GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

SECTION 1. JOINT COMMITTEE ASSURANCE FRAMEWORK (JAF) REPORT

Risk no	Strategic Objective	Strategic Risk	Strategic Risk Lead(s)	Assurance committee	Current score	Score Trajectory	Risk Appetite	Risk Treatment
1.	• Maximise Value • Ensure Quality • Improve Equity and Population Health  See page 4	Commissioning of Sustainable High Quality, Safe and Effective Services	Nurse Director Medical Director (with support of Commissioning Directors)	• Joint Commissioning Committee • CTM Audit, Risk & Assurance Committee • Quality, Safety & Outcomes Sub-Committee	**20 (5 x 4)**	⟷	Cautious	Treat
2.	• Maximise Value • Ensure Quality • Improve Equity and Population Health • Facilitate Integration  See page 9	Service Sustainability, Fragility and Equity of Access	Director of Commissioning for Specialised Services Director of Commissioning for Mental Health, Learning Difficulties and Vulnerable Groups Director of Commissioning for Ambulance and National Programmes	• Joint Commissioning Committee • CTM Audit, Risk & Assurance Committee • Quality, Safety & Outcomes Sub-Committee	**20 (5x4)**	⟷	Open	Tolerate
3.	• Maximise Value • Ensure Quality • Improve Equity and Population Health • Facilitate Integration  See page 13	Ambulance Commissioning Model	Director of Commissioning for Ambulance Services and National Programmes	• Joint Commissioning Committee • CTM Audit, Risk & Assurance Committee • Planning, Performance & Finance Sub-Committee	**15 (5x3)**	⟷	Open	Tolerate
4.	• Maximise Value • Reduce Duplication • Facilitate Integration  See page 15	Commissioning Boundaries and Accountability	Medical Director	• Joint Commissioning Committee • CTM Audit, Risk & Assurance Committee • Planning, Performance & Finance Sub-Committee	**15 (3 x 5)**	⟷	Open	Treat and Transform

Risk no	Strategic Objective	Strategic Risk	Strategic Risk Lead(s)	Assurance committee	Current score	Score Trajectory	Risk Appetite	Risk Treatment
5.	• Maximise Value • Ensure Quality • Reduce Duplication • Facilitate Integration See page 18	Data Quality, Analytical Capability and Capacity and Contract Management	Director of Finance and Value (with support of Commissioning Directors x3)	• Joint Commissioning Committee • CTM Audit, Risk & Assurance Committee • Planning, Performance & Finance Sub-Committee	**12 (4 x 3)**	⟷	Cautious moving to Open	Treat
6.	• Maximise Value • Facilitate Integration See page 20	Financial Sustainability and Affordability	Director of Finance and Value	• Joint Commissioning Committee • CTM Audit, Risk & Assurance Committee • Planning, Performance & Finance Sub-Committee	**15 (5 x 3)**	⟷	Cautious	Treat

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SECTION 2. STRATEGIC RISK HEAT MAP

Current risk scores in **white**
Target risk scores in ***grey italic***

LIKELIHOOD (L) / C x L	CONSEQUENCE (C) 5 Catastrophic	4 Major	3 Moderate	2 Minor	1 Neg'ble
5 Almost Certain			SR4. Commissioning Boundaries and Accountability		
4 Highly Likely	SR1. Commissioning of Sustainable High Quality, Safe and Effective Services SR2. Service Sustainability, Fragility and Equity of Access				
3 Likely	SR3. Ambulance Commissioning Model SR6. Financial Sustainability and Affordability *SR1. Commissioning of Sustainable High Quality, Safe and Effective Services* *SR2. Service Sustainability, Fragility and Equity of Access*	SR5. Data Quality, Analytical Capability and Capacity and Contract Management	*SR4. Commissioning Boundaries and Accountability*		
2 Un-likely	*SR3. Ambulance Commissioning Model*	*SR5. Data Quality, Analytical Capability and Capacity and Contract Management*			
1 High Un-likely	*SR6. Financial Sustainability and Affordability*				

SECTION 3 – STRATEGIC RISKS

Strategic Objective(s):	Risk Score:
• Ensure Quality • Improve Equity and Population Health • Maximise Value	**20**

Strategic Risk 1 – Commissioning of Sustainable High Quality, Safe and Effective Services

If…the NWJCC is unable to commission and sustain high quality, safe and effective services within the NWJCC's commissioning portfolio, or within new or emerging service areas, due to the 2026/27 Annual Plan being delivered in a no-investment context, with insufficient inflationary cover, rising demand and service fragility	***Then***…there is a risk of deterioration in quality and worsening patient outcomes, and the ability of services to achieve or maintain compliance against accreditation frameworks and regulatory standards	***Resulting in***… • Increased inequity and variation in quality and outcomes for the commissioned population • Increased incidents and clinical escalation • Commissioned services failing to deliver standards and improvement • Potential for service suspension or accreditation withdrawal • Regulatory and reputational exposure

Risk Lead	Medical Director Nurse Director	Assurance Committee(s)	• Joint Commissioning Committee • CTM Audit, Risk & Assurance Committee • Quality, Safety and Outcomes Sub-Committee

	Consequence	Likelihood	Score
Initial	5	5	25
Current	**5**	4	**20**
Target	5	3	15
Risk Appetite	**Cautious**		

Rationale for assessment of risk score:
The current score of 20 (consequence 5 × likelihood 4) remains appropriate given the potential for service fragility, capacity constraints and quality concerns to result in significant deterioration in patient outcomes, service restriction or failure to meet regulatory and accreditation requirements. The likelihood remains high due to increasing demand, the 2026/27 no-investment context and continued reliance on providers to deliver and sustain required quality improvements. Existing controls provide oversight, escalation and intervention; however, current services in escalation and continuing quality and sustainability pressures mean there is not yet sufficient evidence to reduce the score.

Risk Treatment Assessment: Treat

Risk Score Trend this Period: ⟷

Risk Score Trajectory:

Table to be populated over time.

Current Control Measures

- The NWJCC's primary control mechanism for services where quality, safety and outcomes issues are identified is its Escalation and De-Escalation Framework. Where services fall below approved/agreed specifications or mandated standards, they are subject to an appropriate level of escalation including the implementation of improvement plans and enhanced monitoring.
- Contract management arrangements, including LTAs, SLAs, service specifications and provider quality and performance management processes.
- Clinical led prioritisation within planning processes to ensure that services in greatest clinical need are prioritised to provide high quality and safe care for patients.
- Quality and Equality Impact Assessments for commissioned services to ensure that they meet the NWJCC's quality, safety and outcomes expectations.
- Regular quality and assurance meetings with providers to monitor delivery against service standards, service specifications and commissioned outcomes. These meetings afford the NWJCC the opportunity to report failings in service delivery and direct appropriate remedial action.
- NWJCC Mental Health and Care Home Framework – Colleagues from the Mental Health, Learning Disabilities and Vulnerable Groups directorate attend service provider premises to ensure that providers meet required standards. Failure to meet required standards impact on quality ratings. Service improvement is delivered through agreed improvement activity, verified by a robust audit process.
- Quality and Nursing Team business partner approach supporting commissioning teams and promoting a consistent approach to quality, safety and outcomes across Mental Health, Specialist Services and Ambulance commissioning. The Business Partner Approach also reviews cross cutting themes and safety concerns across/within commissioned services.
- Opportunities to be identified through strategic reviews and commissioning intentions to strengthen resilience through pathway redesign, productivity improvement and value-based prioritisation.
- Independent clinical review of gender affirming surgical assessments, and a broader commissioning review of Gender services are both underway.

Sources of Assurance (Internal and External)

- Provider and Patient Assurance information provided at LTA, SLA and Executive to Executive meetings. These meetings act as a vehicle for assurance to be provided that required actions are being undertaken to improve service delivery. Where activity falls below NWJCC expectations appropriate mitigating action will be taken.
- Concerns and Complaints Monitoring
- Evidence provided by health boards and providers demonstrating compliance with quality management systems and Duty of Quality requirements.
- Regulatory intelligence and inspection findings from Healthcare Inspectorate Wales (HIW) and the Care Quality Commission (CQC)
- Professional Networks and Peer Group meetings
- Meetings with Provider Quality Assurance Teams and Clinical Leads within the Service(s)
- Relationship with Provider Patient Experience Teams

Gaps in Controls / Assurances	Mitigating Actions	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
• Inconsistent commissioning practices and standardisation across the three commissioned services portfolios, including the utilisation of escalation process.	• Develop and implement a single NWJCC Management Framework, setting out standard requirements for escalation, incident management, provider oversight, complaints monitoring and quality reporting across all commissioning teams.	• Consistent commissioning oversight and a more unified approach to quality and safety assurance.	• NWJCC Quality Management Framework approved and implemented across all three commissioning portfolios. • Evidence of consistent use of escalation, incident, complaints and quality reporting processes across commissioning teams. • Positive assurance reported to QSOC on reduced variation in quality governance practice.
• Lack of available alternative service providers in Wales.	• Outsourcing to alternative private providers and NHS England services • Undertake a strategic review of contingency, mutual aid and alternative provider arrangements for high-risk and fragile commissioned services.	• Greater resilience and reduced impact on patients when quality-related service restrictions are required.	• Contingency and alternative provider options documented for high-risk and fragile commissioned services. • Mutual aid, outsourcing or alternative pathway arrangements identified and enacted where feasible. • Reduced patient impact where quality-related escalation, restriction or service fragility occurs.
• Limited ability to directly control provider actions, with reliance on providers to implement and sustain quality improvements.	• Establish a standard provider assurance framework including minimum reporting requirements, quality metrics, exception reporting, improvement plan monitoring	• Increased transparency and stronger assurance regarding provider performance and quality.	• Provider assurance framework agreed and in routine use with key providers. • Provider quality metrics, exception reports and improvement plans received within agreed timescales.

	and assurance escalation triggers. This is a work in progress.		• Reduction in overdue provider actions and improved evidence of sustained quality improvement.
• Inconsistent recording, reporting and triangulation of incidents, complaints and concerns, reducing the effectiveness of organisational intelligence and assurance.	• Develop an integrated quality intelligence dashboard that triangulates incidents, complaints, patient experience, escalation status, HIW/CQC findings and provider performance data.	• Earlier identification of emerging risks and improved evidence-based decision-making.	• Integrated quality intelligence dashboard/report routinely reviewed through commissioning and assurance forums. • Incidents, complaints, concerns, patient experience, regulatory intelligence and performance data triangulated consistently. • Earlier identification and escalation of emerging quality and safety themes.
• Reliance on operational teams and providers to evidence compliance with the Duty of Quality and quality management system requirements.	• Incorporate Duty of Quality and Quality Management System compliance requirements into annual commissioning, contract review and performance monitoring processes. NB: The NWJCC, and Health Boards are working with NHS Wales Performance and Improvement to develop and implement an All-Wales Quality Management System. An update is scheduled to be shared at the October 2026 Joint Committee Strategy Session.	• Improved assurance that providers are systematically managing quality and safety risks.	• Duty of Quality and Quality Management System requirements embedded within commissioning, contract review and performance processes. • Providers able to evidence compliance with agreed quality management requirements through routine assurance routes. • Increased assurance to QSOC that commissioned services are systematically managing quality and safety risks.

Linked National Priority Measures
• Duty of Candour • NHS Wales Quality Framework
Ongoing Activity to Manage Risk

- Ongoing Annual Plan Strategic Reviews and Deep Dives have a focus on ensuring that services prioritise quality of service and patient outcomes. Recommendations from this activity will inform ongoing in year work and the development of the IMTP for 2027-2030.
- Quarterly Executive to Executive Meetings with the NWJCC's largest Providers recommenced in July 2026. (SBUHB 05/08, BCUHB 12/08, CVUHB 17/08)
- Monthly Performance Management Meetings with Providers where services are in escalation.
- Internal Quality, Risk and Assurance Meetings, supported by the NWJCC Quality Team to ensure that a focus is placed on actions to improve the quality, safety and outcomes for patients.

Current Services in Escalation:

Provider	Service	Level of Escalation	Escalation/ De-Escalation Date	Notes
BCUHB	Plastic Surgery Outreach At MWL	WGov Escalation		NWJCC has requested detail of Waiting List Initiatives required to support improvement in 2026/27. Meetings to take place with MWL and BCUHB to finalise the proposal for longer term capacity in Connah's Quay
SBUHB	Plastic Surgery	Level 2	Escalation Date: 11/2022	SBUHB have included this service in their Elective Care Funding proposal to NHSP&I and are awaiting the outcome.
CVUHB	South Wales Specialist Auditory Implant Device Service	Level 3	Escalation Date: 10/2025	See significant activity update below.
SBUHB	Adult Medium Secure – Caswell Clinic	Level 2	Escalation Date: 10/2025	The de-escalation of this service was reported to the Quality, Safety and Outcomes Sub-Committee on the 24th August 2026. See update below.
CVUHB	Cardiac Surgery	Level 2	Escalation Date: 06/2026	See significant activity update below.
CVUHB	ALAS – Electronic Assistive Technology Service	Level 1	Escalation Date: 07/2026	A letter was sent to CVUHB in July 2026 to confirm that the Artificial Limb and Appliance (ALAS) – Electronic Assistive Technology (EAT) Service had been placed into level 1 escalation due to a significant increase in waiting times. The health board has already put in place a number of mitigating measures including a service review to understand the exponential growth in demand that has resulted in long waiting times.
CVUHB	Welsh Gender Service	Level 3	Escalation Date: 08/2026	This service was placed into escalation level 3 on the 26th August 2026. An independent review of surgical assessments is being commissioned, and commissioners are working with the provider to agree an action plan required for de-escalation of this service. The risk to the NWJCC is being developed internally and will be reflected within local directorate risk registers and within the Organisational Risk Register where relevant to inform the Joint Committee Assurance Framework.

Significant activity or incidents affecting this strategic risk this period:

- The Swansea Bay University Health Board Caswell Clinic has been de-escalated from Level 3 to Level 2 following considerable progress across the Caswell Clinic and SBUHB in addressing the issues identified within the Improvement plan since late 2025 reduced.
- August 2026 – Specialist Auditory Implant Device Service – This service remains at escalation level 3. An escalation meeting was held on the 5th August. The service has addressed the longest waiters and has been working to a 36-week target during the month. The service is modelling against the BCUHB service and are in the process of arranging a visit. The SOP for pre surgical scan pathway has been embedded into Audiology service operating procedure. At present the service do not feel they can meet a 26-week target. Sickness has decreased and the morale of the team has improved. There continues to be ongoing discussions around LTA and sustainability of the service.
- For the period June to July 2026 – 14 NRI's within commissioned services were reported. 13 linked to the Ambulance service and 1 linked to Women and Children's service. The full detail of these incidents was reported at the August Quality Safety and Outcomes Sub-Committee (please see the sub-committee highlight report at agenda item 2.2.1)
- Cardiac Surgery at CVUHB remains an area of risk and is currently in Escalation Level 2. The escalation reflects continuing issues in delivering GIRFT recommendations, particularly data collection, data quality, audit arrangements, NACSA reporting, SCTS benchmarking and the maintenance of the Cardiac Surgery Quality and Safety Dashboard.
- CAVUHB has submitted its response to the JACIE findings. As the responsible commissioner NWJCC has initiated discussions with local providers to test if derogations to the service may be acceptable and is continuing to pursue contingency arrangements should the CAVUHB plan not be accepted.
- The Neuro-rehabilitation development plans to reduce risks 82 and 95 will be included within the IMTP prioritisation processes or 2027/30. Close monitoring of these services remains in place.
- Gender Services – an independent clinical review of surgical assessments, and a commissioning review of the service are underway.
- South Wales Trauma Desk: The risk has significantly increased following confirmation that no additional commissioned investment is available to sustain overnight Trauma Desk provision. With no safe and sustainable alternative identified, overnight provision is expected to cease, resulting in increased risks to patient safety, equity of access, appropriate trauma triage and timely definitive care. The Network has consequently escalated the risk score to 25, this risk continues to be monitored by the NWJCC and is being considered within escalation discussions.

Associated Risks escalated to the Organisational Risk Register

Risk Reference:	Risk Title:	Current Risk Score:
80	JACIE certification south Wales CAR T service	15 (C5xL3)
81	JACIE certification - south Wales BMT service	15 (C5xL3)
~~82~~	~~Neuro-rehabilitation service at SBUHB~~	~~16 (C4xL4)~~
~~95~~	~~Neuro-rehabilitation services at C&VUHB~~	~~16 (C4xL4)~~
98	Neurosciences service pressures due to NWJCC investment decisions (Replaces Risks 82, 87 & 95)	16 (C4xL4)
101	Quality, Safety and Patient Outcomes for the Welsh Gender Service - New Risk Added Sept 2026	16 (C4xL4)

Strategic Objective(s): • Maximise Value • Ensure Quality • Improve Equity and Population Health • Facilitate Integration	**Risk Score:** **20**
Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access	

If…NWJCC highly specialised, nationally commissioned, and locally provided services become unsustainable or are unable to provide equitable access across Wales due to provider workforce shortages, constrained capacity, geographical variation and limited capital investment	***Then***…there is a risk of service disruption, delays to care and increased waiting times, unequal access and poorer patient experience and outcomes	***Resulting in***… • Increased reliance on the independent sector and cross border provision at additional cost to the JCC. • Escalating financial pressure on the JCC and on Health Boards to absorb the residual risk. • Destabilisation of commissioned services. • Inequity of access to specialised services and increased variation in quality and outcomes across Wales. • Legal and reputational exposure.

Risk Lead(s)	Director of Commissioning for Specialised Services Director of Commissioning for Mental Health, Learning Difficulties and Vulnerable Groups Director of Commissioning for Ambulance and National Programmes	Commissioning Directors x3Assurance Committee(s)	• Quality, Safety and Outcomes Sub-Committee • Joint Commissioning Committee • CTM Audit, Risk & Assurance Committee

	Consequence	Likelihood	Score
Initial	5	4	20
Current	**5**	**4**	**20**
Target	5	3	15
Risk Appetite	**Open**		

Risk Score Trend this Period: ⟷

Risk Score Trajectory:

Table to be populated over time.

Rationale for assessment of risk score:
The current score of 20 (consequence 5 × likelihood 4) remains appropriate due to continuing fragility across a number of nationally commissioned and highly specialised services, driven by workforce shortages, constrained capacity, capital dependencies and geographical variation. The potential consequence remains severe because service failure or restriction could significantly affect access, quality and patient outcomes across Wales, with limited alternative provision available for some services. The likelihood remains high while these system-wide constraints persist and are only partly within NWJCC control. Current mitigation and prioritisation arrangements provide oversight and support resilience, but there is not yet sufficient evidence of sustained improvement to reduce the score.

Risk Treatment Assessment: Tolerate

Current Control Measures

- Provider quality, ~~and~~ contract performance and assurance meetings focused on workforce, capacity, finance, activity and service resilience risks.

- Monitoring the impact of workforce establishments, recruitment challenges and service capacity across key specialised services.
- ~~Annual commissioning intention planning and investment prioritisation processes to assess affordability and value of service developments.~~
- Escalation and De-escalation Framework arrangements and executive-level engagement where ~~provider financial pressures threaten~~ service sustainability is threatened.
- Population needs-led commissioning and pathway review.
- IMTP planning and prioritisation including annual commissioning intention planning and investment prioritisation processes to assess affordability and value of service developments.
- Solutions focussed workshops specifically for fragile service.
- Reconfiguration of financial allocations within contract to align for service demand and capacity.
- Refresh of Hospital and Care Home Sector Framework beds.
- Additional weekly winter focus implemented for Provider assurance (WAST).

Sources of Assurance (Internal and External)

- Joint Committee oversight on fragile services and access risks.
- Quality, Safety and Outcomes Sub-Committee reports.
- Risk and Assurance meetings.
- Equity analysis and patient experience intelligence.
- Provider performance and escalation reports.
- ~~Escalation and De-Escalation Framework.~~
- Equity and Quality Impact Assessments.
- Performance and Improvement and HEIW feedback and assurance.
- Long Term Agreements (LTAs) and Service Level Agreements (SLAs) and surrounding governance.
- NHS Wales Escalation Framework.
- NHS England Reporting Arrangements.

Gaps in Controls / Assurances	Mitigating Actions	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
• Limited ability to invest in resilience and increase capacity	• Undertake robust clinically led prioritisation processes within the IMTP planning process. • Use prioritisation processes to direct available resources to the highest-risk fragile services and areas of greatest population benefit. • Identify opportunities through strategic reviews and commissioning intentions to strengthen resilience through pathway redesign, productivity improvement and value-based prioritisation. • Escalate material unfunded resilience requirements through NWJCC planning, performance and finance governance routes. • Work collaboratively with Health Boards and finance teams to strengthen assurance over existing funding flows, ensuring resources are appropriately targeted towards service resilience and, where required, re-align funding to support priority resilience requirements.	• To ensure the services with the greatest patient quality and resilience risks are prioritised for investment. • Available resources are targeted consistently to areas of greatest quality, sustainability and equity risk. • Improved transparency on residual resilience risks that cannot be mitigated within the current resource envelope. • To provide greater assurance that available resources are targeted towards resilience priorities, reducing the risk of service vulnerability and ensuring funding is utilised in line with commissioning intentions and strategic objectives.	• Prioritised list of fragile services and resilience actions agreed through commissioning and governance forums. • Evidence that highest-risk service pressures are reflected in commissioning intentions, annual planning and investment prioritisation. • Clear escalation of unfunded resilience requirements to PPF, QSOC and the Joint Committee as appropriate. • Increased assurance that all allocated funding is being used for its intended purpose and aligns to commissioning intentions • Reduced risk of service disruption and capacity constraints due to improved and specific targeting of available funding
• Capital constraints outside the NWJCC control	• Maintain a consolidated view of capital-dependent service risks and link these to strategic reviews, service specifications and provider plans.	• Improved visibility of capital constraints and their impact on service sustainability, access and quality.	• Capital-dependent service risks documented with owners, dependencies and interim mitigations.

	• Work with Health Boards, Welsh Government and relevant national forums to clarify capital dependencies, timescales and interim mitigations. • Identify short-term operational mitigations where capital solutions are delayed, including pathway changes, non-capital resources, outsourcing or mutual aid where feasible.	• Reduced likelihood that capital-dependent risks remain unmanaged or un-escalated.	• Evidence of escalation through provider, Health Board, NWJCC and Welsh Government routes where capital constraints affect service delivery. • Interim mitigations in place for priority services pending capital decisions.
• System-wide workforce shortages	• Strengthen workforce intelligence through provider assurance meetings, HEIW feedback and service-level workforce monitoring. • Work with providers and national workforce planning routes to identify critical workforce gaps and potential joint solutions. • Reflect workforce constraints within commissioning intentions, service reviews and escalation discussions.	• Earlier identification of workforce-related sustainability risks and clearer escalation of system-wide issues. • Improved alignment between service commissioning, workforce planning and realistic delivery capacity.	• Workforce risks routinely captured in provider assurance and commissioning reports. • Critical workforce gaps escalated through agreed NWJCC, provider and national workforce routes. • Evidence that workforce constraints inform commissioning decisions, prioritisation and service redesign.
• Limited capacity to address unwarranted variation quickly	• Prioritise pathway reviews and deep dives where variation has the greatest impact on access, quality, outcomes or value. • Use equity analysis, patient experience intelligence and provider performance information to identify unwarranted variation. • Agree service-specific improvement plans with providers and monitor delivery through commissioning and assurance meetings.	• Focused action on the most material areas of unwarranted variation. • Improved evidence base for commissioning decisions and equity-focused improvement.	• Priority areas of unwarranted variation identified and agreed for review. • Improvement plans in place for services where variation is impacting access, quality or outcomes. • Demonstrable reduction in variation or clearer escalation where improvement is not progressing.

Linked National Priority Measures

- NHS Wales Fragile Services Framework

Ongoing Activity to Manage Risk

- Strategic service reviews and deep dives
- Risk and Assurance meetings
- Quarterly regional provider meetings

Significant activity or incidents affecting this strategic risk this period:

Prioritising work to ensure available funding within 2026/27 is allocated within the appropriate projects and ongoing monitoring.
Paediatric Neurology – Temporary variation in on-call arrangements to the service provided by CVUHB

Associated Risks escalated to the Organisational Risk Register (Example risks from the ORR only – not exhaustive)

Risk Reference:	Risk Title:	Current Risk Score:
61	Obesity surgery for the population of North Wales	16 (C4xL4)
~~65~~	~~Renal dialysis capacity across Wales~~ Risk Mitigated to 12 (4x3)	~~16 (C4xL4)~~
~~68~~	~~Specialist Auditory Implant Device Service' CVUHB~~ (Replaced by Risk 97)	~~16 (C4xL4)~~
~~87~~	~~Commissioning of Acute Neurosurgery Therapy MDT at CVUHB~~(Replaced by Risk 98 (see Strategic Risk1))	~~16 (C4xL4)~~

88	Commissioning of 24/7 South Wales Thrombectomy Service	20 (C4xL5)
89	Paediatric Neurology Service provision for North Wales	16 (C4xL4)
97	Unsustainable Neurosciences Capacity and Workforce Resilience (Replaces Risk 68)	16 (C4xL4)
99	Paediatric Neurology Service provision for South Wales - New Risk added Sept 2026	16 (C4xL4)
100	Commissioning of the Welsh Gender Service - New Risk Added Sept 2026	16 (C4xL4)

Strategic Objective(s): • Maximise Value • Ensure Quality • Improve Equity and Population Health • Facilitate Integration	**Risk Score:** **15**
Strategic Risk 3 – Ambulance Commissioning Model	

If…NHS Wales system wide improvements across service areas, including, but not limited to Ambulance Handover, delivery of preventative care in the community and other areas, do not lead to increased ambulance availability	***Then***…there is a risk that that the NWJCC's commissioned ambulance service capacity will not deliver its intended outcomes resulting in the requirement for additional and/or alternative commissioning models that may create recurrent cost pressures for Health Boards and reduce the ability to fund other commissioning priorities.	***Resulting in***… • Requirement to revise the ambulance commissioning model • Potential requirement for significant additional ambulance workforce capacity • Additional recurrent funding pressure on Health Boards • Reduced affordability for other commissioning priorities • Continued performance, quality and public confidence risk

Risk Lead	Director of Commissioning for Ambulance Services and National Programmes C/o. Director of Commissioning for Mental Health, Learning Difficulties and Vulnerable Groups	Assurance Committee(s)	• Joint Commissioning Committee • CTM Audit, Risk & Assurance Committee • Planning, Performance and Finance Sub-Committee

	Consequence	Likelihood	Score
Initial	5	3	15
Current	**5**	**3**	**15**
Target	~~3~~ 5	2	~~6~~ 10
Risk Appetite	**Open**		

Rationale for assessment of risk score:
The current score of 15 (consequence 5 × likelihood 3) remains appropriate because delivery of the intended benefits from commissioned ambulance capacity remains dependent on wider NHS Wales system improvements, particularly patient flow and ambulance handover, which are outside the direct control of NWJCC. The potential consequence remains severe because failure to achieve these improvements could require additional recurrent ambulance capacity, increasing financial pressure on Health Boards without addressing the underlying causes of performance pressure. Existing oversight, provider assurance and system improvement arrangements reduce the likelihood, but there is not yet sufficient evidence of sustained whole-system improvement to reduce the score.

Risk Treatment Assessment: Tolerate

Risk Score Trend this Period: ⟷

Risk Score Trajectory:

Table to be populated over time.

Current Control Measures

- National handover improvement oversight and escalation
- Oversight of provider WAST demand and capacity modelling
- Provider based scenario modelling for ambulance workforce (Unit Hours Production) and funding implications
- Financial escalation through NWJCC and NHS Wales planning processes

- JCC commissioning arrangements Provider Performance Assurance Group (PPAG)Commissioning Intentions within 26/27 for provider delivery
- NWJCC strategic review, NWJCC annual plan and commissioning oversight of provider IMTP delivery

Sources of Assurance (Internal and External)

- Joint Committee performance, finance and risk reports
- Planning, Performance and Finance Sub-Committee scrutiny
- WAST provider assurance reporting against performance assurance framework changes (MIQPR).
- Health Board assurance reporting on improvement delivery
- HIW report

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
• Limited leverage over whole-system flow drivers outside NWJCC control to drive required performance improvement	• Use NWJCC governance routes to maintain system-wide visibility of ambulance handover, demand, flow and delivery risks. • Strengthen joint planning and escalation with WAST and Health Boards • Use scenario modelling to inform options, affordability assessments and commissioning implications.	• Clearer understanding of the extent to which whole-system flow constraints affect commissioned ambulance performance. • Improved alignment between commissioning decisions and wider urgent and emergency care system improvement.	• Regular reporting of whole-system flow assumptions and dependencies through PPF and Joint Committee routes. • Evidence of WAST and Health Board actions being monitored through agreed system forums. • Scenario modelling used to inform commissioning options and future ambulance capacity assumptions.

Linked National Priority Measures

- Ambulance Performance Framework

Ongoing Activity to Manage Risk

- Provider Action planning
- NWJCC and WAST Exec to Exec monthly performance assurance
- NWJCC Governance process revision and implementation

Significant activity or incidents affecting this strategic risk this period:

- Provider demand increases due to seasonal pressures e.g. bank holiday weekend/increased temperatures.
- Provider workforce UHP reductions due to 'common' annual leave periods

Associated Risks escalated to the Organisational Risk Register (Example risks from the ORR only – not exhaustive)

Risk Reference:	Risk Title:	Current Risk Score:
96	Delivery and Sustainability of Commissioned Capacity for the Emergency Ambulance Service (EMS)	20 (C5XL4)

Strategic Objective(s): • Maximise Value • Reduce Duplication • Facilitate Integration	Risk Score: **15**
Strategic Risk 4 – Commissioning Boundaries and Accountability	

If…there are unclear commissioning boundaries between NWJCC and Health Boards leading to gaps in accountability and unmanaged system risk	***Then***…there is a risk of duplication, omission of services or delayed mitigation of pressures	***Resulting in***… • Increased system risk • Services not formally delegated to the NWJCC • Inconsistent understanding across the system of responsibility for service provision • Poor access to services for patients leading to worsening outcomes and inequity • Cross border variation • Failure to achieve national standards relating to timely access to care and treatment, cancer performance, mental health access, women's health and other nationally commissioned service outcomes due to unclear accountability, ineffective performance management and gaps in system oversight between NWJCC and Health Boards.

Risk Lead	Medical Director	Assurance Committee(s)	• Joint Commissioning Committee • CTM Audit, Risk & Assurance Committee • Planning, Performance and Finance Sub-Committee

	Consequence	Likelihood	Score
Initial	3	5	15
Current	**3**	**5**	**15**
Target	3	3	9
Risk Appetite	**Open**		

Rationale for assessment of risk score:
The current score of 15 (consequence 3 × likelihood 5) remains appropriate because unclear or evolving commissioning boundaries between NWJCC, Health Boards, NHS England and Welsh Government continue to arise across existing, emerging and cross-border services. While established governance, prioritisation and IPFR arrangements mitigate the potential impact, uncertainty over responsibility can result in delayed decisions, duplication, gaps in commissioning and inequity of access. The likelihood therefore remains at 5 while work to clarify the NWJCC commissioning portfolio, accountability arrangements and the wider national clinical planning framework remain in progress.

Risk Score Trend this Period: ⟷

Risk Score Trajectory:

Table to be populated over time.

Risk Treatment Assessment: Treat and Transform			
Current Control Measures			
• Clear articulation of inclusions and exclusions within Annual Plan 2026-27 and future IMTPs • Transparent evidence-based assessment process for prioritisation • Engagement with Welsh Government • IQPD meetings • Participation in national peer groups and programmes of work including NHS England Prioritisation process and NHS Scotland's ANIA pathway to determine UK wide priorities • Individual Patient Funding Request Policy (IPFR)			
Sources of Assurance (Internal and External)			
• NICE guidance on what should be commissioned • Public Health Wales assurances reports detailing where population need is or is not being met. • Horizon Scanning			
Gaps in Controls / Assurances	**Mitigating Actions**	**Intended Impact of Mitigating Actions**	**Indicators of Success (following implementation of mitigating actions)**
• Clarity over JCC commissioned services	• Full list of commissioned service and development of decision tree to support determination of commissioning responsibilities of services and treatments to JCC	• Understanding of JCC commissioning remit, supporting commissioning pathways and IPFR requests	• Published list of services and internal decision tree
• Lack of process to support routine commissioning of recurrent IPFR requests	• Process in place to enable three or more approved requests for treatment for specific indication with evidence base, within a 12month period, to be adopted for routine commissioning	• Enable equity of access and support for quality services and ensuring value for money through appropriate commissioning of services with required critical mass.	• Process in place and subsequent evidence review on indications formally presented to JC for review. ~~Regular approval of IPFR requests without the need for recourse to Chair's Action.~~
• Ongoing system complexity	• Clear roles and responsibilities within pathways to ensure patients are receiving quality care. • Develop and maintain a commissioning accountability map setting out NWJCC, Health Board and Welsh Government responsibilities for key service areas. • Review inclusions, exclusions and delegated responsibilities through annual planning, IQPD and relevant national forums. • Escalate unresolved accountability issues through executive and Joint Committee governance routes.	• Allow transparency in decision making process and enable consistence • Improved clarity of commissioning boundaries and reduced risk of duplication, omission or delayed action. • More timely escalation where accountability is unclear or disputed.	• Commissioning accountability map developed, maintained and used in planning discussions. • Boundary issues logged with agreed owners, actions and escalation routes. • Reduction in unresolved or recurring commissioning boundary disputes.
• Emerging services and technology	• Clear Horizon scanning process and adoption route • Strengthen horizon scanning arrangements for emerging services, technologies, guidance and NICE requirements. • Establish an early assessment route to determine commissioning responsibility,	• Enable new services and technologies to be adopted in a timely manner • Earlier identification of emerging commissioning responsibilities and associated resource implications. • Reduced risk of delayed decisions or unmanaged implementation pressures.	• SOP in place • Horizon scanning outputs routinely reviewed through commissioning and planning forums. Emerging technologies and service developments assessed for commissioning responsibility and resource impact.

	affordability, quality implications and implementation requirements. • Use strategic reviews and prioritisation processes to inform decisions on adoption, delegation or escalation.		• Clear decision route established for adoption, prioritisation or escalation of new requirements.
• Insufficient funding to commission current and new emerging services	• Clear and robust prioritisation process to determine best use of resources including supporting disinvestment • Use annual planning and prioritisation processes to identify current and emerging service requirements that cannot be funded within existing resources. • Escalate unfunded or partially funded requirements through NWJCC, Health Board and Welsh Government routes as appropriate. • Review of commissioning and funding models	• Ensure commissioned services provide maximum • Improved transparency of affordability gaps and residual commissioning risk. • Determine alternative commissioning and funding models for example for complex therapies.	• Developed and tested prioritisation process with associated documents • Prioritisation decisions recorded through annual planning and committee governance routes. Review of funding mechanisms
• Lack of National Clinical Plan for Wales	• NWJCC is inputting to the formation and high-level statement of intent for the clinical plan which will be published in December 2026. • There is a Welsh Government National Clinical Services Plan stakeholder event on 20th November.	• Improved alignment between NWJCC commissioning priorities and the emerging national clinical direction for Wales, with clearer strategic context for service planning, prioritisation and commissioning accountability. This should reduce the risk of fragmented decision-making, duplication and gaps in service responsibility.	• NWJCC input is demonstrably reflected in the national statement of intent and subsequent National Clinical Services Plan. The Plan is published and its implications for NWJCC responsibilities, service priorities and commissioning boundaries are assessed. • Agreed actions are incorporated into the NWJCC IMTP, commissioning intentions and relevant governance reporting, with any unresolved accountability or affordability issues formally escalated.

Linked National Priority Measures

- Timely access to care and treatment
- Cancer performance
- Mental health access
- Women's health
- Ambulance Performance Framework

Ongoing Activity to Manage Risk

- Strategic Reviews and Deep Dives ongoing with recommendations to support risk mitigation. IPFR deep dive complete and recommendations to be made to JC in November.
- New guidance to commission services that comes out of evidence reviews, guidance and prioritisation
- Development of prioritisation process to inform IMTP. EBRA process developed and first panel to be held on 12th November. Review of process to follow. This aligns to Cancer innovation adoption pathway and Innovation Leads adoption framework.

Significant activity or incidents affecting this strategic risk this period:

- ~~NHS England commission SABR in prostate, while the NWJCC commission SABR in other indications, prostate is commissioned by Health Boards leading to inconsistent and inequitable approach. This is also seen in other areas where the NWJCC and Health Boards commissioning responsibilities are inconsistent.~~
- Further differences between NHS England and NHS Wales commissioning lead to cross border inequity.

• Medicines Ops Team have commenced the development of a list of medicines the NWJCC commissions to provide clarity between commissioning bodies. • Organisational plan in development to publish list of commissioned services.		
Associated Risks escalated to the Organisational Risk Register (Example risks from the ORR only – not exhaustive)		
Risk Reference:	**Risk Title:**	**Current Risk Score:**
N/A		

Strategic Objective(s): • Maximise Value • Ensure Quality • Reduce Duplication • Facilitate Integration	**Risk Score:** **12**
Strategic Risk 5 – Data Quality, Analytical Capability and Capacity and Contract Management	

If…poor provider data quality, inconsistent clinical coding and limited analytical capability and capacity undermines the NWJCC from effectively contract managing commissioned services	***Then***…there is a risk of weak oversight, delayed intervention and unmanaged quality, activity, outcome and financial risk	***Resulting in***… • Reduced ability to identify, challenge and manage provider underperformance • Weak contract management and limited leverage over activity, quality and cost • Poorer commissioning decisions, forecasting and prioritisation • Unmanaged quality, performance and financial risk

Risk Lead	Director of Finance and Value (with support from Commissioning Directors x3)	Assurance Committee(s)	• Joint Commissioning Committee • CTM Audit, Risk & Assurance Committee • Planning, Performance and Finance Sub-Committee

	Consequence	Likelihood	Score
Initial	4	3	12
Current	**4**	**3**	**12**
Target	4	2	8
Risk Appetite	**Cautious** moving to **Open**		

Rationale for assessment of risk score:
The current score of 12 (consequence 4 × likelihood 3) remains appropriate due to continuing issues with data quality, coding consistency, timeliness of information, analytical capacity and access to Health Board data. These limitations can materially affect contract management, performance oversight, forecasting and the early identification of quality, activity and financial pressures. Existing validation, provider engagement and reporting arrangements provide partial mitigation; however, reliance on provider systems and variable data availability remain. The likelihood should therefore remain at 3 until sustained improvements in data quality, timeliness, accessibility and analytical capacity are evidenced.

Risk Treatment Assessment: Treat

Risk Score Trend this Period: ⟷

Risk Score Trajectory:

Table to be populated over time.

Current Control Measures

- Health Board and Provider Support
- Validations of Data
- Minimum Data Set (MDS) within contracts

Sources of Assurance (Internal and External)

- Provider performance and contract monitoring reports
- Planning, Performance and Finance Sub-Committee scrutiny
- Audit and assurance reviews of data quality and reporting
- LTA review meeting with Providers

Gaps in Controls / Assurances	Mitigating Actions	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
• Time lag to improved data maturity and consistency	• This is a consequence of timing profiles of data availability together with the time taken to compile and validate data, contract monitoring received by 26th of month following at the latest.	• Requires national engagement to reduce timelines.	• Data received earlier
• Dependence on provider systems, coding and reporting discipline	• Engagement with Providers. • Cross reference to DCHW data to identify discrepancies.	• Improved Quality of data	• Improved data, less omissions
• Residual gap in analytical capacity and specialist intelligence	• Training and development. • Recruitment to specialist data analyst posts. • Increased awareness across commissioning teams. • Engagement in National Data networks.	• Improved use of data to inform performance, and forecasting / commissioning	• Improved commissioning and planning.
• Inability to access Health Board data	• Engagement with Providers. • Cross reference to DCHW data to identify discrepancies. • Work collaboratively with Health Boards to establish formal data-sharing arrangements, strengthen information governance processes, and develop agreed reporting mechanisms that provide timely access to data required for commissioning, performance monitoring, planning, and assurance activities.	• Improved Quality of data • Improved availability and quality of Health Board data, enabling more effective oversight, evidence-based decision-making, performance management, demand and capacity planning, and identification of emerging service risks. • Reduced reliance on manual data requests and increased confidence in reporting and assurance processes.	• Improved data, less omissions • Data-sharing agreements or information-sharing protocols established with all relevant Health Boards. • Agreed datasets are received within defined timescales. Reduction in data gaps and delays affecting reporting and decision-making. • Improved quality and completeness of performance and activity reports. • Positive feedback from stakeholders regarding accessibility and usefulness of data. • Reduced number of risks or decisions impacted by insufficient data availability.

Linked National Priority Measures

- NHS Wales Performance Framework 2026/27

Ongoing Activity to Manage Risk

- Referral Management Programme
- Referral Gatekeeper role development

Significant activity or incidents affecting this strategic risk this period:

No

Associated Risks escalated to the Organisational Risk Register (Example risks from the ORR only – not exhaustive)

Risk Reference:	Risk Title:	Current Risk Score:
N/A		

Strategic Objective(s): • Maximise Value • Facilitate Integration	**Risk Score:** **15**
Strategic Risk 6 - Financial Sustainability and Affordability	

If… the NWJCC is unable to maintain financial balance because the plan is delivered within a no investment settlement, with recurrent underlying cost pressures, high-cost medicines growth and reliance on Commissioner and Provider efficiency savings that may not be fully deliverable	***Then***… there may be an inability to deliver financial balance in year which will impact on the planning for a balanced IMTP for the period 2027/28 – 2029/30	***Resulting in***… • Failure to deliver a balanced in-year plan • Increased pressure on Health Boards IMTP's • Reduced headroom for service sustainability and transformation.

Risk Lead	Director of Finance and Value	Assurance Committee(s)	• Joint Commissioning Committee • CTM Audit, Risk & Assurance Committee • Planning, Performance & Finance Sub-Committee

	Consequence	Likelihood	Score
Initial	5	3	15
Current	**5**	**3**	**15**
Target	5	1	5
Risk Appetite	**Cautious**		

Risk Score Trend this Period: ⟷

Risk Score Trajectory:

Table to be populated over time.

Rationale for assessment of risk score:
The current score of 15 (consequence 5 x likelihood 3) remains appropriate. The potential consequence remains severe because failure to maintain financial balance would affect Health Board funding and constrain delivery of the 2027/28-2029/30 IMTP. The Month 7 forecast underspend provides partial in year mitigation; however, longer term delivery remains dependent on recurrent savings, management of underlying cost pressures and high-cost medicines growth, and resolution of the remaining Health Board funding impact.

Risk Treatment Assessment: Treat

Current Control Measures

- Robust financial planning and IMTP prioritisation to assess affordability and value of service developments
- Management of collaborative savings programmes with providers and escalation where necessary
- In-year financial monitoring and escalation - Review of activity, demand and contractual performance to identify emerging financial risks and pressures
- Scrutiny of high-cost treatments, specialist devices and emerging service pressures through financial and commissioning governance processes
- LTA and SLA management - Provider contract performance and assurance meetings focused on workforce, capacity, finance, activity and service resilience risks

Sources of Assurance (Internal and External)

- Joint Committee financial reports
- Planning, Performance & Finance Committee oversight
- External audit and Welsh Government assurance processes

- Ongoing Strategic Priorities and Reviews
- Annual Accounts
- Various internal audit assurance processes and feedback

Gaps in Controls / Assurances	Mitigating Actions	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
• Limited flexibility within no-investment framework	• Requirement to identify savings / sustainability plans	• Reduction of £16.2m commissioner funding	• Return of funding to Commissioners
• Delivery risk associated with planned and recurrent savings	• LTA reviews through commissioning arrangements and strategic reviews / deep dives in line with Annual plan	• Ensure best value services and engagement across wider NHS with providers.	• Outcomes of reviews / deep dives
• Exposure to in-year volatility (e.g. medicines, demand surges, referral gatekeeping)	• Close financial management of financial position. Business partner engagement. Contract meetings with providers.	• Management of cost pressures.	• Maintain financial balance

Linked National Priority Measures

- NHS Wales Financial Monitoring Returns

Ongoing Activity to Manage Risk

- Monitoring of Annual Plan 2026-27 Delivery
- Value, Efficiency and Sustainability Board
- Strategic Reviews and Deep Dives
- Savings Pipeline

Significant activity or incidents affecting this strategic risk this period:

The Month 6 financial position reported a forecast underspend of £2.4m towards the £16.2m funding reduction request. In addition, £5.1m of funding towards prior commitments was reported to the JCC through the Value & Sustainability reports as available to release into the 2026/27 position for Month 7 reporting. The forecast total of £7.5m effectively returns most of the Health Board £16.2m of funding, except for one Health Board which would need to add further investment into the financial position.

Associated Risks escalated to the Organisational Risk Register

Risk Reference:	Risk Title:	Current Risk Score:
84	Financial break-even 2026/27	15 (C3xL5)
94	High-Cost Medicines	15 (C3xL5)