4.1.2 App.2 - Risk Dashboard (Risks Graded 15 and Above) - September 2026

LIKELIHOOD (L) / CONSEQUENCE (C)	1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
1 – Highly Unlikely					
2 – Unlikely					
3 – Likely				**65** Renal dialysis capacity across Wales - De-escalated from 16 to 12 Sept 26	**80** JACIE accreditation - south Wales CAR T service **81** JACIE accreditation - south Wales BMT service
4 – Highly Likely				**61** Obesity surgery at Salford Royal Hospital waiting times **97** Unsustainable Neurosciences Capacity and Workforce Resilience (Replaces Risk 68) **98** Neurosciences service pressures due to NWJCC investment decisions (Replaces Risks 82, 87 & 95) **89** Paediatric Neurology Service provision for North Wales **99** Paediatric Neurology Service provision for South Wales - New Risk added Sept 2026 **100** Commissioning of the Welsh Gender Service - New Risk Added Sept 2026 **101** Quality, Safety and Patient Outcomes for the Welsh Gender Service - New Risk Added Sept 2026	**88** Commissioning of 24/7 South Wales Thrombectomy Service **96** Delivery and Sustainability of Commissioned Capacity for the Emergency Ambulance Service (EMS)
5 – Almost Certain			**84** Financial Break-even 2025/26	**94** High-cost medicines	

Organisational Risk Register (Risks Graded 15 and Above) - September 2026

JCC RISK REGISTER - RISKS WITH SCORES >15

Risk Ref	Risk Opened	Risk Title	Revised Risk Descriptor (by Commissioning Team)	Controls in place	Action Plan	Provider/s	Provider Risk Indicator	Provider Risk Indicator Link	NWJCC Assuring Committees / Sub-Committees	Rating (current) (C x L)	Rating (Target) (C x L)	Trend	NWJCC Strategic Objective and Annual Plan Priority	NWJCC Risk Domain	NWJCC JAF Strategic Risk Risk Appetite Level Risk Treatment	Next Review Date	Commissioning Team/ Directorate
61	**Dec-23**	**Obesity surgery for the population of North Wales**	**If...**the JCC is unable to secure an alternative provider for obesity surgery for the North Wales population **Then...**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. This would lead to fragmented care and extended delays for BCUHB patients, worsening an already deteriorating waiting list position. **Resulting in...** • the potential for poorer population outcomes and inequity of service provision across Wales. • 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 oversight in place, action plan and task finish group established to manage the required change.	• The SBUHB Executive Board approved the business case proposal on 10 June 2026. Regular meetings have taken place between SBUHB, Northern Care Alliance (NCA) and Betsi Cadwaladr University Health Board, with discussions continuing regarding the transfer of patients on the waiting list from NCA to WIMOS. • Regular meetings have taken place with the WIMOS Clinical Lead and the Head of Commissioning and continue while working through the implmentation of the business case proposal and the patient transfer. • Continue the process to identify a new provider of obesity surgery for the North Wales population. Procurement of a sustainable long-term provider solution is being progressed and a designated provider process has been initiated with expressions of interest currently underway. **Update September 2026:** Following the withdrawal of services by Northern Care Alliance NHS Foundation Trust (Salford Royal Hospital) in March 2026. This has required the development of an interim arrangements with the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) to ensure continuity of care for patients on the waiting list while a longer-term provider solution is secured. The transfer of patients is progressing, the NWJCC has been working closely with the WIMOS team to progress the transfer of patients from the NCA. This work is now in its final stages, and we anticipate completion of the transfer arrangements shortly (October 2026). Procurement of a sustainable long-term provider solution is being progressed and a designated provider process has been initiated with expressions of interest currently underway. The risk score remains unchanged. The Commissioning Team will review the risk score once confirmation has been received that implementation of the business case is underway and the transfer of patients to WIMOS has been completed.	BCUHB/Salford Royal Hospital			• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	C: 16 L: 4 **4 x 4**	C: 4 L: 1 **4 x 1**	⟷	**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. **Cardiac Review**	Health Inequalities Strategic Commissioning Resources	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	Nov-2026	Cardiac
80 CB12	**May-25**	**JACIE certification south Wales CAR T service**	**If...**CVUHB does not achieve JACIE certification for its CAR-T service due to facilities not meeting standards **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: • 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 **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	• 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	• In conjunction with the provider, to advise Welsh Government on the implications for the service and patients if JACIE certification is not achieved. • ~~Continue to meet with the service on a regular basis to monitor progress - COMPLETE~~ • Meet CVUHB and SBUHB to discuss the revenue business case on 9th October. **September 2026 update -** 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. Plans for such corrections were included with the response submitted to JACIE on 8th July showing that CVUHB complies-with all the standards which do not require further investment. A proposal to address areas highlighted by JACIE report as requiring staff has been received from the health board and is being scrutinised by the Cancer & Blood team. The Cancer & Blood commissioning team has reviewed the score using the JCC domains and risk scoring matrix and the scoring remains unchanged.	CVUHB	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	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	C: 15 L: 5 **5 x 3**	C: 5 L: 1 **5 x 1**	⟷	**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	Health Outcomes Strategic Commissioning Resources Reputation	Strategic Risk 1 – Commissioning of Sustain High Quality, Safe and Effective Services Cautious Treat	Nov-2026	Cancer & Blood
81 CB13	**May-25**	**JACIE certification south Wales BMT service**	**If**... CVUHB does not achieve JACIE certification for its BMT service due to facilities not meeting standards **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: • 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 **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. If outsourcing: significant increase in costs and administration to the JCC and NHS Wales due to commissioning additional services in England	• 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	• In conjunction with the provider, to advise Welsh Government on the implications for the service and patients if JACIE certification is not achieved. • Continue to meet with the service on a regular basis to monitor progress - COMPLETE • Meet CVUHB and SBUHB to discuss the revenue business case on 9th October. **September 2026 update -** 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.Plans for such corrections were included with the response submitted to JACIE on 8th July showing that CVUHB complies with all the standards which do not require further investment. A proposal to address areas highlighted by JACIE report as requiring staff has been received from the health board and is being scrutinised by the Cancer & Blood team. The Cancer & Blood commissioning team has reviewed the score using the JCC domains and risk scoring matrix and the scoring remains unchanged.	CVUHB	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	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	C: 15 L: 5 **5 x 3**	C: 5 L: 1 **5 x 1**	⟷	**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	Health Outcomes Strategic Commissioning Resources Reputation	Strategic Risk 1 – Commissioning of Sustainable High Quality, Safe and Effective Services Cautious Treat	Nov-2026	Cancer & Blood
84	**Apr-25**	**Financial break-even 2026/27**	**If...**the NWJCC overspends against the agreed Annual Plan 2026/27 **Then...**the Health Boards will have to include the relevant amounts in their own financial reporting **Resulting in...**unexpected overspends/restriction of JCC/HB services to patients/breaching HB statutory financial requirements. If this happens there is a risk that the JCC financial position will have a detrimental impact on individual Health Board financial positions leading to potential reputational damage to the JCC	• 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. • 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.	• Continuation of discussion with Welsh Government and Health Boards • SLT prioritising the work plan aligned to the risk based foundational plan and strategic priorities. **Update for September 2026 -** Continued monitoring of strategic sustainability and efficiency to ensure a break even position, with a view to go further and reduce commissioner contributions. At September (Month 6) we are reporting a forecast underspend of £2.4M. Work in respect of identifying further savings is progressing with a paper due to be presetned to the JCC Strategy Workshop (15th October 2026) which identifies potential for the underspend to increase to £7.5M.	N/A			• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	C: 15 L: 9 **3 x 5**	C: 9 L: 3 **3 x 3**	⟷	**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	Strategic Risk 6 - Financial Sustainability and Affordability Cautious Treat	Nov-2026	Finance & Value
88 NCC068/ NCC070	**Jul-25**	**Commissioning of 24/7 South Wales Thrombectomy Service**	**If...**the JCC is unable to commission a 24/7 mechanical thrombectomy service on behalf of South Wales Health Board's and their populations, and there continue to be lower number of thrombectomies than anticipated undertaken by North Bristol Hospitals Trust (NBHT), **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. In addition, the number of mechanical thrombectomies in the block contract with NBHT will not be achieved, **Resulting in...**the JCC being open to significant reputational risk and potential judicial review of decisions linked to service provision, and a financial risk to the JCC.	• Discussions with North Bristol Hospital Trust (NBHT) being held regarding24/7 service provision. • 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 addresing this risk in the long term.	• Discussions with Cardiff & Vale University Health Board (CVUHB) North Bristol Hospital Trust (NBHT) being held regarding 24/7 service provision. • JCC to continue to meet Cardiff service quarterly as part of the Neurosciences performance and assurance meetings 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 addresing this risk in the long term.	CVUHB	No risk for Thrombectomy on CVUHB Risk Register or BAF - From the provider's perspective, it delivers to its current contract.	N/A	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	C: 20 L: 8 **4 x 5**	C: 8 L: 2 **4 x 2**	⟷	**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. **Thrombectomy Deep Dive**	Health Inequalities Legal Reputation	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	Nov-26	Neurosciences
89 P/21/28	**Jul-25**	**Paediatric Neurology Service provision for North Wales**	**If...**neurology services in Alder Hey NHSE remain under resourced **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 **Resulting in...** • 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	• Continue regular SLA perfomance meetings with Alder Hey to discuss JCC commissioned services.	• 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. **Update for September 2026** - W&C Commissioning Team have reviewed the risk which remains unchanged. Following the meeting with Alder Hey and BCUHB in June, BCUHB have requested a further meeting to discuss whether the agreed model will proceed. The discussion will include the contracting arrangements and the referral criteria. Due to annual leave in both teams a meeting is not currently scheduled. In August - BCUHB have not agreed to the new service offered by AHCH. Further meetings between BCUHB & AHCH are taking place. The risk remains unchanged awaiting the outcome of these meetings.	Alder Hey			• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	C: 16 L: 8 **4 x 4**	C: 8 L: 2 **4 x 2**	⟷	**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. **Sustainability & Efficiency**	Health Inequalities Strategic Commissioning Resource Reputation	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	Nov-26	Women & Children

Organisational Risk Register (Risks Graded 15 and Above) - September 2026

Risk Ref	Risk Opened	Risk Title	Revised Risk Descriptor (by Commissioning Team)	Controls in place	Action Plan	Provider/s	Provider Risk Indicator	Provider Risk Indicator Link	NWJCC Assuring Committees / Sub-Committees	Rating (current) (C x L)	Rating (Target) (C x L)	Trend	NWJCC Strategic Objective and Annual Plan Priority	NWJCC Risk Domain	NWJCC JAF Strategic Risk Risk Appetite Level Risk Treatment	Next Review Date	Commissioning Team/ Directorate
94	**Nov-25**	**High-Cost Medicines**	**If...**Medicine costs increase by a predicted 30% plus inflation due to geo-political pressures and inflation **Then...**the JCC's expenditure could increase by circa £39m **Resulting in...**significant financial pressures for the organisation which will impact on our ability to achieve financial targets and/or savings. Additionally this will impact on our ability to deliver our Foundational Plan or future IMTP plans	• 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.	• Make representations and lobby key stakeholders - ABPI, Welsh Government • Review all medicines commissioned to ensure they all remain appropriate for JCC commissioning **Update for September 2026 -** The Medical team has reviewed the risk using the JCC domains and risk scoring matrix and the risk remains unchanged	ALL			• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	15 3 5	9 3 3	⟷	**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	Strategic Risk 6 - Financial Sustainability and Affordability Cautious Treat	Nov-26	Medical Directorate
96	**May-26**	**Delivery and Sustainability of Commissioned Capacity for Emergency Ambulance Service (EMS)**	**If...**The Welsh Ambulance Service University NHS Trust (WAST) is unable to fully utilise the Emergency Ambulance Service capacity commissioned by the NWJCC due to provider and wider NHS Wales system pressures, including increased demand, ambulance handover delays, and limited alternative care pathways. **Then...** Health Board populations may not receive timely access to pre-hospital emergency care **Resulting in...**Patient harm, poorer patient experience, reputational damage to the NWJCC, and additional financial pressures, with the commissioning of additional ambulance capacity alone unlikely to fully mitigate the risk without wider system improvements. Commissioning of additional capacity alone will not mitigate current inefficiencies.	• New JCC commissioning arrangements Provider Performance Assurance Group (PPAG) •Review WAST MIQPR (Performance Report) • JCC & health boards touchpoints - monthly liaison meetings. • 6 weekly meetings with HB Quality teams • Commissioning Intention within 26/27 for provider to deliver against non-cash releasing productivity gains (2%) • Joint demand & capacity reviews • NWJCC strategic review, resulting in strengthened commissioning approach • Regularly reviewed performance • NWJCC ongoing conversations with Committee (Joint acceptance of tolerance for commissioning of current 6.000, hours) • Monitoring of WAST IMTP delivery 2026/2027-29 Ongoing e.g. WAST culture change programme, areas outlined inc. Workforce; sickness absence challenges and monitoring provider service improvements e.g. meal breaks workstream.	• Forecasting population for Commissioning (deprivation metrics) against a newly developed performance dashboard Update data validation stage - Q3 2026 • JCC Assurance; Regular (weekly) monitoring of utilisation, UHPinc. % provision and HB handover performance reporting - Ongoing/BAU ASI Reviews (Power BI) Measures review JCC/WAST • Agree Provider targets (notification if exceeds threshold for escalating) - Q2/Q3 2026 (as part of the Commissioning for Value framework delivery project). **Update September 2026 -** During the last 2 month period, new commissioning assurance structures have been implemented inclusive of provider performance assurance groups and health board liaison meetings. The risk rating over 15 for Risk 96 remains unchanged at score 20, with target of 10 and is dependent on the profile of handover improvements and winter pressures. Handover lost hours for July (9,336) and August (8,608) show some improvement when compared with June, however have increased again in September (11,677). WAST winter scorecard focus meetings due to commence October are also expected to achieve closer monitoring and performance assurance.	WAST NEPTS NHS 111 WALES EMRTS	WAST Risk 223 QUEST *Trust inability to reach Patients in the Community. Causing patient harm and death.*	https://ambulance.nhs.wales/files/trust-board-papers/papers-27-november-2025/ Agenda Item 10	• Joint Commissioning Committee NWJCC • Planning, Performance & Finance Sub-Committee PPF • Senior Leadership Team SLT • CTMUHB Audit & Risk Committee ARAC	20 5 4	10 5 2	⟷	**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. **Ambulance / 111 Review**	Strategic Commissioning Health Outcomes Resources Reputation	Strategic Risk 3 – Ambulance Commissioning Model Open Tolerate	Nov-26	Ambulance Services and National Programmes
97 (Replaces ORR Risk 68) Combines Directorate Risks: NCC064 NCC065 NCC072 NCC073 NCC077	**Apr-25**	**Unsustainable Neurosciences Capacity and Workforce Resilience**	**If...**the NWJCC's providers of Neurosciences specialities are unable to provide greater work force and pathway resilience for the services that the NWJCC commissions, **Then...**the NWJCC may be unable to reliably commission resilient, equitable and timely access to specialised Neurosciences services for the population of Wales in accordance with commissioned standards and contractual requirements. **Resulting in...**poorer population outcomes, widening inequity and access to specialist care across Wales, service escalation, reputational and legal risk for the NWJCC, and increased commissioning costs associated with service recovery or alternative provision.	• Provider contract performance and assurance meetings focused on workforce, capacity, finance, activity and service resilience risks. • Monitoring of workforce establishments, recruitment challenges and service capacity across key Neurosciences services. • Annual commissioning intention planning and investment prioritisation processes to assess affordability and value of service developments. • Scrutiny of high-cost treatments, specialist devices and emerging service pressures through financial and commissioning governance processes. • NWJCC escalation arrangements and executive-level engagement where provider financial pressures threaten service sustainability. • Review of activity, demand and contractual performance to identify emerging financial risks and pressures.	• Develop a Specialist Rehabilitation Strategy which includes a workforce sustainability plan and financial sustainability framework. (This will require additional resource and funding. There was a strategy developed but paused on 2024 due to resource and finance constraints) • Develop contingency plans for fragile services to reduce reliance on unplanned and higher-cost alternative provision.(This is requires strategic action outside of the commissioning team) • Align commissioning intentions with workforce and capacity requirements. • Work with providers to develop sustainable workforce and succession plans for critical specialist roles. • Undertake a strategic review of high-cost services, treatments and devices to support value-based commissioning and investment prioritisation decisions. (This will require a strategic action outside of the commissioning team) • Strengthen activity and demand forecasting to improve investment planning and affordability modelling. (This requires strategic action outside of the commissioning team) • Identify opportunities for service redesign and regional collaboration to maximise value and reduce avoidable expenditure. (This requires strategic action - linking with regional partnership boards) • Review contracts and baselining as required (This would require be led by finance)	CVUHB, SBUHB			• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16 4 4	8 4 2	⟷	**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. **Sustainability & Efficiency**	Health Inequalities Strategic Commissioning Resources Reputation	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	Nov-26	Neurosciences
98 (Replaces ORR Risks 82, 87 & 95) Combines Directorate Risks: NCC057 NCC059 NCC071 NCC076	**Jul-25**	**Neurosciences service pressures due to NWJCC investment decisions.**	**If...**following Annual Planning decisions not to invest in Neuroscience specialities, the NWJCC does not prioritise funding for neurosciences during the IMTP 2027-2030 **Then...**patients may experience delays, restricted access or variation in service provision based on geography or provider capacity, **Resulting...**in health inequalities, poorer patient outcomes, failure to meet national clinical service standards, increased complaints and regulatory scrutiny, and reputational or legal challenge to NWJCC as commissioner.	• Quality and assurance meetings with providers to monitor delivery against service standards, service specifications and commissioned outcomes. • NWJCC escalation framework for services demonstrating significant performance, quality or safety concerns. • Stakeholder engagement with providers, Welsh Government and patient groups. • Annual commissioning intention planning and investment prioritisation processes to assess affordability and value of service developments.	• Develop a Specialist Rehabilitation Strategy which includes a workforce sustainability plan and financial sustainability framework. (This will require additional resource and funding) • Implement an all-Wales quality improvement programme targeting services with the greatest impact on patient outcomes and waiting times. (This is a strategic action to be lead by quality across all JCC) • Strengthen outcome-based commissioning, including the development of a consistent suite of quality, safety and patient outcome measures. • Undertake pathway reviews and service deep dives to identify and address system bottlenecks causing delays to diagnosis and treatment. • Enhance quality surveillance through triangulation of performance, patient experience, complaints and clinical outcome information. • Develop targeted recovery and improvement plans for services at risk of failing national standards or access targets.	CVUHB, SBUHB			• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16 4 4	8 4 2	⟷	**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. **Sustainability & Efficiency**	Health Outcomes Health Inequalities Resources Reputation	Strategic Risk 1 – Commissioning of Sustainable High Quality, Safe and Effective Services Cautious Treat	Nov-2026	Neurosciences
99 P/21/31	**01/09/2025 Risk Escalated** ↑	**Paediatric Neurology Service provision for South Wales**	**If...**paediatric neurology services are not delivered regionally by Cardiff & Vale UHB to the South and West Wales health boards, as per commissioning arrangements **Then...**South Wales paediatric patients will not have access to the full range of specialised paediatric neurology services with the potential for poorer population outcomes and inequity of access to opinions, reviews, medication and treatments in paediatric services across Wales. This could cause potential unfair or unavoidable differences in health across the population which may result in poor or worsening health outcomes for patients or the population. **Resulting in...** •poorer patient outcomes and experience •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 South Wales at a potential financial risk to the JCC	Meetings in place with CVUHB and affected health boards	**Update for September 2026** - Meetings with health boards where outreach clinics are held ongoing and plans are being developed. Further follow up meeting with CVUHB to be held. An interim on call arrangement has been commenced by CVUHB in September. A letter has been formulated by the JCC and sent to all health boards. Within the letter the JCC stipulates assurance that is required from CVUHB whilst working with them and health boards to understand and address any emerging issues, risks or unintended consequences. Communication between the JCC, CVUHB and surrounding health boards is ongoing.	CVUHB			• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16 4 4	8 4 2	New Risk Added Sept 2026	**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. **Sustainability & Efficiency**	Health Inequalities Strategic Commissioning Resources Reputation	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	Nov-2026	Women & Children
100 MHLDVG06	**New Risk Added 01/09/2026**	**Commissioning of the Welsh Gender Service**	**If...**the Welsh Gender Service review identifies significant concerns regarding clinical governance, assessment processes, referral pathways, quality assurance arrangements, commissioning oversight, or the effectiveness of the current service model, **Then...**the Joint Commissioning Committee may be required to work with the Welsh Gender Service to oversee the implementation of service improvements, redesign of the care pathways, and the strengthening of oversight and assurance arrangements, **Resulting in...**potential disruption to patient pathways, delays in access to appropriate treatment, deterioration in patient experience and outcomes, increased service and financial pressures, heightened stakeholder and government scrutiny, reputational damage, and potential legal or regulatory challenge.	• Independent review of the Welsh Gender Service commissioned to assess governance, quality and referral pathways. • Escalation of the service to Level 3. • Established commissioning and contract management arrangements. • Regular performance, quality and governance oversight arrangements. • Monitoring of waiting times, demand, activity, patient outcomes and incidents through routine reporting. • Established clinical governance and quality assurance processes. • Referral benchmarking and activity analysis against NHS England services.	• Complete the independent clinical review and Welsh Gender Service review. • Develop and implement recommendations arising from both reviews. • Strengthen commissioning, quality assurance and clinical governance arrangements where required. • Review service specifications and pathway requirements against emerging evidence and policy developments. • Develop and deliver an improvement and recovery plan where necessary. • Implement enhanced performance, quality and outcome monitoring. • Continue engagement with Welsh Government, providers, patients and stakeholders. • Assess implications for demand, capacity and financial planning. • Monitor delivery of recommendations through formal governance and assurance structures.	CVUHB			• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16 4 4	8 4 2	New Risk Added Sept 2026	Maximise value Ensure quality Improve equity and population health	Health Outcomes Strategic Commissioning Resources	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	Nov-2026	MHLDVG
101 MHLDVG07	**New Risk Added 01/09/2026**	**Quality, Safety and Patient Outcomes for the Welsh Gender Service**	**If...**concerns regarding the Welsh Gender Service's, patient safety, clinical governance, assessment processes, referral appropriateness and pathway management are not fully identified and addressed, **Then...**patients may be assessed, referred or managed through pathways that are not consistently safe, evidence-based or clinically appropriate, **Resulting in...**potential harm to patient experience and outcomes, delayed access to appropriate treatment, increased psychological distress, and potential patient safety incidents.	• Routine quality, safety and assurance monitoring arrangements. • Clinical governance oversight through provider and commissioner arrangements. • Escalation of the service to Level 3. • Pause of referrals for gender-affirming surgery. • Pause of surgical assessments and surgery. • Independent clinical review of patients awaiting surgery. • Desktop review of patients awaiting surgical assessment. • Quality Impact Assessment (QIA). • Equality and Welsh Language Impact Assessment (EWLIA).	• Complete the independent clinical review of affected patients. • Implement recommendations arising from the review. • Strengthen assessment and referral processes as necessary. • Review clinical governance arrangements. • Ensure appropriate psychological support for affected patients. • Reinstate referrals and surgery only where clinically appropriate. • Monitor delivery of improvement actions and patient outcomes.	CVUHB			• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16 4 4	8 4 2	New Risk Added Sept 2026	Maximise value Ensure quality Improve equity and population health	Health Inequalities Health Outcomes	Strategic Risk 1 – Commissioning of Sustainable High Quality, Safe and Effective Services Cautious Treat	Nov-2026	MHLDVG

New Emerging Risks Added (Risks Graded 15 and Above) - September 2026

JCC RISK REGISTER FOR NEW EMERGING RISKS >15

Risk ID	Month Added	Risk Title	Risk Description	Controls in place	Action Plan	Provider Risk Indicator	Provider Risk Indicator Link	Provider(s)	Assuring Committees / Sub-Committees	Rating (current) C x L	Rating (Target) C x L	JCC Strategic Objective	NWJCC Risk Domain	Commissioning Team / Directorate
CT049	01/06/2022 Risk Escalated ↑	Action plan following GIRFT review	**If...**Cardiff and Vale University Health Board fail to share the SMART action plan (required to implement the outcomes of the GIRFT review and to address the additional issues identified by HEIW) **Then...**the JCC will be unable to effectively monitor the delivery of actions **Resulting in...**people receiving suboptimal or delayed cardiac surgery treatment	• Instituting of regular (every 6 weeks) Stage 3 escalation meetings with Cardiff and Vale University Health Board • HEIW report and action plan shared with JCC and discussed in escalation meetings • Development of SMART action plan to take forward the recommendations of the GIRFT review, shared with JCC at escalation meetings to enable the monitoring of progress and identification of any required remedial actions.	• Monitor implementation of the SMART action plan at Risk, Assurance and Recovery meetings - Bi-monthly • Update on the recruitment process for the audit staff - Head of Commissioning requested an update in the September Risk and Assurance meeting, start date for postholder awaited. Further unpdate to be provided in the Risk and Assurance meeting in October. • The service was escalated to Level 2 in June 2026, and while an action plan was submitted in July 2026, further information and evidence have been requested through Risk and Assurance arrangements and remain awaited. This has been chased and is with CVUHB Director of Operations for Specialised Services. **Update September 2026** – The Cardiac Surgery Service at CVUHB remains an area of concern. The service was initially placed at Escalation Level 1 due to limited progress in delivering GIRFT recommendations, particularly in relation to data collection, quality reporting and audit arrangements, with improvement impacted by ongoing workforce challenges. Despite ongoing escalation and oversight arrangements, limited progress has been made in addressing deficiencies in clinical audit, quality reporting and outcome monitoring. Concerns remain regarding the quality and completeness of NACSA data, gaps in quality and mortality indicators, non-submission to SCTS benchmarking, and the inability to maintain the Cardiac Surgery Quality and Safety Dashboard. As a result, there is reduced assurance regarding clinical outcomes and a reduced ability to identify and respond to emerging quality and patient safety concerns in a timely manner. Given the continued lack of progress, escalation to Level 2, and the increased potential impact arising from the absence of robust outcome reporting and audit arrangements, **the risk score has been increased from 12 to 15 following review by the Commissioning Team in September 2026.**			CVUHB	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**15 (C3 X L5)**	**3 (C3xL1)**	Ensure quality	Health Outcomes	Cardiac

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**	**Rating (Current)**	**Rating (Target)**	**Month De-escalated**	**De-escalation Rationale**
ORR 65 WKN18	**Renal Dialysis Capacity across Wales**	**If...**the number of patients requiring dialysis continues to grow annually at a rate of 3–4% (or higher based on some projections) **Then...**the demand will exceed current 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. **Resulting in...** • 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	**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 Resource	• 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 retun 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 Clincial Prevention Lead: - All Wales Community Healthcare Pathway for referrals for Chonric 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	Prevention workstream medium/long term effect: • Community Cardiorenal clinic pilot being developed in SBUHB - start date to be confirmed Commissioned services: • A focus on increasing home therapies and transplant will increase capacity in the units, although a percentage of patients will retun 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 Twillight • 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	• Joint Commissioning Committee • Quality & Patient Safety Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**12 (Reduced from 16)**	**8**	Sep-26	Risk has been de-escalated from a risk of 16 to 12. This is due to increased capacity within the South West Wales provision and additional investment provided through Care Closer to Home focused on increasing home dialysis across Wales

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.	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.	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.
Health Inequalities Risks that may result in unfair or unavoidable differences in health across different groups within society	• Negligible risk to communities, with limited impact on health inequalities or disparities	• 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	• 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	• 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	• Catastrophic threats to certain populations, leading to widespread and severe health crises, overwhelming healthcare systems, and causing significant loss of life and societal disruption
Health Outcomes Risks that may result in poor or worsening health outcomes for individuals or populations	• Health outcomes for certain populations are negligible, with only immaterial variations to care or health status observed	• Minor risk which may lead to noticeable effects on health outcomes, leading to minor disparities in disease management, treatment outcomes, or overall well-being	• Moderate risk which may lead to significant impacts to health outcomes, resulting in disease progression, functional impairment, and health-related quality of life	• 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	• 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
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	• No impact or negligible impact or breach of guidance / statutory duty	• Breach of statutory legislation • Reduced performance rating if unresolved	• Single breach in statutory duty • Challenging external recommendations / improvement notice	• Enforcement action • Multiple breaches in statutory duty • Improvement notice • Low performance rating • Critical report	• Multiple breaches in statutory duty • Prosecution • Complete systems change required • Zero performance rating • Severely critical report
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	• Short-term low staffing level that temporarily reduces business quality and delivery (<1 day)	• Low staffing level that reduces business qualiyt and delivery	• 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	• 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	• Non-delivery of key objective / businessdue to lack of staff • Ongoing unsafe capacity or competency levels • Loss of several key staff • Staff unable to attend mandatory training on ongoing basis
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	• Rumours • Potential for public concern	• Local media coverage – short-term reduction in public confidence • Elements of public expectation not being met	• Local media coverage – long-term reduction in public confidence	• National media coverage with <3 days well below reasonable public expectations	• National media coverage with >3 days well below reasonable public expectation • MP concerned (questions in the House) • Total loss of public confidence
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	• Small loss • Risk of claim remote	• Loss of 1-2% of budget • Claim less than £10,000	• Loss of 2-5% of budget • Claim(s) between £10,000 and £100,000	• 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	• 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
Social and Economic Development Risks relating to decisions or events which may have favourable social, ethical and/or environmental outcomes	• Minimal or no impact on the environment	• Minor impact on environment	• Moderate impact on environment	• Major impact on environment	• Catastrophic impact on environment

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.	• Negligible disruption to commissioning activities with no impact on service delivery or population outcomes. • Temporary delay in pathway design or contract negotiation.	• 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.	• Moderate disruption to commissioning functions. • Inability to deliver planned service changes or meet transformation targets. • Moderate impact on access, equity, or quality of care.	• Major failure in commissioning processes. • Inability to deliver key services or meet statutory duties. • Major impact on population health outcomes, equity, or financial sustainability	• Catastrophic failure / systemic breakdown in commissioning capability. • Widespread service failure or collapse of strategic programmes. • Catastrophic impact on population health and organisational viability.
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	• 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	• 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	• 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	• 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.	• 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

Risk Scoring Matrix

	Likelihood				
	1	**2**	**3**	**4**	**5**
Consequence	**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)	**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)
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	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