

Audit, Risk & Assurance Committee - Hosted Bodies

Tue 19 May 2026, 09:00 - 10:00



Agenda

09:00 - 09:05 **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

09:05 - 09:10 **2. CONSENT AGENDA**

5 min

Patsy Roseblade, Committee Chair

The Committee Chair will ask if there are any items from the Consent Agenda (item 5) that Committee Members wish to bring forward to the Main Agenda for discussion

09:10 - 09:15 **3. PRELIMINARY BOARD MATTERS**

5 min

3.1. Action Log

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

 2.1 Action Log ARAC HB 19.5.26.pdf (6 pages)

3.2. . Matters Arising not contained within the Action Log

Discussion Patsy Roseblade, Committee Chair

09:15 - 09:45 **4. STRATEGIC PILLAR: IMPROVING CARE**

30 min

4.1. Joint Commissioning Committee Strategic Update


Discussion Huw George, Chief Commissioner (Interim)


 3.1 - NWJCC Strategic Update ARAC HB 19 May 2026.pdf (11 pages)


4.2. Joint Commissioning Committee Organisational Risk Register


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

 4.2a NWJCC Org RR ARAC HB 19 May 26.pdf (14 pages)

 4.2b App 3 NWJCC ORR ARAC HB 19.5.26.pdf (37 pages)

 4.2c App 1a QSOC Highlight Report 23.2.26.pdf (15 pages)

 4.2d App 1b QSOC Highlight Report 27.4.26.pdf (14 pages)

 4.2e App 2a PPF Highlight Report 26.02.26.pdf (5 pages)

 4.2f App 2b PPF Highlight Report 28.4.26.pdf (6 pages)

4.3. Joint Commissioning Committee Audit Tracker

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

 4.3a NWJCC Audit Tracker ARAC HB 19.5.26.pdf (6 pages)

 4.3b App 1 Audit Recs Tracker 25-26.pdf (11 pages)

4.4. National Imaging Academy Wales Risk Register - to follow

Discussion *Philip Wardle, Academy Director*

4.5. Internal/External Audit Reports

4.5.1. Internal Audit Report - Budget Management - To follow

Discussion *Internal Audit*

09:45 - 09:50 5. CONSENT AGENDA

5 min

5.1. Items for Approval

5.1.1. Unconfirmed Minutes of the Meeting held on the 3 February 2026

Decision *Patsy Roseblade, Committee Chair*

 5.1.1 Unconfirmed Minutes 03.02.26 ARAC HB 19 May 2026.pdf (6 pages)

5.2. Items for Noting - tbc

Discussion *Patsy Roseblade, Committee Chair*

09:50 - 09:55 6. ANY OTHER URGENT BUSINESS

5 min

Discussion *Patsy Roseblade, Committee Chair*

09:55 - 10:00 7. DATE AND TIME OF NEXT MEETING

5 min

Information *Patsy Roseblade, Committee Chair*

4th August 2026 at 14:00 pm

HOSTED BODIES AUDIT & RISK COMMITTEE ACTION LOG FOLLOWING MEETING HELD ON 3 FEBRUARY 2026						
OPEN ACTIONS						
NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT MAY 2026
Agenda Item 2.1	3 rd February 2026	Action Log	Clarify whether responsibility for the national transport solution under the Right Care, Right Person action sits with the JCC or Welsh Government, and provide an update after discussing with the Ambulance Commissioner.	Next meeting	A Fowler	Propose to close The JCC commissions Mental Health Transport from St Johns Cymru to support the transfer of patients accessing mental health services across Wales. This is on receipt of annual funding provided by Welsh Government. The JCC continues to work in partnership with NHS P&I, Welsh Government, WAST and St Johns Cymru supporting the implementation of Right Care, Right Person.
Agenda Item 2.1	3 rd February 2026	Action Log	To update the narrative on Risk 68 and keep on the Action Log.	Next meeting	A Fowler	Propose to close Risk 68 has been updated to provide clarity and reflect feedback received – An update on the risk is shared within the JCC Organisational Risk Register Update.
Agenda Item 3.1	3 rd February 2026	JCC Strategic Update	To ensure that future updates clearly distinguish between commissioner and provider risks, with more accurate narratives and mitigations.	Next meeting	A Fowler/H. George	Propose to close An updated JCC Strategic Update has been shared. Feedback on the revised approach is welcomed. Details of Provider and Commissioner risks are set out within the Organisational Risk Register Update.
Agenda Item 3.2	3 rd February 2026	JCC Organisational Risk Register	Provide a definitive update on mitigations for Risk 92 (Cardiff and Vale frozen JCC-funded posts under women and children) once information is received from the specialist services commissioning team	Next meeting	A Fowler	Propose to Close Risk 92 has been de-escalated from the Organisational Risk Register; its score having been reduced from 16 to 12, following changes to recruitment practices that support an expedited process for appointments to be made to funded posts.
Agenda Item 3.3	3 rd February 2026	JCC Audit Recommendations Tracker	To provide colour coded RAG ratings for future reports.	Next meeting	A Fowler	Complete – Recommendation Tracker now incorporates a RAG rating system for each recommendation.

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Agenda Item 3.4	3 rd February 2026	National Imaging Academy Wales Risk Register	Review the status of the Gateway 5 review for the Imaging Academy, determine if recommendations have been met or if a new review is needed, and update the Committee at the next meeting.	Next meeting	T Norris	In Progress Meeting arranged with WG on 22 nd May to discuss action and agree a way forward.
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	Propose to close 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 3.4	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.

COMPLETED ACTIONS						
NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT AUGUST 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	Completed 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 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	Completed – 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 the service costs for risk 68 specialist auditory hearing service outside of the meeting.	Next Meeting	S. Taylor	Completed – 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 work with CTM Governance Team on aligning timings of the updates with JCC Board Committee meetings.	tbc	H. George	Completed – 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 3.4	14 th 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	Completed – 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.
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.

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4.2	17 October 2024	JCC Organisational Risk Register	To provide a detailed focus on the two red Ambulance Risks 71 & 74 for the next meeting of the Committee.	17 December 2024	JCC Committee Secretary/Associate Director of Corporate Services	Completed The Ambulance & 111 Commissioning team have undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio. These were considered by the Senior Leadership Team on 4 November 2024 and are now included in the new JCC Risk Register. Risks 71 and 74 have been replaced by Risk 77
4.3	17 October 2024	National Imaging Academy Wales	To amend the wording in the report in relation to recruitment and re-circulate to members.	November 2024	NIAW Academy Manager	Completed Report has been amended and re-circulated.
5.	15 August 2024	Any other Urgent Business	To provide a written update report on the JCC, for future meetings.	17 October 2024	JCC Committee Secretary/Associate Director of Corporate Services	Completed Written report on the agenda for December 2024 meeting.



Agenda Item

3.1

Hosted Bodies Audit, Risk and Assurance Committee

NHS Wales Joint Commissioning Committee Strategic Update

Dyddiad y Cyfarfod / Date of Meeting	19/05/2026
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	
JC	Joint Commissioning Committee	
NWJCC	NHS Wales Joint Commissioning Committee	
OD	Organisational Development	
SLT	Senior Leadership Team	
WG	Welsh Government	



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Cwm Taf Morgannwg
University Health Board



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 Annual Plan

The NWJCC Annual Plan for 2026/27 is set in a 3-year context and was approved as such by the Joint Committee on 30th March 2026 by Chair's action following majority agreement of Committee members and submitted to Welsh Government the same day.

The key areas of focus in the 2026/27 Annual Plan are eight strategic priorities which align most closely with Value and Quality, with a clear remit to deliver efficiency and sustainability during 2026/27.

At the NWJCC Strategy Day held on the 14th April 2026 the following activity was supported by the Committee:

Deep Dives into:

- Renal & kidney services
- Individual Patient Funding Requests (IPFR)
- Thrombectomy service provision

Strategic reviews, including:

- Cardiac services in South Wales
- Neonatal services
- Mental health (strategy refresh)
- Ambulance Services commissioning

Enabling Projects:

- Pathways & Referral Management transformation project

In addition, there will be projects/programmes of work looking at both the collaborative savings set out in the plan but also the pipeline of immediate and future savings opportunities. This work is still being scoped.

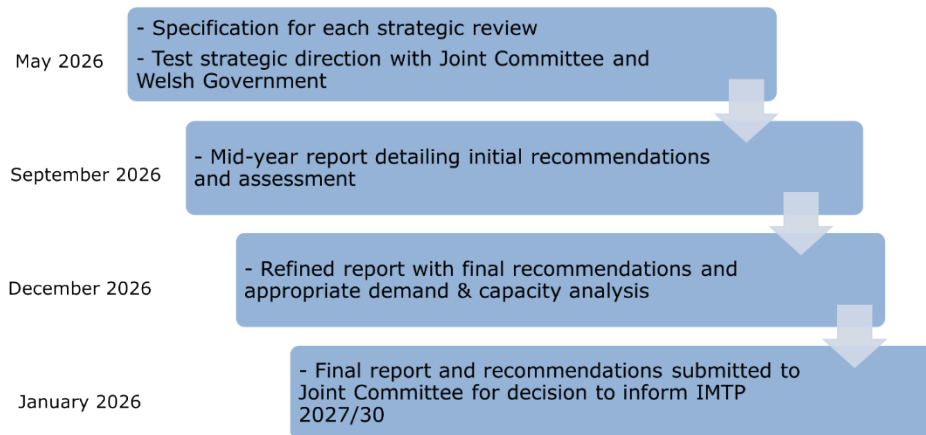
Each strategic priority will be sponsored by a CEO who will ensure progress reports are presented at each formal Joint Committee meeting. Each Strategic Priority area will also have a lead JCC Director (SRO) and where appropriate, the Chief Executive Sponsor and JCC Director Lead will be supported by LHB (Executive) leads to ensure the necessary clinical, financial, informatics and planning input from Health Boards. Link members of the Collaborative Commissioning Leadership Group (CCLG) have also been identified for each Strategic Priority area to support the role of the CCLG in advising and supporting the Chief Executive members of the Joint Committee.

The NWJCC will provide system leadership on each Strategic Priority, providing commissioning expertise and project leadership, all leading to evidence-based recommendations to the Joint Committee in due course. NWJCC's contribution to each project will focus on identifying population need, best practice, areas of duplication and inefficiencies where we could commission services for better value for money and better outcomes, informing how services are/could be configured for the population of Wales, with recommendations coming to NWJCC before implementation is planned and agreed. Each project or programme of work and their output/recommendations will need to be impact assessed for both quality and equality.

Resources will be identified within the NWJCC team to deliver each priority. However, CEO and collaboration with Health Board colleagues will be important to the success of each of these strategic priorities.

In addition, the Joint Committee Lay Members will support the work in an advisory/critical friend capacity, and their role will be agreed with the CEO Sponsor and Senior Responsible Owner (SRO).

Specifications setting out the scope and detail of each review is required at Joint Committee in May, with mid-year reports in September ahead of final sign off and key decision making in January 2027.



Delivery of the Annual Plan involves a significant and deliberately ambitious portfolio of transformational change and directorate-led activity being progressed in parallel. The principal risk across the programme is therefore one of **pace, sequencing and capacity**, both within NWJCC and across Health Boards and provider partners. This includes the cumulative impact of multiple strategic reviews, deep dives and enabling programmes running alongside business-as-usual commissioning and operational pressures, particularly in areas already subject to sustained demand and workforce constraints.

A further cross-cutting risk relates to data quality, availability and consistency. Many of the reviews and deep dives are reliant on timely access to robust activity, demand, capacity, quality and financial information across multiple organisations and pathways. Variability in definitions, reporting practices and data maturity has the potential to slow analysis, undermine confidence in findings, or delay the development of clear, actionable recommendations for the Joint Committee.

Delivery of the programme is also dependent on effective multi-party engagement and decision-making, including timely senior clinical, executive and Health Board input. Where recommendations require changes to commissioning models, service configurations or pathway arrangements, there is an inherent risk of delay if dependencies are not surfaced early or if escalation routes are unclear.

These risks are being actively mitigated through a combination of strong governance, prioritisation and phased delivery. Clear roles, ownership and escalation routes are being established, supported by structured review points and the use of the CCLG and Planning, Performance & Finance Sub-Committee (PPF) for more detailed delivery scrutiny between Joint Committee meetings. Work is being sequenced to focus early effort on areas of greatest value, risk

or opportunity, with assumptions and data requirements agreed up-front to improve pace and confidence. Where constraints emerge, these will be explicitly reported, with proposed options for mitigation or reprioritisation brought back to the Joint Committee for direction.

Additionally, as the programme of work develops, and risks to the achievement of agreed works are known, each risk within the Organisational Risk Register will be aligned to a Strategic Review, or Deep Dive which will embed delivery risk into our decision making.

2.2 NHS Year End Financial Position

The NWJCC Month 12 financial position was an overspend of £6.3m, which represented a significant mitigation of the initial £20m financial risk reported during Q1 of 2026/27.

At the session of the Joint Committee in December 2025, Members received a paper for consideration with options, including mitigating actions to manage the financial position for 2025/26 downwards. Following this approval, reducing activity with some NHS England providers was set in motion.

This activity, in addition to robust financial management in year, resulted in movement between Months 11 and 12 resulting in an improvement of £456k in the predicted year end financial position.

2.3 NHS 111 Operational Update

As requested at the meeting of the 3rd February 2026 Committee Members are requested to note the following NHS 111 operational update. Should Committee Members have any specific queries in relation to the update shared, NWJCC Ambulance and 111 operational leads will be on standby to join the meeting and respond as necessary.

NHS 111 Wales commissioning responsibility transferred to the NHS Wales Joint Commissioning Committee (JCC) on 1 April 2024, with interim commissioning and governance arrangements in place for the first year. During this period, NHS 111 performance has been subject to sustained pressure, primarily driven by a misalignment between commissioned capacity and demand, compounded by limitations in the current digital infrastructure. Recent modelling confirms that while demand is broadly predictable, aligning capacity efficiently remains challenging due to existing rostering patterns. Elevated sickness absence within the contact centre workforce has compounded these demand pressures.

WAST and the JCC are actively managing these risks through a range of mitigations and assurance arrangements. A full re rostering review is underway to better align workforce capacity with demand in Q1 2026/27, alongside a targeted sickness absence action plan within WAST’s integrated care and coordination environment. Ongoing concerns relating to Clinical Assessment Line (CAL) performance, including sustained high volumes and delays in Priority 2 and 3 clinical call-backs, are subject to a broader clinical review.

Digital mitigations are progressing, including deployment of the NHS 111 virtual agent, WhatsApp integration, and text-only and multilingual access. Further funding to develop the digital opportunities within NHS Wales has been made available actively progressed with WAST and key system partners.

Oversight is maintained through established commissioning assurance groups, executive and operational governance.

2.4 NWJCC Governance Arrangements and Updates

The Governance Framework for the NWJCC contains several key components which, when combined, set out the legislative framework, constitution and ways of working for the NWJC in its operations and handling of business. These documents are an integral part of the wider governance framework of Local Health Boards (LHBs) and have been developed within that context.

The Governance Framework of the JCC contains the following.

Figure 1 – JCC Governance Framework



2.4.1 Standing Orders and Standing Financial Instructions

The Seven LHBs approved the NWJCC Standing Orders (SOs) and Standing Financial Instructions (SFIs) in March 2024. These were subsequently adopted by the JC at its inaugural meeting on 9 April 2024 following which they were included as a schedule to each of the Health Boards (HBs) own SOs and have effect as if incorporated within them.

During October 2025, WG issued updated Model Standing Orders for the NWJCC. The purpose of these amendments was to ensure consistency relating to the timescales for the publication of board and committee agendas and papers. Updates to the JCC's Standing Orders to incorporate these changes were approved at the November 2025 Joint Committee meeting.

A further review of the NWJCC Governance Framework commenced during Q3 of 2025-2026. Proposed updates have been considered at the NWJCC's Sub-Committees and will be shared with the Joint Committee for Approval at its May 2026 meeting.

The SOs and SFIs will also require LHB, Board approval. Arrangements are in place for the SOs and SFI's to be shared with LHB's for approval at their May 2026 Board meetings, subject to JC approval.

Once approved, both documents will be shared on the NWJCC's website and other relevant platforms, as necessary.

2.4.2 Scheme of delegation and Reservation of Powers

The NWJCC's Scheme of Reservation and Delegation of Powers form an annex to the NWJCC's SOs, which form a schedule to each Health Board's own SOs and have effect as if incorporated within them. The Scheme of Delegation and Reservation of Powers, sets out the following in respect of the NWJCC's business:

- Those matters reserved for Health Board's;
- Those matters delegated from Health Board's and reserved for the NWJCC; and
- Those matters further delegated from the NWJCC to the Chief Commissioner (and other Officers as appropriate).

The Scheme of Delegation was approved by the JCC in May 2025 and was subsequently approved by Health Boards in July 2025. At present no changes are proposed to these documents.

2.4.3 The Hosting Agreement (HA) and memorandum of Agreement (MoA)

The Hosting Agreement (HA) and the Memorandum of Agreement (MoA) were endorsed by the Joint Committee on 17 September 2024 and were approved by the seven HBs at their September 2024 Board meetings. The governance arrangements within the Hosting arrangement have been working effectively. There is regular dialogue between the JCC and officers at CTMUHB, complemented by more formal meetings between the two Accountable Officers where the Hosting Arrangements are discussed.

A formal review of the Hosting Agreement is scheduled during Q1 of 2026/27.

3. 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)</i>) / Link to Enablers of Quality (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)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	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? /</i> Quality <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>	There is no direct impact on resources as a result of the activity outlined in this report.	



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Resource Impact
(People / Financial)

4. Recommendation

Members are asked to:

- **Note** the report.



Agenda Item

4.2a

Audit, Risk & Assurance Committee Hosted Bodies

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

Dyddiad y Cyfarfod / Date of Meeting	19/05/2026
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	18 February 2026 (January 2026 Organisational Risk Register (ORR))	Approved for submission to Joint Committee
	22 nd April 2026 (March 2026 ORR)	
Quality, Safety and Outcomes Sub-Committee	23 February 2026 (January 2026 ORR)	Endorsed for Joint Committee Approval
	27 April 2026 (March 2026 ORR)	



Planning, Performance and Finance Sub-Committee	26 February 2026 (January 2026 ORR)	Endorsed for Joint Committee Approval
	28 April 2026 (March 2026 ORR)	
Joint Committee	17 March 2026 (January 2026 ORR)	Approved.
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 is well underway to develop a Joint Committee Assurance Framework ("JAF") and Risk Appetite Statement that recognises the risks identified in the NWJCC Annual Plan and strategic priorities for

2026-27 and beyond. Following appropriate consultation and scrutiny by the NWJCC Senior Leadership Team ("SLT") and Sub-Committees, the JAF, Risk Appetite Statement and NWJCC Risk Management Procedure will be shared for consideration and approval at Joint Committee in July 2026. These documents will align with CTMUHB's iterations of these documents.

- 1.5 It is anticipated that the new NWJCC Chief Commissioner, when in post, will want to provide their own input into the strategic risks that are monitored by the JAF Report, and it is therefore expected that an iteration of this document will first be shared publicly during Q2 of 2026-27.
- 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 February 2026:

- **Quality Safety and Outcomes Sub-Committee**

23 February 2026

The QSOC undertook a review of all patient quality, safety and outcome related risks within the ORR as of 31 January 2026. This meeting was attended by two NWJCC Lay Members, apologies were given for the appointed CEO lead for the Sub-Committee.

27 April 2026

The QSOC undertook a review of all patient quality, safety and outcome related risks within the ORR that will be presented to the JC at its meeting of the 26 May 2026. This meeting was attended by three NWJCC Lay Members, apologies were given for the appointed CEO lead for the Sub-Committee.

As part of the NWJCC's Sub-Committee and Joint Committee effectiveness reviews a focus will be placed on improving the resilience of CEO membership at the QSOC.

The QSOC Highlight Reports presented to the JC can be found at **Appendices 1a and 1b.**

- **Planning, Performance and Finance Sub-Committee**

26 February 2026

The PPF undertook a review of all planning, performance and finance related risks within the ORR as of 31 January 2026. This meeting was attended by two NWJCC Lay Members and the appointed CEO deputy for the Sub-Committee.

28 April 2026

The PPF undertook a review of all planning, performance and finance related risks within the ORR that will be presented to the JC at its meeting of the 26 May 2026. This meeting was attended by three NWJCC Lay Members and the appointed CEO deputy for the Sub-Committee.

The PPF Highlight Reports presented to the JC can be found at **Appendices 2a and 2b.**

- **Joint Committee Meeting – 17 March 2026**

The JC undertook a review of the ORR as of the 31 January 2026. This meeting was attended by all NWJCC Lay Members, Health Board Chief Executives and NWJCC operational leads.

Risks as of the 31st March 2026 will be reviewed at the 26th May 2026 meeting with feedback received by the Committee incorporated within updates shared.

- 2.2 Commissioning Directorates continue to manage, and review reported risks at an operational level and refer extreme risks to the Corporate Governance Team (CGT) for scrutiny.
- 2.3 Following review by the CGT, the ORR and any emerging risks are reviewed by the SLT to ensure that the risks detailed within the ORR remain appropriate. The SLT also considers whether emerging risks are suitable for addition to the ORR taking into consideration the potential impact of the risk on the NWJCC, the risk score and its description.



- 2.4 In addition to Sub-Committee scrutiny the NWJCC SLT reviewed the January and March ORR and emerging risks at its meetings of the 18 February 2026 and 22 April 2026. Within these reviews it was acknowledged that operational teams had taken steps to implement the JC's direction that risks should be described so that they set out the operational and system-based commissioning risks that the NWJCC is holding, rather than the operational provider risks to be held by Health Boards.
- 2.5 It is acknowledged that further improvement will continue to be targeted over the coming months as the new approach beds in and teams become more familiar with the style and expectations of the JC in the effective reporting and management of risk. Following feedback at QSOC and PPF, effort will be focussed on ensuring that risk controls and actions are appropriately defined and updated.
- 2.6 The emerging financial and strategic risks will be captured in the coming months, particularly in respect to financial break-even for 2026-27 and the impact of the planned strategic reviews reflected within the Annual Plan for 2026-27 as these will likely identify further risks for the JCC.

3. Key Risks / Matters for Escalation

3.1 NWJCC Risk Profile

As of 1 April 2026, there are **15** risks with a score of 15 and above (high risks) on the NWJCC Organisational Risk Register, see **Appendix 3**. A summary of these risks is outlined below.

- 3.2 For ease of reference, the text in red font are the updates provided for the month(s) of December 2025 through to March 2026, since the last report was received. The text in white font, on the overarching NWJCC Risk Dashboard highlights those risks where there has been movement for the same period.

- 3.3 **Commissioning Risks** - There are **13** risks open with a risk score of 15 and above:

- Ambulance Services x 2
- Cancer and Blood x 3
- Cardiac x 1
- Neurosciences x 5
- Welsh Kidney Network x 1
- Women and Children x 1

3.4 A summary of the changes that have taken place during 1 December 2025 and 31 March 2026, since the last report to the Committee are outlined below.

Table 1 – Commissioning Risk Profile – As of 1 April 2026

Commissioning Risk Activity	Movement to ORR between 1 December 2025 and 31 March 2026
New Commissioning Risks	<p>One new risk was added.</p> <p>January 2026:</p> <ul style="list-style-type: none"> • <u>Risk 95 – Neuro-rehabilitation services at Cardiff & Vale University Health Board (CVUHB)</u> <p>This risk is an amalgamated risk that replaces Risks 53 and 86 which have been closed following feedback from the CGT. Full details are included in the attached ORR extract.</p>
Escalated Commissioning Risks	<p>Two risks were escalated.</p> <p>January 2026:</p> <ul style="list-style-type: none"> • <u>Risk 61 – Obesity Surgery at Salford Royal Hospital waiting times.</u> <p>This risk is already reported on the ORR, however following a full review, using the JCC domains and risk scoring matrix, the Cardiac commissioning team has increased the risk score from 16 to 20 on the basis that the risk will 'Almost Certainly Happen' (5) following the NWJCC's receipt of a notice to terminate the existing provider contract at Salford Royal Hospital.</p> <p>March 2026:</p> <ul style="list-style-type: none"> • <u>Risk 68 - Specialist Auditory Implant Device Service' CVUHB</u> <p>This risk was de-escalated from 20 to 12 in January 2026 on the basis that an improvement plan had been agreed to address the number of 52-week breaches. The next step was to work on a sustainable plan to achieve 26-week RTT and right sizing of the service in order to be in a position to designate a permanent provider by Q4 2026-27. However, since January there have been a number of quality related issues</p>



Commissioning Risk Activity	Movement to ORR between 1 December 2025 and 31 March 2026
	<p>raised. Due to the impact on the quality, of service delivery, this risk was re-escalated. An executive level escalation meeting took place during late April 2026 which confirmed an improved performance position that would need to be managed to ensure that the position was sustainable moving forward and not based on waiting list initiatives. This work will be addressed through LTA management both on a productivity and efficiency perspective.</p> <p>The service remains in escalation level 3 and as a result of the recent concerns this risk has been re-escalated from a risk score of 12 to 16.</p> <p>These risks will remain under review and reported on the ORR.</p>
<p>De-escalated Commissioning Risks</p>	<p>Eight risks were de-escalated.</p> <p>January 2026:</p> <ul style="list-style-type: none"> • <u>Risk 68 - Specialist Auditory Implant Device Service' CVUHB</u> (As reported under escalated risks in the section above) An improvement plan was been agreed that to address the number of 52-week breaches within the current funding envelope by the end of March 2025-26. The next step (Q1 2026-27) will be to de-escalate the service and work on a sustainable plan to achieve 26-week RTT and right sizing of the service in order to be in a position to designate a permanent provider by Q4 2026-27. At the time of reporting there were no recent patient complaints or incidents. On this basis, the risk was reviewed and the score reduced to a 12. • <u>Risk 69 - Paediatric Radiology Service at CVUHB</u> There remains a risk due to the service continuing to operate without a formal out-of-hours rota, however work s ongoing to ensure gaps in the rota are covered and the service is actively trying to recruit as they work towards having a formal out of hours rota. To date the service has reported only one patient



Commissioning Risk Activity	Movement to ORR between 1 December 2025 and 31 March 2026
	<p>affected by the current service provision in the previous 24 months and no concerns or complaints had been raised. On this basis, the risk was reviewed and the score reduced to a 12.</p> <ul style="list-style-type: none"> <p><u>Risk 79 - Commissioning of the Frozen Elephant Trunk Procedure</u></p> <p>Whilst there continued to be a risk of not being able to deliver the service within Wales, patients who would benefit from this procedure are transferred to England to receive it to mitigate the risk. Work on the cardiac review project continues, including the development / implementation of an interim pathway for these patients. On this basis, the risk was reviewed and the score reduced to a 10.</p> <p><u>Risk 83 - Full commissioning of paediatric orthopaedic surgical service</u></p> <p>A response was drafted for the health board to advise that the JCC will not be supporting the commissioning of all levels of orthopaedic care. At the time of reporting formal discussions had not been had between the NWJCC and provider, however, these will be had following completion of the Annual Plan process which will confirm decisions relating to commissioning intentions. The risk was reviewed and the score reduced to a 12.</p> <p><u>Risk 87 - Commissioning of Acute Neurosurgery Therapy MDT at CVUHB</u></p> <p>This risk is already reported on the ORR, however following a full review, using the JCC domains and risk scoring matrix, the Neuroscience's commissioning team has reduced the consequence score to 'Major' (4), therefore decreasing the overall risk from 20 to 16. This risk will remain under review and will continue to be reported on the ORR.</p>



Commissioning Risk Activity	Movement to ORR between 1 December 2025 and 31 March 2026
	<ul style="list-style-type: none"> • <u>Risk 91 – Hereditary Anaemias Service - Capacity in south Wales</u> The Cancer & Blood commissioning team undertook a full review of this risk. Using the NWJCC domains and risk scoring matrix, the likelihood score was reduced to “Possible” (3), reducing the risk from a score of 20 to 15. This risk will remain under review and will continue to be reported on the ORR. • <u>Risk 92 - Women & Children commissioned services posts not advertised in CVUHB.</u> Previously, posts were subject to executive-level scrutiny, causing delays in approval and advertisement. This situation has improved significantly. Approval processes have been streamlined, with decisions made at clinical board level rather than executive level to support the expedient release of roles for advertisement. On this basis, the risk was reviewed and the score reduced to a 12 reflecting a lower likelihood of delay while maintaining awareness of potential risks if circumstances change. <p>March 2026:</p> <ul style="list-style-type: none"> • <u>Risk 61 - Obesity surgery for the population of North Wales</u> (As reported under escalated risks in the section above) This risk was escalated In January 2026 from 16 to 20 on the basis that the risk will ‘Almost Certainly Happen’ (5) following the NWJCC’s receipt of a notice to terminate the existing provider contract at Salford Royal Hospital. However, following a full review in March 2026, the risk reduced to ‘Likely’ (4), therefore decreasing the overall risk from 20 back down to 16. This reduction is based on current progress in establishing the interim provider solution with the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) service, Swansea Bay University Health Board (SBUHB). This risk will remain under review and will continue to be reported on the ORR.



Commissioning Risk Activity	Movement to ORR between 1 December 2025 and 31 March 2026
<p>Emerging Commissioning Risks</p>	<p>One emerging risk was highlighted.</p> <p>January 2026:</p> <ul style="list-style-type: none"> • <u>Service Sustainability of the National Transplant Programme in Wales.</u> <p>This risk highlighted the potential impact on commissioned transplant services should CVUHB fail to implement appropriate business continuity plans to maintain adequate and robust surgical arrangements for the provision of safe transplant services at University Hospital of Wales and was put forward by the Specialised Services Directorate as an emerging risk. It was previously shared with the SLT in December where it was agreed, following clinical feedback at QSOC, that the risk would continue to be managed locally.</p> <p>The risk was re-presented to SLT on 18 January for addition to the ORR. Following further scrutiny, the SLT were content for the risk to be monitored and managed under local and SLT review. In addition, it continued to be managed and escalated through regional provider risk registers and is monitored through Health Board Governance structures. The risk was also been escalated to NHS Blood and Transplant Service and a Welsh Government Nationally Reported Incident Investigation commenced on the 3 December 2025 to ensure that suitable arrangements were in place to manage this risk.</p> <p>The risk was also reviewed in detail at the February QSOC meeting where assurance was provided that the risk was being managed with actions in place to mitigate the risk from occurring.</p> <p>Following implementation of appropriate mitigations at a provider level the risk score was reduced and removed as an emerging risk.</p>



Commissioning Risk Activity	Movement to ORR between 1 December 2025 and 31 March 2026
<p>Closed Commissioning Risks</p>	<p>Two risks were closed.</p> <p>January 2026:</p> <ul style="list-style-type: none"> • <u>Risk 53 - Neuro-rehabilitation service at C&VUHB</u> <p>Duplication with Risk 86 (both risks are related to workforce establishment, not meeting national standards and patients not being able to access the specialist neuro-rehabilitation services at CVUHB). Risk closed and a new 'merged' risk developed and added to the ORR (Risk 95)</p> <ul style="list-style-type: none"> • <u>Risk 86 – Neurosciences National Standards at CVUHB</u> <p>Duplication with Risk 53 (both risks are related to workforce establishment, not meeting national standards and patients not being able to access the specialist neuro-rehabilitation services at CVUHB). Risk closed and a new 'merged' risk developed and added to the ORR (Risk 95)</p>

3.5 **Corporate/Organisational Risks** – There are here are **2** risks open with a risk score of 15 and above:

- Finance x 1
- Medical x 1

3.6 A summary of the changes that have taken place since the last report to the Committee are outlined below (During 1 December 2025 and 31 March 2026).

Table 2 – Corporate/Organisational Risk Profile – As of 1 April 2026

Corporate Risk Activity	Movement to ORR between 1 December 2025 and 31 March 2026
<p>New Corporate Risks</p>	<p>No new were added.</p>
<p>Escalated Corporate Risks</p>	<p>No risks were escalated.</p>
<p>De-escalated Corporate Risks</p>	<p>No risks were de-escalated.</p>



<p>Emerging Corporate Risks</p>	<p>One emerging risk was highlighted: January 2026:</p> <ul style="list-style-type: none"> <u>Lack of funding for gene therapy pathways</u> <p>This risk highlighted the potential for the JCC’s failure to commission gene therapies within Wales in accordance with the NWJCC’s strategic commissioning intentions, which could result in a financial risk if patients are transferred to NHS England to receive this service.</p> <p>This risk was put forward by the Medical Directorate as an emerging risk and presented to SLT on 18 February for scrutiny, and to confirm whether it was appropriate to be included on the ORR. The risk was approved by the SLT for inclusion on the ORR and further endorsed by the PPF Sub-Committee in February. Subsequent to the meeting, Welsh Government issued a response to the NWJCC Medical Director’s letter clarifying the pathway and the position regarding funding. As such, the Medical Directorate no longer consider this is a high risk to the NWJCC proposing that it was removed from the ORR. It will be reviewed and managed locally by the team and escalated should it become necessary.</p>
<p>Closed Corporate Risks</p>	<p>No risks were closed.</p>

4. Assessment

<p>Objectives / Strategy</p>	
<p>Dolen i Nod (au) Strategol BIP CTM / Link to NWJCC Strategic Goal(s)</p>	<p>Not Applicable</p> <p>Maximise value; ensure quality; reduce duplication, improve equity and population health and facilitate integration</p> <p>The NWJCC was established on 1 April 2024. The strategic goals were approved in September 2024. The Risk Register is a key element of the control for the JCC</p>
<p>Dolen i Feysydd Strategol BIP CTM / Link to NWJCC Strategic Principles</p>	<p>Not Applicable</p> <p>Commission evidence-based services that are secured through forging excellent relationships; shaped by people with expert knowledge and experience to secure high quality care with outcomes that matter and ensure involvement of patients and are sustainable and make the best use of resources</p>



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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: The Risk Register is regularly reviewed and does not specifically deal with patient level information i.e. re protected characteristics although all services are required to comply with the Equality Act and Public Sector Equality Duty
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Equally applied. No potential negative impact



Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	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) The Risk Register is a key document to manage all issues and risks within the JCC including its reputation	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	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 1 April 2026.
- Take **assurance** that the NWJCC has appropriate risk management processes and procedures in place for the ongoing management of organisational risk.

		CONSEQUENCE (C)				
CxL		1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
LIKELIHOOD (L)	1 - Highly Unlikely					
	2 - Unlikely					79 Commissioning of the Frozen Elephant Trunk Procedure - Risk De-Escalated - January 2026
	3 - Likely				69 Paediatric Radiology Service at CVUHB - Risk De-Escalated - January 2026 92 Women & Children commissioned services posts not advertised in CVUHB - Risk De-Escalated - January 2026	77 Commissioning of sufficient Emergency Ambulance Services capacity 80 JACIE accreditation - south Wales CAR T service 81 JACIE accreditation - south Wales BMT service 91 Hereditary Anaemias service - capacity in south Wales - Risk De-Escalated from 20 to 15 - January 2026
	4 - Highly Likely			68 Specialist Auditory Implant Device Service' CVUHB - Risk De-Escalated - January 2026 83 Full commissioning of paediatric orthopaedic services - Risk De-Escalated - January 2026	53 Neuro-rehabilitation service at C&VUHB - Risk Closed - January 2026 61 Obesity surgery at Salford Royal Hospital waiting times - De-escalated from 20 to 16 in March 2026 65 Renal dialysis capacity across Wales 68 - Specialist Auditory Implant Device Service' CVUHB - Escalated from 12 to 16 in March 2026 82 Neuro-rehabilitation service at SBUHB 86 Neurosciences National Standards at CVUHB - Risk Closed - January 2026 87 Commissioning of Acute Neurosurgery Therapy MDT at CVUHB - Risk De-Escalated from 20 to 16 - January 2026 89 Paediatric Neurology Service provision for North Wales 94 High-cost medicines 95 Neuro-rehabilitation services at C&VUHB - New Risk added - January 2026	78 Utilisation of Emergency Ambulance capacity 88 Commissioning of 24/7 South Wales Thrombectomy Service
	5 - Almost Certain			84 Financial Break-even 2025/26	61 Obesity surgery at Salford Royal Hospital waiting times - Risk Escalated from 16 to 20 - January 2026	

JCC RISK REGISTER - RISKS WITH SCORES >15								
Risk Ref	Risk Title	Revised Risk Descriptor (by Commissioning Team)	Provider Risk Indicator	Provider Risk Indicator Link	Strategic Risk Owner	Commissioning Team/ Directorate	Identified Risk Owner/Manager	JCC Strategic Objective
61	Obesity surgery at Salford Royal Hospital waiting times for the population of North Wales	<p>If... Salford Royal Hospital is unable to significantly reduce its long waiting times for obesity surgery the JCC is unable to secure an alternative provider for obesity surgery for the North Wales population</p> <p>Then... the service, which serves the populations of patients from Betsi Cadwaladr University Health Board (BCUHB) and North Powys will be unable to access the surgery they require, or the need to travel a distance to receive their surgery fail to meet the requirements of the JCC service standards and contractual obligations. This would lead to fragmented care and extended delays for BCUHB patients, worsening an already deteriorating waiting list position.</p> <p>Resulting in...</p> <ul style="list-style-type: none"> the potential for poorer population outcomes and inequity of service provision across Wales. and the JCC seeking alternative provision at a potentially increased financial cost alternative service provision from another provider being at a potential increased financial cost to the JCC, and the JCC being open to reputational risk and potential litigation 			Director of Commissioning for Specialised Services	Cardiac	Head of Commissioning, Cardiac	Improve equity and population health: ensure that people are able to access the right service when they need it whoever they are, wherever they live
65 WKN18	Renal Dialysis Capacity across Wales	<p>If... the number of patients requiring dialysis continues to grow annually at a rate of 3-4% (or higher based on some projections)</p> <p>Then... the demand will exceed current commissioned capacity across Wales for both unit-based and home dialysis, and there will be delays or limits on the number of patients accessing home dialysis, as the growing demand exceeds the capacity of the nursing workforce to provide timely training and ongoing monitoring.</p> <p>Resulting in...</p> <ul style="list-style-type: none"> the need to commission additional capacity, 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	Head of Commissioning 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

Risk Ref	Risk Title	Revised Risk Descriptor (by Commissioning Team)	Provider Risk Indicator	Provider Risk Indicator Link	Strategic Risk Owner	Commissioning Team/ Directorate	Identified Risk Owner/Manager	JCC Strategic Objective
68 NCC064	Specialist Auditory Implant Device Service' CVUHB	<p>If...CVUHB is unable to right-size its commissioned staffing establishment for the South Wales Specialist Auditory Implant Device Service continues to experience staffing shortages, high sickness absence, poor staff morale and ongoing funding pressures within the specialist Audiology, while the service remains at escalation level 3</p> <p>Then...South Wales patients requiring a Cochlear Implant or Bone Conduction Hearing Implant (BCHI) will be unable to access the Specialist Service within the national standard waiting times target, with the potential for poorer population outcomes and inequity of service provision between the South and North Wales service</p> <p>Resulting in...</p> <ul style="list-style-type: none"> the service being put into escalation and the potential need to seek an alternative provider at an increased financial cost and reputational impact to the NWJCC 			Director of Commissioning for Specialised Services	Neurosciences	Head of Commissioning, Neurosciences	Improve equity and population health: ensure that people are able to access the right service when they need it whoever they are, wherever they live
77	Commissioning of sufficient Emergency Ambulance Services capacity	<p>If...the NWJCC does not commission sufficient capacity for the Welsh Emergency Ambulance Service (WAST)</p> <p>Then...the Welsh Ambulance Service Trust (WAST) will be unable to deliver the requirements of the JCC commissioned service standards which will contribute to reduced performance and quality standards with increased risk of patient harm and reduced system flow.</p> <p>Resulting in...the JCC being exposed to significant reputational and financial risk</p>	Risk 223 QuEST	https://ambulance.nhs.wales/files/trust-board-papers/papers-27-november-2025/ Agenda Item 10	Director of Commissioning for Ambulance Services and 111	Ambulance Services and 111	Deputy Director of Commissioning for 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

Risk Ref	Risk Title	Revised Risk Descriptor (by Commissioning Team)	Provider Risk Indicator	Provider Risk Indicator Link	Strategic Risk Owner	Commissioning Team/ Directorate	Identified Risk Owner/Manager	JCC Strategic Objective
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 and patients will not receive a timely emergency ambulance response, increasing the risk of harm, disability and death</p> <p>Resulting in...the JCC being exposed to significant reputational risk</p>	Risk 223 QuEST	https://ambulance.nhs.wales/files/trust-board-papers/papers-27-november-2025/ https://ambulance.nhs.wales/files/trust-board-papers/papers-27-november-2025/ Agenda Item 10	Director of Commissioning for Ambulance Services and 111	Ambulance Services and 111	Deputy Director of Commissioning for 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
80 CB12	JACIE accreditation - certification south Wales CAR T service	<p>If...CVUHB does not achieve JACIE re-accreditation certification for its CAR-T service due to facilities not meeting standards</p> <p>Then...pharmaceutical companies will withdraw their approvals for CVUHB to administer their products and there will be no CAR-T service in Wales for the NWJCC to commission leading to:</p> <ul style="list-style-type: none"> patients having to travel further for treatment at a certified centre; an increased risk of patients not receiving treatment in a timely manner risk of poorer patient outcomes and adverse impact on patient and family experience <p>Resulting in... significant increase in costs to the JCC and NHS Wales due to commissioning additional services in England and an inability to deliver against the strategic intention of ATMP delivery in Wales therefore damaging the reputation of the JCC and NHS Wales</p>	Bone Marrow Transplant/2 010-1102	https://cavuhb.nhs.wales/files/board-and-committees/board-2025-26/2025-11-27-board-papers-bundle-pdf/ Page 360 and 361	Director of Commissioning for Specialised Services	Cancer & Blood	Head of Commissioning, Cancer and 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

Risk Ref	Risk Title	Revised Risk Descriptor (by Commissioning Team)	Provider Risk Indicator	Provider Risk Indicator Link	Strategic Risk Owner	Commissioning Team/ Directorate	Identified Risk Owner/Manager	JCC Strategic Objective
81 CB13	JACIE accreditation - certification - south Wales BMT service	<p>If... CVUHB does not achieve JACIE re-accreditation certification for its BMT service due to facilities not meeting standards</p> <p>Then...a commissioning decision will need to be made by NWJCC to either commission from a non-certified centre (CVUHB) or from certified centres in NHS England meaning that:</p> <ul style="list-style-type: none"> • either patients will receive treatment from a centre which does not meet national standards or the NWJCC service specification, or • there is an increased risk of patients not receiving treatment in a timely manner leading to poorer patient outcomes and experience due to complex pathways with multiple providers requiring significant coordination and administration <p>Resulting in... If continuing to commission from CVUHB: Patients receiving treatment from a centre which is deemed not to reach national standards or the NWJCC service specification.</p> <p>If outsourcing: significant increase in costs and administration to the JCC and NHS Wales due to commissioning additional services in England</p>	Bone Marrow Transplant/2 025-2601	https://cavuhb.nhs.wales/files/board-and-committees/board-2025-26/2025-11-27-board-papers-bundle-pdf/ Page 360 and 361	Director of Commissioning for Specialised Services	Cancer & Blood	Head of Commissioning, Cancer and 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
82 NCC057	Neuro-rehabilitation service at SBUHB	<p>If...the NWJCC is unable to support the investment required to recruit to the multi-disciplinary staffing establishment at the SBUHB Inpatient Neuro-rehabilitation Unit to meet the minimum BSPRM standards</p> <p>Then...specialist neuro-rehabilitation at the Unit will be compromised or lost</p> <p>Resulting in...</p> <ul style="list-style-type: none"> • the potential for poorer population outcomes for South West Wales • inequity of service provision • and the JCC being open to reputational risk and potential judicial review of decisions linked to service investment • placing the service into escalation and the potential need to seek an alternative provider at an increased financial cost 			Director of Commissioning for Specialised Services	Neurosciences	Head of Commissioning, Neurosciences	Improve equity and population health: ensure that people are able to access the right service when they need it whoever they are, wherever they live

Risk Ref	Risk Title	Revised Risk Descriptor (by Commissioning Team)	Provider Risk Indicator	Provider Risk Indicator Link	Strategic Risk Owner	Commissioning Team/ Directorate	Identified Risk Owner/Manager	JCC Strategic Objective
84	Financial break-even 2025/26	<p>If...the NWJCC overspends against the agreed Annual Foundation Plan 2025/26</p> <p>Then...the Health Boards will have to include the relevant amounts in their own financial reporting</p> <p>Resulting in...unexpected overspends/restriction of JCC/HB services to patients/breaching HB statutory financial requirements. 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</p>			Director of Finance & Value	Finance & Value	Deputy Director of 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
87 NCC059	Commissioning of Acute Neurosurgery Therapy MDT at CVUHB	<p>If...the NWJCC is unable to provide funding to address the insufficient commissioned establishment for the Neurosurgery Therapy MDT at Cardiff & Vale University Health Board</p> <p>Then...there is a risk of delay to acute therapy service provision for patients on the acute neurosurgery pathway, the potential for poorer population outcomes for South Wales and inequity of service provision compared to North Wales</p> <p>Resulting in... The JCC being open to reputational risk and potential judicial review of decisions linked to service investment</p>			Director of Commissioning for Specialised Services	Neurosciences	Head of Commissioning, 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
88	Commissioning of 24/7 South Wales Thrombectomy Service	<p>If...the JCC is unable to commission a 24/7 mechanical thrombectomy service on behalf of South Wales Health Board's and their populations</p> <p>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 and the potential for poorer population outcomes in South Wales and South Powys</p> <p>Resulting in...</p> <ul style="list-style-type: none"> the JCC being open to significant reputational risk and potential judicial review of decisions linked to service provision 	No risk for Thrombectomy on CVUHB Risk Register or BAF - From the provider's perspective, it delivers to its current contract.	N/A	Director of Commissioning for Specialised Services	Neurosciences	Head of Commissioning, 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

Risk Ref	Risk Title	Revised Risk Descriptor (by Commissioning Team)	Provider Risk Indicator	Provider Risk Indicator Link	Strategic Risk Owner	Commissioning Team/ Directorate	Identified Risk Owner/Manager	JCC Strategic Objective
89 P/21/28	Paediatric Neurology Service provision for North Wales	<p>If...neurology services in Alder Hey NHSE remain under resourced</p> <p>Then...North Wales paediatric patients will not have access to the full range of specialised Paediatric neurology services with the potential for poorer population outcomes in North and inequity of access between North Wales and South Wales</p> <p>Resulting in...</p> <ul style="list-style-type: none"> the JCC being open to significant reputational risk and potential judicial review of decisions linked to service provision the need to re-commission Paediatric Neurology services for North Wales at a potential financial consequence to the JCC 			Director of Commissioning for Specialised Services	Women & Children	Head of Commissioning, Women & Children	Improve equity and population health: ensure that people are able to access the right service when they need it whoever they are, wherever they live
91 CB15	Hereditary Anaemias Service - Capacity in south Wales	<p>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)</p> <p>Then...patients may not be seen in a timely way or in accordance with the quality standards of the service specification with the potential for poorer patient outcomes and experience and an adverse impact on the wellbeing of staff in the service including:</p> <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 <p>Resulting in...An NWJCC commissioned service that is not sustainable, resilient, safe or of high quality and the NWJCC being open to reputational risk and potential judicial review of decisions linked to service investment.</p>			Director of Commissioning for Specialised Services	Cancer & Blood	Head of Commissioning, 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

Risk Ref	Risk Title	Revised Risk Descriptor (by Commissioning Team)	Provider Risk Indicator	Provider Risk Indicator Link	Strategic Risk Owner	Commissioning Team/ Directorate	Identified Risk Owner/Manager	JCC Strategic Objective
94	High-Cost Medicines	<p>If...Medicine costs increase by a predicted 30% plus inflation due to geo-political pressures and inflation</p> <p>Then...the JCC's expenditure could increase by circa £39m</p> <p>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</p>			Medical Director	Medical Directorate	Medical Director	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
95	Neuro-rehabilitation services at C&VUHB	<p>If...The JCC does not provide funding to increase the commissioned establishment to meet the minimum BSPRM standards</p> <p>Then...The service will not have the staffing levels required to respond to the patient needs (complexity) that change over time meaning potentially poorer outcomes for the patient population</p> <p>Resulting in...</p> <ul style="list-style-type: none"> • CVUHB being unable to take patients with more complex needs or admit new patients in line with demand thereby not fulfilling their contractual obligations • Financial implications for both the JCC and CVUHB and the need to consider the re-commissioning of services (bed closures) 			Director of Specialised Services	Neurosciences	Head of Commissioning, Neurosciences	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

NWJCC Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current)		Rating (Target)		Target Deadline	Trend
					(C x L)		(C x L)			
					C	L	C	L		
Health Inequalities Strategic Commissioning Resources	BCUHB/Salford Royal Hospital	<ul style="list-style-type: none"> Director oversight in place, action plan and task finish group established to manage the required change. 	<ul style="list-style-type: none"> The SBUHB proposal and costs have been agreed in principle by the Health Board Executives; final governance sign-off by the Health Board's Performance and Finance Committee is expected on the 14th of April. A meeting is planned for week commencing 13 April with the WIMOS team, Northern Care Alliance (NCA), and Betsi Cadwaladr University Health Board to discuss and agree the process of moving patients. This process will also include the communications required for patients and liaison with Llais. Continue process to identify a new provider for Obesity surgery for North Wales population. <p>Update January 2026 - The risk has been reviewed and refreshed by the commissioning team, using the JCC domains and risk scoring matrix. The risk score has increased from 16 (C4 x L4) to 20 (C4 x L5) on the basis that the risk will almost certainly happen (5).</p> <p>Update March 2026 - The risk has been reviewed and refreshed by the commissioning team using the JCC domains and risk scoring matrix. The risk score has decreased from 20 (C4 x L5) to 16 (C4 x L4). This reduction is based on current progress in establishing the interim provider solution with WIMOS, SBUHB.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	16	4				Risk Score has been decreased from a 20 to 16 (March 26) ↓
Strategic Commissioning Resource	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 	<p>Prevention workstream medium/long term effect:</p> <ul style="list-style-type: none"> Community Cardiorenal clinic pilot being developed in SBUHB - start date to be confirmed <p>Commissioned services:</p> <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 took place on 10th December 2025 with further refinement required by end of January 2026 Full workforce analysis with Regions and bench marking to quantify the various staffing costs per session by Quarter 4 2025/26 This action will now be picked up in the WKN Deep Dive review in 2026/27. 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 Deep dive review to include projecting the inflationary costs requirement and projected growth for 2026/27 Development of a report with recommendations and next steps to deliver system value and improve efficiency and sustainability <p>Update for March 2026 - Risk reviewed and risk remains unchanged, awaiting outcome of NWJCC Foundation plan funding allocation.</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	8	March 2025	↔		
					4	4	4	1		
					4	4	4	2		

NWJCC Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current)		Rating (Target)		Target Deadline	Trend
					(C x L)		(C x L)			
Strategic Commissioning Resources Reputation	CAVUHB	<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"> As a result of lack of progress in improving performance and meeting waiting time targets, the service was put into level 3 of the NWJCC Escalation Framework in October 2025. Following escalation meetings to date, some assurance has been provided in terms of improving waiting times with a target of 52 weeks to be met by March 2026. Contract re baselining discussions have begun to ensure sustainable and efficient resource allocation to deliver activity levels to agreed quality standards. <p>March 2026 - there have been a number of quality related issues raised and staff wellbeing concerns and due to the impact on the quality of service delivery this risk has been re-escalated. The next executive level escalation meeting is scheduled for late April 2026. There will be a focused discussion to address accurate baselining of the contract, to ensure delivery against oncontracted quality and activity, and adequate staffing is in place. This will aim to fully support performance and quality whilst meeting and sustaining waiting time targets</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	16		8			Risk Score has increased from 12 to 16 (March 26) ↑
Strategic Commissioning Resource Reputation	WAST / EMRTS	<ul style="list-style-type: none"> 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. 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 	<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. The JCC is working collaboratively to support implementation of this recommendation including taking a lead on the development of a performance dashboard. Continued monitoring of performance against the Number of lost hours due to handover delays (this has historically reduced (September 2025) to circa 11,500 hours which is an improving trend. <p>Update for March 2026 - Ambulance Services and 111 Commissioning Team reviewed the risk. The score rating of 15 currently with target of 10 remains unchanged. Progress with the Ambulance Services Strategic review will be shared in April 2026, and understanding of the benefits and evaluation of the ambulance performance framework changes will continue to 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 also support a reduction in this risk, however performance currently remains variable with a deterioration of lost hours in March 2026 to 15,322 compared to February 2026.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	15		10			↔
					4	4	4	2		
					5	3	5	2		

NWJCC Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating		Target Deadline	Trend	
					(C x L)	(C x L)			
Strategic Commissioning Resource Reputation	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 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 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. Monitor 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. 	<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. Increase the number of patients managed at Step 2 of the ambulance commissioning framework Investment in additional ambulance service capacity by pass-through uplift Developing of productivity improvement plan aligned to the 5 step ambulance pathway - maximising efficiency of commissioned capacity early 2026 Introduction of rapid clinical screening from December 2024, to clinically optimise dispatch decisions Phased introduction of Remote Integrated Care Service (RICS) 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. Accelerated design events planned took place during August/September 2025 to improve handover delays further. <p>Update for March 2026 - Ambulance Services and 111 Commissioning Team have reviewed the risk. The score rating of 20 current, with target 15 remains unchanged. Ambulance service Unit Hour Production (UHP) continues to be monitored as part of Ambulance Services and 111 performance monitoring. Although the number of lost hours for March 2026 is improved compared with March 2025, this remains challenging with significant variation across health boards.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	20		15		↔
Strategic Commissioning Resources Reputation	CVUHB	<ul style="list-style-type: none"> The NWJCC continues to work with providers to ensure that services are being delivered to previously agreed service specifications, or where this is not possible that assurance is provided that appropriate mitigations are in place, including stringent infection control measures 	<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 certification is not achieved. Once shared with the JCC, to monitor progress of CVUHB's actions to respond to JACIE Continue to meet with the service on a regular basis to monitor progress - next meeting 17th April 2026 <p>Update for March 2026 - JACIE report received by CVUHB on 8th January deferring their final decision with regards to recertification pending CVUHB's submission of their corrective actions by 8th July. It is noted that there is acceptance that deficiencies requiring longer-term solutions (such as construction) are not expected to be complete by the deadline, they expect the plans for such corrections to be included with the response with as much detail as possible. An action list has been drawn up by the service in order to provide a response to JACIE by the deadline. - The Cancer & Blood commissioning team has reviewed the score using the JCC domains and risk scoring matrix and the scoring remains unchanged.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	15		5		↔
					5	4	5	3	
					5	3	5	1	

NWJCC Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating		Target Deadline	Trend
					(C x L)	(C x L)		
Strategic Commissioning Resources Legal	CVUHB	<ul style="list-style-type: none"> The NWJCC continues to work with providers to ensure that services are being delivered to previously agreed service specifications, or where this is not possible that assurance is provided that appropriate mitigations are in place, including stringent infection control measures 	<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 certification is not achieved. Continue to meet with the service on a regular basis to monitor progress - next meeting 17th April 2026 <p>The following actions would be undertaken if accreditation certification 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 March 2026 - JACIE report received by CVUHB on 8th January deferring their final decision with regards to recertification pending CVUHB's submission of their corrective actions by 8th July. It is noted that there is acceptance that deficiencies requiring longer-term solutions (such as construction) are not expected to be complete by the deadline, they expect the plans for such corrections to be included with the response with as much detail as possible. An action list has been drawn up by the service in order to provide a response to JACIE by the deadline. The Cancer & Blood commissioning team has reviewed the score using the JCC domains and risk scoring matrix and the scoring remains unchanged.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	15	5		↔
Strategic Commissioning Resources Reputation	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. 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, these meetings continue to monitor the position. <p>Update for March 2026 - this risk has been reviewed and no change to the scoring in this reporting period.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	16	8		↔
					5 3	5 1		
					4 4	4 2		

NWJCC Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current)		Rating (Target)		Target Deadline	Trend
					(C x L)	(C x L)	(C x L)	(C x L)		
Strategic Commissioning Resources	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 March 2026 - The NWJCC final financial position for 2025-2026 is £6.3m, which is slightly less than previous forecasts. Individual risk shares have been attributed to the health boards and accepted, which leaves the NWJCC with a balanced position for the year 2025-2026.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	15	9				↔
Health Inequalities Resources Reputation	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"> 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 January 2025 - The risk has been reviewed and refreshed by the commissioning team and the consequence score reduced to 'Major' (4).</p> <p>Update for March 2026 - the risk has been reviewed and the scoring remains the same</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	16	8				<p>Risk Score has been de-escalated from a 20 to 16 (January 26)</p> <p>↓</p>
Health Inequalities Legal 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 were awaiting a business case from CAVUHB by end of September 2025. CVUHB advised that they were not in a position to submit a revised business case to expedite the 4 phase plan (agreed with Joint Committee in 2024) to mitigate the risk of lack of 24/7 access. The NWJCC continue to discuss the 24/7 service provision with North Bristol Hospital Trust JCC to continue to meet Cardiff service regularly as required (currently fortnightly) to monitor activity. A deep dive into Mechanical Thrombectomy provision has been included as a strategic priority for 26/27 and aims to conclude by Q3 to update a way forward for this service and addressing this risk in the long term. <p>Update for March 2026 - the risk has been reviewed and score remains the same, with an additional update in terms of there being a strategic deep dive for this service as part of the annual plan, which has been added to the action plan.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	20	8				↔

NWJCC Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current)		Rating (Target)		Target Deadline	Trend
					(C x L)	(C x L)	(C x L)	(C x L)		
Health Inequalities Strategic Commissioning Resource Reputation	Alder Hey	<ul style="list-style-type: none"> Continue regular SLA performance meetings with Alder Hey to discuss JCC commissioned services. 	<ul style="list-style-type: none"> The next SLA meeting, scheduled for the 19th March 2026, will discuss the continued reduced service due to work force constraints. Members of the commissioning team will be attending in person and confirmation of consultation start date, full service capacity and plan to mitigate any backlog caused from lack of resource. <p>Update for March 2026 - The risk was reviewed by the W&C commissioning team on 16th March using the JCC domains and risk scoring matrix, and calibrating risk scores across the directorate. The risk remains unchanged. This is subject to change depending on the outcome of the Alder Hey SLA meeting which is scheduled for 19th March 2026.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	16		8			↔
					4	4	4	2		
Strategic Commissioning Resources Legal	CVUHB	<ul style="list-style-type: none"> The NWJCC continues to work with providers to ensure that services are being delivered to previously agreed service specifications, or where this is not possible that assurance is provided that appropriate mitigations are in place, including clinical prioritisation plans and workforce planning to maximise the level of service provided. 	<ul style="list-style-type: none"> 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 - awaiting outcome 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 <p>Update for January 2026 - The Cancer & Blood commissioning team has reviewed the risk using the JCC domains and risk scoring matrix, and the likelihood has reduced to 'possible' (3).</p> <p>Update for March 2026 - The Cancer & Blood commissioning team has reviewed the risk using the JCC domains and risk scoring matrix. The likelihood was reduced to 'possible' (3) in January 2026 and remains the same.</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	15		10			<p>Risk Score has been de-escalated from a 20 to 15 (January 26)</p> <p>↓</p>
					5	3	5	2		

NWJCC Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (C x L)	Rating (Target) (C x L)	Target Deadline	Trend	
Resources	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 <p>Update for March 2026 - The Medical team has reviewed the risk using the JCC domains and risk scoring matrix and 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	9		↔	
Strategic Commissioning Resources	CAVUHB	<ul style="list-style-type: none"> CVUHB have successfully recruited to the commissioned staffing establishment, however still remain below the minimum standards for the British Society Physical Rehabilitation Medicine. JCC receiving and monitoring performance and repatriation delay information Performance reporting and oversight via Risk Assurance and Recovery meetings, SLA meetings and to Management Group and JCC 	<ul style="list-style-type: none"> JCC 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. <p>Update for March 2026 - the risk has been reviewed and the scoring remains the same</p>	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	16	8		↔	
					3	5	3	3	
					4	4	4	2	

Risk Opened	Last Reviewed
Dec-23	Mar-2026
Jan-24	Mar-2026

Risk Opened	Last Reviewed
Mar-25	Mar-2026
Sep-24	Mar-2026

Risk Opened	Last Reviewed
Sep-24	Mar-2026
May-25	Mar-2026

Risk Opened	Last Reviewed
May-25	Mar-2026
Apr-25	Mar-2026

Risk Opened	Last Reviewed
Apr-25	Mar-2026
Jul-25	Mar-2026
Jul-25	Mar-2026

Risk Opened	Last Reviewed
Jul-25	Mar-26
Sep-25	Mar-2026

Risk Opened	Last Reviewed
Nov-25	Mar-2026
Jan-26	Mar-2026

JCC RISK REGISTER FOR NEW RISKS >15								
Risk ID	Risk Title	Risk Description	Strategic Risk owner	Commissioning Team / Directorate	Identified Risk Owner / Manager	JCC Strategic Objective	NWJCC Risk Domain	Controls in place
95 (New risk created through the merging of Risk 53 and Risk 86)	Neuro-rehabilitation services at C&VUHB	<p>If...The JCC does not provide funding to increase the commissioned establishment to meet the minimum BSPRM standards</p> <p>Then...The service will not have the staffing levels required to respond to the patient needs (complexity) that change over time meaning potentially poorer outcomes for the patient population</p> <p>Resulting in...</p> <ul style="list-style-type: none"> • CVUHB being unable to take patients with more complex needs or admit new patients in line with demand thereby not fulfilling their contractual obligations • Financial implications for both the JCC and CVUHB and the need to consider the re-commissioning of services (bed closures) 	Director of Specialised Services	Neurosciences	Head of Commissioning, Neurosciences	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	Strategic Commissioning Resources	<ul style="list-style-type: none"> • CVUHB have successfully recruited to the commissioned staffing establishment, however still remain below the minimum standards for the British Society Physical Rehabilitation Medicine. • JCC receiving and monitoring performance and repatriation delay information • Performance reporting and oversight via Risk Assurance and Recovery meetings, SLA meetings and to Management Group and JCC
96	Lack of funding for gene therapy pathways	<p>If...The NWJCC does not have the financial resourcing in place to support the development and delivery of gene therapy services in Wales</p> <p>Then...those eligible for gene therapy will either not receive treatment or will have to travel long distances to receive treatment in England, leading to poorer experience, outcomes and inequalities in care</p> <p>Resulting in...failure to commission therapies within Wales in accordance with the NWJCC's strategic commissioning intentions, a financial risk due to the additional costs to be incurred and potential reputational damage to the NWJCC</p>	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	Resources Reputation	<ul style="list-style-type: none"> • Request made to Wgov to fund pathways in addition to the therapies - • Engagement with providers underway - • Collaborations with ATW and supporting Coalition of the Willing and MoUs in place • Monthly ATMP Coordination meetings for cross-directorate working within NWJCC • SLT agreed limited funding to April 2026 for C&V posts to support set up and delivery of etranacogene dezaparvovec

Action Plan	Assuring Committees / Sub-Committees	Rating (current) C x L	Rating (Target) C x L	Month
<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. 	<ul style="list-style-type: none"> Joint Commissioning Committee Quality, Safety & Outcomes Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	<p>16 (C4xL4)</p>	<p>8 (C4xL2)</p>	Jan-26
<ul style="list-style-type: none"> Identify potential funding opportunities, request to WGov made to consider gene therapy service funding and specifically funding for pathways for etranacogene dezaparovec and exagamglogene autotemcel or inclusion in IMTP Early horizon scanning for complex therapies to ensure early opportunity to plan pathways Initiate early planning and preparation discussions to identify possible delivery centres and optimal pathways Monitor impact on delivery Develop relationships with NHS England to ensure consistent pathways and learnings 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee 	<p>16 (C4xL4)</p>	<p>TBA</p>	Jan-26

JCC RISK REGISTER FOR DE-ESCALATED RISKS >15								
Risk ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	NWJCC Risk Domain	Controls in place	Action Plan	Assuring Committees
68 NCC064	Specialist Auditory Implant Device Service' CVUHB	<p>If...CVUHB is unable to right-size its commissioned staffing establishment for the South Wales Specialist Auditory Implant Device Service</p> <p>Then...South Wales patients requiring a Cochlear Implant or Bone Conduction Hearing Implant (BCHI) will be unable to access the Specialis Service within the national standard waiting times target, with the potential for poorer population outcomes and inequity of service provision between the South and North Wales service</p> <p>Resulting in...</p> <ul style="list-style-type: none"> the service being put into escalation and the potential need to seek an alternative provider at an increased financial cost 	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 whoever they are, wherever they live	Strategic Commissioning Resources	<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. The JCC has undertaken a financial assessment which identified that CVUHB receives more income than it costs to deliver the current service. The JCC is awaiting confirmation from CVUHB regarding both its financial position and recruitment plans to right size the service without further investment. A performance meeting with the south Wales Specialist Auditory Hearing Service was held on the 7th August 25 no update from CVUHB was received. As a result of lack of progress the service was put into level 3 of the NWJCC Escalation Framework in October 2025. 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee
69 P/21/25	Paediatric Radiology Service at CVUHB	<p>If...the commissioned 24/7 paediatric radiology service model is not operationalised within the children's hospital for Wales</p> <p>Then...this will leave a gap in out of hours' provision, and the provider not meeting the requirements of the NWJCC commissioned service standards. This could have a negative impact on the patients well-being due to the extra travelling involved if they have to access services outside of Wales.</p> <p>Resulting in...a financial risk to the NWJCC as patients are transferred out of Wales, out of hours, for diagnostic assessment and potentially their ongoing treatment.</p>	Director of Commissioning for Specialised Services	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Strategic Commissioning Resources	<ul style="list-style-type: none"> Business case with phased approach to delivering a 24/7 service agreed September 2024, in implementation. The implementation is based on whether the service is successful with recruitment. No set date for completion. 	<ul style="list-style-type: none"> Progression against business plan monitored through quarterly assurance meetings with service leads 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee
79	Commissioning of the Frozen Elephant Trunk Procedure	<p>If...the JCC is unable to commission the Frozen Elephant Trunk procedure to treat complex aortic diseases for the population of South Wales in line with the recommendations of the 2021 GIRFT review</p> <p>Then...patients from South Wales will not have access to the recommended single Type A Aortic Dissection treatment pathway within Wales, and will continue to need to be transferred to England if identified as benefiting from the Frozen Elephant Trunk procedure</p> <p>Resulting in...the potential for additional financial risk due to the need to transfer patients to alternative providers in England.</p>	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 whoever they are, wherever they live	Strategic Commissioning Resources	<ul style="list-style-type: none"> Patients are transferred to NHS England to access to receive this procedure 	<ul style="list-style-type: none"> Continue working with CVUHB and SBUHB to identify the means of implementing the GIRFT recommendation 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. 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee

Risk ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	NWJCC Risk Domain	Controls in place	Action Plan	Assuring Committees
83 P/21/27	Full commissioning of paediatric orthopaedic surgical service	<p>If...the commissioning of all elements of paediatric orthopaedic surgical service at CVUHB is not fully transferred to the NWJCC</p> <p>Then...the NWJCC will not have full commissioning accountability for the entire service</p> <p>Resulting in...the potential inequitable or unavoidable differences in health provision across the population which may result in poor or worsening health outcomes for individuals or the population</p>	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 whoever they are, wherever they live	Strategic Commissioning	<ul style="list-style-type: none"> Quarterly assurance meetings with the service. 	<ul style="list-style-type: none"> The health board surgical board to submit a paper to the JCC which includes activity and costs, paediatric orthopaedic costs, theatre activity and a breakdown of coded activity by 30th June 2025. The details of the paper will aid the next steps for commissioning of the service. Meeting held with the service on 9th October 2025. 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. 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee
92 P/21/29	Women & Children commissioned services posts not advertised in CVUHB	<p>If...there is no timely release of posts for JCC funded women & children commissioned services in Cardiff & Vale University Health Board</p> <p>Then...services will not meet the commissioning policies and services specifications which outline the high-quality service required by the JCC and a risk to poorer population outcomes for South Wales</p> <p>Resulting in...</p> <ul style="list-style-type: none"> the need to consider re-commissioning of services to meet required standards and performance placing the service into escalation and the potential need to seek an alternative provider at an increased financial cost 	Director of Commissioning for Specialised Services	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Strategic Commissioning	<ul style="list-style-type: none"> No controls identified 	<ul style="list-style-type: none"> Concerns raised by health boards particularly C&VUHB 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. 	<ul style="list-style-type: none"> Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Senior Leadership Team CTMUHB Audit & Risk Committee

Rating (current)	Rating (Target)	Month De-escalated	De-escalation Rationale
12 C3 x L4 (Reduced from 20)	6 (C3 x L2)	Jan-26	Update for January 2026 - An improvement plan has been agreed that will address the number of 52 week breaches within the current funding envelope by the end of March 2025-26. The next step (Q1 2026-27) will be to de-escalate the service and work on a sustainable plan to achieve 26 week RTT and right sizing of the service in order to be in a position to designate a permanent provider by Q4 2026-27. There have been no recent patient complaints or incidents. On this basis, using the JCC domains and risk scoring matrix, and calibrating risk scores across the directorate, the risk has been reviewed and the score reduced to a 12. The risk will continue to be monitored through the Directorate risk management process and via the NWJCC Escalation Framework.
12 (C4xL3) (reduced from 20)	4 (C4xL1)	Jan-26	Update for January 2026 - The service have confirmed that there remains a risk due to the service continuing to operate without a formal out-of-hours rota. However, work is ongoing to ensure gaps in the rota are covered and the service is actively trying to recruit as they work towards having a formal out of hours rota. To date the service has reported only one patient affected by the current service provision in the previous 24 months and no concerns or complaints had been raised. On this basis, using the JCC domains and risk scoring matrix, and calibrating risk scores across the directorate, the risk has been reviewed and the score reduced to a 12. The risk will continue to be monitored through the Directorate risk management process
10 (C5 x L2) (Reduced from 16)	5 (C5 x L1)	Jan-26	Update for January 2026 - Whilst there continues to be a risk of not being able to deliver the service within Wales, patients who would benefit from this procedure are transferred to England to receive it. Work for the cardiac review project continues, including the development / implementation of an interim pathway for these patients. On this basis, using the JCC domains and risk scoring matrix, and calibrating risk scores across the directorate, the risk has been reviewed and the score reduced to a 10. The risk will continue to be monitored through the Directorate risk management process

Rating (current)	Rating (Target)	Month De-escalated	De-escalation Rationale
12 (C3xL4) (Reduced from 15)	6 (C3xL2)	Jan-26	Update for January 2026 - A response has been drafted for the health board to advise that the JCC will not be supporting the commissioning of all levels of orthopaedic care, this has not yet been issued. This will be held until the IMTP process currently taking place confirms the decisions relating to commissioning intentions. There is currently no follow up meeting scheduled with the Health Board. On this basis, using the JCC domains and risk scoring matrix, and calibrating risk scores across the directorate, the risk has been reviewed and the score reduced to a 12. The risk will continue to be monitored through the Directorate risk management process
12 (C4xL3) (Reduced from 16)	4 (C4xL1)	Jan-26	Update for January 2026 - Previously, posts were subject to executive-level scrutiny, causing delays in approval and advertisement. The situation has improved significantly. Approval processes have been streamlined, with decisions now made at clinical board level rather than executive level and posts are now expected to be released for advertisement. On this basis, using the JCC domains and risk scoring matrix, and calibrating risk scores across the directorate, the risk has been reviewed and the score reduced to a 12 reflecting a lower likelihood of delay while maintaining awareness of potential risks if circumstances change. The risk will continue to be monitored through the Directorate risk management process.

	A	B	C	D	E	F	G	H
1	JCC RISK REGISTER FOR CLOSED RISKS >15							
2	Risk ID	Risk Title	Risk Description	Strategic Risk Owner	Strategic Objective	Risk Domain	Controls in place	Action Plan
3	53 NCC062	Neuro-rehabilitation service at C&VUHB	<p>If...Cardiff and Vale University Health Board is unable to recruit to a number of current vacancies in the Neuro-rehabilitation service</p> <p>Then...the gap in the number of posts that have been commissioned means that the service is not meeting the national standards</p> <p>Resulting in...patients requiring admission to the Inpatient Neuro-rehabilitation Unit are unable to access the specialist rehabilitation they require</p>	Director of Commissioning for Specialised Services	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Quality/ Complaints/ Assurance/ Patient Outcomes Financial Stability and Impact of Litigation	<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.
4	86 NCC066	Neurosciences National Standards at CVUHB	<p>If...Cardiff and Vale University Health Board is unable to meet the current commissioned nursing establishment of the unit and therefore not meeting BSRM standards</p> <p>Then...the gap in the number of posts that have been commissioned means that the service is not meeting the national standards</p> <p>Resulting in...patients requiring admission to the Inpatient Neuro-rehabilitation Unit are unable to access the specialist rehabilitation this also includes tracheostomy patients, due to the number of patients that can be cared for safely</p>	Director of Commissioning for Specialised Services	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Quality/ Complaints/ Assurance/ Patient Outcomes Financial Stability and Impact of Litigation	<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

	I	J	K
1			
2	Assuring Committees	Month Closed on Org RR	Closure Rationale
3	<ul style="list-style-type: none"> • Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee 	Jan-26	<p>January 26 - Duplication with Risk 86 (both risks are related to workforce establishment, not meeting national standards and patients not being able to access the specialist neuro-rehabilitation services at CVUHB). Risk closed and a new 'merged' risk developed and added to the ORR (Risk 95)</p>
4	<ul style="list-style-type: none"> • Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee 	Jan-26	<p>January 26 - Duplication with Risk 53 (both risks are related to workforce establishment, not meeting national standards and patients not being able to access the specialist neuro-rehabilitation services at CVUHB). Risk closed and a new 'merged' risk developed and added to the ORR (Risk 95)</p>

4.2 - Appendix Risk Dashboard (Risks Graded 15 and Above) - March 2026

NWJCC Risk Domains

Risk Domains	1. Negligible (1-3) Negligible impact on objective/s. Day to day operational challenges.	2. Minor (4-6) Minor impact on objective/s. Temporary restriction to business delivery with limited impact on stakeholder confidence.	3. Moderate (8-12) Moderate impact on objective/s. Short term failure to deliver key objectives with temporary adverse local publicity.
Health Inequalities Risks that may result in unfair or unavoidable differences in health across different groups within society	<ul style="list-style-type: none"> Negligible risk to communities, with limited impact on health inequalities or disparities 	<ul style="list-style-type: none"> Minor risk which may lead to noticeable effects on certain populations, leading to minor disparities in access to healthcare services or health outcomes across different groups within society 	<ul style="list-style-type: none"> Moderate risk which may significantly affect certain populations, resulting in substantial disparities in health status, access to care, or health related quality of life among affected groups
Health Outcomes Risks that may result in poor or worsening health outcomes for individuals or populations	<ul style="list-style-type: none"> Health outcomes for certain populations are negligible, with only immaterial variations to care or health status observed 	<ul style="list-style-type: none"> Minor risk which may lead to noticeable effects on health outcomes, leading to minor disparities in disease management, treatment outcomes, or overall well-being 	<ul style="list-style-type: none"> Moderate risk which may lead to significant impacts to health outcomes, resulting in disease progression, functional impairment, and health-related quality of life
Legal Risks that may result in successful legal challenge and/or non-compliance with regulatory requirements. May include, but not limited to, risks linked to statutory duties, inspections, information governance, data management, general governance / probity, compliance and safeguarding	<ul style="list-style-type: none"> No impact or negligible impact or breach of guidance / statutory duty 	<ul style="list-style-type: none"> Breach of statutory legislation Reduced performance rating if unresolved 	<ul style="list-style-type: none"> Single breach in statutory duty Challenging external recommendations / improvement notice
People Risks that may result in damage to staff morale, wellbeing and/or adversely impact workforce collaboration and integration. May include, but not limited to, risks linked to human resource issues, organisational development, skills mix and staff experience	<ul style="list-style-type: none"> Short-term low staffing level that temporarily reduces business quality and delivery (<1 day) 	<ul style="list-style-type: none"> Low staffing level that reduces business quality and delivery 	<ul style="list-style-type: none"> Late delivery of key objective / business due to lack of staff Unsafe capacity or competency levels (>1 day) Low staff morale Poor staff attendance for mandatory training
Reputation Risks that may result in damage to reputation, poor experience and/or destruction of trust and relations. May include, but not limited to, risks linked to adverse publicity and engagement	<ul style="list-style-type: none"> Rumours Potential for public concern 	<ul style="list-style-type: none"> Local media coverage – short-term reduction in public confidence Elements of public expectation not being met 	<ul style="list-style-type: none"> Local media coverage – long-term reduction in public confidence

4.2 - Appendix Risk Dashboard (Risks Graded 15 and Above) - March 2026

<p>Resources Risks that may result in the organisation, or system, operating outside its resource allocations, poor productivity, inefficiencies, or no return on investment. May include, but not limited to, risks linked to workforce, finance, stability, value for money, procurement and claims</p>	<ul style="list-style-type: none"> • Small loss • Risk of claim remote 	<ul style="list-style-type: none"> • Loss of 1-2% of budget • Claim less than £10,000 	<ul style="list-style-type: none"> • Loss of 2-5% of budget • Claim(s) between £10,000 and £100,000
<p>Social and Economic Development Risks relating to decisions or events which may have favourable social, ethical and/or environmental outcomes</p>	<ul style="list-style-type: none"> • Minimal or no impact on the environment 	<ul style="list-style-type: none"> • Minor impact on environment 	<ul style="list-style-type: none"> • Moderate impact on environment
<p>Strategic Commissioning Risks associated with potential threats or uncertainties that may impact the NWJCC’s ability to plan and commission services that meet population needs, improve population outcomes, and ensure value for money. Strategic commissioning risks emerge when this process is disrupted or compromised. These risks may affect the NWJCC’S ability to ensure person-centred, equitable, and sustainable care.</p>	<ul style="list-style-type: none"> • Negligible disruption to commissioning activities with no impact on service delivery or population outcomes. • Temporary delay in pathway design or contract negotiation. 	<ul style="list-style-type: none"> • Negligible disruption to commissioning activities with no impact on service delivery or population outcomes. • Temporary delay in pathway design or contract negotiation. • Minor misalignment with strategic objectives. 	<ul style="list-style-type: none"> • Moderate disruption to commissioning functions. • Inability to deliver planned service changes or meet transformation targets. • Moderate impact on access, equity, or quality of care.
<p>Strategy and Operations Risks associated with identifying and pursuing strategies /plans (including risks associated with the establishment of innovative systems and processes to deliver the strategies /plans), which could lead to improvements, opportunities for growth or may contribute positively to the achievement of aims and objectives. May include, but not limited to, risks linked to capacity, demand, service/ business interruption, digital, projects, planning, delivery, commissioning, partnership working and transformation</p>	<ul style="list-style-type: none"> • Day to day operational challenges • Loss/ interruption of >1 hour • Insignificant cost increase / schedule slippage • Key ‘political’ target is being achieved and impact prevents improvement 	<ul style="list-style-type: none"> • Temporary restriction to service delivery with limited impact on stakeholder confidence • Loss/ interruption of >8 hours • Key ‘political’ target is being achieved but impact reduces performance marginally below target in the near future or performance currently on target, but there is no agreed plan to meet 	<ul style="list-style-type: none"> • Short term failure to deliver key objectives with temporary adverse local publicity • Loss/ interruption of >1 day • 5–10 per cent over project budget • Schedule slippage • Key ‘political’ goal is marginally below target or is soon projected to deteriorate beyond acceptable limits or there is an agreed plan, but it does not yet meet the rising target

Risk Scoring Matrix

Likelihood

4.2 - Appendix Risk Dashboard (Risks Graded 15 and Above) - March 2026

Consequence	1	2	3
	Rare - This will probably never happen / recur only in very exceptional circumstances. (Not for years)	Unlikely - Do not expect it to happen / recur but it is possible it may do so. (At least annually)	Possible - Might happen or recur occasionally (At least monthly)
5 Catastrophic	5	10	15
4 Major	4	8	12
3 Moderate	3	6	9
2 Minor	2	4	6
1 Negligible	1	2	3

4.2 - Appendix Risk Dashboard (Risks Graded 15 and Above) - March 2026

<p>4. Major (15-20) Major impact on objective/s. Medium term failure to deliver key objectives with ongoing adverse publicity or negative impact on stakeholder confidence.</p>	<p>5. Catastrophic (25) Catastrophic impact on objective/s. Continued failure to deliver key objectives with long term adverse publicity or fundamental loss of stakeholder confidence.</p>
<ul style="list-style-type: none"> Major risk which may have a profound impact on certain populations, exacerbating disparities in morbidity, mortality, and overall well-being, with far reaching consequences for affected communities 	<ul style="list-style-type: none"> Catastrophic threats to certain populations, leading to widespread and severe health crises, overwhelming healthcare systems, and causing significant loss of life and societal disruption
<ul style="list-style-type: none"> Major risk which may lead to profound impact on health outcomes, exacerbating disparities in morbidity, mortality, and life expectancy, with significant implications for health trajectories and long term prognoses 	<ul style="list-style-type: none"> Catastrophic threats to health outcomes, leading to severe and potentially life-threatening consequences, overwhelming the ability of certain populations to cope, and causing significant harm to their physical and mental well-being
<ul style="list-style-type: none"> Enforcement action Multiple breaches in statutory duty Improvement notice Low performance rating Critical report 	<ul style="list-style-type: none"> Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
<ul style="list-style-type: none"> Uncertain delivery of key objective / business due to lack of staff Unsafe capacity or competency levels (>5 days) Loss of key staff Very low staff morale No staff attending mandatory training 	<ul style="list-style-type: none"> Non-delivery of key objective / business due to lack of staff Ongoing unsafe capacity or competency levels Loss of several key staff Staff unable to attend mandatory training on ongoing basis
<ul style="list-style-type: none"> National media coverage with <3 days well below reasonable public expectations 	<ul style="list-style-type: none"> National media coverage with >3 days well below reasonable public expectation MP concerned (questions in the House) Total loss of public confidence

4.2 - Appendix Risk Dashboard (Risks Graded 15 and Above) - March 2026

<ul style="list-style-type: none"> • Uncertain delivery of key objective • Loss of 5-10% of budget • Purchasers failing to pay on time • Claim(s) between £100,000 and £1 million 	<ul style="list-style-type: none"> • Non-delivery of key objective • Loss of 10% of budget • Failure to meet specification • Slippage • Loss of contract/ payment by results • Claim(s) >£1 million
<ul style="list-style-type: none"> • Major impact on environment 	<ul style="list-style-type: none"> • Catastrophic impact on environment
<ul style="list-style-type: none"> • Major failure in commissioning processes. • Inability to deliver key services or meet statutory duties. • Major impact on population health outcomes, equity, or financial sustainability 	<ul style="list-style-type: none"> • Catastrophic failure / systemic breakdown in commissioning capability. • Widespread service failure or collapse of strategic programmes. • Catastrophic impact on population health and organisational viability.
<ul style="list-style-type: none"> • Medium term failure to deliver key objectives with ongoing adverse publicity or negative impact on stakeholder confidence • Loss/ interruption of >1 week • Non-compliance with national 10–25 per cent over project budget • Schedule slippage • Key 'political' target not being achieved, and impact prevents improvement, or substantial decline in performance trend. 	<ul style="list-style-type: none"> • Continued failure to deliver key objectives with long term adverse publicity or fundamental loss of stakeholder confidence • Permanent loss of service or facility • Incident leading >25 per cent over project budget • Schedule slippage • Key objectives not met • Key 'political' target is not being achieved and the impact further deteriorates the position



4.2 - Appendix Risk Dashboard (Risks Graded 15 and Above) - March 2026

4	5
Likely - Will probably happen / recur but it is not a persisting issue (At least weekly)	Almost certain - Will undoubtedly happen / recur, expected to occur in most circumstances. (At least daily)
20	25
16	20
12	15
8	10
4	5

NWJCC STRATEGIC OBJECTIVES

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

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

Reduce duplication – use value based health principles to reduce variation to identify and maximise opportunities for collaborative commissioning in Wales

Improve equity and population health - ensure that people are able to access the right service when they need it whoever they are, wherever they live

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

4.2 - Appendix 1a

Joint Commissioning Committee

Highlight Report from the Quality, Safety and Outcomes Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	17/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Governance and Risk, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Mandy Rayani, Vice-Chair of Sub-Committee and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Carole Bell, Director of Nursing and Quality, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Assurance
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	Various	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide NWJCC Joint Committee Members with a summary of the key issues considered by the Quality, Safety and Outcomes (QSOC) Sub-Committee at its public meeting on 23 February 2026

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted – [February 2026](#))

Status	Update
Alert / Escalate	<p>Individual Patient Funding Request (IPFR) Panel Report – QSOC members expressed concerns regarding the limited availability of some Health Board representatives and the increasing numbers of Chairs actions due to quoracy issues. The Chief Commissioner has formally addressed these issues in a letter sent to the CEOs of the affected Health Boards.</p> <p>A discussion concerning future demand for mechanical Thrombectomy capacity potentially exceeding current resources identified the need for this to be included in the Integrated Medium-Term Plan for 2026-2029. Accurate understanding of patient flows was emphasised as essential for effective planning and commissioning to meet the population's evolving needs.</p> <p>The Committee was awaiting publication of the Welsh Government-commissioned maternity and neonatal assessment, which is expected to impact commissioning decisions. Plans are in place to review the report and its recommendations at the next QSOC meeting.</p> <p>See Appendix 1 for the Escalation Trajectories of the services currently in escalation and the actions being undertaken to manage these.</p>
Advise	<p>Reports from each of the Directors of Commissioning were received. The following items were discussed and referred to the Joint Committee for noting.</p> <p>Director of Commissioning for Specialised Services</p> <ul style="list-style-type: none"> The service remains in escalation due to waiting times and sustainability concerns. While the service was expected to meet the 52-week target by March 2026, concerns around staffing and the financial model persist. Maintaining the service in escalation was regarded as a necessary step to guarantee ongoing support for achieving long-term stability. Furthermore, modifications to the financial model were considered essential to reduce dependence on waiting time initiatives. Members sought clarification regarding CT scan pathways and the differences in practices among various health boards. It was noted that health boards currently employ differing approaches to CT scan responsibilities; it was confirmed that this matter will be investigated, with an update to be provided at the QSOC meeting in April 2026.

Status	Update
	<ul style="list-style-type: none"> • The Obesity Surgery Service at Salford Royal Hospital (Northern Care Alliance NHS Foundation Trust) had served notice to end its contract with the NWJCC. In response, the NWJCC has taken steps to facilitate the repatriation of affected patients. During this transitional period, patients will be temporarily referred to services in South Wales until the procurement process for appointing a new provider is complete. • A disruption in Positron Emission Tomography Computerised Tomography (PET) CT service provision in North Wales had resulted in contingency arrangements in Northwest England and South Wales being implemented. The issue was being managed, with communication teams informed and efforts to minimise delays, though no end date has been established for the re-commissioning of contracts in North Wales • The Joint Accreditation Committee of the International Society for Cell & Gene Therapy (ISCT) and the European Group for Blood and Marrow Transplantation (EBMT) (JACIE) Accreditation report for BMT and CAR-T Services had been issued with Cardiff and Vale University Health Board (CVUHB) required to respond by 8 July 2026. The NWJCC is supporting CVUHB on its reply. After the report is submitted, JACIE will review the documentation and advise on the status of accreditation renewal. • Deep Brain Stimulation (DBS): The consultation on the specification for the Functional Neurosurgical Service for Movement Disorders (including DBS) was extended and closed on the 30th January 2026. In response to the extended consultation deadline (as requested by Llais), the designation process review will be extended so that the approach aligns with the strategic intentions set out within the IMTP, including the required timescales for implementing the designated provider(s) and the agreed model of care. To support this the temporary pathway provided by University College London Hospitals NHS Foundation Trust (UCLH) in partnership with CVUHB has been extended until the end of September 2026. • Intestinal Failure – The new homecare provider model had been implemented, but CVUHB were still using a single provider. Issues raised about alternative providers will be reviewed in a meeting with the provider in March 2026. <p>Welsh Kidney Network (WKN) Report Despite a recent change in governance arrangements (and the Network becoming a part of the NWJCC Specialised Services</p>

Status	Update
	<p>Directorate), the WKN Report continues to be presented as a separate agenda item at the QSOC meeting to fully capture work undertaken across the Network.</p> <ul style="list-style-type: none"> • The independent investigation following the brief but sudden closure of the Cardiff transplant programme, which resulted in missed transplant opportunities was progressing. The WKN has been assured that the service was not vulnerable, and immediate measures have been taken to prevent any further occurrences such as additional staff recruitment. Regional collaboration with Bristol and the Southwest will be important and a draft Memorandum of Agreement has been developed and is in the process of being agreed to support service resilience. Also, additional recruitment has taken place to strengthen service sustainability, albeit the successful candidate is yet to start. Until staff were in post and until the investigation had been finalised it would be premature to draw conclusions. Overall, the risk was being mitigated with these actions in progress. • The Nationally Reported Incident relating to a Carbapenems Producing Organism (CPO) outbreak has now been closed. The lessons learned from this outbreak reinforce the need for robust screening protocols, consistent environmental hygiene, and ward layouts that accommodate both patient care and infection control requirements. The WKN will continue to follow up through the regional provider to ensure that these recommendations are addressed <p>Director of Commissioning for Ambulance Services/111 Report</p> <ul style="list-style-type: none"> • There have been improvements in conveyance rates and increased opportunities for remote intervention within the first few months of operation of the revised Ambulance Performance Framework. • Non-emergency Patient Transport (NEPTs) continues to face challenges, particularly with outpatient appointments and discharges. Temporary funding has been allocated to improve discharge and transfer capacity until March 2026, but these issues recur every winter, highlighting the need for a permanent solution. An analysis is currently being conducted to review eligibility criteria and performance standards to optimise long-term transport services. • Members were concerned about the Welsh Ambulance Services (WAST) ongoing complaints backlog and hoped quality structure changes would help address this.

Status	Update
	<ul style="list-style-type: none"> Members were pleased to hear that efforts around enhancing the quality reporting into the NWJCC from WAST were underway and it was noted that the NWJCC and WAST executive team were meeting regularly to support this. <p>Director of Commissioning for MHLDVG Report</p> <ul style="list-style-type: none"> St Andrew's Healthcare remain suspended from the National Framework Agreement. Although no new concerns relating to Welsh patients have been noted during recent reviews, there have been reports of significant issues on some of the wards where there are no Welsh patients currently. The NWJCC will continue to manage this service and the identified issues as per Framework processes and in conjunction with other commissioning organisations across England. Weekly enhanced monitoring process meetings are continuing. There has been considerable media attention in recent weeks, which is being closely managed by the communications team in liaison with the national communications hub. Caswell Clinic remains at NWJCC escalation level 3. The Clinic has re-opened to admissions since January 2026 and the service has now been tasked with repatriating patients back to the seven vacant beds at the site. Two patients were expected to be repatriated during the week commencing 23rd February 2026. Positive progress, in relation to the action plan was taking place. The MHLDVG commissioning team continue to meet with the Caswell Clinic senior management and MDT team fortnightly to review progress against their quality improvement/action plan. Within NWJCC further meetings are scheduled between the MHLDVG Commissioning Director and the Director of Nursing and Quality to discuss what was required for de-escalation. Following a recent audit at Llanarth Court (Priory) in November 2025, significant issues were identified in relation to managing patient safely in Seclusion/Long Term Segregation (LTS), escorted leave and contemporaneous recording of daily clinical notes. Following the submission of provider evidence in relation to the issues identified, the National Framework Team auditors did not gain sufficient assurance over process improvements and therefore a temporary drop in the Q rating had been initiated. However, this was challenged by the provider and was paused pending further review. A further follow up visit is scheduled to take place to assess the service and determine ongoing appropriate actions.

Status	Update
	<p>The Incident and Concerns Report highlighted</p> <ul style="list-style-type: none"> • Four Nationally Reported Incidents and one Early warning Notification during the reporting period. • Four incidents have been closed with more expected to be closed within the next reporting period. • Four complaints have been received; two of which remain open. • No new referrals to the Ombudsman.
Assure	<p>The Committee received the QSOC sub-committee's assigned risks from the NWJCC Operational Risk Register as of 31 January 2026. After QSOC scrutiny and review, the JCC will receive the January 2026 risk register at its March 2026 meeting. The following were highlighted;</p> <ul style="list-style-type: none"> • Nine risks, with a score of fifteen or above, have been assigned to QSOC. • One risk has been escalated; one emerging risk has been added; two risks have been closed and merged to create one neuro rehabilitation risk. • The nature of the risks outlined had shifted to a commissioner-focused approach, which should result in better controls and more effective actions, but this remains a work in progress. This work will inform the management of the organisations strategic objectives and Joint Assurance Framework (JAF) which were currently under development. • Members were pleased with the progress made to date and noted the outstanding work and the suggested timeline for these pieces of work. <p>The Escalation Trajectories Report was received and is attached at Appendix 1. Members noted the changes made to the report and commented that these were helpful.</p> <p>The Regulator Report (Healthcare Inspectorate Wales (HIW)/Care Quality Commission (CQC) was received. An update on regulatory activity was provided. No issues of concern had been highlighted within updates reported upon. Members noted improvements to the report structure as well as a more focussed approach to conclusions and implications for the organisation.</p> <p>The Committee received and endorsed the following end of year governance documents;</p> <ul style="list-style-type: none"> • Updated QSOC Terms of Reference • Sub-Committee Effectiveness questions and approach • QSOC Annual Report 2025/2026

Status	Update
	The Committee held a short in-committee session and provided additional consideration to the Integrated Medium-Term Plan Quality Impact Assessment process. This was held in private due to the business sensitive nature of the provider documentation shared for review.
Inform	<p>Patient Story – Burns A Consultant Plastic and Reconstructive Surgeon at Swansea Bay University Health Board shared the story of a patient who suffered a severe burn injury covering 45% of her body and the care provided to her within the NWJCC commissioned Burns and Plastic Surgery services. The patient described her long and difficult rehabilitation journey in a pre-recorded video, which included a detailed timeline of care and involved multiple surgeries.</p> <p>All Wales Individual Patient Funding (IPFR) Report Members noted that the costs breakdown had been added to the report and the issues around HB attendance that are highlighted above.</p> <p>Policy Group Report Members noted that a Policy Validation Group was being proposed following the appointment of the outstanding Associate Medical Director posts. This will ensure a more focused forum. This was likely to be established during the first quarter of the new financial year for 2026/2027.</p>
Appendices	Escalation Trajectories.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales A Healthier Wales
Dolen i Hwyluswyr Ansawdd	Leadership

(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" 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: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The Joint Commissioning Committee is asked to:

- **Note** the highlights outlined in Section 3 of this report; and
- **Receive** the **report** as assurance.

Executive Director Lead: Melanie Wilkey

Commissioning Lead: Krysta Hallewell

Commissioning Team: Neuro-Sciences

Date of Escalation Meetings: 01/12/25

Date Last Reviewed by Quality & Patient Safety Committee: 15/12/25

Service in Escalation:

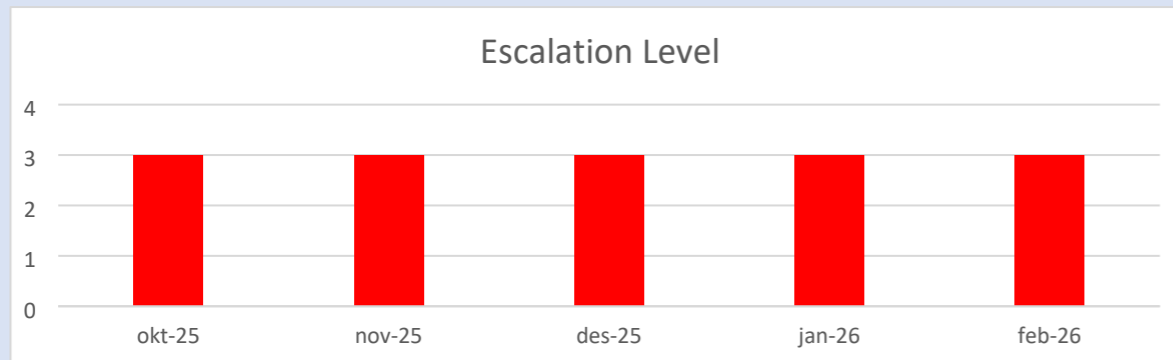
Specialist Auditory Implant Device Service

Current Escalation Level 3

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ February 26
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trend Level

Escalation Trajectory:



Escalation History:

Date	Escalation Level
October 2025	3

Rationale for Escalation Status: Due to insufficient progress against agreed improvement actions monitored through the quarterly Service Performance Management meetings since January 2024, and continued underperformance against the RTT position relative to the specific ministerial target for this patient cohort, the Neurosciences, Long Term Conditions and Rare Conditions Commissioning Team recommends escalation to **Level 3 – Escalated Measures**.

The service now requires significant and sustained improvement, with Executive-level oversight and intervention necessary to address performance risks and secure recovery against agreed standards.

Background Information:

The escalation of the Cardiff and Vale Specialist Auditory Implant Device Service to Level 3 of the NWJCC Escalation Framework was initiated in October 2025 and endorsed by the NWJCC Senior Leadership Team.

The NWJCC assurance and confidence rating remains Low. A formal escalation letter was issued to Cardiff and Vale UHB on 6 October 2025. However, delays in confirming a named Executive Lead and Health Board availability resulted in a postponement of the initial escalation meeting.

The first formal escalation meeting was subsequently held on 22 January 2026.

Action (NWJCC Lead: Director of Commissioning):	Action Due Date	Completion Date
Escalation endorsed by SLT	Oct 25	Oct 25
Escalation letter sent to CVUHB	Oct 25	Oct 25
Escalation meeting to discuss detail and progress against action plan (every 4 weeks)	Ongoing	Ongoing

Issues/Risks:

February 2026 Update – Commissioning and provider teams to jointly clarify: Historic and current commissioning expectations for CT scans, where clinical interpretation of scans should take place and whether pathway changes created unintended delays

Executive Director Lead: Adrian Clarke

Commissioning Lead: Adrian Clarke

Commissioning Team: Mental Health

Date of Escalation Meetings: October 25

Date Last Reviewed by Quality & Patient Safety Committee: 15/12/25

Service in Escalation:

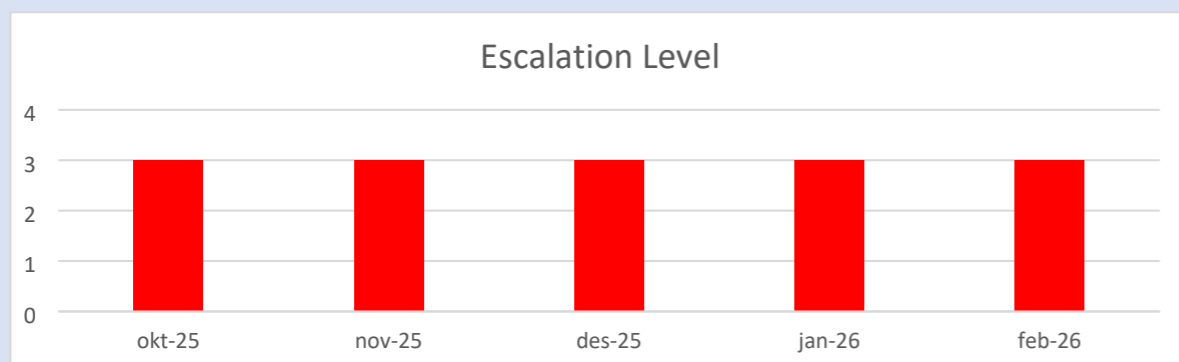
Caswell

Current Escalation Level 3

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	February 2026
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trend Level

Escalation Trajectory:



Escalation History:

Date	Escalation Level
January 25	3

Rationale for Escalation Status: The service has been placed under formal escalation due to sustained concerns relating to safety and quality within the facility. A site visit by NWJCC representatives in July 2025 identified significant safety and quality concerns. These were reported to the JC in September 2025, which commissioned a full-service review.

The review, undertaken between 15 September and 3 October 2025, assessed compliance with recognised Medium Secure Unit standards and included patient-level review. It identified serious safety and quality issues requiring urgent action.

Similar concerns had been raised in a 2022 NCCU review and were echoed in a June 2025 independent report on Swansea Bay University Health Board’s Mental Health and Learning Disability services, which highlighted compromised care standards and weaknesses in leadership and oversight.

The findings indicate systemic governance and safety risks requiring immediate improvement action and strengthened executive oversight.

Background Information:

The escalation of the Caswell Clinic Service to Level 3 of the NWJCC Escalation Framework was initiated and endorsed by the NWJCC Senior Leadership Team in October 2025, following significant safety and governance concerns.

Action (NWJCC Lead- Director of Mental Health AC)	Action Due Date	Completion Date
In Committee update to JCC members	October 2025	October 2025

Following engagement with the Swansea Bay Executive Team, the service was placed in Level 3 escalation, with weekly improvement meetings established with Caswell senior leaders and monthly oversight meetings with the Health Board Executive. A detailed improvement plan aligned to recognised standards was developed, with a number of urgent actions identified. Admissions were paused pending assurance that immediate safety risks had been addressed.

February 2026 Update

Admissions were suspended in September 2025 due to significant staff and patient safety concerns. Immediate risk mitigation actions were implemented over a three-month period. Assurance was received in January 2026, and admissions recommenced on 9 January 2026.

Robust oversight remains in place, including:

- **Weekly meetings between MHLDVG and Caswell senior leadership to monitor delivery of the action plan, with independent verification of completed actions.**
- **Fortnightly meetings between the MHLDVG Director and Swansea Bay Executive Team to seek further assurance and address delivery risks.**

The service remains in Level 3 escalation. Decisions regarding de-escalation will be taken jointly by the MHLDVG and NWJCC Nursing and Quality teams once sustained improvement and compliance are demonstrated.

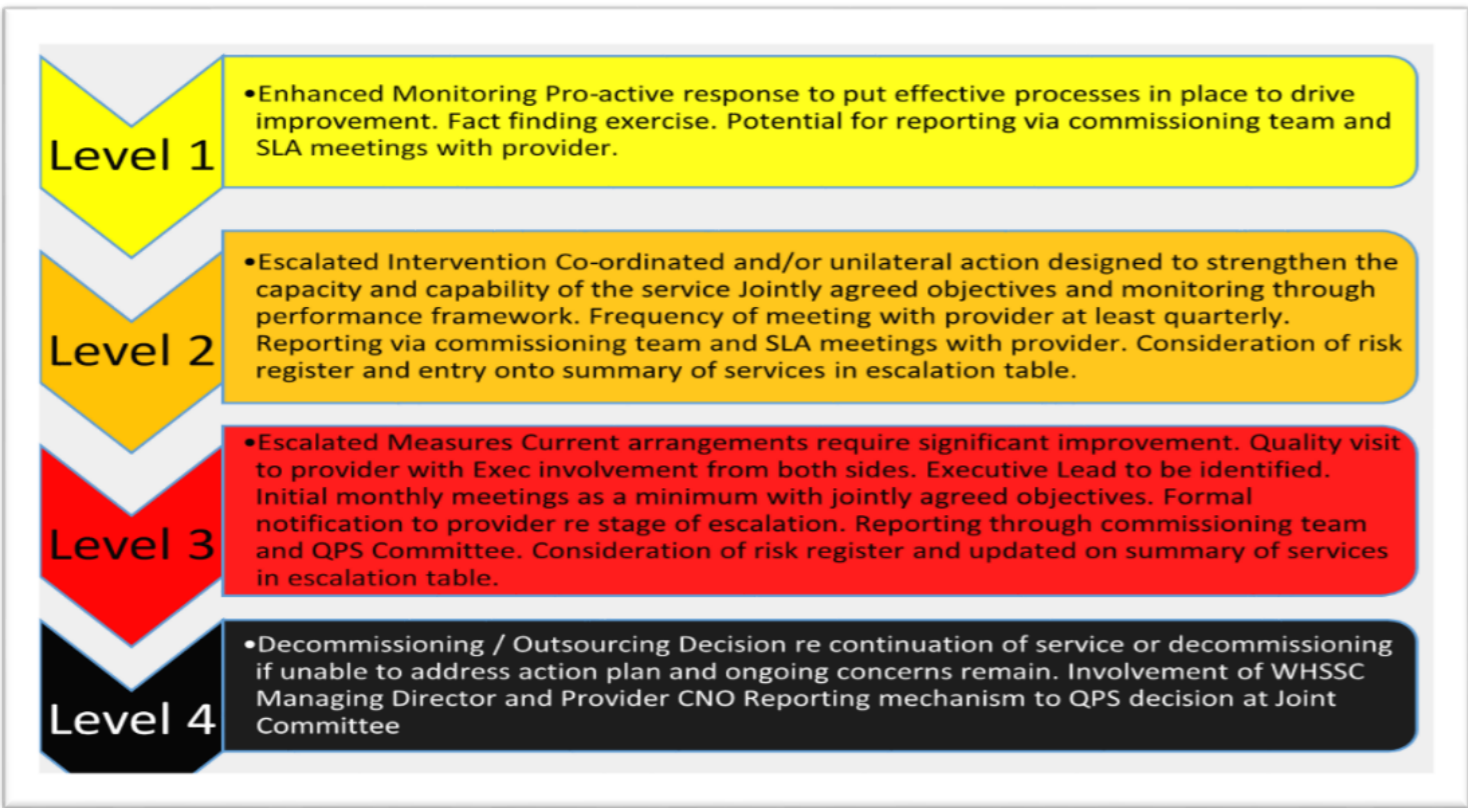
Letter to SBUHB Executive team	October 2025	October 2025
JCC to meet with Caswell SLT on a weekly basis	Complete	Complete
Suspension for new admissions to the clinic	Complete	Complete
JCC to meet with Caswell SLT on a fortnightly basis	Ongoing	Ongoing
Clinic reopen to admissions	January 2026	January 2026

Issues/Risks:

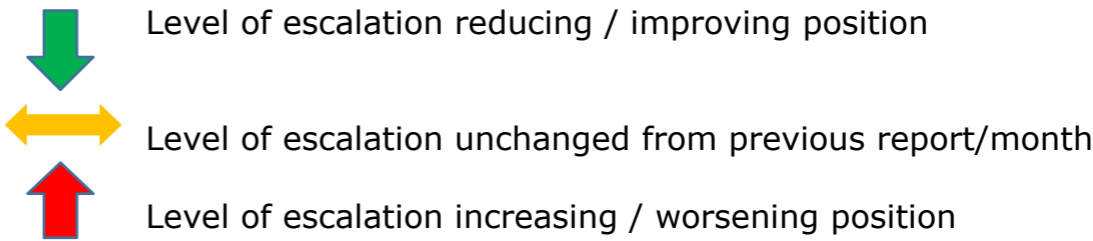
The service remains in Level 3 escalation. Decisions regarding de-escalation will be taken jointly by the MHLDVG and NWJCC Nursing and Quality teams once sustained improvement and compliance are demonstrated.

Level 1 ENHANCED MONITORING	<p>Any quality or performance concern will be reviewed by the Commissioning Team. Enhanced monitoring is a pro-active response to put effective processes in place to drive improvement. It is an initial fact finding exercise which should ideally be led by the provider and closely monitored and reviewed by the commissioning team. The enquiry will lead to one of the following possible outcomes:</p> <ul style="list-style-type: none"> • No further action is required routine monitoring will continue. The concern which raised the indication for inquiry will be logged and referred to during the routine monitoring process to ensure this has not developed any further. • Continued intervention is required at level 1 and a review date agreed. • Escalation to Level 2 if further intervention is required <p>There is the potential for reporting via commissioning team report to Quality Patient Safety Committee and through SLA meetings with provider</p>
Level 2 ESCALATED INTERVENTION	<p>Escalated intervention will be initiated if Level I Enhanced Monitoring identifies the need for further investigation/intervention. There should be a Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the service. At this stage there should be jointly agreed objectives between the provider and commissioner and monitored through the relevant commissioning team. Frequency of meeting with provider should be at least quarterly and possible interventions will include</p> <ul style="list-style-type: none"> • Provider performance meetings • Triangulation of data with other quality indicators • Advice from external advisors • Monitoring of any action plans <p>A risk assessment should be undertaken and logged on the Commissioning Team Risk Register. Where appropriate the risk will be included on the JCC Risk Management Framework. Reporting is via commissioning team report to Quality Patient Safety Committee report and SLA meetings with provider. The investigation will lead to on to the following possible outcomes:</p> <ul style="list-style-type: none"> • Action plan and monitoring are completed within the allocated timeframe, evidence of progress and assurance the concern has been addressed. De-escalation to Level 1 for ongoing monitoring. • If the action plan is not adhered to and further concerns are raised by the Commissioning team or by the provider team or further concerns are identified it may be necessary to move to Level 3 Escalated Measures
Level 3 ESCALATED MEASURES	<p>Where there is evidence that the Action Plan developed following Level 2 has failed to meet the required outcomes or a serious concern is identified a service will be placed in escalated Level 3. At this stage the quality of the service requires significant action/improvement and will require Executive input. In addition to routine reporting through QPS a formal paper will be considered by the JCC Corporate Directors Group (CDG) and an Executive Lead nominated. Formal notification will be sent to the provider re the Level of escalation and a request made for an Executive lead from the provider to be identified. An initial meeting will be set up as soon as possible dependant on the severity of the concern. Meetings should take place at least monthly thereafter or more frequently if determined necessary with jointly agreed objectives.</p> <p>Provider representation will depend on the nature of the issue, but the meetings should ideally comprise of the following personnel as a minimum:</p> <ul style="list-style-type: none"> • Chair (JCC Executive Lead) • Associate Medical Director - Commissioning Team • Senior Planning Lead – Commissioning Team • JCC Head of Quality • Executive Lead from provider Health Board/Trust • Clinical representative from provider Health Board/Trust • Management representative from provider Health Board/Trust An agreed agenda should be shared prior to the meeting with a request for evidence as necessary. <p>At the conclusion of the meeting a clear timeline for agreed actions will be identified for future monitoring and confirmed in writing if appropriate. Reporting will be through commissioning team to QPS Committee. Consideration of entry on the risk register and summary of services in escalation table for Chairs report to Joint Committee. Consideration to involve and have a discussion with Welsh Government may be considered appropriate at this stage. If there is ongoing concern relating patient care and safety with no clear progress, then further escalation will be required to Level 4. On the other hand, if progress is made through the escalation Level 3 evidence of this should be presented to CDG/QPS and a formal decision made with the provider to de-escalate to Level 2.</p>

<p>Level DECOMMISSIONING/OUTSOURCING</p>	<p>4 Where services have been unable to meet specific targets or demonstrate evidence of improvement a number of actions need to be considered at this stage. This stage will require notification and involvement of the JCC Managing Director and CEO from the provider organisation. Both Quality Patient Safety Committee and Joint Committee should be cited on the level of escalation.</p> <p>The following areas will need to be considered, and the most appropriate sanction applied to help resolve the issue:</p> <ol style="list-style-type: none"> 1. De-commissioning of the service 2. Outsourcing from an alternative provider. This may be permanent or temporary 3. Contractual realignment to take into account the potential need to maintain and agree an alternative provider. <p>Involvement with Welsh Government and the Community Health Council is critical at this stage as often there are political drivers and levers that need to be considered and articulated as part of the decision making. Moving in and out of escalation and between Levels In addition to the Levels described above the process has introduced a traffic light guide within each level. The purpose of this is to help demonstrate the direction of travel within the level. It sets out an approach to help identify progress within the level and lays out the steps required for movement either upwards (escalation) or downwards (de-escalation) through the level.</p> <p>At every stage a red, amber or green colour will be applied to the level to illustrate whether more or less intervention is in place. Red being a higher level of intervention moving down to green. It will also help determine the easing of the escalated measures described and inform movement within the stages of escalation.</p> <p>As the evidence and understanding of the risks from a provider and commissioner become evident decisions can be made to reduce the level of intervention or there may be a need to reintroduce intervention should conditions worsen and trigger the re-introduction of measures if progress is unacceptable. In this way organisations will be able to understand what is being asked of them, progress will be easily identified, and it will help avoid any confusion. It will also help in the reporting to provide assurance that action is being taken to meet the agreed timescales.</p>
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SERVICES IN ESCALATION



Joint Commissioning Committee

Highlight Report from the Quality, Safety and Outcomes Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	26/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Governance and Risk, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Susan Elsmore, Chair of Sub-Committee and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Carole Bell, Director of Nursing and Quality, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Assurance
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	Various	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide NWJCC Joint Committee Members with a summary of the key issues considered by the Quality, Safety and Outcomes (QSOC) Sub-Committee at its public meeting on 27 April 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted – [April 2026](#))

Status	Update
Alert / Escalate	<p>Maternity and Neonatal Services – Delivery Risks: The Committee considered the findings of the Welsh Government-commissioned independent maternity and neonatal review (The Path to Safer Beginnings). While supporting progression of neonatal reconfiguration work as a NWJCC strategic priority, members raised concern regarding the achievability of proposed timescales. Delivery risks relating to neonatal reconfiguration and transport were identified as requiring ongoing close monitoring and escalation if timescales were not being met.</p> <p>Mental Health Services – Patient Repatriation (St Andrew’s Healthcare): Continued reliance on placements at St Andrew’s Healthcare, Northampton, and the complexity and duration of planned patient repatriation (anticipated to take up to 18 months) were highlighted as a patient safety and commissioning risk requiring an update and escalation to JCC level.</p> <p>Secure and Specialist Beds – Capacity and Closures: The closure of Ty Glyn Ebwy Eating Disorder Unit, combined with ongoing limitations in Welsh medium and high secure bed capacity, was escalated as a significant service continuity risk, with a requirement for Joint Committee oversight of actions.</p> <p>Caswell Clinic – Escalation Status: Caswell Clinic remains in Level 3 escalation. While admissions have recommenced and oversight arrangements remain robust, the outstanding action plan was awaited at the time of the QSOC meeting and was highlighted as a concern.</p> <p>See Appendix 1 for the Escalation Trajectories of the services currently in escalation and the actions being undertaken to manage these.</p> <p>Sub-Committee Effectiveness Review: Early themes from the Committee effectiveness review highlighted the need to strengthen chief executive officer representation at QSOC meetings. Currently only one CEO is a nominated QSOC member.</p>

Status	Update
<p>Advise</p>	<p>Reports from each of the Directors of Commissioning were received. The following items were discussed.</p> <p>Director of Commissioning for Specialised Services</p> <ul style="list-style-type: none"> • Obesity Surgery Services – Interim arrangements were being put in place to ensure continued access to specialist obesity surgery for patients in North Wales and North Powys following the Northern Care Alliance serving notice on their contract. • Specialist Audiology – Work was ongoing with providers to improve access and ensure performance improvements were sustainable for patients. • Intestinal Failure Services – Challenges remain in providing consistent support for patients requiring complex nutritional care, and these were being closely monitored. • Stroke Thrombectomy Services – A review is planned to ensure stroke services are organised in a way that provides safe and timely access across South Wales aligned to the Annual Plan 2026/27 delivery and strategic objectives. • Electronic Assistive Technology – Demand for communication and assistive technology, particularly for children and young people, was increasing, and options were being considered to improve access and clarity of responsibility. • Breast Reconstruction Surgery – Limited capacity for specialist breast reconstruction surgery was leading to long waiting times, and further work was underway to identify alternative options for patients. • Specialist Cancer and Transplant Services – Work was continuing to address risks to specialist service accreditation to maintain access to advanced cancer and transplant treatments. • Paediatric Neurology Services – Concerns about the reliability of specialist neurology clinics for children in parts of Southwest Wales were being addressed with providers to improve service delivery. <p>Welsh Kidney Network (WKN) Report</p> <ul style="list-style-type: none"> • Despite a recent change in governance arrangements (and the Network becoming a part of the NWJCC Specialised Services Directorate), the WKN Report continues to be presented as a separate agenda item at the QSOC meeting to fully capture work undertaken across the Network and in recognition of its wider pathway responsibilities beyond commissioned services.

Status	Update
	<ul style="list-style-type: none"> • The Sub-Committee received assurance regarding improved resilience in kidney transplant services following recent workforce appointments, alongside effective management of reported incidents, including learning from a previously reported CPO (antibiotic-resistant bacteria) outbreak. A newly identified dialysis water treatment risk in Cardiff was confirmed to be managed locally. <p>Director of Commissioning for Ambulance Services/111 Report</p> <ul style="list-style-type: none"> • The Committee discussed ongoing pressures across urgent and emergency care, noting that ambulance handover delays remain a quality and safety concern, despite some improvement following the introduction of the 45-minute handover standard. • Members also noted sustained and higher-than-expected demand for NHS 111 services over the recent Easter period, which exceeded previous years and continued beyond the bank holiday. • The Committee received assurance regarding Non-Emergency Patient Transport Services, acknowledging the challenging demand and capacity environment and noting that commissioners were providing oversight and challenge on options developed to address system pressures. • Members sought clearer differentiation in future reporting between realised and potential quality impacts, which was agreed. <p>Director of Commissioning for MHLDVG Report</p> <ul style="list-style-type: none"> • St Andrew's Healthcare, Northampton - Members noted that the service remains suspended from the Welsh Hospital Framework and subject to enhanced oversight. NHS England was overseeing patient relocations, with ongoing engagement with Welsh patients, families, and regulators. • Eating Disorder Services - Members noted the closure of the Ty Glyn Ebwy independent eating disorder service, with all Welsh patients now discharged. A national review of future eating disorder provision was underway to inform longer-term service models. • Caswell Clinic - Members noted that Caswell Clinic remains in escalation, with continued oversight in place. Progress against agreed safety and quality actions was being monitored to inform future de-escalation decisions. • Secure Services - Members discussed pressures on capacity within medium and high secure services. Future

Status	Update
	<p>service reviews will consider estate, workforce, and service model developments.</p> <ul style="list-style-type: none"> • Gender Dysphoria Services - Members received an update on changes to children and young people’s gender services in line with national guidance. A phased review of the Welsh Gender Service was planned, supported by external expertise. • Perinatal Inpatient Services - Members noted that the Seren Lodge perinatal unit was now operational and receiving Welsh patients. Early patient feedback has been positive, with ongoing monitoring agreed. • Specialist CAMHS - Members noted progress at Ty Llidiard and generally positive inspection findings. • Concerns regarding out-of-hours medical cover were highlighted and were being addressed through routine performance monitoring. <p>The Incident and Concerns Report highlighted</p> <ul style="list-style-type: none"> • Six Nationally Reported Incidents (NRI) and one Early warning Notification during the reporting period for specialised services. Nineteen Ambulance Service and 111 NRIs were reported but the reporting period covered January 2026 up until May 2026. • Eleven incidents have been closed with more expected to be closed within the next reporting period. • Seven complaints have been received; five of which remain open. • No new referrals to the Ombudsman. <p>A development session looking into incidents and NRI reporting will be scheduled to better understand NWJCC processes.</p>
Assure	<p>The Committee received the QSOC sub-committee's assigned risks from the NWJCC Operational Risk Register as of 31 March 2026. After QSOC scrutiny and review, the JCC will receive the March 2026 risk register at its May 2026 meeting. The following were highlighted;</p> <p>Whilst the reported risks were mostly unchanged, specific risks were discussed as detailed below:</p> <ul style="list-style-type: none"> • Risk 78 – Emergency Ambulance Service Capacity: System pressures on ambulance capacity and handovers persist, with limited direct commissioning levers available to the JCC, requiring the risk to be reframed to reflect assurance, influence, and national engagement rather than operational control.

Status	Update
	<ul style="list-style-type: none"> • Risk 89 – Paediatric Neurology (North Wales): Ongoing workforce shortages due to vacancies and staff sickness continue to constrain service capacity, and the current risk score remains appropriate until staffing stabilises. • Risk 91 – Hereditary Anaemias (South Wales): Demand significantly exceeds commissioned capacity, but the risk is expected to reduce following review of a provider business case through the Collaborative Commissioning Leadership Group. • Risks 82 & 95 – Neuro-rehabilitation (Swansea Bay UHB and Cardiff & Vale UHB): Paused investment means the risks require reframing around risk tolerance and patient safety, rather than service delivery actions, with mitigations focused on quality and safety impacts. • Risk 65 – Renal Dialysis Capacity (All-Wales): Transplant-related risks have reduced following permanent recruitment and mutual aid arrangements, with further mitigation underway through transplant-first and patient fitness work. <p>The Escalation Trajectories Report was received and is attached at Appendix 1.</p> <p>The Regulator Report (Healthcare Inspectorate Wales (HIW)/Care Quality Commission (CQC) was received. An update on regulatory activity was provided. A development session on Nationally Reported Incidents will take place to strengthen assurance to the Sub-Committee. The session will also look at Equality and Quality Impact Assessment reporting.</p> <p>The Committee received and endorsed the Annual Governance Statement.</p>
Inform	<p>Presentation -</p> <p>The Committee received a presentation summarising the findings of “The Path to Safer Beginnings”, an independent national assurance review of maternity and neonatal services in Wales, and its relevance to future Joint Commissioning Committee (JCC) planning.</p> <p>All Wales Individual Patient Funding (IPFR) Report Members noted the improved attendance at IPFR panel meetings.</p> <p>Policy Validation Group</p>

Status	Update
	The Sub-Committee approved the Terms of Reference, scope and supporting procedures for the Policy Validation Group, noting early strengthening of equality and quality impact considerations within policy development processes.
Appendices	Appendix 1 - Escalation Trajectories.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	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))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale

<p><i>Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>		<p>below: This is a summary of the latest meeting of the JCC</p>
<p>Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	<p>Yes: <input checked="" type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
	<p>Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE</p>	<p>If no, please include rationale below: This is a summary of the latest meeting of the JCC</p>
<p>Cyfreithiol / Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw da / Reputational</p>	<p>There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.</p>	
<p>Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i></p>	<p>Yes (Include further detail below)</p>	
	<p>The performance of the services will be used to develop the Plan and identify the areas where resources may be required.</p>	

4. RECOMMENDATIONS

The Joint Commissioning Committee is asked to:

- **Note** the highlights outlined in Section 3 of this report; and
- **Receive** the **report** as assurance

Executive Director Lead: Melanie Wilkey

Commissioning Lead: Krysta Hallewell

Commissioning Team: Neuro-Sciences


Date of Escalation Meetings: 23/02/2026

Date Last Reviewed by Quality & Patient Safety Committee: 27/04/2026

Service in Escalation:

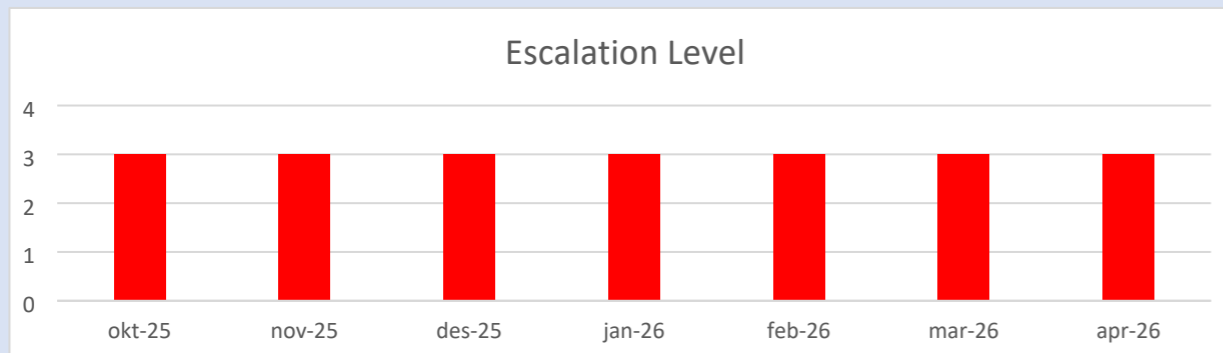
Specialist Auditory Implant Device Service

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	 April 26
↔	Escalation remains the same	
↑	Escalation level escalated	

Current Escalation Level 3

Escalation Trajectory:



Escalation History:

Date	Escalation Level
October 2025	3

Rationale for Escalation Status: Due to insufficient progress against agreed improvement actions monitored through the quarterly Service Performance Management meetings since January 2024, and continued underperformance against the RTT position relative to the specific ministerial target for this patient cohort, the Neurosciences, Long Term Conditions and Rare Conditions Commissioning Team recommends escalation to **Level 3 – Escalated Measures**.

The service now requires significant and sustained improvement, with Executive-level oversight and intervention necessary to address performance risks and secure recovery against agreed standards.

Background Information:

The escalation of the Cardiff and Vale Specialist Auditory Implant Device Service to Level 3 of the NWJCC Escalation Framework was initiated in October 2025 and endorsed by the NWJCC Senior Leadership Team.

The NWJCC assurance and confidence rating remains Low. A formal escalation letter was issued to Cardiff and Vale UHB on 6 October 2025. However, delays in confirming a named Executive Lead and Health Board availability resulted in a postponement of the initial escalation meeting.

The first formal escalation meeting was subsequently held on 22 January 2026.

Action (NWJCC Lead: Director of Commissioning):	Action Due Date	Completion Date
Escalation endorsed by SLT	Oct 25	Oct 25
Escalation letter sent to CVUHB	Oct 25	Oct 25
Escalation meeting to discuss detail and progress against action plan (every 4 weeks)	Ongoing	Ongoing

Issues/Risks:

February 2026 Update – Commissioning and provider teams to jointly clarify: Historic and current commissioning expectations for CT scans, where clinical interpretation of scans should take place and whether pathway changes created unintended delays.

April 2026 update the pre-surgical CT scan pathway remains an open action. Progress has been made on the Long Term Agreement (LTA), and the service will share the draft in due course. The service has highlighted the impact of additional activity undertaken to reduce backlog pressures, noting a decline in staff morale. There is a recognised risk that ongoing pressures on staff wellbeing may contribute to increased sickness absence. Escalation meeting planned for the 16th April has been moved to the 28th April at the request of the provider.

Executive Director Lead: Sue O Leary

Commissioning Lead: Adrian Clarke

Commissioning Team: Mental Health

Date of Next Escalation Meetings: 30th April

Date Last Reviewed by Quality & Patient Safety Committee: 27/04/2026

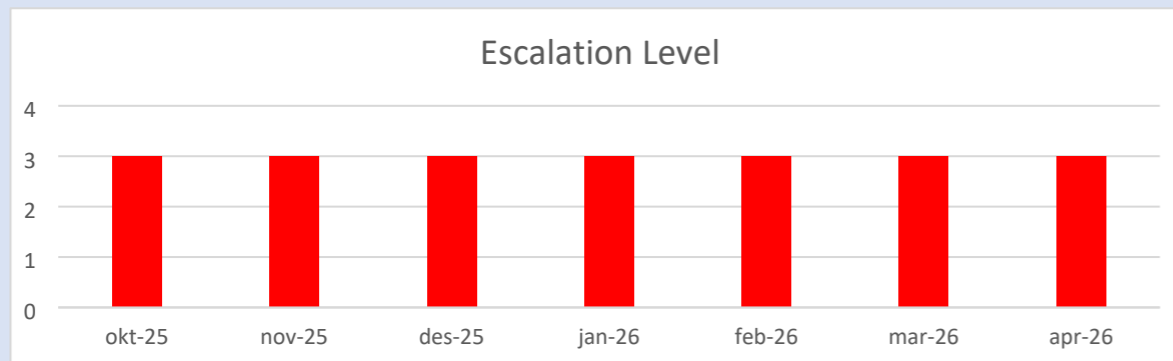
Service in Escalation: Caswell

Current Escalation Level 3

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	April 2026
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
January 25	3

Rationale for Escalation Status: The service has been placed under formal escalation due to sustained concerns relating to safety and quality within the facility. A site visit by NWJCC representatives in July 2025 identified significant safety and quality concerns. These were reported to the JC in September 2025, which commissioned a full-service review.

The review, undertaken between 15 September and 3 October 2025, assessed compliance with recognised Medium Secure Unit standards and included patient-level review. It identified serious safety and quality issues requiring urgent action.

Similar concerns had been raised in a 2022 NCCU review and were echoed in a June 2025 independent report on Swansea Bay University Health Board’s Mental Health and Learning Disability services, which highlighted compromised care standards and weaknesses in leadership and oversight.

The findings indicate systemic governance and safety risks requiring immediate improvement action and strengthened executive oversight.

Background Information:

The escalation of the Caswell Clinic Service to Level 3 of the NWJCC Escalation Framework was initiated and endorsed by the NWJCC Senior Leadership Team in October 2025, following significant safety and governance concerns.

Following engagement with the Swansea Bay Executive Team, the service was placed in Level 3 escalation, with weekly improvement meetings established with Caswell senior leaders and monthly oversight meetings with the Health Board Executive. A detailed improvement plan aligned to recognised standards was developed, with a number of

Action (NWJCC Lead- Director of Mental Health AC)	Action Due Date	Completion Date
In Committee update to JCC members	October 2025	October 2025
Letter to SBUHB Executive team	October 2025	October 2025

urgent actions identified. Admissions were paused pending assurance that immediate safety risks had been addressed.

The service remains in Level 3 escalation. Decisions regarding de-escalation will be taken jointly by the MHLDVG and NWJCC Nursing and Quality teams once sustained improvement and compliance are demonstrated.

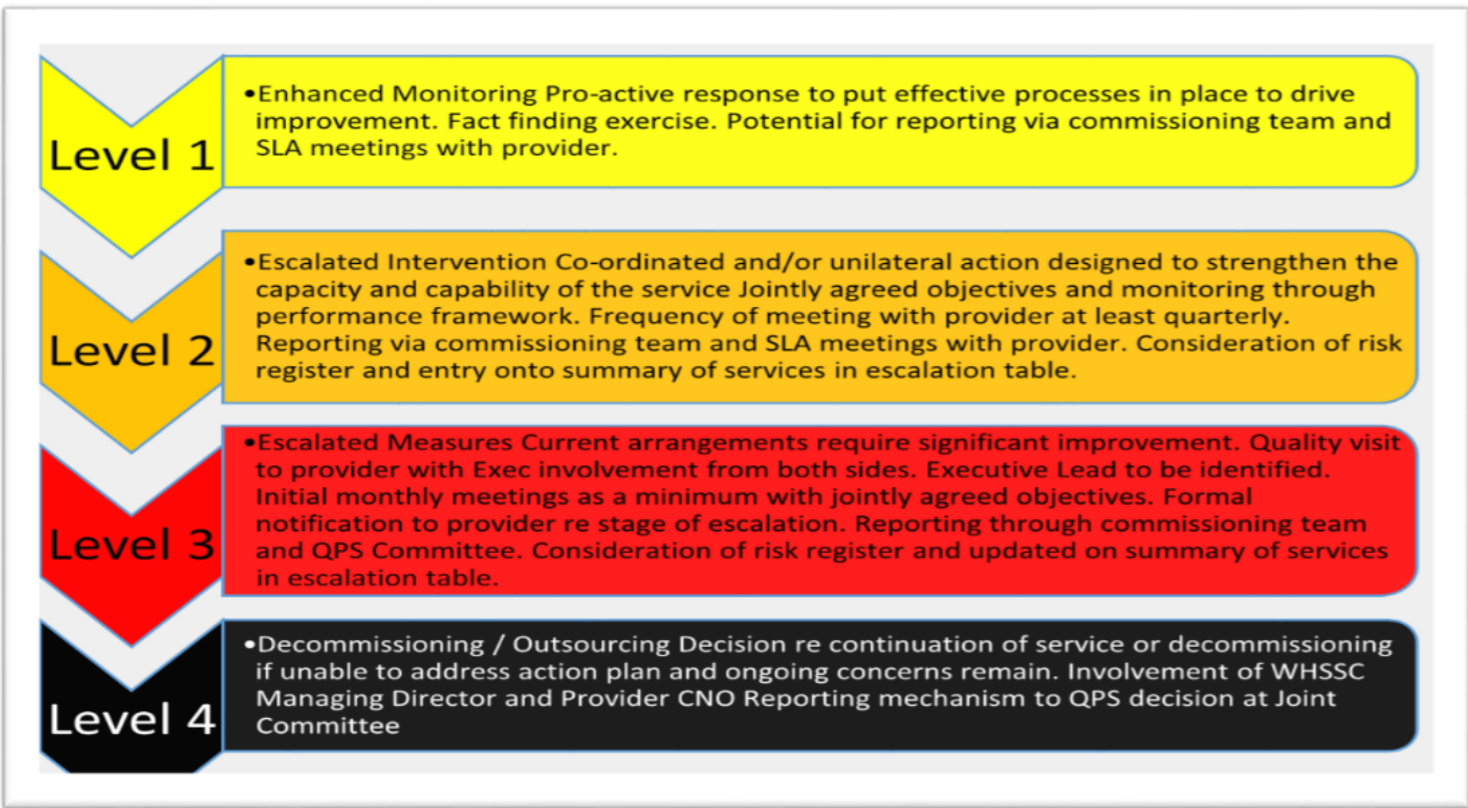
JCC to meet with Caswell SLT on a weekly basis	Complete	Ongoing
Suspension for new admissions to the clinic	Complete	Complete
JCC to meet with Caswell SLT on a fortnightly basis	Ongoing	Ongoing
Clinic reopen to admissions	January 9 th 2026	Completed
HIW Visit – awaiting final report (update on HIW report provided within Item 4.7 – Regulator Report).	January 2026	Awaiting Report

Issues/Risks:

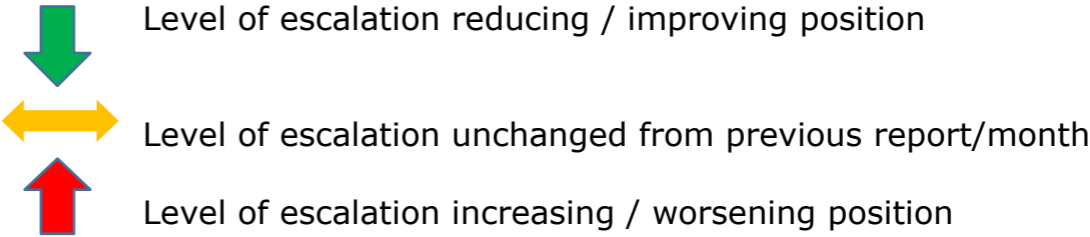
Caswell Clinic have been asked to complete the evidence section of the MHLDVG action plan but this has not been received to date. Once received this will be reviewed by the MHLDVG division, each action will reviewed against the evidence supplied with a view to understanding what level of progress has been made and what the ongoing escalation level will be. The current series of meetings between the MHLDVG and SBUHB have been suspended and will be rearranged following receipt of the updated action plan from the service in order to ensure that the ongoing meetings are relevant, with the appropriate personnel, and discuss relevant points of the action plan.

Level 1 ENHANCED MONITORING	<p>Any quality or performance concern will be reviewed by the Commissioning Team. Enhanced monitoring is a pro-active response to put effective processes in place to drive improvement. It is an initial fact finding exercise which should ideally be led by the provider and closely monitored and reviewed by the commissioning team. The enquiry will lead to one of the following possible outcomes:</p> <ul style="list-style-type: none"> • No further action is required routine monitoring will continue. The concern which raised the indication for inquiry will be logged and referred to during the routine monitoring process to ensure this has not developed any further. • Continued intervention is required at level 1 and a review date agreed. • Escalation to Level 2 if further intervention is required <p>There is the potential for reporting via commissioning team report to Quality Patient Safety Committee and through SLA meetings with provider</p>
Level 2 ESCALATED INTERVENTION	<p>Escalated intervention will be initiated if Level I Enhanced Monitoring identifies the need for further investigation/intervention. There should be a Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the service. At this stage there should be jointly agreed objectives between the provider and commissioner and monitored through the relevant commissioning team. Frequency of meeting with provider should be at least quarterly and possible interventions will include</p> <ul style="list-style-type: none"> • Provider performance meetings • Triangulation of data with other quality indicators • Advice from external advisors • Monitoring of any action plans <p>A risk assessment should be undertaken and logged on the Commissioning Team Risk Register. Where appropriate the risk will be included on the JCC Risk Management Framework. Reporting is via commissioning team report to Quality Patient Safety Committee report and SLA meetings with provider. The investigation will lead to on to the following possible outcomes:</p> <ul style="list-style-type: none"> • Action plan and monitoring are completed within the allocated timeframe, evidence of progress and assurance the concern has been addressed. De-escalation to Level 1 for ongoing monitoring. • If the action plan is not adhered to and further concerns are raised by the Commissioning team or by the provider team or further concerns are identified it may be necessary to move to Level 3 Escalated Measures
Level 3 ESCALATED MEASURES	<p>Where there is evidence that the Action Plan developed following Level 2 has failed to meet the required outcomes or a serious concern is identified a service will be placed in escalated Level 3. At this stage the quality of the service requires significant action/improvement and will require Executive input. In addition to routine reporting through QPS a formal paper will be considered by the JCC Corporate Directors Group (CDG) and an Executive Lead nominated. Formal notification will be sent to the provider re the Level of escalation and a request made for an Executive lead from the provider to be identified. An initial meeting will be set up as soon as possible dependant on the severity of the concern. Meetings should take place at least monthly thereafter or more frequently if determined necessary with jointly agreed objectives.</p> <p>Provider representation will depend on the nature of the issue, but the meetings should ideally comprise of the following personnel as a minimum:</p> <ul style="list-style-type: none"> • Chair (JCC Executive Lead) • Associate Medical Director - Commissioning Team • Senior Planning Lead – Commissioning Team • JCC Head of Quality • Executive Lead from provider Health Board/Trust • Clinical representative from provider Health Board/Trust • Management representative from provider Health Board/Trust An agreed agenda should be shared prior to the meeting with a request for evidence as necessary. <p>At the conclusion of the meeting a clear timeline for agreed actions will be identified for future monitoring and confirmed in writing if appropriate. Reporting will be through commissioning team to QPS Committee. Consideration of entry on the risk register and summary of services in escalation table for Chairs report to Joint Committee. Consideration to involve and have a discussion with Welsh Government may be considered appropriate at this stage. If there is ongoing concern relating patient care and safety with no clear progress, then further escalation will be required to Level 4. On the other hand, if progress is made through the escalation Level 3 evidence of this should be presented to CDG/QPS and a formal decision made with the provider to de-escalate to Level 2.</p>

<p>Level DECOMMISSIONING/OUTSOURCING</p>	<p>4 Where services have been unable to meet specific targets or demonstrate evidence of improvement a number of actions need to be considered at this stage. This stage will require notification and involvement of the JCC Managing Director and CEO from the provider organisation. Both Quality Patient Safety Committee and Joint Committee should be cited on the level of escalation.</p> <p>The following areas will need to be considered, and the most appropriate sanction applied to help resolve the issue:</p> <ol style="list-style-type: none"> 1. De-commissioning of the service 2. Outsourcing from an alternative provider. This may be permanent or temporary 3. Contractual realignment to take into account the potential need to maintain and agree an alternative provider. <p>Involvement with Welsh Government and the Community Health Council is critical at this stage as often there are political drivers and levers that need to be considered and articulated as part of the decision making. Moving in and out of escalation and between Levels In addition to the Levels described above the process has introduced a traffic light guide within each level. The purpose of this is to help demonstrate the direction of travel within the level. It sets out an approach to help identify progress within the level and lays out the steps required for movement either upwards (escalation) or downwards (de-escalation) through the level.</p> <p>At every stage a red, amber or green colour will be applied to the level to illustrate whether more or less intervention is in place. Red being a higher level of intervention moving down to green. It will also help determine the easing of the escalated measures described and inform movement within the stages of escalation.</p> <p>As the evidence and understanding of the risks from a provider and commissioner become evident decisions can be made to reduce the level of intervention or there may be a need to reintroduce intervention should conditions worsen and trigger the re-introduction of measures if progress is unacceptable. In this way organisations will be able to understand what is being asked of them, progress will be easily identified, and it will help avoid any confusion. It will also help in the reporting to provide assurance that action is being taken to meet the agreed timescales.</p>
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SERVICES IN ESCALATION



4.2 - Appendix 2a

Joint Commissioning Committee

Highlight Report from the Planning, Performance and Finance Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	17/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance & Risk Officer
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, PPF Chair and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Stacey Taylor, Director of Finance, 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 / Individuals	Date	Outcome
Health Boards		Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide Health Board Chief Executive Officer Members of the Joint Commissioning Committee (JC) with a summary of the key issues considered by the NHS Wales Planning, Performance and Finance (PPF) Sub-Committee at its public meeting on 26 February 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted - [February 2026 - NHS Wales Joint Commissioning Committee](#))

Status	Update
Alert / Escalate	<p>The NWJCC Finance Report - Month 10 2025/26 was received. The end of year forecasted financial deficit has reduced to £6.9m. The JCC is confident in delivering the forecast position, with key issues resolved, including reimbursement for Caswell related to out-of-area placements. There has also been a positive impact seen as a result of capping activity with NHS English providers. Winter pressures are being managed and risks related to Individual Funding Patient Requests (IPFR) are minimal with most approvals expected to be realised in the new financial year. The JCC Chief Commissioner has been invited to a Welsh Government scrutiny session in March 2026, with JCC director attendance to be confirmed. Following anticipated approval of the of the NWJCC Integrated Medium-Term Plan at the end of March, Service Level Agreements (SLAs) will be secured with health boards, contingent on final funding allocations.</p>
Advise	<p>The NWJCC Combined Operational Performance Report was received. Highlights noted included improvements in outpatient waiting times performance, a small number of breaches in ambulance performance rates and that the mental health section of the report had been updated to include median stays and utilisation rates. Assurances were provided around Welsh patients placed at St Andrews Healthcare, and the increased level of monitoring and weekly multi-agency meetings were noted. Members discussed the positive feedback that Caswell Clinic had reopened to admissions and that repatriation plans for both medium secure and Child and Adolescent Mental Health Services (CAMHS) were in place. Expected improvement trajectories and the financial impact of the repatriation plans would be shared outside the meeting.</p> <p>Ambulance response times were slightly above performance targets but improving in recent months, recognising that the new response model was still in its infancy. An external three-year evaluation of the model has been commissioned with Swansea and Edge Hill University, and ongoing work focuses on total patient wait times and technological improvements in queue management on the Dashboard.</p>

Status	Update
<p>Assure</p>	<p>The PPF Organisational Risk Register (ORR) was received for the assigned risks from the NWJCC Operational Risk Register as of 31 January 2026. After PPF scrutiny and review, the JC will receive the January 2026 risk register at its March 2026 meeting. The following were highlighted:</p> <ul style="list-style-type: none"> • Three commissioning risks and two corporate risks, with a score of fifteen or above, have been assigned to PPF. • One risk has been escalated; six risks have been de-escalated; one emerging risk has been highlighted which had been considered by the Senior Leadership team (SLT) on 18 February and agreed for inclusion on the ORR following further refinement of the risk description. However, since then Welsh Government has issued a response to the JCC Medical Director’s letter clarifying the pathway to request funding. As such, it is no longer considered as a high risk to the JCC and will be removed from the ORR, and managed locally by the Medical team. • The nature of the risks outlined had shifted to a commissioner-focused approach, which should result in better controls and more effective actions, but this remains a work in progress. This work will inform the management of the organisations strategic objectives and Joint Assurance Framework (JAF) which are under development. It was recognised that this is an iterative process, and that work to align and integrate organisational and strategic risks with the Integrated Medium-Term Plan (IMTP), specifically the impact of decisions made around investment, is planned over the coming months. • Members were pleased with the progress made to date. <p>The NWJCC Foundation Plan Quarterly Delivery Update was received against the Quarter 1, 2 and 3 deliverables. The report was noted, acknowledging the level of detail included and the areas reporting as red and amber as a result of the decisions made within the IMTP discussions to not invest in previously agreed legacy areas.</p> <p>Members received and endorsed, subject to minor amendments, the following end of year governance documents:</p> <ul style="list-style-type: none"> • Annual Review of PPF Terms of Reference • Review of PPF Sub-Committee Effectiveness - Survey Questions • PPF Annual Report 2025/26 • PPF Forward Plan of Business 2026/27

Status	Update
Inform	A verbal update on the final stages of the development of the IMTP was provided. The reduction of the IMTP deficit from £39 million in December 2025 to £16.2 million was noted. The plan will be discussed at the JC meeting on 17 March and further presented for approval on 23 March to align with health board IMTP Board approvals. There is a need for additional scrutiny post approval of the IMTP with a timeline and process to be shared for identifying further options to improve the financial position beyond March 2026. Additionally, members discussed the need for a transparent narrative within the IMTP describing the difficult choices already made to date and outlining the ongoing scale of challenge, the steps required to achieve a stabilised, recurrent financial balance, and the impact of potential service changes, including the possibility of decommissioning or reconfiguring of services.
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	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))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
	No - Not Applicable

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	
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Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i>	Yes (Include further detail below)	
Resource Impact <i>(People / Financial)</i>	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 2 of this report.

4.2 – Appendix 2b

Joint Commissioning Committee

Highlight Report from the Planning, Performance and Finance Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	28/04/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance & Risk Officer
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, PPF Chair and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, 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 / Individuals	Date	Outcome
Health Boards		Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide Health Board Chief Executive Officer Members of the Joint Commissioning Committee (JC) with a summary of the key issues considered by the NHS Wales Planning, Performance and Finance (PPF) Sub-Committee at its public meeting on 28 April 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted - [April 2026 - NHS Wales Joint Commissioning Committee](#))

Status	Update
<p>Alert / Escalate</p>	<p>The NWJCC Finance Report - Month 12 2025/26 was received. A year-end overspend of £6.3 million was reported, which represented an improvement on earlier forecasts. This was more favourable than anticipated due to lower activity through the winter period, delays in the opening of the Neath Port Talbot Welsh Kidney Network (WKN) Unit and underspends on other non-committed expenditure. The importance of prospective financial monitoring with early identification and reporting of emerging service and financial pressures for 2026-27 was noted.</p>
<p>Advise</p>	<p>The NWJCC Combined Operational Performance Report at Month 11 was received. Highlights included improvements in dialysis, particularly within North Wales, and PET scan turnaround times.</p> <p>Reductions in inpatient and outpatient stays in specific specialties were highlighted whilst the Sub-Committee noted ongoing escalations in services such as the Caswell Clinic and medium secure units. The need for clear de-escalation criteria and timelines for the Caswell Clinic were discussed. The outcome of the upcoming meeting with Swansea Bay University Health Board (SBUHB), including clarity on outstanding actions and the route out of escalation would be shared outside the meeting. The performance stats for Ambulance Services were discussed in detail. Ongoing discussions with the Welsh Ambulance Service Trust (WAST) to set meaningful performance goals and improvement trajectories was noted. Performance around high rates of late arrivals and aborted journeys for the Non-Emergency Transport Service (NEPTS) were also highlighted as areas for improvement. Any future commissioning decisions on the WAST service model would form part of the planned strategic review.</p>
<p>Assure</p>	<p>The PPF Organisational Risk Register (ORR) was received for the assigned risks from the NWJCC Operational Risk Register as of 31 March 2026. After PPF scrutiny and review, the NWJCC Joint Commissioning Committee will receive the March 2026 risk register at its May 2026 meeting. The following were highlighted:</p> <ul style="list-style-type: none"> • Four commissioning risks and two corporate risks, with a score of fifteen or above had been assigned to the PPF sub-committee.

Status	Update
	<ul style="list-style-type: none"> • Escalated (Risk 68 - Specialist Auditory Implant Device Service' CVUHB) and de-escalated risks (Risk 61 - Obesity surgery for the population of North Wales) • The continued efforts to improve the risk register were highlighted. The ongoing review and oversight of risk will continue to contribute to the JCC's risk maturity and support the final development and approval of a robust Joint Assurance Framework (JAF), alongside the consideration and implementation of a risk appetite statement for the JC. • The need to capture emerging financial and strategic risks was highlighted, particularly around financial break-even for 2026-27 and the impact of the planned strategic reviews as reflected in the Annual Plan 2026-27, as these would likely identify further risks for the JCC. • Members were pleased with the progress made to date. <p>The NWJCC Foundation Plan Quarterly Delivery Update was received providing updates on Quarter 1, 2, 3 and 4 deliverables. The report was noted, acknowledging the level of detail included and the areas reporting as red and amber as a result of the decisions made within the Foundation Plan discussions to not invest in legacy areas which had been agreed previously. Areas of successful delivery and projects rolling over into the 2026-27 Annual Plan delivery were highlighted. Members discussed the critical need for improved assurance on delivery against the 2026-27 Plan, reflecting on lessons learnt and early identification of delivery issues, highlighting that rigor, drive and delivery will need to improve.</p> <p>An update was provided on the NWJCC Annual Plan 2026-27 which is set within a 3-year context and had been approved by the JC on 30th March 2026. It was noted that a full project support function had been put in place to support delivery. Members discussed the significant capacity challenges of managing a risk based annual plan on a day-to-day basis, in addition to the programme of strategic reviews and deep dives reflected within it. The role of NHS Wales Performance and Improvement (P&I) was raised as a potential source of support with which to engage. The urgent need for delivering change at pace was highlighted, recognising that this would involve a number of difficult decisions needing to be made.</p>
Inform	A report on Referral Management and Pathway Optimisation provided members with an update on the continued work to manage the financial pressures of activity growth in NHS England

Status	Update
	<p>through a number of opportunities that might be exploited, and the ongoing review of the current NWJCC Referral Management Framework.</p> <p>The Annual Governance Statement 2024-25 was presented and members were invited to provide comments, queries, and suggestions for accuracy or completeness before the statement is submitted to the CTM Audit and Risk Committee (ARAC) on 19 May, and to the JC in May for approval. Members noted the thoroughness of the report.</p> <p>A verbal update was provided on the Annual Effectiveness Survey for 2025-26, noting the low response rate to date. Members were advised that although the deadline had passed, they should submit their responses as soon as possible as the feedback will inform the JC strategy day in June and help develop a plan to improve committee effectiveness.</p> <p>A brief update on the status of the Consultation and Engagement Framework was provided, noting that the document is still awaited. This item would remain on the committee's forward plan and be brought back for consideration once the framework is available following the May Senedd elections.</p>
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality	Leadership Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective

(Duty of Quality Statutory Guidance (gov.wales))	
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" 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: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 2 of this report.



Agenda Item

4.3

Audit, Risk & Assurance Committee Hosted Bodies

NWJCC Audit Recommendations Tracker

Dyddiad y Cyfarfod / Date of Meeting	19/05/2026
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
NWSSP	NHS Wales Shared Services Partnership



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

2.1.1 The following reviews have been completed by Internal Audit:

Audit Theme	Quarter	Assurance Rating
Finance Systems	4	Reasonable
Traumatic Stress Wales	4	Limited
Individual Patient Funding Requests	4	Substantial

Progress towards implementing Internal Audit recommendations is set out in the table below.

Audit Theme	Recommendations			
	Made	Achieved	Not Yet Due	Outstanding
Financial Arrangements	7	6	1	1
Traumatic Stress Wales	9	3	6	6
Individual Patient Funding Requests	No recommendations made.			

Members are asked to note the following regarding the Internal Audit Reports on Financial Arrangements and Traumatic Stress Wales with further updates provided in **Appendix 1**:

- *IA FA 2024 Recommendation 3*
The recommendation remains ongoing. The agreed action was to undertake a review of recurring payments against historic IPFR purchase orders to ensure all remain appropriate, with new and appropriately approved purchase orders raised where necessary. The review had commenced but had to be paused due to staff turnover, the review and the work to embed into practice has also re-commenced. The timescale has been amended to the end of June 2026.
- *IA FA 2024 Recommendation 5*
It is proposed that this recommendation is completed, the agreed action was (i) to work with procurement colleagues 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 and (ii) to provide more training to NWJCC staff to emphasise the importance of complying with WG procurement regulations. The update provided against this recommendation confirms that the process is now in place and training has been provided.
- *IA TSW 2025 Recommendations 1-7*
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 September 2026. 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.

Additionally, further updates against outstanding and in-progress recommendations are detailed in the attached Audit Recommendation Tracker – **Appendix 1**.

It is proposed that future reports will remove all audit recommendations agreed as completed will be removed from the Audit Recommendations Progress Tracker to ensure a focus on ongoing recommendations.

2.2 Summary of Planned Audits for 2025-26

The Director of Finance, the Chief Commissioner and the Committee Secretary met with colleagues from the NHS Wales Shared Services



Partnership’s (NWSSP) Internal Audit team to discuss the NWJCC’s internal audit programme for 2025-26 and plans for outstanding audits listed below.

The following reviews have been agreed with Internal Audit for completion during 2025-26:

Audit Theme	Quarter	Assurance Rating
High-Cost Drugs	Q4	Work ongoing
Budget Management	Q4	Complete – to be presented Agenda item 4.5

A review of Strategic Planning was also scheduled for completion during 2025-26. Following a meeting with the NWSSP Internal Audit team, this has been included within the internal audit programme for 2026-27.

2.3 External Audit

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

3. Recommendation

3.1 Members are asked to:

- **Note** the report
- Take an **assurance** on the progress against the audit programme
- **Note** the planned audit programme for 2025-26 and the progress update provided
- **Note** that audit recommendations agreed as completed will be removed from the Audit Recommendations Progress Tracker going forward to ensure a focus on ongoing recommendations
- **Note** that the Strategic Planning review will be part of the internal audit programme for 2026-27.



4. 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	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:



<p><i>Have you undertaken a Quality Impact Assessment Screening?</i></p>		<p>This report relates to the audit tracker where issues related to quality may be referred to</p>
<p>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></p>	<p>Yes: <input checked="" type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
<p>Cyfreithiol / Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw da / Reputational</p>	<p>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</p>	
<p>Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i></p>	<p>Yes (Include further detail below) The lead for the review needs to be identified and resourced.</p>	

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	December-2025 June 2026	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 had commenced but had to be paused as the finance team member undertaking the review had moved on. A new member of staff has started and the review and work to embed into practice has also recommenced.</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	May 2026	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: The NWJCC has continued to work with Procurement Services to develop a more robust process and 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>There is a Register in place for existing contracts due for renewal in NWJCC:</p> <p>(i) Two of the contracts that were due for renewal have been referred to Procurement and are in the process of being renewed, one of which will be renewed as a compliant Direct Award (advised by Head of Procurement) and one which has been extended for 1 year only due to a transfer of arrangements for TSW. This fell below the £5k threshold and was procured via purchase order.</p> <p>(ii) The two remaining contracts due to expire in the next year have diary markers to obtain Procurement advice for the best contract renewal route.</p> <p>There is now a process to ensure that the NWJCC are prepared for contract renewals and have appropriate approvals in place in advance of renewal.</p>	COMPLETED
IA FA 2024 6	<p>JCC internal approval of payments is undertaken using emails supported by appropriate documentation. Once approval has been obtained from the relevant budget holder, the Assistant Financial Accountant undertakes a final review of documentation ahead of submitting the information to the NWSWP 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 FA 2024 7	<p>An up-to-date FCP is in place. It sets out the process for requesting invoices to be raised, the recording of details in an invoice log and the passing of information to CTM for the invoice to be raised in the Oracle system and issued. The FCP also includes details on the process for dealing with aged debts.</p> <p>Our review of a sample of invoices confirmed that the details were consistent with the invoice log and had been appropriately requested. Furthermore, the invoice requests were promptly passed to the Oracle debtors team at CTM who issued invoices with appropriate due dates within a reasonable time.</p> <p>The Oracle aged debtors report is produced by the JCC Assistant Financial Accountant each month end and reconciled to the invoice log to ensure completeness and accuracy. We reviewed the latest reconciliation and no issues were identified. We also confirmed that emails had been promptly sent after month end to follow up overdue debts.</p> <p>As part of our review of the aged debt report we identified four older debts. Whilst the total value was small, some had been overdue for a number of years and were no longer pursued.</p>	<p>Our review of the aged debt report identified four old debts totalling £7,500. They are: £3,000 from October 2021; £2,500 from September 2022 and £1,500 and £500 from November 2023. These debts are no longer being pursued by the JCC and it is unclear why they have not been proposed for write off. Risk: Inadequate governance of old debts.</p>	MEDIUM	September 2025	Gwen Kohler, Deputy Director of Finance	Helen Harris, Financial Accountant	<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
May 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	March-2026 September 2026	Sue O'Leary, Director of Commissioning MHLDVG	Joanna Dainton, Assistant Director of Commissioning MHLDVG	<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 MHLDVG 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 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 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 September 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	Sue O'Leary, Director of Commissioning MHLDVG	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	March 2026 September 2026	Sue O'Leary, Director of Commissioning MHLDVG	Joanna Dainton, Assistant Director of Commissioning MHLDVG	<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	Sue O'Leary, Director of Commissioning MHLDVG	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	March 2026 September 2026	Sue O'Leary, Director of Commissioning MHLDVG	Joanna Dainton, Assistant Director of Commissioning MHLDVG	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	Sue O'Leary, Director of Commissioning MHLDDVG	Joanna Dainton, Assistant Director of Commissioning MHLDDVG	<p>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.</p>	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	March 2026 Sept 2026	Sue O'Leary, 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. 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	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.	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.	MEDIUM	March 2026 September 2026	Sue O'Leary, Director of Commissioning MHLDDVG	Joanna Dainton, Assistant Director of Commissioning MHLDDVG	Agreed Action: The TSW website contents will be reviewed and will be passed to PHW to align to the new hosting arrangements. 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.	ONGOING
IA TSW 2025 9	Formal engagement with members of the public is through the Public Advisory Group, which has been in existence for almost 10 years, and meets every other month. This comprises of a relatively small number of members of the public who have experienced either PTSD or Complex PTSD and who have benefitted from the service developments that TSW have facilitated health boards to provide. They offer their services to co-develop 'road test' products and initiatives from TSW and advise on how these are notified to the public in terms of the language used and the style of presentation. The TSW website includes a video from the Chair of the Public Advisory Group on their role. The engagement with health boards is good in terms of the links with the TSW leads where there are regular meetings to share good practice, training and ideas. However, the profile of TSW with Directors of Mental Health interviewed during this review seems less well developed which may be, at least in part, due to the resourcing issues that TSW have faced in recent years, and that there may be ineffective communication of the benefits that TSW may be able to bring, beyond the TSW lead and their immediate line management, within health boards. A detailed and formal Communications and Engagement Strategy has been drafted supported by an Engagement and Communications Planner for the specific work relating to the Trauma-Informed Framework. This is still being progressed but has largely been driven by staff from the Adverse Childhood Experiences, rather than TSW.	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.	MEDIUM	March 2026 September 2026	Sue O'Leary, Director of Commissioning MHLDDVG	Joanna Dainton, Assistant Director of Commissioning MHLDDVG	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. 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.	ONGOING

KEY:

RED	OVERDUE
AMBER	DUE WITHIN 1 MONTH
GREEN	NOT YET DUE/PROPOSED TO BE REPORTED AS COMPLETE
COMPLETED	PREVIOUSLY REPORTED AS COMPLETE AND TO BE REMOVED FOR FUTURE MEETINGS

NHS Wales Joint Commissioning Committee
Summary Position Regarding Progress on Internal Audit Reports
May 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	6	1	0	1	1
Traumatic Stress Wales	September 2025	November 2025	9	3	6	0	6	6
Individual Patient Funding Requests	January 2026	February 2026	0	0	0	0	0	0



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

Date and Time of Meeting	Tuesday 3 February 2026 at 14:00 pm
Venue	Via Microsoft Teams

Members Present	Patsy Roseblade	Independent Member (Committee Chair)
	Kath Palmer	Independent Member / Health Board Vice Chair
	Dilys Jouvenat	Independent Member (in-part)
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
	Owen James	Head of Corporate Finance - CTMUHB
	Tracy Norris	NIAW Academy Manager
	Gareth Watts	Director of Corporate Governance/Board Secretary
	Nathan Couch	Audit Wales - Audit Manager (Performance)
	Paul Dalton	Head of Internal Audit NWSSP
	Emma Samways	Deputy Head of Internal Audit NWSSP
	Nia Roberts	Lay Member, NWJCC
	Kathrine Davies	Corporate Governance Manager
Meeting Observers	Maxine Evans	Assurance and Risk Officer - NWJCC
	Sharon Edwards	Corporate Governance Officer

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions



	<p>P Roseblade, Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The format of the proceedings in its virtual form were also noted. Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed.</p> <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"> • Helen Lentle – Independent Member • Kathy Mason – Independent Member
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>K. Palmer referred to the Right Care Right Person and the action in relation to the national transport solution and queried whether the responsibility for this was sitting with the JCC or with Welsh Government. A. Fowler confirmed that he would pick this up outside of the meeting with the Ambulance Services Commissioner and provide an update following that discussion.</p> <p>P. Roseblade referred to Risk 68 - service costs for specialist auditory hearing service and queried why it was proposed for closure. She suggested that the narrative needed to be updated to clearly explain the escalation status and commissioner risk regarding Cardiff and Vale UHB receiving more funding than required for service delivery and that the item should be kept open for monitoring purposes. A. Fowler advised that whilst the JCC provide funding to a set amount to provide the appropriate staffing compliment in that service, they have not been able to appoint.</p> <p>A Fowler confirmed that they were monitoring this through the quarterly Service Performance Management meetings, including staffing requirements and that the service has been placed into level 3 escalation. A. Fowler confirmed that they would keep this open on the Action Log and would update the narrative.</p>



	A Fowler confirmed that the commissioner risks for Ambulance 111 would be discussed at the next agenda planning session for the Committee focussing on the agenda setting process.
Resolution:	The actions proposed for closure were APPROVED .
Action:	Clarify whether responsibility for the national transport solution under the Right Care, Right Person action sits with the JCC or Welsh Government, and provide an update after discussing with the Ambulance Commissioner.
Action:	To update the narrative on Risk 68 and keep on the Action Log.
2.2	Matters Arising Not Captured on the Action Log
	None identified.
3.	IMPROVING CARE
3.1	Joint Commissioning Committee Strategic 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 the top of page 5 and the statement that completion remained on track for the end of the current financial year to support ongoing improvements in the commissioning of ambulance and 111 services.</p> <p>P. Roseblade suggested further discussion on the need to ensure that future risk register updates more clearly distinguish between commissioner and provider risks, and provide more accurate narratives and mitigations under the commissioner lens.</p>
Resolution:	The report was NOTED .
Action:	To ensure that future updates clearly distinguish between commissioner and provider risks, with more accurate narratives and mitigations.
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 as at the 30th November 2025.</p> <p>A. Fowler advised that the next iteration that would be provided to the Committee will start to show real improvements with a more strategic overview.</p> <p>K. Palmer commented that it was good to see improvements were being made and referred to Risk 92 in relation to Cardiff and Vale UHB frozen JCC funded posits under women and children and advised that she could not see any mitigations for this. A. Fowler confirmed that because of the legacy this had only just come onto the register and that in terms of the mitigations he did not have a definitive update and a request for an update had been made in January and that would be provided outside of the meeting, once received.</p>



	<p>A. Fowler confirmed that any risks moving forward would not be added unless they are fully discussed by the Senior Leadership Team.</p> <p>P. Roseblade referred to Risk 91 around cancer and blood and queried why this had jumped from a score of 15 to 20 given that mitigations are in place and queried if there was more recent information available on this. A Fowler confirmed that the risk has been upgraded due to the increased number of referrals and the fragility of staff and that this would receive a further update going into our next iteration.</p> <p>K. Palmer suggested that the Committee should note that this was an ongoing process on assurance and that further work was ongoing to update and refine the risk process. This was agreed.</p>
Resolution:	The JCC Risk Register was NOTED along with the further work ongoing to update and refine the risk register.
Action:	Provide a definitive update on mitigations for Risk 92 (Cardiff and Vale frozen JCC-funded posts under women and children) once information is received from the specialist services commissioning team
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 advised that this work was still ongoing and processes would be in place by the next meeting of the Committee.</p> <p>N. Roberts suggested that it would be helpful if colour coding could be used as RAG ratings for future reports. A Fowler advised that he would take this on board.</p> <p>P. Roseblade referred to the Traumatic Stress Wales audit which was Limited with a number of recommendations and raised concern about the delay in implementing the recommendations during the transfer to Public Health Wales. H. George advised that this was due to the ongoing TUPE process, however, he confirmed that the staff were still being managed as part of the JCC in the meantime.</p>
Resolution:	The Committee NOTED the report and took ASSURANCE on the planned audit programme for 2024/2025. The Planned audit programme for 2025-2026 was also NOTED .
Action:	To provide colour coded RAG ratings for future reports.
3.4	National Imaging Academy Wales – Risk Register T. Norris presented the report and highlighted the following:

	<p>There is one ongoing high risk related to:</p> <ul style="list-style-type: none"> Commissioned number of CR Specialist Trainees for Training at NIAW <p>There are two moderate risks related to</p> <ul style="list-style-type: none"> Confidence to deliver the recommendations from the Gateway Review Radiology Informatics System Procurement (RISP) Project <p>There was one new risk in relation to the risk project and the new Picture Archiving and Communication Systems (PACS) solution and a Business Case had been submitted to Welsh Government.</p> <p>T. Norris provided reassurance that quarterly Academy meetings are held with two Directors present from CTM, namely the Director of Corporate Governance/Board Secretary and the Executive Director of Allied Health Professionals and Health Science.</p> <p>K. Palmer referred to the ongoing risk in relation to specialist trainees and queried how that was going to be mitigated. T. Norris confirmed that the risk was being managed with the Academy Director holding regular meetings to review the risk.</p> <p>G. Watts reiterated what T. Norris had advised about both himself and the Executive Director of Allied Health Professionals and Health Sciences working closely with the Academy and advised that they would providing further governance support over the coming year and also looking at the Hosting agreement for the Academy for the next financial year. G. Watts confirmed that a further update would be provided to a future meeting of the Committee.</p> <p>P. Roseblade referred to Risk 5033, the Gateway 5 Review and advised that it was not clear on the requirements and mitigations and requested an update for the next meeting. T. Norris confirmed that she would pick this up with the Academy Director as an action.</p>
Resolution:	The report was NOTED .
Action:	Review the status of the Gateway 5 review for the Imaging Academy, determine if recommendations have been met or if a new review is needed, and update the Committee at the next meeting.
3.5	Internal Audit Reports
3.5.1	Internal Audit Review – JCC Individual Patient Funding Request Process
	<p>E Samways presented the review outlining the areas of focus and key findings identified within the report that had received a Substantial assurance rating with no findings.</p> <p>P. Roseblade and K. Palmer both acknowledged the robustness of the process and noted the distinction between process quality and outcomes and congratulated everyone involved.</p>
Resolution:	The Report was NOTED .



Action:	None identified.
4.	CONSENT AGENDA
4.1	ITEMS FOR APPROVAL
4.1.1	Unconfirmed Minutes of the Meeting held on 13 November 2025
Resolution:	The Minutes were APPROVED
4.2	ITEMS FOR NOTING
	No items identified on this occasion.
5.	ANY OTHER BUSINESS
	No further business was identified.
6.	DATE AND TIME OF THE NEXT MEETING
	3 February 2026 at 14:00 pm.