancy rates outside of the meeting.	Next Meeting	A Fowler	Risk 28, relating to business continuity has been de-escalated with senior posts now recruited to. As of January 2026, the NWJCC is reporting a vacancy rate of 14.3% down from 30% in June 2025.
Agenda item 3.2	13 th November 2025	JCC Organisational Risk Register	To provide an update on the service costs for risk 68 specialist auditory hearing service outside of the meeting.	Next Meeting	S. Taylor	Closed – Whilst the provider is funded to provide a full service and agreed staffing level, staffing difficulties have resulted in funding being provided for posts not yet in place. Due to the lack of progress made against actions monitored through quarterly Service Performance Management meetings, including staffing requirements, the service has been placed into level 3 escalation.
Agenda item 3.4	13 th November 2025	Ambulance Service Commissioner Risk Assurance Update	To provide updates to future meetings on breakdowns of lost hours (handover vs. internal processes), information on the new call categorisation processes and their impact, and an update on the 111 service.	tbc	R Whitehead	Ongoing – A date for submission of a future update remains in discussion between the NWJCC and CTMUHB Corporate Governance teams.
Agenda item 3.4	13 th November 2025	Ambulance Service Commissioner Risk Assurance Update	To work with CTM Governance Team on aligning timings of the updates with JCC Board Committee meetings.	tbc	H. George	Complete – The NWJCC have re scheduled its Joint Committee and Sub-Committee meetings. The NWJCC Committee Secretary will also attend HB ARAC meetings moving forward to support the alignment of meetings and to agree the appropriate timing of updates in future.

Agenda Item Number 3.1

Agenda item 3.4	14th August 2025	Internal Audit Review – Joint Commissioning Committee Financial Arrangements	S Taylor and S May to discuss future standalone reporting to the Hosted Bodies Committee in relation to any breach or waiver to the Standing Orders and Standing Financial Instructions.	Next Meeting	S Taylor & S May	Closed – ST has engaged with SM and a standalone report will be shared with the Hosted Bodies Committee for any breach or waiver to the Standing Orders and Standing Financial Instructions will be shared. A request has been shared with NWSSP for this detail, which is presently reported to the CTMUHB ARAC, to be separated for sharing as a standalone item.
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COMPLETED ACTIONS						
NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT AUGUST 2025
Agenda item 3.2	14 th August 2025	Joint Commissioning Committee Organisational Risk Register	Director of Commissioning for Ambulance Services & 111 to be invited to a future Committee meeting to provide assurance on the action being taken to meet the changes /targets set by the MAG report affecting the Ambulance service.	Next Meeting	A Fowler and SMT to liaise with lead and confirm attendance with the CTMUHB Meeting Secretariat.	Completed – Update to be shared against agenda item 3.4.
Agenda item 3.2	14 th August 2025	Joint Commissioning Committee Organisational Risk Register	Updates to risks 55, 68 and 80 to be shared with Members outside the meeting.	Next Meeting	A Fowler and SMT	<p>Completed - Updates for risks 55, 68 and 80 are detailed within agenda item 3.2. However, the following up to date position is shared for additional context.</p> <p>Risk 55 – (Neonatal Workforce) – Whilst tough the service remains at escalation level 3 this is not related to its current work force. During the escalation meetings the health board has explained that they have no current concerns with their nursing work force. The risk was reduced from a score of 20 to 12.</p> <p>Risk 68 (C&VUHB Specialist Auditory Hearing service waiting times) – The Specialist Auditory service has been put into escalation level 3. The NWJCC is in the process of setting up the first escalation meeting and the outcome of this process will report into QSOC in December 2025, in addition to the reporting of this risk.</p> <p>Risk 80 – (JACIE accreditation - south Wales CAR T service) – A JACIE accreditation report is expected by the 18th November. Further updates will be shared following that report.</p>
Agenda item 3.2	14 th August 2025	Joint Commissioning Committee Organisational Risk Register	Revisit the timelines for producing the risk register for Committee meetings to ensure the latest possible update approved by the Joint Commissioning Committee can be received.	Next Meeting	A Fowler and SMT	Complete – Updates are confirmed within the report shared for agenda item 3.2
Agenda item 2.1	14 th August 2025	Visibility of significant risks	H George agreed that further updates reports would focus and demonstrate assurance on how risks are being mitigated.	Next Meeting	A Fowler and SMT	Completed – Updates are confirmed within the report shared for agenda item 3.2
Agenda item 3.1	14 th August 2025	Joint Commissioning Committee Update - Right Care Right Person	H George agreed to seek an update on the latest position and provide a briefing to members outside the meeting.	Next Meeting	A Fowler and SMT	Completed – Update shared with Committee members offline via email.

		Joint Commissioning Committee Update - External Adhoc Requests	H George and JCC colleagues to consider the level of risk posed by receiving various external activity / support requests.	Next Meeting	A Fowler and SMT	Complete – The level of risk posed by ad hoc support requests is addressed via the JCC’s prioritisation and planning work streams which ensure that commissioned activity is prioritised according to risk.
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	Completed Both Chairs have previously met so a further meeting was not required.
4.4	17 December 2024	Internal Audit Report – Mental Health Quality Commissioning Arrangements	To check if the workshop referred to was held on the 28 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.

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

Audit, Risk & Assurance Committee – Hosted Bodies

NHS Wales Joint Commissioning Committee Update

Dyddiad y Cyfarfod / Date of Meeting	03/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Aaron Fowler, 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
Not applicable		

Acronyms / Glossary of Terms	
CCLG	Collaborative Commissioning Leadership Group
CTMUHB	Cwm Taf University Health Board
HB	Health Board
IMTP	Integrated Medium-Term Plan
JC	Joint Commissioning Committee
MHLDVG	Mental Health, Learning Disabilities and Vulnerable Groups
NWJCC	NHS Wales Joint Commissioning Committee
OCP	Organisation Change Process
OD	Organisational Development
PET	Positron Emission Tomography
SARC	Sexual Assault Referral Centres



SLT	Senior Leadership Team
TSW	Traumatic Stress Wales
WG	Welsh Government

1. Situation /Background

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

2. Specific Matters for Consideration

2.1 NWJCC Risk Management

An overview of the NWJCC Organisational Risk profile, and ongoing activity to refine risk management processes, is shared with the Committee within Agenda Item 3.3. As set out within that report, the Organisational Risk Register (ORR) highlights those risks scoring 15 (out of 25) or above and/or those that cannot be managed locally across the NWJCC through adopted risk management processes. This process mirrors the risk management process adopted by CTMUHB, as set out within the CTMUHB Risk Management Strategy.

Alongside local scrutiny, control and management of risk, the NWJCC Senior Leadership Team (SLT), Quality, Safety and Outcomes Sub-Committee (QSOC), Planning, Performance and Finance Sub-Committee (PPF) and the JC have had the opportunity to consider the key organisational risks that the NWJCC was holding as of 30th November 2025.

At the JC meeting of the 27th January 2026 the JC received assurance from QSOC and PPF, via Sub-Committee Highlight Reports, that risks shared at those fora in December 2025 had been appropriately scrutinised and reviewed. The JC meeting of the 27th January 2026 also provided the JC with an opportunity to review the ORR in its entirety and to consider ongoing work to enhance the ORR and steps being taken towards the development of a Joint Committee Assurance Framework.

Additionally, the JC received detailed updates from its Directors of Commissioning for Ambulance and 111 (available [here](#)), Specialised Services (available [here](#)) and Mental Health, Learning Disabilities and Vulnerable Groups (available [here](#)) which provided separate, detailed overviews of the key risks being held and managed within these areas.

Notably, the following risks, were highlighted at JC with re-assurance provided regarding ongoing activity to manage these risks to secure the ongoing provision of safe and reliable commissioned services:

- The ongoing management of Medium Secure Mental Health placements at the Caswell Clinic.
 - o Following a significant fire at the Taith Newydd Low Secure Unit in October 2024 patients were moved to the Caswell Clinic NHS Medium Secure Unit. Following a review of the unit by the NWJCC Clinical review team several concerns were identified leading to the suspension of new admissions until issues are resolved. The suspension was lifted on January 8, 2026, after immediate concerns were addressed, however the service has remained at NWJCC Escalation 3 to ensure that further improvements are made.
 - o To support this process regular meetings are held between the NWJCC, Swansea Bay University Health Board Executive Team and the Caswell Senior Leadership Team.
 - o This matter continues to be managed and mitigated locally as a Commissioning issue with assurance over progress being made reported to the SLT, QSOC and JC.
- Whilst the vast majority of the ORR reports risks to commissioned specialised services, a significant risk has emerged regarding JACIE certification for Blood and Marrow Transplantation (BMT) and CAR-T services at Cardiff and Vale University Health Board (CVUHB) and Swansea Bay University Health Board (SBUHB).
 - o Findings following a JACIE (Joint Accreditation Committee of the International Society for Cellular Therapy) inspection were received on 9th January 2026 which recognised that whilst there was a high quality of service and commitment from the clinical team in place, there are a number of areas of non-compliance that need to be addressed and evidence of correction provided to the JACIE committee by 8th July 2026.
 - o On receipt of this evidence in July, JACIE will consider whether to award re-certification. The main area of non-compliance relates to the in-patient facility which does not meet the required standards for infection control. Given that this requires a longer-term capital solution, it is anticipated that credible, signed-off plans for achieving a compliant in-patient facility will be acceptable to JACIE.

- The risks presented for this service are recorded within the ORR as risks: 80 and 81.
 - The NWJCC is continuing to work with CVUHB and Welsh Government to support achieving continued JACIE certification of the South Wales BMT and CAR-T services. As previously noted, if certification is not maintained, CAR-T services would be suspended due to pharmaceutical supply restrictions, and BMT services may require alternative commissioning arrangements. Mitigation for these services includes potential derogation for the delivery of local services and the development of pathways with English providers.
 - An overview of these risks has been shared with the SLT, QSOC and JC with assurance provided of ongoing activity to ensure that the risk to commissioned services is mitigated.
- Utilisation of commissioned ambulance capacity remains a high risk for the NWJCC.
- This has been closely monitored and due to ongoing improvements in handover delays across Wales the risk score was de-escalated from 25 to 20 due to a reduction in the likelihood of recurrence. This remains under continual review.
 - The National Ambulance Handover Taskforce continues to drive the all Wales approach to improving hospital handover performance.
 - Since the renewed emphasis on Handover 45, measurable improvement has continued across most Health Boards. December 2025 saw a recovery in many areas following deterioration in November, reflecting the positive impact of targeted intervention.
 - Amber 95th percentile response times continue to show long-term improvement when viewed against 2024–25 data. With Phase 2 now fully implemented, monitoring has transitioned to Orange and Yellow categories from January 2026 onwards.
 - The strategic productivity review of WAST delivered services is progressing to plan. By the end of January 2026:
 - Baseline data gathering of publicly available information has been completed.
 - A multi-layer dashboard model is being refined.
 - Benchmarking opportunities are being confirmed.

Completion remains on track for the end of the current financial year to support ongoing improvements in the commissioning of ambulance and 111 services.

2.2 Workforce and Operational Update

As previously reported, 2025/26 has seen significant progress to finalise the establishment of the NWJCC. Building on previous updates, work has continued at pace to implement the steps to 'routine business' for the NWJCC. Specific areas to note are:

- Sue O'Leary has been appointed to the role of Director of Commissioning for MHLDVG and will join us in February 2026. Sue brings nearly three decades of leadership across Wales, spanning mental health, criminal justice and substance misuse in public, private and voluntary sectors. Most recently, she served as an Executive Director of Mind Cymru and Social Impact, holding shared corporate responsibility for delivering Mind's strategy in England and Wales and leading the organisation's Social Impact work across the UK.

Adrian Clarke, our Interim Director of Commissioning for MHLDVG will continue to work alongside Sue until his scheduled retirement in June 2026.

- Following the OCP and consultation at the end of 2024-25, the vast majority of our prioritised recruitment has been completed with appointments to key leadership roles at Deputy Director and Assistant Director levels. Five posts remain outstanding to finalise the OCP and our organisational vacancy rate as of 15th January 2026 is 14.30% (reported as 15.8% in November 2025) which is steadily decreasing due to ongoing corporate support and the targeting of key Directorates.
- As previously reported, work has been undertaken with Public Health Wales to address the recommendation of the "Independent Report into a review of National Commissioning Functions" to secure public health input into the NWJCC's commissioning activities. 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 of our activity. The Job Description for the Associate Medical Director for Public Health has been approved and is scheduled to be issued for application following approval of salary banding.

- As agreed at our December 2025 extraordinary JC meeting, our teams are prioritising resource to deliver plans to reduce the NWJCC's reported financial deficit.
- The NWJCC Leadership Forum, which underpins and supports the SLT, has continued to develop and is playing an active role in the decision making of the organisation and the delivery of operational activity, including the development of a robust IMTP.

2.3 Design and commence a robust OD Programme

The development of the NWJCC OD programme remains ongoing with support from CTMUHB's People Services team. Strategic Workforce Planning will be incorporated in this programme to meet organisational and commissioned service needs. As part of the this work the Head of OD and Inclusion at CTMUHB is meeting with SLT colleagues throughout January and February to support the design of an OD Programme for the NWJCC.

2.4 NWJCC Foundation Plan 2025-26

The Quarter 2 update against the NWJCC Foundation Plan was presented at the JC meeting in November 2025. A Quarter 3 update will be presented at the March 2025 JC meeting following a review of progress at the Performance, Planning and Finance Sub-Committee meeting of the 26th February 2026. Future updates will summarise progress made against strategic priorities with exception reporting for projects where milestones have not been achieved.

2.5 Collaborative Commissioning Leadership Group (CCLG)

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

An Extraordinary CCLG meeting, dedicated to the development of the NWJCC IMTP took place on the 22nd January 2026 to support the refinement of plans. Whilst discussions will continue to be had with HB and WG colleagues to finalise the IMTP, it remains the NWJCC's intention to share a three-year IMTP for approval at the March 2026 JC meeting. The next meeting of the CCLG is scheduled for the 24th February 2026.

3. Specific Matters for Consideration

PROGRAMMES OF WORK

Members will recall the need to reassess the workplan and priorities within the NWJCC Foundation Plan. A number of national programmes were noted and

Members supported the need to redirect capacity within the organisation as appropriate. Specific updates are provided below:

3.1 Sexual Assault Referral Centres (SARC)

The JC formally accepted the SARC programme from NHS Performance and Improvement in November 2025. Since this time, considerable progress has been made in the further development of both partnership arrangements, and the beginnings of a robust commissioning approach.

Of specific note has been the undertaking of 5 partnership workshops facilitated by the NWJCC focussed on:

- Partnership governance and exploration of a partnership agreement.
- Service model and service specification.
- Financial model and plan from April 2026.
- Performance Management Framework.
- Enhancing survivor and stakeholder voice.

Partners have engaged strongly through these discussions, with products from each of these needing to be developed within the final quarter of the year. The extant governance framework has also been stood down, with terms of reference for a new arrangement drafted. It is anticipated that the new governance structure will run from the beginning of the new financial year (earlier if possible).

3.2 Hospices Commissioning

The JC was asked to provide support to both WG and the Strategic Programme for Palliative and End of Life Care on the development of a commissioning approach for the hospices sector in Wales. Engagement has taken place with the sector, commissioning HBs, WG and the strategic programme, with plans remaining on track for a draft commissioning approach to be submitted for consideration by JC in March 2026 prior to publication by WG. This is in line with an agreed 31st March 2026 timescale.

3.3 Voluntary Sector Commissioning Approach

Due to support capacity within the NWJCC, and the availability of baseline data from HB, this work has not progressed as quickly as anticipated. Initial engagement opportunities have now been planned with all County Voluntary Councils across Wales, and with a small, focussed HB commissioners' group. At the time of reporting, it is anticipated that the baseline will be developed by the original deadline of 31st March 2026, and an indicative commissioning framework which will need further refinement, will be developed within the first quarter of 2026/2027.

3.4 Direct Payments

The role of the NWJCC here is minimal, however some project support via the Project Management Office has been enabled, and support to develop the Programme arrangements has also been provided. Personnel within Powys Teaching Health Board under the remit of the existing Continuing Healthcare Programme arrangements are progressing with a work plan and will report through the extant governance arrangements for this.

A range of risks have been identified across these programmes and have been escalated through the varying Senior Responsible Officers as appropriate.

3.5 Positron Emission Tomography (PET)

The NWJCC continues to work with WG and colleagues across Wales to ensure the stability of the Positron Emission Tomography Imaging Centre service going forward. The NWJCC has requested that Cardiff and Vale University Health Board lead the scanning provision at the University Hospital of Wales and they are working with Cardiff University to enable the handover of service and associated resources.

Shared services are exploring a south Wales procurement to ensure radiopharmaceutical supply and the PET Programme continues to support this activity.

3.6 Traumatic Stress Wales (TSW)

At the November JC meeting it was confirmed that agreement had been reached, subject to confirmation of staffing and resource position, for the TSW service to be transferred to Public Health Wales as host organisation, to sit alongside their Adverse Childhood Experiences' hub.

Whilst it was initially hoped that the transfer could be finalised as early as December 2025, the process has taken longer than originally anticipated due to complexities surrounding staff employment arrangements. Legal advice has been obtained to clarify the Transfer of Undertakings Protection of Employment (TUPE) process and CTMUHB (as the host organisation of the NWJCC) and Public Health Wales continue to meet on a regular basis to progress the transfer.

Updates against recommendations made within the TSW Internal Audit are detailed within agenda item 3.3.

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

Impact Assessment	
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Outcome: n/a



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:
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 <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

Members are asked to:

- **Note** the report.



Agenda Item

3.2

Audit & Risk Committee

NHS Wales Joint Commissioning Committee Organisational Risk Register – November 2025

Dyddiad y Cyfarfod / Date of Meeting	03/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Aaron Fowler, Committee Secretary/Deputy Director of Corporate Governance, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Aaron Fowler, Committee Secretary/Deputy Director of Corporate Governance, 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
Senior Leadership Team	21 January 2026	Approved for submission to Joint Committee
Planning, Performance and Finance Sub-Committee	18 December 2025	Endorsed for Committee Approval on the 27 January 2026
Quality, Safety and Outcomes Sub-Committee	15 December 2025	Endorsed for Committee Approval 27 January 2026



Acronyms / Glossary of Terms

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

1. Situation / Background

- 1.1 As required by the Terms of Reference for the Hosted Audit and Risk Assurance Committee (“the Committee”), this report is shared to provide assurance to the Committee that appropriate governance arrangements are in place for the management of risk by the NWJCC.
- 1.2 In accordance with the Hosting Agreement (“the HA”) between CTMUHB and the NWJCC, the NWJCC has adopted the Risk Management provisions of CTMUHB (para. 5.2 of the HA). To this end, the NWJCC has developed an NWJCC Organisational Risk Register (“ORR”) which details those risks scoring 15 (out of 25) or above and/or those that cannot be managed locally across the NWJCC through adopted risk management processes. This process mirrors the risk management process adopted by CTMUHB, as set out within the CTMUHB Risk Management Strategy.
- 1.3 Each of the high/extreme risks recorded within the ORR are assigned to one of the NWJCC sub-committees (Quality, Safety & Outcomes Sub-Committee (“QSOC”) and the Planning, Performance & Finance Sub-Committee (“PPF”)) to be reviewed, and for assurance to be provided that risks are being appropriately mitigated, with robust actions in place for their ongoing management. Additionally, each sub-committee provides onwards assurance, via sub-committee Highlight Reports, to the NWJCC Joint Committee (the “JC”) regarding the management of risk.
- 1.4 Work remains ongoing to develop a Joint Committee Assurance Framework and Risk appetite statement that recognises the risks identified in the NWJCC Annual Foundation Plan 2025-26 and strategic priorities for 2026-27 and beyond.
- 1.5 Draft iterations of the NWJCC Risk Management Strategy and Assurance Framework and Risk Management Policy, which will align with CTMUHB’s iterations of these documents, are nearing completion and will be shared for approval following appropriate consultation and scrutiny by the NWJCC Senior Leadership Team (“SLT”) and Sub-Committees.

1.6 The narrative within this report, and the appended ORR, is intended to provide assurance to the Committee that the aforementioned processes are operating effectively and support the ongoing management of risk by the NWJCC.

2. Specific Matters for Consideration

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

- Quality Safety and Outcomes Committee – 15 December 2025
 - o The QSOC undertook a review of all patient quality, safety and outcome related risks within the ORR as of 30 November 2025. This meeting was attended by two NWJCC Lay Members and the appointed CEO lead for the sub-committee.
- Planning, Performance and Finance Committee – 18 December 2025
 - o The PPF Committee undertook a review of all planning, performance and finance related risks within the ORR as of 30 November 2025. This meeting was attended by three NWJCC Lay Members and the appointed CEO lead for the sub-committee.
- Joint Committee Meeting – 27 January 2026
 - o The JC undertook a review of the ORR as at the 30 November 2025. This meeting was attended by all NWJCC Lay Members, Health Board Chief Executives and NWJCC operational leads.

2.2 To provide operational and governance teams opportunity to review and re-set risk management and reporting processes, a move to bi-monthly reporting of the ORR has been agreed. During fallow reporting months, where ORR updates are not requested for sub-committee and JC review, the Corporate Governance Team (“CGT”) will continue its work with commissioning directorates to provide support and guidance on the NWJCC’s risk management processes, and the expectations of our Sub-Committees and JC for the reporting and management of risk.

2.3 In addition, a bi-monthly reporting cycle provides an opportunity for the CGT to undertake a second line assurance review, with additional consideration and challenge given to controls and mitigating actions



of all current, new and emerging risks to ensure the JC remains focussed on commissioner-based risk reporting. This will also allow operational colleagues sufficient time to manage risk mitigations and implement actions plan between reporting cycles.

- 2.4 A risk workshop was held with the SLT on the 17 December 2025 to agree the approach to be adopted to risk descriptions and risk scoring moving forward. The SLT acknowledged that whilst the ORR, as shared, articulates the operational, patient safety and experience risks that will have an impact on the services commissioned by the NWJCC it does not, on the whole, set out the operational and system-based commissioning risks that the NWJCC is holding.
- 2.5 Accordingly, it was agreed that all risks detailed within the ORR and held locally should be re-described and scored (as necessary) to better reflect the risks held by the NWJCC as a commissioner. By way of a simplistic example the following approach to the description of risks will be adopted moving forward:

Existing Risk Description	Updated Description:
<p>If... Commissioned capacity in "X service" is not provided.</p> <p>Then... Patients will not have access to the full range of "X" services.</p> <p>Resulting in... Poorer patient experience and outcomes.</p>	<p>If... Commissioned capacity in "X service" is not provided.</p> <p>Then... Patients will not have access to the full range of "X" services which will cause poorer patient experience and outcomes.</p> <p>Resulting in... reputational harm to the NWJCC and the risk of additional financial pressure due to the need to commission additional or alternative service should performance not improve.</p>

- 2.6 Whilst internal colleagues have been reluctant to move away from the description of risks as historically described it is hoped that the articulation of patient and/or population impact reflected within the "Then" section will alleviate concerns. Additionally, as previously described to the JC, future iterations of the ORR will also include the detail of linked provider risks (where these are recorded) to ensure

that a focus is retained on the impact that risks will have on patients and how this is being mitigated.

- 2.7 To support this process, the CGT has undertaken a full review of all current risks on the ORR and prepared proposals for updated risk descriptors and recommendations for updates to controls, actions and risk scores as necessary. These proposals have been shared with the SLT and commissioning leads to implement for all risks. Additionally, the CGT have met with risk leads to ensure that proposals are understood and to provide support with the drafting of risks.
- 2.8 Moving forward, all new risks will be subject to review by the SLT before being added to the ORR to ensure they are appropriately described and scored. Whilst this process is undertaken, such new risks will be detailed within updates to Sub-Committees and the JC as emerging risks for information.
- 2.9 It is expected that significant progress will be noted within the ORR to be presented to the JC on 24 March 2026, acknowledging the need for an accurate and robust ORR to inform the development of the Joint Committee Assurance Framework.

3. Key Risks / Matters for Escalation

3.1 NWJCC Risk Profile – November 2025

As of 30 November 2025, there were **20** risks with a score of 15 and above (high risks) on the NWJCC Organisational Risk Register. A summary of these risks is outlined below.

3.2 Commissioning Risks

There are **18** risks open with a risk score of 15 and above:

- Ambulance Services x 2
- Cancer and Blood x 3
- Cardiac x 2
- Neurosciences x 6
- Welsh Kidney Network x 1
- Women and Children x 4

- 3.3 A summary of the changes that have taken place since the last report to the Committee are outlined below:

Table 1 – Commissioning Risk Profile – November 2025

Commissioning Risk Activity	Movement to ORR between October and November 2025
New Commissioning Risks	<p>One new risk was added: In October -</p> <ul style="list-style-type: none"> • <u>Risk 92 – Women & Children Commissioned Services Posts Not Advertised in CVUHB</u> <p>Full details of the risk are included in the attached ORR.</p>
Escalated Commissioning Risks	No risks have been escalated.
De-escalated Commissioning Risks	<p>One risk was de-escalated: In November -</p> <ul style="list-style-type: none"> • <u>Risk 3 – South Wales Plastic Surgery Services</u> <p>Swansea Bay University Health Board (SBUHB) has confirmed that the 104wks maximum waiting time target for treatment continues to be met and is on track to be met for the remainder of the quarter. Planned care funding has been made available for quarter 3 with quarter 4 funding applied for.</p> <p>Planned care funding has been secured in order to meet the revised WG target of having no patients waiting >26 weeks for a first outpatient appointment by the end of March 2026. Additional clinics are planned in order to achieve this target. The risk was reduced from a score of 15 to 12 and will be monitored through the local directorate risk register as the position will not be sustainable without additional funding above baseline in 2025-26.</p>
Closed Commissioning Risks	No risks were 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 since the last report to the Committee are outlined below:

Table 2 – Corporate/Organisational Risk Profile – November 2025

Corporate Risk Activity	Movement to ORR between October and November 2025
New Risks	<p>One new risk was added: In November -</p> <ul style="list-style-type: none"> • <u>Risk 94 – Increased Medicines Costs</u> <p>Full details of the risk are included in the attached ORR.</p>
Escalated Risks	<p>No risks were escalated.</p>
De-escalated Risks	<p>One risk was de-escalated: In October –</p> <ul style="list-style-type: none"> • <u>Risk 28 – Business Continuity</u> <p>Following the successful recruitment of key positions and a reduction in turnover a decision to reduce the likelihood score from 4 to 2 has been taken, reducing the overall score for this risk to 8. The risk will continue to be monitored through the local directorate risk register.</p> <p>In November –</p> <ul style="list-style-type: none"> • <u>Risk 90 – JCC Organisational Development through Effective Strategic Workforce Planning</u> <p>The OCP is now complete, and all key posts recruited to. Capacity and capability in the JCC have therefore strengthened and roles are filled to support delivery of the accountabilities and responsibilities of all members of the JCC SLT.</p> <p>The Director of Corporate, Planning and Strategy is working with the CTMUHB Organisational Development (OD) team to develop a comprehensive OD Programme for the JCC. The plan will form part of the JCC's IMTP FOR 2026/29 and will be based on development of capability, values and behaviours across the organisation.</p>



	The risk was reduced from a score of 16 to 12 and will be monitored through the local directorate risk register.
Closed Risks	No risks were 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 / 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: A more equal Wales A Wales of cohesive communities
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Efficient
	If more than one applies please list below: Effective; equitable; person-centred; timely and safe
	No - Not Applicable



Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:
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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 Cydraddoldeb 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 detail contained within the NWJCC Organisational Risk Register as of 30 November 2025.

- Take **assurance** that the NWJCC has appropriate risk management processes and procedures in place for the ongoing management of organisational risk.

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

		CONSEQUENCE (C)				
CxL		1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
LIKELIHOOD (L)	1 - Highly Unlikely					
	2 - Unlikely				28 Business Continuity - Risk de-escalated from 16 to 8 in October 2025	
	3 - Likely				90 JCC Organisational Development through Effective Strategic Workforce Planning - Risk de-escalated from 16 to 12 in November 2025	77 Commissioning of sufficient Emergency Ambulance Services capacity 80 JACIE accreditation - south Wales CAR T service 81 JACIE accreditation - south Wales BMT service
	4 - Highly Likely			03 Plastic surgery delays - Risk de-escalated from 15 to 12 in November 2025	53 C&VUHB Neurosciences Staffing issues/level 61 Obesity surgery waiting times 65 Renal dialysis capacity across Wales 79 Type A Aortic Dissection 82 SBUHB Neuro-rehabilitation 86 C&VUHB Neurosciences National Standards 89 Paediatric Neurology service provision for Welsh patients 92 Women & Children commissioned services posts not advertised in CVUHB - New risk added in October 2025 94 Increased medicines costs - New risk added in November 2025	69 Paediatric Radiology out of hours provision 78 Utilisation of Emergency Ambulance capacity 87 Acute Therapies MDT 88 South Wales Thrombectomy Equity 24/7 91 Hereditary Anaemias service - capacity in south Wales - Existing risk escalated from 15 to 20 in November 2025
	5 - Almost Certain			83 Full commissioning of paediatric orthopaedic surgical service 84 Financial Break-even 2025/26	68 C&VUHB Specialist Auditory Hearing service waiting times	

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

JCC RISK REGISTER - RISKS WITH SCORES >15																	
Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team/ Directorate	JCC Strategic Objective	CTM Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current)		Rating (Target)		Trend	Risk Opened	Last Reviewed
											C	L	C	L			
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"> 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 quarterly 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 currently paused for review in 25/26. CVUHB have successfully recruited to the commissioned staffing establishment but remain below the minimum standards for the British Society Physical Rehabilitation Medicine. <p>Update for November 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	4	4	4	↔	Aug-23	Nov-2025
61	Obesity surgery waiting times	If... long waiting times for obesity surgery continue (which Salford Royal hospital have advised will be unlikely to reduce significantly in the medium to long-term) Then... patients from Betsi Cadwaladr University Health Board and North Powys awaiting obesity surgery procedures in Salford Royal Hospital will have their treatment delayed Resulting in... poor patient experience, poor outcomes and inequity of service provision between the North and South Wales service	Director of Commissioning for Specialised Services	Cardiac	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	BCUHB/Salford Royal Hospital	<ul style="list-style-type: none"> 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"> A meeting will be arranged with the level 2/3 BCUHB Obesity service with a view to exploring the options for an alternative provider - December 2025/January 2026 JCC to commence work to identify an alternative English provider - December 2025/January 2026 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 - NWJCC to contact the WIMOS service for an update - December 2025) 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 could not be arranged with the Salford service until a response had been received from Salford. A follow up letter was sent in September 2025 (from the NWJCC Chief Commissioner) to Salford requesting an urgent response to the escalation letter and confirmation of a named Executive Lead from Salford Royal to enable the NWJCC to progress with the Level 3 escalation process. Salford have since formally written to the NWJCC providing 6 months notice for the obesity surgery contract. 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 November 2025 - In response to the letter of notice received from Salford an NWJCC internal meeting was arranged (24 October 2025) with the Director of Commissioning for Specialised Services, Assistant Director of Specialised Services, Associate Medical Director and the Commissioning Manager and a number of actions were agreed. The Cardiac 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 	16	4	4	4	↔	Dec-23	Nov-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"> Commissioning of additional capacity, which could include opening of twilight sessions at financial risk to the NWJCC, to avoid population harm Increased pressure on the commissioned NEPTS service to transport a greater number of patients to and from dialysis session 3 times per week at a financial risk to the JCC 	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 The following strategic Prevention workstreams are expected to have a medium/long term effect, led by the WKN Clinical Prevention Lead: <ul style="list-style-type: none"> All Wales Community Healthcare Pathway for referrals for Chronic Kidney Disease have been agreed and introduced into Primary Care Regional actions plans have been developed and introduced for increasing patient numbers for home dialysis and transplantation, monitored through the WKN Regional performance meetings 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 completed to supported by regional workshops and implementation. Target metrics have been developed by DHCW and EMIS searches CKD e-learning module for primary care focusing on prevention, screening and optimisation for early CKD - CPD-approved is now live, awaiting a report on the level of uptake by cluster areas 	<ul style="list-style-type: none"> Prevention workstream medium/long term effect: <ul style="list-style-type: none"> Community Cardiorenal clinic pilot being developed in SBUHB - start date to be confirmed Commissioned services: <ul style="list-style-type: none"> 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 Commission a distinct piece of work on Demand and Capacity Modelling, The HEOR presentation was provided to WKN Network Board meeting 24/09/25 on the demand, Further workshops to be held with the regional providers (x3) to go through the regional detail - This session is scheduled for the 10th December 2025 Full workforce analysis with Regions and bench marking to quantify the various staffing costs per session by Quarter 4 2025/26 Monitor the variation between the 1.77% uplift applied as part of the IMTP Foundation plan and the projected 3.7% growth for dialysis across Wales - Qtr 4 2025/26 Development of action plans for increasing capacity to include opening of Twilight Risk will form part of the IMTP plan for 2026/2027 <p>Update for November 2025 - Risk reviewed and risk 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	4	1	↔	Jan-24	Nov-2025
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"> The service is at Level 3 of the NWJCC Escalation Framework wef October 2025 	<ul style="list-style-type: none"> In March 25 CVUHB shared the work force requirement to right size the service, indicating significant investment required. It has been identified that CVUHB receives more income than it costs to deliver the current service. The JCC are awaiting confirmation from CVUHB regarding the financial position and recruitment to right size the service. A performance meeting with the south Wales Specialist Auditory Hearing Service was held on the 7th August 25 no update from CVUHB was received. The JCC will continue to meet regularly with the service. <p>Update for November 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	4	2	↔	Feb-24	Nov-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 November 2025 - W&C Commissioning Team have reviewed the risk which remains unchanged. Assurance meeting held on 1st September. Potential work force issues due to impending retirements (consultant radiologists), the paed radiology posts have been included in the organisation's list of hard-to-recruit roles, and the medical director is exploring international recruitment options. During the meeting the risk relating to the 24/7 paediatric radiology service was discussed, noting the potential patient transfers out of Wales due to service gaps. The service confirmed that the risk level has not changed, as they continue to operate without a formal out-of-hours rota.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	20	4	4	2	↔	Mar-24	Nov-2025

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

Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team/ Directorate	JCC Strategic Objective	CTM Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (C x L)	Rating (Target) (C x L)	Trend	Risk Opened	Last Reviewed
77	Commissioning of sufficient Emergency Ambulance Services capacity	<p>If...the NWJCC does not commission sufficient capacity of services</p> <p>Then...the providers will be unable to deliver their commissioned requirements</p> <p>Resulting in...reduced performance and quality standards, increased risk of harm, reduced system flow and NWJCC reputational risk</p>	Director of Commissioning for Ambulance 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	Quality/ Complaints/ Assurance/ Patient Outcomes Adverse Publicity or Reputation	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"> Increase the number of patients managed at Step 2 of the ambulance commissioning framework Investment in additional ambulance service capacity by pass through of 2024/25 uplift Completion of 2024 Demand and Capacity review - findings being considered as part of 2025/26 IMTP plan development Assessment of implications of Manchester Arena Inquiry submission by the ambulance service being undertaken The Ministerial Advisory Group report into NHS Wales Performance and Productivity (Recommendation 13) recommends urgent action should be taken to reduce ambulance handover delays at emergency departments by implementing a national improvement programme, supported by real-time data, operational standards, and accountability mechanisms. JCC are working collaboratively to support implementation of this recommendation including taking a lead on the development of a performance dashboard. Establishment of the clinically led National Improvement Delivery Group on 1st July 2025 to reduce ambulance handover delays of which the JCC is an active participant Number of lost hours due to handover delays reduced in September 2025 to circa 11,500 hours which is an improving trend. <p>Update for November 2025 - Ambulance & 111 Commissioning Team have reviewed risk rating of 15 current, with target 10 remains unchanged. NWJCC Strategic review findings outcomes early 2026 and understanding of the impact of the Phase 2 ambulance performance framework changed due to go live in December 2025, will inform further work in this area related to the re-assessment of demand and capacity requirements moving forward. Further progress on reduction of handover delays to 2018/19 commissioned levels will support a reduction in this risk.</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	Nov-2025
78	Utilisation of Emergency Ambulance Capacity	<p>If...the capacity commissioned by the NWJCC is not utilised for its intended purpose</p> <p>Then...Health boards and their populations will not receive the services they require</p> <p>Resulting in...patients not receiving a timely emergency ambulance response, increasing the risk of harm, disability and death</p>	Director of Commissioning for Ambulance Services and 111	Ambulance Services and 111	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	WAST	<ul style="list-style-type: none"> 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"> The Ministerial Advisory Group report into NHS Wales Performance and Productivity (Recommendation 13) recommends Urgent action should be taken to reduce ambulance handover delays at emergency departments by implementing a national improvement programme, supported by real-time data, operational standards, and accountability mechanisms. JCC are working collaboratively to support implementation of this recommendation and support a weekly operational discussion regarding national ambulance handover performance with Welsh Government and NHS Wales Performance & Improvement including taking a lead on the development of a performance dashboard. Establishment of the clinically led National Improvement Delivery Group (National Handover-45 Taskforce) to reduce ambulance handover delays of which the JCC is an active participant 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. 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 Introduction of rapid clinical screening from 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. Sustained reduction throughout Q1 and Q2 2025/26 in the number of lost hours due to ambulance handover delays within a number of hospitals within NHS Wales is resulting in more emergency ambulance capacity being utilised for its intended purpose. Accelerated design events planned took place during August/September 2025 to improve handover delays further. <p>Update for November 2025 - Ambulance & 111 Commissioning Team have reviewed the risk rating of 20 current, with target 15 remains unchanged. Ambulance service Unit Hour Production continues to be monitored as part of Ambulance Services and 111 performance monitoring. Handover position remains challenging, health boards are currently undertaking a readiness assessment in relation to further expectations around handover improvement.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	20	15	↔	Sep-24	Nov-2025
79	Type A Aortic Dissection	<p>If...the recommendations of the 202 GIRFT review relating to the treatment of Type A Aortic Dissections cannot be implemented</p> <p>Then...patients from South Wales will not have access to the recommended single Type A Aortic Dissection treatment pathway and will continue to need to be transferred to England if identified as benefiting from the Frozen Elephant Trunk procedure</p> <p>Resulting in... suboptimal patient outcomes and inequity of service</p>	Director of Commissioning for Specialised Services	Cardiac	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes		<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Continue working with CVUHB and SBUHB to identify the means of implementing the GIRFT recommendation at the earliest possible opportunity. The requirement for an aortic dissection pathway was included in the cardiac surgery deep dive Joint Committee Development session in August 2025. This work will be considered in the context of the work that is required for the cardiac review project. <p>Update for November 2025 - The Cardiac Commissioning team have reviewed the risk which remains unchanged. The risk score will be reviewed following the development / implementation of an interim pathway for these patients. Awaiting instruction from the NWJCC Medical Director to agree the next steps.</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	Nov-2025
82 NCC057	SBUHB Neuro-rehabilitation	<p>If...patients requiring admission to the Inpatient Neuro-rehabilitation Unit (SBUHB) are unable to access specialist rehabilitation due to considerable staffing pressures across the whole of the multidisciplinary team</p> <p>Then...patient care will be compromised and the opportunity to avoid preventable complications (where specialist Neuro-rehabilitation intervention is needed but not available) will be lost</p> <p>Resulting in...poor patient experience and poor outcomes</p>	Director of Commissioning for Specialised Services	Neurosciences	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	SBUHB	<ul style="list-style-type: none"> 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 shared with the JCC Half yearly Performance meetings with the service in place. 	<ul style="list-style-type: none"> JCC drafted a specialised rehabilitation strategy, the unit is to be included in this project. The strategy has been paused for review in 25/26. Planned investment for 24/25 has been delayed with no funding release to take forward in the 25/26 foundation plan. A performance meeting with the NPT Rehabilitation Service was held on the 22nd of September 25 and quarterly meetings with the NWJCC and NPT Rehabilitation Service have been arranged. <p>Update for November 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	↔	Apr-25	Nov-2025

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

Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team/ Directorate	JCC Strategic Objective	CTM Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (C x L)	Rating (Target) (C x L)	Trend	Risk Opened	Last Reviewed
80 CB12	JACIE accreditation - south Wales CAR T service	If... CVUHB does not achieve JACIE reaccreditation for its CAR-T service due to facilities not meeting standards Then... there will be no CAR-T service in Wales (as pharmaceutical companies will withdraw their approvals for CVUHB to administer their products) Resulting in... <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 November 2025 - The risk has been reviewed and remains unchanged (JACIE report not yet received)</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	15 5 3	5 5 1	↔	May-25	Nov-2025
81 CB13	JACIE accreditation - south Wales BMT service	If... CVUHB does not achieve JACIE reaccreditation for its BMT service due to facilities not meeting standards Then... JCC will either be commissioning from an unaccredited centre or outsourcing patients to centres in England. Resulting in... If continue to commission Cardiff: Patients receiving treatment from a centre which is deemed not to reach national standards or the NWJCC service specification. If outsourcing: risk to patient safety due to delays in treatment and ability to have timely access to high quality care.	Director of Commissioning for Specialised Services	Cancer & Blood	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 November 2025 - The risk has been reviewed and remains unchanged (JACIE report not yet received)</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	15 5 3	5 5 1	↔	May-25	Nov-2025
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.	<ul style="list-style-type: none"> 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. There have been difficulties for the service in doing this, with data issues due to coding and poor documentation. When the paper has been completed and agreed within the team it will be discussed in the financial working group to progress. The service had committed to sending the paper to the JCC by the end of June. There has been no contact despite numerous chaser emails being sent. Meeting held with the service on 9th October. During that meeting, the Health Board presented an overview of a report they had compiled. This report was received on the morning of the meeting. The Health Board proposed that levels 1 to 3 paediatric orthopaedic surgery should be commissioned by the JCC. An internal meeting has been scheduled for 10th November to discuss the report and next steps. A follow up meeting will then be arranged with the Health Board. <p>Update for November 2025 - W&C Commissioning Team have reviewed the risk which remains unchanged. Internal meeting on 10th November to discuss report and next steps. A team response is in development for the health board to explain the JCC position. The Assistant director of Commissioning has asked the team to delay the response while they discuss the JCC national commissioning role.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	15 3 5	4 2 2	↔	May-25	Nov-2025
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 leading to potential reputational damage to the JCC.	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 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 November 2025 - The NWJCC financial position for 2025-2026 reported at Month 7 remains as a forecast year end overspend position of £7.7m. The risk 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 3 5	9 3 3	↔	Apr-25	Nov-2025
86 NCC066	C&VUHB Neurosciences National Standards	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 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 this also includes tracheostomy patients, due to the number of patients that can be cared for safely	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 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 	<ul style="list-style-type: none"> New risk added in May 2025 following identification of this risk through the provider risk based assessment for the JCC Foundation Plan. JCC has arranged further performance meetings with the service <p>Update for November 2025 - The Neurosciences Commissioning Team has reviewed the 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 4 4	4 2 2	↔	May-25	Nov-2025

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

Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team/ Directorate	JCC Strategic Objective	CTM Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (C x L)	Rating (Target) (C x L)	Trend	Risk Opened	Last Reviewed	
87 NCC059	Neurosurgery Acute Therapy MDT	If... there are insufficient commissioned resource for the acute therapy MDT on the acute neuroscience pathway at the UHW Then... there is a risk of delay and inequity of acute therapy service provision for neuroscience patients on the acute neuroscience pathway at the Neurosurgery Service at the University Hospital of Wales (UHW) due to the limited capacity of the commissioned therapy MDT Resulting in... the service being unable to provide a safe, equitable and sustainable rehabilitation service for these patients	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"> Continue to monitor the position at the quarterly Neurosciences Performance Meeting. Acute Neurosurgery therapies was approved in the ICP 24/25. 	<ul style="list-style-type: none"> CIAG proposal submitted in Aug 2023 – the highest scoring scheme included in the ICP 24/25 – require approval and sign off of ICP 24/25 - Q4 24/25 Commissioning team to clarify if the funding release can proceed in 25/26 which will be dependent on the ICP for 26/27. <p>Update for November 2025 - The Neurosciences Commissioning Team has 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	↔	Jul-25	Nov-2025	
											5	4	2	2		
88	South Wales Thrombectomy Equity 24/7	If... the JCC is unable to commission a 24/7 mechanical thrombectomy service on behalf of South Wales Health Board's and their populations Then... there is a risk of continued inequity of access to services between patients in South Wales and South Powys, compared to those in North East Wales and North Powys who have access to a 24/7 Mechanical Thrombectomy Service Resulting in... <ul style="list-style-type: none"> the potential for poorer population outcomes in South Wales and South Powys the JCC being open to significant reputational risk and potential judicial review of decisions linked to service provision; and the need to re-commission South Wales Thrombectomy services 	Director of Commissioning for Specialised Services	Neurosciences	Improve equity and population health: ensure that people are able to access the right service when they need it wherever they are, wherever they live	Quality/ Complaints/ Assurance/ Patient Outcomes Adverse Publicity or Reputation	CVUHB	<ul style="list-style-type: none"> Four phase investment plan for the provision of a 24/7 service in place with CVUHB. Business case received from CVUHB 4 phase plan to provision of 24/7 service. Ongoing discussions with North Bristol Hospital Trust (NBHT) being held regarding service provision. 	<ul style="list-style-type: none"> JCC continue to monitor CVUHB progress against the phase 1 investment and timely progression towards a 24/7 service. JCC are awaiting a business case from CAVUHB JCC to continue to meet Cardiff service regularly as required (currently fortnightly) to monitor activity. <p>Update for November 2025 - The Neurosciences Commissioning Team has reviewed the 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 	20	4	↔	Jul-25	Nov-2025	
											4	5	2	2		
89 P/21/28	Paediatric Neurology Service provision for Welsh Patients	If... neurology services in Alder Hey continue to be reduced Then... North Wales paediatric patients will not have access to the full range of Paediatric services. Resulting in... Inequity of care, poor patient experience and poor outcomes, which may lead to a commissioned service unable to implement JCC policies in terms of access to drugs and treatments, thus not providing a high-quality service required by JCC.	Director of Commissioning for Specialised Services	Women & Children	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	Alder Hey	<ul style="list-style-type: none"> The service are under capacity and delivering a restricted service. Internal meetings in JCC to discuss the current outreach provision have been held. Next meeting planned for October when the new Assistant Director of Commissioning commences who will take this work forward with Alder Hey. 	<ul style="list-style-type: none"> A dedicated meeting to address the outreach model has been scheduled for the 7th October 2025. This will be a JCC meeting with BCUHB to discuss the Alder Hey outreach provision. The meeting will include; the new Assistant Director of Commissioning, head of commissioning, quality and business outcomes manager, associate medical director and commissioning manager from the JCC plus Asst. Director Health Strategy Planning, operations manager CYP and the Director of Performance and Commissioning from BC UHB. <p>Update for November 2025 - Discussions between JCC and Alder Hey colleagues, shows that outreach clinics may not fall under JCC commissioning responsibility. Alder Hey clinicians do not write in patient notes during these clinics; they attend for advice only, and the local paediatrician leads the care. The W&C team have reviewed the available information and contacted each locality to clarify who writes in the patient notes during these clinics? This will determine whether the clinics are considered Alder Hey-led or Health Board-led. If the clinics are confirmed as Health Board-led (with local paediatricians responsible for documentation and care), then commissioning responsibility lies with the Health Board, not JCC. This could require pushing the responsibility back to the Health Boards and potentially agreeing on a single, consistent delivery model for these clinics across Wales. Awaiting responses from localities to confirm who writes in the notes. The current risk score remains unchanged until information has been received.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	16	4	↔	Jul-25	Nov-25	
											4	4	2	2		
91 CB15	Hereditary Anaemias Service - Capacity in south Wales	If... commissioned capacity in the south Wales hereditary anaemias service is not increased in order to meet increasing demand (doubling of patient population in last 5 years) Then... there is a risk that patients may not be seen in a timely way or in accordance with the quality standards of the service specification including: <ul style="list-style-type: none"> delays in access to timely clinic review inability to provide timely review of emergency admissions lack of capacity to deliver timely access to red cell exchange transfusions lack of medical cover particularly in the adult service (dependence on a single consultant) delays in access to psychology support lack of social work support placing pressure on and diverting the work of CNSs lack of capacity to deliver specialist obstetric support for a growing number of pregnancies affected by haemoglobinopathies Resulting in... <ul style="list-style-type: none"> a risk of poorer patient outcomes (e.g. impact on organ function, impact on psychological wellbeing) and experience an adverse impact on staff wellbeing 	Director of Commissioning for Specialised Services	Cancer & Blood	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB	<ul style="list-style-type: none"> The risk is being mitigated currently through clinical prioritisation and staff working flexibly to maximise the level of service provided. 	<ul style="list-style-type: none"> Obtain clarity on current consultant WTE available to the service. COMPLETE - CVUHB has clarified that the 0.2WTE consultant time for adults which was declared as already existing when investment (including a further 0.2WTE consultant for adults) was made in 2020 is not available due to being unfunded sessions by a consultant who has since left the health board. Seek further information from CVUHB to better describe and assess level of risk, in particular the impact of longer waiting times for clinic appointments on patients. COMPLETE Obtain more detail from the service in CVUHB on what would be required for a more sustainable service. In progress. Seek to understand increase in demand in more depth by asking Liverpool service if they have seen a similar trend. In progress. Propose as a "Must do" in the 2026-29 IMTP Planning Process COMPLETE <p>Update for November 2025 - The risk has been reviewed and it was agreed that the risk has increased from 15 to 20 due to increasing number of referrals and the fragility of the staff infrastructure.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	20	10	(Risk Score increased from 15 to 20) ↑	Sep-25	Nov-2025	
											5	4	5	2		

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

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
92 P/21/29	Women & Children commissioned services posts not advertised in CVUHB	If... in C&V UHB there is no timely release of posts for JCC funded women & children commissioned services Then... services will not meet the commissioning policies and services specifications which outline the high-quality service required by the JCC. Resulting in... quality and safety concerns, poor patient experience and poor patient outcomes.	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"> Concerns raised by health boards particularly C&V UHB regarding posts being frozen and not advertised. This has affected all posts including JCC funded commissioned posts. Currently on health board risk registers. Discussed in Specialised service team meeting, with agreement received from Director of Specialised Services to add to risk register. <p>Update for October 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 	16 (4x4)	4 (2x2)	Oct-25
94	Increased Medicines Costs	If... Medicine costs increase by a predicted 30% plus inflation due to geo-political pressures and inflation Then... the JCC's expenditure could increase by circa £39m Resulting in... significant financial pressures for the organisation which will impact on our ability to achieve financial targets and/or savings. Additionally this will impact on our ability to deliver our Foundational Plan or future IMTP plans	Medical Director	Medical Directorate	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	All	<ul style="list-style-type: none"> Whilst we do not have any control over the organisations responsible for this risk, financial mitigations could be put in place within our commissioning plans for the future. 	<ul style="list-style-type: none"> Make representations and lobby key stakeholders - ABPI, Welsh Government Review all medicines commissioned to ensure they all remain appropriate for JCC commissioning 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	15 (C3 x L5)	TBC	Nov-26

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

JCC RISK REGISTER FOR DE-ESCALATED RISKS >15												
Datix ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	CTM Risk Domain	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Month De-escalated	De-escalation Rationale
28 CS3/ CD01	Business Continuity	<p>If...JCC staff are unable to deliver core business whilst implementing the transition plan to form the new JCC</p> <p>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</p> <p>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.</p>	Director of Corporate Planning & Strategy	Facilitate Integration: through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales	Service/ business interruption	<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 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. 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	8 (Reduced from 16)	4	Oct-25	<p>Update for October 2025 -</p> <ul style="list-style-type: none"> 6 posts (5%) remain in the recruitment process following OCP. Normal turnover rate is currently 6%. Corporate Induction session for Assistant and Deputy Directors took place early October 2025 to support collective awareness and meet the SLT. Session was opened to existing staff at that level to promote networking and collaboration. Delivery of JCC 2025/2026 Foundation Plan is closely monitored by SLT and reported through PPF Sub-Committee and Joint Committee through with plan adjustments being made accordingly to strengthen delivery confidence. Decision to reduce the likelihood score to 2, reducing the overall score to 8.
3 CB03	South Wales Plastic Surgery Service	<p>If...SBUHB as the sole provider of plastic surgery services for the south Wales Health Boards' populations, continues to be unable to sustainably meet the Welsh Government key performance indicator for elective care and reduce its backlog</p> <p>Then...there will be a risk that patients in south Wales will experience long waits in breach of the national target</p> <p>Resulting in...a commissioned service that does not meet national standards and:</p> <ul style="list-style-type: none"> has the potential for poorer population outcomes inequity in access to treatment compared to patients in North Wales and the need to consider re-commissioning of services to meet required standards and performance 	Director of Commissioning for Specialised Services	Improve equity and population health: ensure that people are able to access the right service when they need it wherever they are, wherever they live	Quality/ Complaints/ Assurance/ Patient Outcomes Adverse Publicity or Reputation	<ul style="list-style-type: none"> The service is in JCC escalation level 2 due to the waiting times performance position. A delivery plan to maintain the Welsh Government target through 2025/26 is in place SBUHB has received additional planned care funding to maintain achievement of the 104wk waiting time target through the 2nd quarter 2025/26 (planned care funding is released by Welsh Government on a quarter by quarter basis). 	<ul style="list-style-type: none"> To monitor progress against the plastic surgery delivery plan for quarter 3 via monthly commissioner assurance meetings with SBUHB – next escalation meeting 08/12/2025. Re-benchmark efficiency - in progress. Request comprehensive demand and capacity plan. REQUESTED 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	12 (Reduced from 15)	9	Nov-2025	<p>Update for November 2025 - The health board has confirmed that the 104wks maximum waiting time target for treatment continues to be met and is on track to be met for the remainder of the quarter. However, this position will not be sustainable without additional funding above baseline in 25/26. Planned care funding has been made available for quarter 3; quarter 4 funding will be applied for in November/December. Planned care funding has been secured in order to meet the revised WG target of having no patients waiting >26 weeks for a first outpatient appointment by the end of March 2026. Additional clinics are planned in order to achieve this target. The CAB Commissioning team reviewed the risk and agreed to reduce the score to 12 as targets are currently being met. However, additional funding above baseline is required in quarter 4 to maintain the target.</p>
90	JCC Organisational Development through Effective Strategic Workforce Planning	<p>If...Strategic workforce planning is not undertaken to help identify and create the right workforce and the right ways of working to deliver the organisational strategic objectives.</p> <p>Then...there will be an inability to establish effective ways of working, capabilities and organisational culture to align priorities and execution of key plans</p> <p>Resulting...in a lack of recruitment and retention of workforce with the right skills to meet evolving organisational priorities.</p>	Director of Corporate Planning and Strategy	Maximise Value: through our expertise and advice, determine where resources are best focussed and prioritised to inform choices that support the improvement of patient outcomes and commission appropriate services where value is demonstrated	Staff / Health Wellbeing/ Organisational Resilience	<ul style="list-style-type: none"> Currently receive ad hoc OD support from our host CTMUHB Prioritised recruitment plan in place 	<ul style="list-style-type: none"> Ongoing phased recruitment drive Development for Senior Manager Orientation - October 2025 Development Sessions for Line Managers December 2025 Scoping of Secondment opportunity across CTMUHB to address skills gap October 2025 Organisational training needs analysis and skills mapping - November 2025 Working with CTMUHB (Host) to identify OD resources and development of a comprehensive OD plan Line Manger Developmental Session is ongoing. A leadership series is being created to develop of competency and confidence is being developed with CTMUHB colleagues. ESR Training is being promoted as part of data assurance as well as Welsh Language recruitment training to ensure TRAC Welsh Language Standard compliance. 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	12 (Reduced from 16)	8	Nov-2025	<p>Update for November 2025 - The OCP is now complete and all key posts recruited to. Capacity and capability in the JCC has therefore strengthened and roles are filled to support delivery of the accountabilities and responsibilities of all members of the JCC SLT. The Director of Corporate Planning & Strategy is working with CTM OD to develop a comprehensive OD Programme for the JCC. The plan will form part of the JCC's IMTP 2026/29 and be based on development of capability, values and behaviours across the organisation.</p>



Agenda Item

3.3

Audit, Risk & Assurance Committee – Hosted Bodies

NWJCC Audit Recommendations Tracker

Dyddiad y Cyfarfod / Date of Meeting	03/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Matthew Edwards, Assistant Committee Secretary, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Aaron Fowler, 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
Not/Applicable	Click or tap to enter a date.	

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



1. Situation /Background

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

2. Internal Audit

2.1 Summary of Audits Undertaken in 2025-26

2.2 The following reviews have been completed by Internal Audit:

Audit Theme	Quarter	Assurance Rating
Finance Systems	4	Reasonable
Traumatic Stress Wales	4	Limited

Progress towards implementing Internal Audit recommendations is set out in the table below. Additionally, further updates against outstanding and in-progress recommendations are detailed in the attached Audit Recommendation Tracker – **Appendix 1**.

Audit Theme	Recommendations			
	Made	Achieved	Not Yet Due	Outstanding
Financial Arrangements	7	5	2	2
Traumatic Stress Wales	9	3	6	6



2.3 Summary of Planned Audits for 2025-2026

The Director of Finance, the Chief Commissioner and the Committee Secretary are scheduled to meet with colleagues from the NHS Wales Shared Services Partnership’s Internal Audit team on 2 February 2026 to discuss the NWJCC’s internal audit programme for 2025-2026 and plans for outstanding audits listed below.

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

Audit Theme	Quarter	Assurance Rating
Individual Patient Funding Requests	Q3	A Substantial Internal Audit Report has been approved by the NWJCC and will be reported to the Committee for final approval.
Strategic Planning	Q4	Scoping meetings scheduled. On track for completion by end March 26.
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 / Link to CTMUHB Strategic Goal(s)	Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration
	The NWJCC was established on 1 April 2024. The strategic goals were approved in September 2024. This work aims to maximise value and facilitate integration
Dolen i Feysydd Strategol BIP CTM / 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 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:	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 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 checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is the audit tracker and not specifically relatable to the protected characteristics. It is regularly reviewed and does not specifically deal



		with patient level information ie re protected characteristics although all services are required to comply with the Equality Act and Public Sector Equality Duty
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 NWJCC is important in terms of the national position and its reputation, particularly in relation to audit is important to uphold	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	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
- **Note** the planned audit programme for 2025-26 and the progress update provided.

APPENDIX 1

**NHS Wales Joint Commissioning Committee
Register of Recommendations from the Internal Audit Report on Financial Arrangements
February 2026**

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. PROGRESS: Written procedures have been developed and are out for review across the wider NWJCC finance team before being put into action from October 2025 month end reporting.	COMPLETED
IA FA 2024 2	At the time of our audit review the former WHSSC Financial Control Procedure (FCP) for requisitioning of goods and services remained in use. The JCC have delayed updating the FCP to reflect the new JCC organisation while they wait for CTM, as the host organisation, to update their equivalent FCP. Our review of the procedure in place confirmed that it provides sufficient detail on the requisitioning and ordering process.	As a hosted body of CTM, the JCC adopts their FCP and adapts them for their own circumstances. CTM are in the process of updating their FCPs, as such the former WHSSC FCP in relation to the requisitioning of goods and services work has not yet been updated to reflect the new organisation. 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. PROGRESS: 7 FCPS have been revised and submitted to ARC for approval at the November 2025 meeting. 2 FCPs (Salaries and Wages and Purchase of Goods & Services) remain to be reviewed but cannot be progressed until the equivalent CTM FCPs have been revised and approved by the CTM ARC. Both FCPs are in relation to services provided by NHS Wales Shared Services and will be generic across both CTM and the NHSWJCC. As a result they will need to be accepted and implemented as given. This recommendation as it relates to the NHSWJCC FCP's has been completed as far as possible.	COMPLETED

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 - Revised - December - 2025	Gwen Kohler, Deputy Director of Finance	Sandra Tallon, Assistant Director of Finance	<p>Agreed Action: A review of recurring payments is being undertaken against historic IPFR purchase orders to ensure all remain appropriate, with new and appropriately approved purchase orders raised where necessary. Further, a process has been introduced as part of regular month end monitoring and reporting that allows spend against IPFR purchase orders to be monitored to ensure values are not exceeded. However, as this is an ongoing process that will be embedded into day-to-day tasks, there is no natural end date. This work has already started and is expected to continue indefinitely.</p> <p>PROGRESS: The review has commenced but had to be paused as the finance team member undertaking the review has moved on. A new member of staff has been appointed and will commence with the NWJCC at the end of February 2026. The review and work to embed into practice will re-commence at this time.</p>	ONGOING
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 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 have been provided with assurance that all future invoices will be scrutinised for any unexpected non-attendance charges. 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>PROGRESS: Procedure changed and monitoring in place.</p>	COMPLETED

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA FA 2024 5	<p>The register of STAs lists four that have previously been authorised. However, the contracts relating to two of these organisations has expired.</p> <p>One was due to expire at the end of April 2025, and we saw evidence of work commencing to extend the contract and therefore the need for a new STA, commence in March 2025. At the time of our audit the STA application was still in the process of being authorised.</p> <p>A second contract expired in 2024, and we understand the organisation continues to be used. We have been unable to confirm if a renewed contract and STA have been put in place.</p>	RISK: Lack of appropriate approval for procurements.	HIGH	August 2025– Revised– November– 2025	Gwen Kohler, Deputy Director of Finance	Rachel Wetherill, Head of Financial Accounting and Governance	<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 STAs in operation during 2024-2025. However, we will work with colleagues in Shared Services Procurement services to develop a more robust process to identify contracts due for renewal to ensure the authorisation of STAs can be completed in a timely manner.</p> <p>We will provide more training to JCC staff to emphasize the importance of complying with WG procurement regulations which will include Single Tender Actions and procurement timescales.</p> <p>PROGRESS: Training has been provided to all staff as part of an overarching financial governance training session.</p> <p>All current STAs have been reviewed to ensure they are still in date.</p> <p>Meetings have taken place with the NWSSP Head of Procurement for CTM Locality looking to formalise the STA process within the NWJCC so that it meets NWSSP deadlines and requirements.</p> <p>Discussions with NWSSP Procurement Services are ongoing.</p> <p>A new member of staff commenced with the NWJCC on 19 January 2026. The NWJCC will continue to work with NWSSP procurement colleagues to establish whether the process is working.</p>	ONGOING
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	<p>Agreed Action: Staff are aware of the payment performance requirement, and a system is already in place to identify the reasons for targets being missed. Further training will be provided for staff and Directors.</p> <p>PROGRESS: Individual training has been provided to all Senior Leadership Team Directors, to all staff as part of a governance presentation at the weekly JCC staff meeting on 14th August 2025, and to departmental teams at their monthly team meetings. As far as possible all staff have been reached.</p>	COMPLETED

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA	<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	<p>Agreed Action: The old debts highlighted in the finding can be considered to be irrecoverable and a formal report will be submitted to ARC requesting approval to write off.</p> <p>PROGRESS: Report requesting write off in line with WG Losses and Special Payments Policy presented to ARC November 2025.</p>	COMPLETED

NHS Wales Joint Commissioning Committee
Register of Recommendations from the Internal Audit Report on Traumatic Stress Wales
February 2026

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA TSW 2025 1	<p>The specific objectives for TSW are set out in a service specification dated November 2020, which has been updated to recognise that TSW is now part of JCC. More recently a revised service specification has been documented to update the current role and purpose of TSW, following engagement with TSW staff in health boards, members of the TSW Public Advisory Group, the Deputy Director for Transformation and Commissioning in the JCC, and the third Sector. This has been shared with the JCC and WG colleagues but is yet to be formally approved. Our discussions with a sample of Directors of Mental Health in health boards demonstrated only a very limited awareness of the current and planned objectives for TSW.</p> <p>Furthermore, the draft Mental Health and Wellbeing strategy, launched for consultation by WG in February 2024 is due to be published in April 2025. This has a 'trauma-informed approach' as a key element of the designated strategy. We understand the current revision of the TSW service specification will have anticipated the changes the new strategy will introduce. However, as the strategy is yet to be published, we are unable to confirm if the service specification covers all required areas.</p>	<p>The original service specification for the role of TSW has been updated to reflect the current role. Management will need to ensure that the roles and objectives of TSW are aligned to the Welsh Government Mental Health and Wellbeing Strategy which is due to be published in April 2025. The revised service specification should then be formally approved through an appropriate governance channel, though this will be reliant on a decision being reached on where TSW should sit in terms of its management arrangements.</p> <p>When approved, there is a need to engage with all stakeholders, including Health Board Directors of Mental Health to ensure that there is clarity on the objectives and role of TSW.</p> <p>RISK: There is a lack of clarity over the objectives of TSW and/or there is a misalignment with the goals of the Mental Health and Wellbeing Strategy, due to be launched by Welsh Government in April 2025.</p>	MEDIUM	December-2025 March 2026	Adrian Clarke, Director of Commissioning MHLDDVG	Joanna Dainton, Assistant Director of Commissioning MHLDDVG	<p>Agreed Action: During 2025/2026 the NWJCC is developing a long-term strategy that will incorporate Mental Health, Learning Disabilities and Vulnerable Groups. Given the intention to align TSW under new hosting arrangements, the service specification should be reviewed to reflect Welsh Government strategy and the roles and objectives of TSW under the strategy of the new host body. The Director of MHLDDVG will work with PHW colleagues to ensure the specification review is flagged as part of the transfer.</p> <p>PROGRESS: At the November NHS Wales Joint Commissioning Committee meeting it was confirmed that agreement had been reached, subject to confirmation of staffing and resource position, for the TSW service to be transferred to PHW. This will ensure a better strategic fit with the overarching Strategic Programme and national priorities and ensure TSW delivery is aligned with this under the leadership of the Strategic Programme Director at PHW.</p> <p>Discussions continue to progress on the hosting arrangements. Complexities surrounding staff employment arrangements has required legal advice to clarify the staff subject to the TUPE process. CTMUHB (as the host organisation of the NWJCC) and PHW continue to meet on a regular basis to progress the transfer. It is hoped the TUPE transfer will be complete by end of March 2026.</p> <p>Assurance regarding the ongoing management of the TSW service in the interim will continue to be provided to CTMUHB via the Hosted Bodies Audit, Risk and Assurance Committee via the Audit Recommendations Tracker.</p>	ONGOING

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA TSW 2025 2	<p>There is no current overarching formal governance mechanism for TSW although there are several meetings which provide a form of accountability. The original service specification for TSW stated that "a National Steering Group should be established to oversee the work of the initiative and to provide strategic direction to its development. The group should include representatives from each of the seven health boards and the vulnerable group and other workstreams, as well as people with PTSD/CPTSD, social care providers and representatives of primary care and the third sector."</p> <p>The National Steering Group was established, and terms of reference have been agreed. It meets four times a year, and according to the terms of reference, should submit an annual report to WG. To date, an annual report has not been prepared, although information on the achievements of TSW have been included in previous WHSSC Annual Reports. Membership is broadly in line with the requirements set out above but whilst health boards are represented, these tend to be the TSW leads, and the meeting is chaired by the Director of TSW resulting in it not being a forum where TSW can easily be held to account.</p> <p>There is a separate 'Trauma-Informed Wales Implementation Steering Group' whose purpose is to advise and support Adverse Childhood Experience (ACE) Hub Wales and TSW to implement the Trauma-Informed Wales Framework. Whilst this meeting also has a large number of organisations represented, it is purely focused on the framework and is jointly chaired by the Directors of ACE and TSW.</p> <p>The Director of TSW, along with the Director of ACE, regularly meet with WG officials and Ministers, reflecting the importance with which the work on the trauma-informed approach is viewed at a very senior level in government.</p>	<p>Although there are several routes for reporting progress with objectives, the governance arrangements for TSW are not clear and are at best informal. The National Steering Group provides a form of holding TSW to account as its membership includes Welsh Government and JCC Senior Leadership from the Mental Health, Learning Disabilities and Vulnerable Groups Directorate. However, the meeting is chaired by the Director of TSW and there is no upward reporting.</p> <p>RISK: The lack of a formal governance reporting mechanism may result in TSW not being held fully accountable for the achievement of its goals.</p>	HIGH	Complete	Adrian Clarke, Director of Commissioning MHLDDVG	Adrian Clarke	<p>Agreed Action: The governance arrangements have been updated and the Director of TSW reports to NWJCC's Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups. Formal reporting is picked up through the Commissioning Director reports to Joint Committee (and sub-Committees) by exception. The governance arrangements will become the responsibility of PHW following the TUPE transfer.</p>	COMPLETED
IA TSW 2025 3	<p>The lack of a current defined and formal governance structure results in the reporting arrangements also being informal. TSW have previously agreed a delivery plan with WG and reporting progress against this plan is quarterly using a traffic light approach. However, the supporting narrative is limited in terms of detail, which we understand to be, at least in part, a reflection of the current limited resource available to TSW, restricting the progress they are able to make. These reports on progress against the delivery plan are shared at the National Steering Group meetings and with JCC management in the Mental Health, Learning Disabilities and Vulnerable Groups Directorate. TSW produces other narrative reports which provide more detail on progress which are used to support the meetings held with Welsh Government Ministers, but they are not linked to any explicit objective targets making it difficult to ascertain whether progress has been satisfactory or not. Every other month TSW management attend a meeting of the NHS Executive Mental Health, Learning Disability and Neurodiversity Programme Board, but there is no formal reporting to this Board. A highlight report is taken to the bi-monthly meetings of the Trauma-informed Wales Framework Implementation</p>	<p>The monitoring reports that are produced by TSW either lack sufficient detail and/or specific targets to objectively assess how effective TSW has been in meetings its goals and desired outcomes.</p> <p>RISK: The current reporting structure does not provide sufficiently detailed and objective reports on how effective TSW is in meeting its goals.</p>	HIGH	December-2025 March-2026	Adrian Clarke, Director of Commissioning MHLDDVG	Joanna Dainton, Assistant Director of Commissioning MHLDDVG	<p>Agreed Action: Once future hosting arrangements for TSW have been completed, reporting arrangements will be revised to align with the new host's governance and assurance framework.</p> <p>PROGRESS: Discussions continue to progress on the hosting arrangements (see above). Once these are completed, appropriate reporting arrangements will be established.</p>	ONGOING

<p>Steering Group. This provides an update on progress with the workstreams that sit under the framework. Information is also reported on the numbers of staff being trained via TSW programmes. Feedback has always been collected for PTSD and CPTSD training and a survey is shortly to be piloted to gain feedback on how those trained in one specific therapy are using it and how useful they feel the training was in hindsight. Following evaluation of the pilot work, it is intended to extend this approach to all therapy training.</p>							
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No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA TSW 2025 4	TSW management are invited to, and are attending the Mental Health, Learning Disabilities and Vulnerable Groups Commissioning Directorate meetings, and submit quarterly progress reports to the JCC. Despite this, the relationship between TSW and the JCC is still much at arm's length. However, this is not dissimilar to other relationships within the NHS, including how PHW manage the ACE programme and NWSSP manage the Finance Academy.	TSW are not currently fully incorporated into and engaged with the Mental Health, Learning Disabilities and Vulnerable Groups Directorate within JCC. Whilst this is a comparable set up to other initiatives who have a similar relationship with their Host Body, the relationship needs to be clarified as currently it is not effective. RISK: A lack of clarity on how TSW should engage with the Mental Health, Learning Disabilities and Vulnerable Groups Directorate could lead to ineffective and difficult working relationships.	HIGH	Complete	Adrian Clarke, Director of Commissioning MHLDDVG	Adrian Clarke	Agreed Action: The governance arrangements have been updated and the Director of TSW reports to NWJCC's Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups. Formal reporting is picked up through the Commissioning Director reports to Joint Committee (and sub-Committees) by exception. Future reporting arrangements will be strengthened in light of the new hosting arrangements.	COMPLETED
IA TSW 2025 5	There is a detailed annual delivery plan in place that has been agreed with WG. Quarterly progress reports are produced and the quarter three report for 2024/25 demonstrates that there are 84 actions to be achieved in the year, with 31 complete. We understand that if TSW had been able to expand its team as was envisaged in the paper that saw WG agree additional funding in the summer of 2023, this size of plan may have been attainable, but with the level of current resource it appears unachievable. Currently, the delivery plan includes a number of workstreams where work has not started, or has been paused, and consequently there are few actions listed for these workstreams.	The detailed annual plan that has been agreed with WG is currently unachievable, this is believed to be mostly attributable to the lack of resource in the TSW team and the inability to progress with any recruitment activity. RISK: The current annual plan is unachievable given the current level of resource available to TSW.	MEDIUM	December-2025 March 2026	Adrian Clarke, Director of Commissioning MHLDDVG	Joanna Dainton, Assistant Director of Commissioning MHLDDVG	Agreed Action: The annual plan will be revised and updated to reflect funding allocated to ensure that it is both achievable and aligned to the goals set out in the revised Service Specification, which will also align with the Mental Health and Wellbeing Strategy published by Welsh Government in April 2025. The annual plan will be agreed with WG. The annual plan will be approved prior to beginning of 2026/2027 financial year, at which point, TSW will have transferred under new hosting arrangements. Preparatory work will commence during 2025/2026 to develop the plan whilst TSW remains in the NWJCC. PROGRESS: The responsibility for the annual plan for delivery of TSW will transfer to PHW with hosting arrangements.. In the interim, discussions will continue to be held on the strategic work Programme via the meetings between PHW and JCC.	ONGOING

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA TSW 2025 6	<p>While we have not undertaken detailed procurement testing, from our discussions with JCC and TSW staff we are aware of some isolated cases in the past where procurement procedures were not followed. Action has been taken to address this non-compliance in the form of the appointment of the Deputy Director of TSW with responsibility for internal management, the delivery of procurement training to TSW staff from the NWSSP procurement team, and closer scrutiny of TSW expenditure from JCC senior management. The JCC staff that we spoke to as part of this review now have much greater confidence that the required procedures are adhered to, and our discussions with TSW staff reiterated that they were aware of, and adhering to the required approach.</p> <p>The Scheme of Delegation for JCC allows a limit of £10k revenue expenditure for the TSW Deputy Director (the Director is not an NHS employee) but this has been allocated in error in the document to a member of the administrative team.</p>	<p>The JCC Scheme of Delegation is incorrect in that it has given the £10k authorisation limit for the Deputy Director to a member of the TSW administration team.</p> <p>RISK: There is a very minor risk of inappropriate expenditure given the error in the Scheme of Delegation.</p>	MEDIUM	Complete	Adrian Clarke, Director of Commissioning MHLDDVG	Adrian Clarke	Agreed Action: The NWJCC Scheme of Delegation has been corrected to record that the £10k authorization limit for expenditure is allocated to the TSW Deputy Director rather than the administrative assistant.	COMPLETED
IA TSW 2025 7	<p>TSW staffing is split between the central hub within the JCC and staff employed in health boards using TSW allocated monies. Health board staff report to their own Director of Services, and the structure and ways of working is allowed to be determined within each health board, albeit that they must account to TSW and the JCC finance team on how they have spent the money allocated to them. They invoice TSW for their costs and are not allowed to exceed their allocated amount.</p> <p>The planned expansion of the central TSW hub, with funding approved by Welsh Government in the summer of 2023, has not progressed. We understand that this is due to recruitment freezes across the NHS, and coupled with the loss of some staff, TSW currently have very limited specialist clinical resource. Consequently, the administrative team is currently too large for the size of the team.</p>	<p>The current structure of the central team is unable to deliver the required level of service to achieve the delivery plan, due to a freeze on recruitment. Furthermore, some clinical staff have recently left for a promotion and the uncertainty over future arrangements may not help TSW retain staff. As such, the team have more administrative staff than they currently need, but if the service was to be expanded to the level funded by Welsh Government, the level of administrative support may be appropriate.</p> <p>There is deliberately no set way of working for staff employed using TSW monies in health boards which enables them to develop local plans which respond to their local needs. However, several interviewees involved in our review expressed concerns that the lack of a consistent approach across health boards may result in some not progressing the trauma-informed approach sufficiently and effectively.</p> <p>RISK: The current structure of the central Team is not able to provide the required levels of service, and the flexibility given to staff in Health Boards may not provide a sufficient and consistent approach to trauma across all Health Boards.</p>	HIGH	December 2025 March 2026	Adrian Clarke, Director of Commissioning MHLDDVG	Joanna Dainton, Assistant Director of Commissioning MHLDDVG	<p>Agreed Action: The staffing structure will be reviewed as part of the new hosting arrangements to ensure resources are aligned to support achievement of TSW's objectives.</p> <p>Support will be provided to PHW on transfer of TSW to inform future reporting arrangements.</p> <p>PROGRESS: The current staffing profile eligible for TUPE will be transferred to PHW as part of the transfer of hosting arrangements. Following the TUPE, PHW will responsible for alignment of the staff structure.</p>	ONGOING

IA TSW 2025 8	<p>The TSW website is in a standard NHS format, but feedback from interviewees and our review indicates that it needs to be updated to be more informative, up-to-date and easier to navigate. A formal tender exercise commenced to procure an external contractor to progress this work, however this has been halted by JCC management as it was considered that the proposed solution did not offer value-for-money and raised some Information Governance concerns. We understand that the external contractor would have been able to address these concerns but that it is hoped to update the website using internal JCC resource.</p>	<p>The TSW website contains out-of-date content and is not easy to navigate. It may also be non-compliant with the Welsh Language Standards in that, although web pages are translatable, none of the documented or video content is bi-lingual. RISK: The TSW website contains out-of-date content which may be misleading, and it may also not fully comply with the requirements of the Welsh Language Standards.</p>	MEDIUM	December 2025 March 2026	Adrian Clarke, Director of Commissioning MHLDDVG	Joanna Dainton, Assistant Director of Commissioning MHLDDVG	<p>Agreed Action: The TSW website contents will be reviewed and will be passed to PHW to align to the new hosting arrangements.</p> <p>PROGRESS: As above. PHW will become responsible for the TSW website content. Further discussion to be held via the bi-weekly meetings between NWJCC and PHW to ensure a smooth transition.</p>	ONGOING
IA TSW 2025 9	<p>Formal engagement with members of the public is through the Public Advisory Group, which has been in existence for almost 10 years, and meets every other month. This comprises of a relatively small number of members of the public who have experienced either PTSD or Complex PTSD and who have benefitted from the service developments that TSW have facilitated health boards to provide. They offer their services to co-develop 'road test' products and initiatives from TSW and advise on how these are notified to the public in terms of the language used and the style of presentation. The TSW website includes a video from the Chair of the Public Advisory Group on their role.</p> <p>The engagement with health boards is good in terms of the links with the TSW leads where there are regular meetings to share good practice, training and ideas. However, the profile of TSW with Directors of Mental Health interviewed during this review seems less well developed which may be, at least in part, due to the resourcing issues that TSW have faced in recent years, and that there may be ineffective communication of the benefits that TSW may be able to bring, beyond the TSW lead and their immediate line management, within health boards.</p> <p>A detailed and formal Communications and Engagement Strategy has been drafted supported by an Engagement and Communications Planner for the specific work relating to the Trauma-Informed Framework. This is still being progressed but has largely been driven by staff from the Adverse Childhood Experiences, rather than TSW.</p>	<p>Whilst there is good engagement with health boards in terms of the regular meetings with TSW leads, there is a lack of top-down engagement with senior Mental Health colleagues in Health Boards to effectively demonstrate how TSW can work with them to improve the lives and outcomes for their patients. RISK: TSW is not currently able to effectively demonstrate to Health Board senior management the benefits that it is able to bring to support Mental Health colleagues in their work.</p>	MEDIUM	December 2025 March 2026	Adrian Clarke, Director of Commissioning MHLDDVG	Joanna Dainton, Assistant Director of Commissioning MHLDDVG	<p>Agreed Action: NWJCC will support PHW on engagement of TSW with HBs. This will be reviewed in light of the new hosting arrangements and the agreed role and objectives of the service.</p> <p>PROGRESS: Discussions are currently underway between Welsh Government, PHW and JCC to discuss strengthening of alignment between Health Board TSW delivery and the national strategic programme.</p>	ONGOING

NHS Wales Joint Commissioning Committee
Summary Position Regarding Progress on Internal Audit Reports
February 2026

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
Financial Arrangements	June 2025	August 2025	7	5	2	0	2	2
Traumatic Stress Wales	September 2025	November 2025	9	3	6	0	6	6



Agenda Item

3.4

Audit, Risk & Assurance Committee – Hosted Bodies

National Imaging Academy Wales

Dyddiad y Cyfarfod / Date of Meeting	03/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Tracy Norris, Academy Manager
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Tracy Norris, Academy Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Lauren Edwards, Executive Director of AHPs and Health Science

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
Academy Board Meeting	14/01/2026	For noting

Acronyms / Glossary of Terms	
CCT	Certificate of Completion of Training
CR	Clinical Radiology
CTMUHB	Cwm Taf Morgannwg University Health Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

HEIW	Health Education and Improvement Wales
NIAW	National Imaging Academy Wales
PACS	Picture Archiving and Communication Systems
RISP	Radiology Informatics System Procurement
ST	Specialist Trainee

1. Situation / Background

1.1 The National Imaging Academy Wales (NIAW) is a small NHS organisation hosted by Cwm Taf Morgannwg University Health Board. It has played a key role in increasing radiologist training capacity in Wales and in supporting high-quality imaging training for the wider NHS workforce. NIAW's broader ambition is to act as a national hub for education, innovation, and research in diagnostic imaging, delivered through collaborative partnerships with NHS Wales, higher education institutions, and industry.

2. Specific Matters for Consideration

2.1 Not Applicable

3. Key Risks / Matters for Escalation

3.1 There is one ongoing high risk related to:

- Commissioned number of CR Specialist Trainees for Training at NIAW

There are two moderate risks related to

- Confidence to deliver the recommendations from the Gateway Review
- Radiology Informatics System Procurement (RISP) Project

The NIAW Risk Register (High & Moderate risks) is attached in Appendix 1.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	<p>NIAW was established to support delivery of the key priorities set out in the <i>Imaging Statement of Intent</i>. These priorities include:</p> <ul style="list-style-type: none"> • Workforce, education and development – the development of a sustainable and flexible imaging workforce to deliver a modern, responsive diagnostic imaging service across Wales. • Equipment and technology – the establishment of a coordinated national approach to the identification, evaluation, prioritisation, and adoption of new imaging technologies across NHS Wales. • Quality and service delivery – the development of strategic plans for imaging services to maximise workforce efficiency and the utilisation of imaging capacity.



	<ul style="list-style-type: none"> • Research and innovation – the establishment of a robust research and academic base for imaging in Wales, encompassing radiology, radiography, and medical physics, supported by national and international collaboration.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	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 (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.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:	If no, please include rationale below: Not Applicable
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not Applicable



<i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below) Non-delivery of the intended outcomes could lead to significant reputational damage to the National Imaging Academy Wales, with potential implications for stakeholder confidence and future collaboration.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Audit, Risk & Assurance Committee is asked to:

- Note the update provided relating to the NIAW’s Risk Register

6. Next Steps

- a) Regular engagement with the Imaging SRO and Health Education and Improvement Wales regarding the Radiology Training Scheme and Radiologist recruitment in Wales.
- b) Progress key actions related to risk 5033 (Gateway review recommendations)

Appendix 1 – attached as 3.4a Appendix 1

Appendix 1 – NIAW Risk Register (High & Moderate Risks)

ID	Locality	Service Group	Risk Domain	Title	Description	Controls in place	Rating (current)	Rating (Target)	Handler
4689	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	Commissioned number of CR Specialist Trainees for Training at NIAW	<p>IF: HEIW do not commission NIAW to train the 20 ST's per year, as identified as a key aim in the NIAD BJC or if the Health Boards are unable to achieve the required capacity</p> <p>THEN: The Specialist Trainee numbers achieving CCT will be below that expected/projected in NIAD BJC.</p> <p>RESULTING IN: A delay and increased shortfall in ST numbers being trained to address the Welsh Radiologist workforce crisis and failure to achieve the expected benefit of NIAW</p>	<p>Raised as concern with: SROs (CEO, Hywel Dda; CEO, CTM) Associate Dean, Clinical Radiology, HEIW HEIW</p> <p>RCR: with CMO/CSO (WG) through annual RCR President/WG meeting; Vice President has approached Chair, HEIW</p>	20	10	Tracy Norris
5033	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	<p>Gateway 5 Review Amber/ Red status in NIAW's Delivery Confidence Assessment for its future developments. [Successful delivery of the projects is in doubt with major risks or issues apparent in several key areas. Urgent action is required to ensure these are addressed, and establish whether resolution is feasible]</p>	<p>IF: NIAW fails to take urgent action</p> <p>THEN: NIAW will be unsuccessful in delivering proposed BJC benefits and emerging outcomes & benefits for NHS Wales</p> <p>RESULTING IN:</p> <ul style="list-style-type: none"> - Fail to meet key objectives as set out in BJC and Welsh Government Imaging Statement of Intent - Short/Long term impact on diagnostic imaging workforce training and development <ul style="list-style-type: none"> e.g. insufficient Radiologist training capacity to satisfy urgent current & future workforce requirement - Loss of public, NHS Wales and Welsh Government confidence - Unplanned negative financial impact -using NHS Wales budget 	<p>Gateway Review 5 workgroup established to action Review recommendations.</p> <ul style="list-style-type: none"> - NIAW Management Team - NIAW Senior Responsible Officer - Advisor Group Identified to review NIAW Strategic Documents (Including Gateway Review Action Documents) 	12	4	Wardle, Mr Phillip

Appendix 1 – NIAW Risk Register (High & Moderate Risks)

6059	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	RISP Project	<p>IF: Additional costs are required to support the national implementation of RISP</p> <p>THEN: NIAW will not have sufficient funds within the current budget</p> <p>RESULTING IN: A request to the Welsh Government (WG) or Local Health Boards (LHBs) for additional funding to support the project.</p>	<p>Escalated to: CTMUHB CEO, Head of Finance, and NIAW Executive Lead.</p> <p>Raised with: DHCW project team on 16 January 2025. Ongoing meetings in place to manage risk.</p>	12	4	Tracy Norris
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Individual Patient Funding Request Process

Final Internal Audit Report

2025/26

Joint Commissioning Committee



Substantial Assurance

Contents

Executive Summary1

Findings & Agreed Action Plan2

Appendix A4

Review Reference

JCC-2526-02

Fieldwork

October 2025 - January 2026

Executive Sign Off

20 January 2026

Audit Committee

3 February 2026

Executive Lead

Iolo Doull, Medical Director

Audit Team

Paul Dalton, Head of Internal Audit

Emma Samways, Deputy Head of Internal Audit



Executive Summary

Purpose

Our review of the Individual Patient Funding Request (IPFR) process within the NHS Wales Joint Commissioning Committee ('JCC' or 'the organisation') was completed as part of our 2026/26 Internal Audit work for the JCC.

A comprehensive range of NHS healthcare services are routinely provided locally by primary care services and hospitals across Wales. In addition, the JCC, working on behalf of all health boards in Wales, commissions several more highly specialist services at a national level. However, each year, requests are received for healthcare that falls outside of this agreed range of services. These are referred to as Individual Patient Funding Requests. IPFRs can include a request for any type of healthcare including a specific service, treatment, medicine, device or piece of equipment.

The all-Wales IPFR policy has recently been revised and is in place to ensure rational, evidence-based decision making for medicine and non-medicine technologies, which are not routinely available in Wales.

Overview

We have concluded substantial assurance on this area. We have identified no matters for reporting in our review.

We found that the system in place for the management and consideration of IPFR applications is well managed. The process is well defined and the standard of documentation, supporting panel decisions, is of a high quality. There is an extensive audit trail for each IPFR application received with evidence of both clinical and financial approval.

The following opportunity for enhancement has been identified that does not impact the overall opinion and is highlighted for management information:

- Those health boards that have not yet approved the revised IPFR policy should be encouraged to do so for the most up to date policy to be published by the JCC.

Scope & Assurance Summary

Objectives <small>The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.</small>	Related Findings	Assurance
1 Up to date guidance is in place that supports the application of the policy and is accessible to staff.	-	Substantial
2 Decisions made by the IPFR Panel are in line with the All-Wales IPFR policy, with the rationale clearly documented. Where necessary, urgent decisions are made within required time frames. Appeals are managed in line with policy.	-	Substantial
3 Financial authorisation is in line with the scheme of delegation.	-	Substantial
4 There are quality assurance and monitoring processes in place to ensure consistency in decision making and adherence to policy.	-	Substantial
5 Approved IPFRs are monitored to track expenditure against the agreed funding limit and timeframe with appropriate action taken where limits are nearing.	-	Substantial

Findings & Agreed Action Plan

Objective 1: Up to date guidance is in place that supports the application of the policy and is accessible to staff. **Substantial**

Overview / Summary of Observations

The all-Wales policy for Individual Patient Funding Requests provides comprehensive details on the processes to be followed for submitting, considering and informing all IPFR applications.

The current version of the policy available to the public on the JCC’s website site is dated June 2024. We note that an updated policy was approved by the JCC Board in May 2025. However, until all health boards have individually approved to endorse and implement the revised policy at their respective Board meetings, the updated policy cannot be published on the JCC website. At the time of our fieldwork, approval from one health board was outstanding.

There is a dedicated page on the JCC’s internet in relation to the IPFR process. This provides further information and guidance regarding the process to be followed to ensure consistent application of the policy.

Objective 2: Decisions made by the IPFR Panel are in line with the all-Wales IPFR policy, with the rationale clearly documented. Where necessary, urgent decisions are made within required timescales. Reviews are managed in line with the policy. **Substantial**

Overview / Summary of Observations

There are up to date terms of reference in place for the JCC IPFR panel, which also set out the arrangements for urgent cases where the full panel cannot meet to make a timely decision.

Our testing of a sample of IPFR requests submitted for consideration by the panel confirmed that all requests had been considered in accordance with the policy. The rationale for the panel decisions were well documented, and the applicants were informed of the decisions in accordance with the timescales set out in the policy.

The urgency of an IPFR request is identified within the IPFR application form and is also subject to scrutiny by the IPFR Manager. Where urgent decisions are required, such requests will be considered by a chairs panel. Our testing of a sample of IPFR requests, submitted for consideration by the chairs panel, confirmed that all these requests had been considered in accordance with the policy. The rationale for the panel decisions were well documented, and the applicants were informed of the decisions in accordance with the timescales set out in the policy.

There is a formal process in place for submitting reviews for IPFR requests that have not been approved by one of the panels. The process is outlined in the policy which notes the specific grounds that must be met for a review to be submitted. We understand that review requests are infrequent, and none had been submitted for 2025/26.

Objective 3: Financial authorisation is in line with JCC scheme of delegation.

Substantial

Overview / Summary of Observations

There is an approved scheme of delegation in place for IPFR requests included in the JCC's Standing Financial Instructions and Standing Orders. Once an IPFR application has been considered and clinically approved by an IPFR panel, financial authorisation is sought. The Patient Care Team maintain a record of when financial authorisation is sought and received. For the sample of full and chair panel cases that we reviewed, all requests had been financially authorised in line with the scheme of delegation.

Objective 4: There are quality assurance and monitoring processes in place to ensure consistency in decision making and adherence to the policy.

Substantial

Overview / Summary of Observations

In accordance with the all-Wales policy for IPFR, there is an IPFR Quality Assurance Advisory Group in place to monitor, support and promote quality within the JCC IPFR panel, plus those panels managed within health boards.

The group meets on a quarterly basis and undertakes an independent in-depth review of a sample of IPFR decisions made by health boards and the JCC. The reviews assess the completeness of information, the timeliness of decision making and the efficiency of communication. Following each meeting of the group each health board receives a report detailing the outcomes of the in-depth review undertaken for their requests. The report also includes a section on findings that are applicable to all health boards for shared learning of good practice or areas for improvement.

The quality assurance report for the JCC cases is reviewed by the Patient Care Team and is reported to the JCC Board as part of the regular IPFR update report.

Objective 5: Approved IPFRs are monitored to track expenditure against the agreed funding limit and timeframe with appropriate action taken where limits are nearing.

Substantial






Overview / Summary of Observations

The finance department maintains a spreadsheet that captures costs associated with individual patient commitments which includes IPFRs. The record is used to monitor actual costs incurred against the approved funding value and to inform monthly journal expenditure accruals.

Prior to the payment of invoices, the finance team may raise queries such as increased costs, costs more than the approved value, or where the approved treatment timeframe has passed. These cases will be referred to the Patient Care Team to review. The team will review the query and determine whether the invoice can be paid or whether further action is required by them and if additional approval by the IPFR panel is required. We saw evidence of the communication between finance and the Patient Care Team in relation to this.

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 about 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.



Unapproved Minutes of the Hosted Audit, Risk & Assurance Committee

Date and Time of Meeting	Thursday 14 November 2025 at 14:00 pm
Venue	Via Microsoft Teams

Members Present	Patsy Roseblade	Independent Member (Committee Chair)
	Helen Lentle	Independent Member
	Kathy Mason	Independent Member
In Attendance	Sally May	Executive Director of Finance – CTMUHB
	Huw George	Chief Commissioner – NWJCC
	Stacey Taylor	Director of Finance & Information – NWJCC
	Aaron Fowler	Committee Secretary/Deputy Director of Corporate Services – NWJCC
	Ross Whitehead	Director of Commissioning for Ambulance Services and 111
	Owen James	Head of Corporate Finance – CTMUHB
	Gareth Watts	Director of Corporate Governance/Board Secretary
	Nathan Couch	Audit Wales – Audit Manager (Performance)
	Paul Dalton	Head of Internal Audit
	Emma Samways	Deputy Head of Internal Audit
	Nia Roberts	Lay Member, NWJCC
	Kathrine Davies	Corporate Governance Manager
Meeting Observers	Maxine Evans	Assurance and Risk Officer – NWJCC
	Emma Walters	Head of Corporate Governance & Board Business

Agenda Item	Meeting Business
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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> <p>The Committee Chair advised that at the end of the meeting, she would be seeking Members views as to how the meeting went.</p>
1.2	Apologies for Absence
	<p>Apologies were received from:</p> <ul style="list-style-type: none"> • Kath Palmer – Vice Chair/Independent Member • Dilys Jouvenat – Independent Member • Matthew Evans – Local Counter Fraud Officer
1.3	Declarations of Interest
	None identified.
2. MAIN AGENDA	
2.1	Action Log
	<p>A Fowler presented the action log noting that all actions were either closed or proposed for closure. A summary of the actions was received to provide the Committee with the assurance on the rationale for closure.</p> <p>A Fowler highlighted some key matters:</p> <ul style="list-style-type: none"> • The outstanding action in relation to 'Right Care, Right Person' has been delayed due to annual leave commitments and would be shared outside of the meeting. • The update from the Chief Ambulance Commissioner was on the agenda for today's meeting. • Revised timelines for shared risks would be discussed during the meeting. • The process for the sharing of updates for the breaches of Standing Financial Instructions had been reviewed and that whilst breaches were highlighted within the CTMUHB ARAC meeting by NHS Wales Shared Services Partnership, a separate paper would be shared with the HB ARAC in future. • AF would join agenda setting meetings moving forward to support the appropriate timing of HB ARAC updates in future.
Resolution:	The actions proposed for closure were APPROVED .



Action:	To share the update on 'Right Care Right Person' outside of the meeting.
2.2	Matters Arising Not Captured on the Action Log
	No further business was identified.
3.	IMPROVING CARE
3.1	Joint Commissioning Committee Update
	<p>H. George presented the routine update from the Joint Commissioning Committee. H. George advised that the format of the report would be revised to make it clearer which risks the NWJCC were actively managing in future.</p> <p>P. Roseblade referred to paragraph 2.5 of the update, Senior Leadership Team Changes, and queried why no appointment was made to the Director of Commissioning Mental Health, Learning Disabilities and Vulnerable Groups post following the interviews held in September 2025. H. George responded that there had been a good field of candidates, however two had withdrawn at short notice. Interviews were now scheduled for the 3rd December which would hopefully result in an appointment being made.</p>
Resolution:	The report was NOTED .
Action:	None identified
3.2	Joint Commissioning Committee Organisational Risk Register
	<p>A Fowler presented the risk register which encompasses risks scoring 15 and above taken from the commissioning teams and directorate risk registers across the former EASC, NCCU and WHSSC predecessor organisation risk registers.</p> <p>A Fowler advised that the NWJCC had moved to a bi-monthly risk reporting cycle, rather than monthly which will help to align to the NWJCC schedule and will support the timelier reporting of risks to the Joint Committee and its Sub Committees. Risks would continue to be managed at a local level in the intervening periods with support provided by the Risk Management team at the NWJCC.</p> <p>P. Roseblade referred to the discrepancies in vacancy rates and specifically referred to risk 28 (business continuity) noting a different between the 5% of posts in recruitment and a 15.8% vacancy rate reported elsewhere. H. George explained that this was due to timing differences with some posts and others not yet filled so the figures are out of sync. He confirmed that they would reconcile the figures and provide assurance outside of the meeting.</p> <p>P. Roseblade referred to risk 68 related to Cardiff & Vale UHB specialist auditory hearing service and queried the significance of Cardiff received more funding that the service costs. S. Taylor in response, advised that this was linked to broader contracting work and suggested that she would provide further detail following the meeting.</p>

Resolution:	The JCC Risk Register was NOTED .
Action:	To provide an update on risk 28 business continuity and vacancy rates outside of the meeting.
Action:	To provide an update on the service costs for risk 68 specialist auditory hearing service outside of the meeting.
3.3	Joint Commissioning Committee Audit Tracker
	<p>A Fowler presented the report providing the background and context to the programme of audit activity undertaken during 2024-2025, work in progress and the programme for 2025-2026.</p> <p>A Fowler highlighted that work was due to commence on an Individual Patient Funding Requests (IPFR) audit with further audits planned for strategic planning, high cost drugs and budget management in quarter 4.</p> <p>A Fowler emphasised that regular meetings were held with internal audit to ensure the audit plan focusses on key organisational risks and areas requiring support, with upcoming meetings being held to align agendas.</p> <p>S. Taylor advised that herself and the CTM Executive Director of Finance were working with Shared Services to improve reporting of procurement breaches, with discussions ongoing and a follow up planned if required.</p>
Resolution:	The Committee NOTED the report and took ASSURANCE on the planned audit programme for 2024/2025. The planned audit programme for 2025-206 was also NOTED. The Planned audit programme for 2025-2026 was also NOTED .
Action:	No actions identified.
3.4	Ambulance Service Commissioner Risk Assurance Update
	<p>R. Whitehead presented the report and highlighted the following key matters:</p> <ul style="list-style-type: none"> • Updates provided on the two high-scoring risks – Risk 77 Commissioning Sufficient Emergency Ambulance Service Capacity with a score of 15 and Risk 78 Utilisation of Emergency Ambulance Service Capacity, previously scored at 25 but had now been reduced to 20 due to improved handovers. • Significant improvements in handover delays had been reported for September with levels at their best for many years and a 40% reduction in comparison to September 2024. • A national ambulance taskforce has been established and Chaired by Clinical Executives. • Despite improvements, lost hours due to handover delays remain about double the commissioned capacity and the Cabinet Secretary has announced further work to move towards a maximum 45 minute handover target. • Improvement events across Wales have led to better performance, especially in handover reduction with additional improvement events



	<p>planned for Powys and ambulance services, addressing constraints in patient conveyance and discharge.</p> <p>P. Roseblade requested future breakdowns of lost hours (handover vs. internal processes), information on the new call categorisation processes and their impact, and an update on the 111 service, which recently transferred to the ambulance commissioner. R. Whitehead agreed to provide these updates at future meetings.</p> <p>H. George suggested that he work with the CTM Governance Team, to align the timing of these updates with JCC Board Committee meetings and possibly providing background papers outside meetings. P. Roseblade agreed with this suggestion and emphasised the need for high-level understanding to assess risk and impact.</p>
Resolution	The report was NOTED .
Action	To provide updates to future meetings on breakdowns of lost hours (handover vs. internal processes), information on the new call categorisation processes and their impact, and an update on the 111 service.
Action	To work with CTM Governance Team on aligning timings of the updates with JCC Board Committee meetings.
3.5	Internal Audit Reports
3.5.1	Internal Audit Review – Traumatic Stress Wales
	<p>E Samways presented the review outlining the areas of focus and key findings identified within the report.</p> <p>E. Samways advised that it had been added to the work plan to clarify arrangements with Traumatic Stress Wales (TSW), which had previously been informal and are now under review due to the establishment of the JCC. The report contains several findings, mainly about future hosting arrangements, which have delayed finalising management actions.</p> <p>P. Roseblade asked about the interim improvements and expressed concern that the service had been in limbo and that recommendations for improvement may not be implemented promptly, especially since many target dates were set for the end of the year but the hosting might not transfer until the next calendar year.</p> <p>In response, H. George clarified that the main issue was with regard to hosting as the service does not fit clearly within the JCC’s remit and advised that ongoing efforts were being made to transfer the hosting arrangements to Public Health Wales with support from Welsh Government and alignment of funding and objectives. However, some issues remain, such as arrangements for psychologists working sessions, but the transfer process was moving forward and the implementation dates may need to be revised.</p>
Resolution:	The Report was NOTED .



Action:	None identified.
4.	SUSTAINING OUR FUTURE
4.1	JCC Financial Control Procedures
	S. Taylor presented the report and advised that the FCP's are reviewed every two years and have been aligned with Cwm Taf Morgannwg's FCPs except where not applicable to the JCC as a hosted organisation (e.g., capital procedures).
Resolution	The Committee <ul style="list-style-type: none"> • Approved the contents of this report. • Endorsed the suite of NJCC Financial Control Procedures • Ratified the actions proposed
Action	None identified.
4.3	Write Off of Irrecoverable Debts
	S. Taylor provided a summary of the report following recommendations from an internal audit on financial arrangements.
	S. Taylor advised that four debts totalling £7,500 were proposed for write-off: two related to abandonments, one cash loss, and one cancellation. Most debts originated from the predecessor National Commissioning and Collaborative Unit (NCCU) before the JCC was established. One debt involved an organization in receivership, and another was an overpayment to a seconded employee.
	P. Roseblade asked for assurance that processes are now in place to prevent similar overpayment issues, especially regarding seconded employees. S. Taylor confirmed that the issue was historic, involved different personnel, and that current relationships and processes are improved and are now received and discussed by the CTM Remuneration Committee.
Resolution	The Committee <ul style="list-style-type: none"> • Approved the contents of this report. • Endorsed the write off of irrecoverable debts in line with the previously approved Internal Audit report on Financial Arrangements • Ratified the actions proposed
Action	None identified.
5.	CONSENT AGENDA
4.1	ITEMS FOR APPROVAL
4.1.1	Unconfirmed Minutes of the Meeting held on 14 August 2025
Resolution:	The Minutes were APPROVED
4.2	ITEMS FOR NOTING
	No items identified on this occasion.
6.	ANY OTHER BUSINESS
	No further business was identified.
7.	DATE AND TIME OF THE NEXT MEETING
	3 February 2026 at 14:00 pm.

