

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

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

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

JCC RISK REGISTER - RISKS WITH SCORES >15																	
Risk Ref	Risk Title	Risk Description	Strategic Risk Owner	Commissioning Team/ Directorate	JCC Strategic Objective	CTM Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current)		Rating (Target)		Trend	Risk Opened	Last Reviewed
											C	L	C	L			
53 NCC062	<b>C&amp;VUHB Neurosciences Staffing issues/level (merged with NCC058)</b>	<b>If...</b> Cardiff and Vale University Health Board is unable to recruit to a number of current vacancies in the Neuro-rehabilitation service  <b>Then...</b> the gap in the number of posts that have been commissioned means that the service is not meeting the national standards  <b>Resulting in...</b> patients requiring admission to the Inpatient Neuro-rehabilitation Unit are unable to access the specialist rehabilitation they require	Director of Commissioning for Specialised Services	Neurosciences	<b>Ensure quality:</b> with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public  Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB	<ul style="list-style-type: none"> <li>Receiving quarterly repatriation delay information and monitor through the Neurosciences Risk, Recovery and Assurance meetings</li> </ul>	<ul style="list-style-type: none"> <li>JCC to continue meeting quarterly with the C&amp;VUHB team to understand the risks</li> <li>The concerns raised by the Rehabilitation team will be addressed in the Rehabilitation Strategy which is currently paused for review in 25/26.</li> <li>CVUHB have successfully recruited to the commissioned staffing establishment but remain below the minimum standards for the British Society Physical Rehabilitation Medicine.</li> </ul> <p><b>Update for November 2025 - Commissioning Team undertaken a review of this risk which remains unchanged</b></p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	16	4	4	4	↔	Aug-23	Nov-2025
61	<b>Obesity surgery waiting times</b>	<b>If...</b> long waiting times for obesity surgery continue (which Salford Royal hospital have advised will be unlikely to reduce significantly in the medium to long-term)  <b>Then...</b> patients from Betsi Cadwaladr University Health Board and North Powys awaiting obesity surgery procedures in Salford Royal Hospital will have their treatment delayed  <b>Resulting in...</b> poor patient experience, poor outcomes and inequity of service provision between the North and South Wales service	Director of Commissioning for Specialised Services	Cardiac	<b>Ensure quality:</b> with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public  Quality/ Complaints/ Assurance/ Patient Outcomes	BCUHB/Salford Royal Hospital	<ul style="list-style-type: none"> <li>Salford Royal Hospital extending operating hours and working with private provider to increase the number of procedures undertaken</li> <li>JCC and BCUHB Level 3 service communicating proactively to ensure that the health board is fully cognisant of the identity of longer waiters</li> <li>JCC corresponding with Salford Royal to monitor current waiting list position</li> <li>JCC pursuing mitigating actions with South Wales to be able to make a better offer to patients</li> </ul>	<ul style="list-style-type: none"> <li>A meeting will be arranged with the level 2/3 BCUHB Obesity service with a view to exploring the options for an alternative provider - <b>December 2025/January 2026</b></li> <li>JCC to commence work to identify an alternative English provider - <b>December 2025/January 2026</b></li> <li>WIMOS have confirmed that the service are progressing with arranging a clinic for a small number of BCUHB patients (a date has not yet been confirmed - NWJCC to contact the WIMOS service for an update - <b>December 2025</b>)</li> <li>The process for the escalation of the Salford obesity surgery service to Level 3 of the NWJCC Escalation Framework was initiated in December 2024 and endorsed by the NWJCC Senior Leadership Team in January 2025. A letter was sent to Salford in February informing them of the escalation and process (no response has yet been received). A chasing communication was sent by the Director of Commissioning for Specialised Services in April 2025. An escalation meeting could not be arranged with the Salford service until a response had been received from Salford.</li> <li>A follow up letter was sent in September 2025 (from the NWJCC Chief Commissioner) to Salford requesting an urgent response to the escalation letter and confirmation of a named Executive Lead from Salford Royal to enable the NWJCC to progress with the Level 3 escalation process. Salford have since formally written to the NWJCC providing 6 months notice for the obesity surgery contract.</li> <li>WIMOS have recruited the Dietician post, who has commenced in post, thereby increasing the staffing capacity to enable the service to receive a small number of referrals from North Wales.</li> </ul> <p><b>Update November 2025 - In response to the letter of notice received from Salford an NWJCC internal meeting was arranged (24 October 2025) with the Director of Commissioning for Specialised Services, Assistant Director of Specialised Services, Associate Medical Director and the Commissioning Manager and a number of actions were agreed. The Cardiac Commissioning team have reviewed the risk which remains unchanged.</b></p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	16	4	4	4	↔	Dec-23	Nov-2025
65 WKN18	<b>Renal Dialysis Capacity across Wales</b>	<b>If...</b> the number of patients requiring dialysis continues to grow annually at a rate of 3-4% (or higher based on some projections)  <b>Then...</b> the demand will exceed current capacity across Wales for both unit-based and home dialysis.  <b>Resulting in...</b> <ul style="list-style-type: none"> <li>Commissioning of additional capacity, which could include opening of twilight sessions at financial risk to the NWJCC, to avoid population harm</li> <li>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</li> </ul>	Director of Commissioning for Specialised Services	Welsh Kidney Network	<b>Ensure quality:</b> with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public  Quality/ Complaints/ Assurance/ Patient Outcomes	BCUHB, CVUHB, SBUHB	<ul style="list-style-type: none"> <li>Value in Health Care funding secured to increase the number of transplant and home dialysis patients</li> <li>Monitoring through provider WKN meetings through the WKN commissioning performance dashboard</li> <li>Additional capacity provided in Welshpool and through the new Bridgend Dialysis Unit will be monitored through provider meetings</li> <li>A focus on increasing home therapies and transplant will increase capacity in the units, although a percentage of patients will return to unit dialysis for respite or due to kidney transplant failure, which needs to be accounted for when assessing capacity pressures</li> <li>The following strategic Prevention workstreams are expected to have a medium/long term effect, led by the WKN Clinical Prevention Lead: <ul style="list-style-type: none"> <li>All Wales Community Healthcare Pathway for referrals for Chronic Kidney Disease have been agreed and introduced into Primary Care</li> <li>Regional actions plans have been developed and introduced for increasing patient numbers for home dialysis and transplantation, monitored through the WKN Regional performance meetings</li> <li>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</li> <li>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</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Prevention workstream medium/long term effect: <ul style="list-style-type: none"> <li>Community Cardiorenal clinic pilot being developed in SBUHB - start date to be confirmed</li> </ul> </li> <li>Commissioned services: <ul style="list-style-type: none"> <li>A focus on increasing home therapies and transplant will increase capacity in the units, although a percentage of patients will return to unit dialysis for respite or due to kidney transplant failure, which needs to be accounted for when assessing capacity pressures</li> <li>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 - <b>This session is scheduled for the 10th December 2025</b></li> <li>Full workforce analysis with Regions and bench marking to quantify the various staffing costs per session by <b>Quarter 4 2025/26</b></li> <li>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</li> <li>Development of action plans for increasing capacity to include opening of Twilight</li> <li>Risk will form part of the IMTP plan for 2026/2027</li> </ul> </li> </ul> <p><b>Update for November 2025 - Risk reviewed and risk remains the same</b></p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Welsh Kidney Network Board</li> <li>Quality &amp; Patient Safety Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	16	2	4	1	↔	Jan-24	Nov-2025
68 NCC064	<b>C&amp;VUHB Specialist Auditory Hearing Service Waiting Times</b>	<b>If...</b> staffing difficulties, and an increase in BCHI referrals being received from Aneurin Bevan University Health Board continues  <b>Then...</b> south Wales patients requiring a Cochlear Implant or Bone Conduction Hearing Implant are unable to access the Specialist Auditory Hearing Service within a timely manner  <b>Resulting in...</b> the service cutting short the pathway to enable the service to see more patients within the current staff resources which is resulting in the quality of the service being compromised	Director of Commissioning for Specialised Services	Neurosciences	<b>Ensure quality:</b> with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public  Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB	<ul style="list-style-type: none"> <li>The service is at Level 3 of the NWJCC Escalation Framework <b>wef October 2025</b></li> </ul>	<ul style="list-style-type: none"> <li>In March 25 CVUHB shared the work force requirement to right size the service, indicating significant investment required. It has been identified that CVUHB receives more income than it costs to deliver the current service.</li> <li>The JCC are awaiting confirmation from CVUHB regarding the financial position and recruitment to right size the service.</li> <li>A performance meeting with the south Wales Specialist Auditory Hearing Service was held on the 7th August 25 no update from CVUHB was received.</li> <li>The JCC will continue to meet regularly with the service.</li> </ul> <p><b>Update for November 2025 - Commissioning Team undertaken a review of this risk which remains unchanged</b></p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	20	4	4	2	↔	Feb-24	Nov-2025
69 P/21/25	<b>Paediatric Radiology Service</b>	<b>If...</b> the commissioned 24/7 paediatric radiology service model is not operationalised within the children's hospital  <b>Then...</b> this may leave a prolonged gap in out of hours' provision  <b>Resulting in...</b> patients being transferred out of wales, out of hours, for diagnostic assessment and potentially their ongoing treatment	Director of Commissioning for Specialised Services	Women & Children	<b>Ensure quality:</b> with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public  Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB	<ul style="list-style-type: none"> <li>Revised business case against the 2021 investment received in May 2024</li> <li>Quarterly assurance &amp; performance meetings to monitor progress commenced July 2024</li> <li>New proposal for service agreed September 2024</li> </ul>	<ul style="list-style-type: none"> <li>Arrange meeting with service leads to discuss new proposal - Complete</li> <li>Paper to be presented to JCC Senior Leadership Team to outline changes to original business case and phased approach to delivering a 24/7 service agreed September 2024</li> <li>Progression against business plan monitored through quarterly assurance meetings with service leads - Next quarterly assurance meeting with service 01/09/25</li> </ul> <p><b>Update for November 2025 - W&amp;C Commissioning Team have reviewed the risk which remains unchanged. Assurance meeting held on 1st September. Potential work force issues due to impending retirements (consultant radiologists), the paed radiology posts have been included in the organisation's list of hard-to-recruit roles, and the medical director is exploring international recruitment options. During the meeting the risk relating to the 24/7 paediatric radiology service was discussed, noting the potential patient transfers out of Wales due to service gaps. The service confirmed that the risk level has not changed, as they continue to operate without a formal out-of-hours rota.</b></p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	20	4	4	2	↔	Mar-24	Nov-2025

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

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77	Commissioning of sufficient Emergency Ambulance Services capacity	<p>If...the NWJCC does not commission sufficient capacity of services</p> <p>Then...the providers will be unable to deliver their commissioned requirements</p> <p>Resulting in...reduced performance and quality standards, increased risk of harm, reduced system flow and NWJCC reputational risk</p>	Director of Commissioning for Ambulance Services and 111	Ambulance Services and 111	Facilitate Integration: through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales	Quality/ Complaints/ Assurance/ Patient Outcomes  Adverse Publicity or Reputation	WAST / EMRTS	<ul style="list-style-type: none"> <li>If the NWJCC failed to commission sufficient ambulance services capacity to respond to the needs of the population of Wales, significant harm, disability or death would occur.</li> <li>The NWJCC have commissioned ambulance services capacity in line with the 2019 ambulance services demand and capacity review. In addition to the 2019 demand and capacity review, the NWJCC and Welsh Government have commissioned additional ambulance service capacity, to respond to the changing demands for ambulance services.</li> <li>It is recognised though, that the level of commissioned ambulance resources are not being fully utilised due to ambulance handover delays and therefore presents a higher scoring risk, under the risk of capacity utilisation.</li> </ul>	<ul style="list-style-type: none"> <li>Increase the number of patients managed at Step 2 of the ambulance commissioning framework</li> <li>Investment in additional ambulance service capacity by pass through of 2024/25 uplift</li> <li>Completion of 2024 Demand and Capacity review - findings being considered as part of 2025/26 IMTP plan development</li> <li>Assessment of implications of Manchester Arena Inquiry submission by the ambulance service being undertaken</li> <li>The Ministerial Advisory Group report into NHS Wales Performance and Productivity (Recommendation 13) recommends urgent action should be taken to reduce ambulance handover delays at emergency departments by implementing a national improvement programme, supported by real-time data, operational standards, and accountability mechanisms. JCC are working collaboratively to support implementation of this recommendation including taking a lead on the development of a performance dashboard.</li> <li>Establishment of the clinically led National Improvement Delivery Group on 1st July 2025 to reduce ambulance handover delays of which the JCC is an active participant</li> <li>Number of lost hours due to handover delays reduced in September 2025 to circa 11,500 hours which is an improving trend.</li> </ul> <p>Update for November 2025 - Ambulance &amp; 111 Commissioning Team have reviewed risk rating of 15 current, with target 10 remains unchanged. NWJCC Strategic review findings outcomes early 2026 and understanding of the impact of the Phase 2 ambulance performance framework changed due to go live in December 2025, will inform further work in this area related to the re-assessment of demand and capacity requirements moving forward. Further progress on reduction of handover delays to 2018/19 commissioned levels will support a reduction in this risk.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	15	10	↔	Sep-24	Nov-2025
78	Utilisation of Emergency Ambulance Capacity	<p>If...the capacity commissioned by the NWJCC is not utilised for its intended purpose</p> <p>Then...Health boards and their populations will not receive the services they require</p> <p>Resulting in...patients not receiving a timely emergency ambulance response, increasing the risk of harm, disability and death</p>	Director of Commissioning for Ambulance Services and 111	Ambulance Services and 111	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public  Quality/ Complaints/ Assurance/ Patient Outcomes	WAST	<ul style="list-style-type: none"> <li>Implementation of Welsh Government ambulance handover targets for health boards</li> <li>NWJCC collaborative working with health boards and WAST to reduce conveyance to Emergency Departments</li> </ul>	<ul style="list-style-type: none"> <li>The Ministerial Advisory Group report into NHS Wales Performance and Productivity (Recommendation 13) recommends Urgent action should be taken to reduce ambulance handover delays at emergency departments by implementing a national improvement programme, supported by real-time data, operational standards, and accountability mechanisms. JCC are working collaboratively to support implementation of this recommendation and support a weekly operational discussion regarding national ambulance handover performance with Welsh Government and NHS Wales Performance &amp; Improvement including taking a lead on the development of a performance dashboard.</li> <li>Establishment of the clinically led National Improvement Delivery Group (National Handover-45 Taskforce) to reduce ambulance handover delays of which the JCC is an active participant</li> <li>6 Goals programme working to ensure All Health Boards in Wales establish Single Points of Access (SPOA) by September 2025 to facilitate more patients being streamed to the correct place to meet their needs.</li> <li>Increase the number of patients managed at Step 2 of the ambulance commissioning framework</li> <li>Investment in additional ambulance service capacity by pass-through 2024/25 uplift</li> <li>Developing of productivity improvement plan aligned to the 5 step ambulance pathway - maximising efficiency of commissioned capacity</li> <li>Introduction of rapid clinical screening from December 2024, to clinically optimise dispatch decisions</li> <li>Phased introduction of RICS (Remote Integrated Care Service) in Q4, providing consistency for 111 and 999 to remotely clinically assess patients via a single point and appropriately refer patients to a direct pathway (where available). This ensures ensuring patients can access the right response first time.</li> <li>Sustained reduction throughout Q1 and Q2 2025/26 in the number of lost hours due to ambulance handover delays within a number of hospitals within NHS Wales is resulting in more emergency ambulance capacity being utilised for its intended purpose.</li> <li>Accelerated design events planned took place during August/September 2025 to improve handover delays further.</li> </ul> <p>Update for November 2025 - Ambulance &amp; 111 Commissioning Team have reviewed the risk rating of 20 current, with target 15 remains unchanged. Ambulance service Unit Hour Production continues to be monitored as part of Ambulance Services and 111 performance monitoring. Handover position remains challenging, health boards are currently undertaking a readiness assessment in relation to further expectations around handover improvement.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	20	15	↔	Sep-24	Nov-2025
79	Type A Aortic Dissection	<p>If...the recommendations of the 202 GIRFT review relating to the treatment of Type A Aortic Dissections cannot be implemented</p> <p>Then...patients from South Wales will not have access to the recommended single Type A Aortic Dissection treatment pathway and will continue to need to be transferred to England if identified as benefiting from the Frozen Elephant Trunk procedure</p> <p>Resulting in... suboptimal patient outcomes and inequity of service</p>	Director of Commissioning for Specialised Services	Cardiac	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public  Quality/ Complaints/ Assurance/ Patient Outcomes		<ul style="list-style-type: none"> <li>Following the publishing of the GIRFT review recommendations, the NWJCC worked with the two South Wales providers to identify whether either would be interested in being the single provider of the Frozen Elephant Trunk procedure (mindful that this might also facilitate a move towards the provision of a single pathway), with neither centre expressing an interest</li> </ul>	<ul style="list-style-type: none"> <li>Continue working with CVUHB and SBUHB to identify the means of implementing the GIRFT recommendation at the earliest possible opportunity.</li> <li>The requirement for an aortic dissection pathway was included in the cardiac surgery deep dive Joint Committee Development session in August 2025. This work will be considered in the context of the work that is required for the cardiac review project.</li> </ul> <p>Update for November 2025 - The Cardiac Commissioning team have reviewed the risk which remains unchanged. The risk score will be reviewed following the development / implementation of an interim pathway for these patients. Awaiting instruction from the NWJCC Medical Director to agree the next steps.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	16	4	↔	Mar-25	Nov-2025
82 NCC057	SBUHB Neuro-rehabilitation	<p>If...patients requiring admission to the Inpatient Neuro-rehabilitation Unit (SBUHB) are unable to access specialist rehabilitation due to considerable staffing pressures across the whole of the multidisciplinary team</p> <p>Then...patient care will be compromised and the opportunity to avoid preventable complications (where specialist Neuro-rehabilitation intervention is needed but not available) will be lost</p> <p>Resulting in...poor patient experience and poor outcomes</p>	Director of Commissioning for Specialised Services	Neurosciences	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public  Quality/ Complaints/ Assurance/ Patient Outcomes	SBUHB	<ul style="list-style-type: none"> <li>Recommendations to mitigate the current risks and medium to longer term staffing requirements by recruiting and maintaining a well-resourced and competent multidisciplinary team.</li> <li>SBUHB have reduced the number of Neuro-rehabilitation inpatient beds from 14 to 10 beds in the short term whilst recruitment gaps are resolved.</li> <li>Information re: delayed admissions/discharges shared with the JCC</li> <li>Half yearly Performance meetings with the service in place.</li> </ul>	<ul style="list-style-type: none"> <li>JCC drafted a specialised rehabilitation strategy, the unit is to be included in this project. The strategy has been paused for review in 25/26.</li> <li>Planned investment for 24/25 has been delayed with no funding release to take forward in the 25/26 foundation plan.</li> <li>A performance meeting with the NPT Rehabilitation Service was held on the 22nd of September 25 and quarterly meetings with the NWJCC and NPT Rehabilitation Service have been arranged.</li> </ul> <p>Update for November 2025 - Commissioning Team undertaken a review of this risk which remains unchanged</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	16	2	↔	Apr-25	Nov-2025

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80 CB12	JACIE accreditation - south Wales CAR T service	<b>If...</b> CVUHB does not achieve JACIE reaccreditation for its CAR-T service due to facilities not meeting standards <b>Then...</b> there will be no CAR-T service in Wales (as pharmaceutical companies will withdraw their approvals for CVUHB to administer their products) <b>Resulting in...</b> • patients having to travel further to receive treatment at an accredited centre an increased risk of patients not receiving treatment in a timely manner leading to poorer patient outcomes; • adverse impact on patient and family experience; • significant increase in costs to NHS Wales; • inability to deliver against the strategic intention of ATMP delivery in Wales therefore damaging reputation of NHS Wales; • potential workforce issues with long term implications for re-starting the service and the future of ATMPs in south Wales; • increase in administrative burden	Director of Commissioning for Specialised Services	Cancer & Blood	<b>Ensure quality:</b> with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB	• No controls identified	• In conjunction with the provider, to advise Welsh Government on the implications for the service and patients if JACIE accreditation is not achieved.  <b>Update for November 2025 - The risk has been reviewed and remains unchanged (JACIE report not yet received)</b>	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	15 5 3	5 5 1	↔	May-25	Nov-2025
81 CB13	JACIE accreditation - south Wales BMT service	<b>If...</b> CVUHB does not achieve JACIE reaccreditation for its BMT service due to facilities not meeting standards <b>Then...</b> JCC will either be commissioning from an unaccredited centre or outsourcing patients to centres in England. <b>Resulting in...</b> If continue to commission Cardiff: Patients receiving treatment from a centre which is deemed not to reach national standards or the NWJCC service specification.  If outsourcing: risk to patient safety due to delays in treatment and ability to have timely access to high quality care.	Director of Commissioning for Specialised Services	Cancer & Blood	<b>Ensure quality:</b> with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB SBUHB	• Stringent infection control measures are in place • Appropriate governance arrangements would need to be in place if the service does not have JACIE accreditation.	• In conjunction with the provider, to advise Welsh Government on the implications for the service and patients if JACIE accreditation is not achieved.  The following actions would be undertaken if accreditation is not renewed by JACIE: • Increased reporting re IP&C and plans and progress regarding reaccreditation via updates with capital investment • Implement enhanced patient consenting • To place the service in escalation level 3  If outsourcing: • Outsourcing framework to be agreed and in place.  <b>Update for November 2025 - The risk has been reviewed and remains unchanged (JACIE report not yet received)</b>	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	15 5 3	5 5 1	↔	May-25	Nov-2025
83 P/21/27	Full commissioning of paediatric orthopaedic surgical service	<b>If...</b> the paediatric orthopaedic surgical service is not fully commissioned by the NWJCC (which requires a full transfer of the existing service) <b>Then...</b> the NWJCC will not be able to performance manage the service <b>Resulting in...</b> potential lack of equity and quality of service provision for the population of South Wales	Director of Commissioning for Specialised Services	Women & Children	<b>Ensure quality:</b> with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB	• Quarterly assurance meetings with the service.	• The health board surgical board have committed to submitting a paper to the JCC which includes activity and costs, paediatric orthopaedic costs, theatre activity and a breakdown of coded activity. This will aid the next steps for commissioning of the service. The paper is expected by the 30th June. There have been difficulties for the service in doing this, with data issues due to coding and poor documentation. When the paper has been completed and agreed within the team it will be discussed in the financial working group to progress. The service had committed to sending the paper to the JCC by the end of June. There has been no contact despite numerous chaser emails being sent. • Meeting held with the service on 9th October. During that meeting, the Health Board presented an overview of a report they had compiled. This report was received on the morning of the meeting. The Health Board proposed that levels 1 to 3 paediatric orthopaedic surgery should be commissioned by the JCC. An internal meeting has been scheduled for 10th November to discuss the report and next steps. A follow up meeting will then be arranged with the Health Board.  <b>Update for November 2025 - W&amp;C Commissioning Team have reviewed the risk which remains unchanged. Internal meeting on 10th November to discuss report and next steps. A team response is in development for the health board to explain the JCC position. The Assistant director of Commissioning has asked the team to delay the response while they discuss the JCC national commissioning role.</b>	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	15 5 3	4 2 2	↔	May-25	Nov-2025
84	Financial break-even 2025/26	<b>If...</b> the NWJCC overspends against the agreed Annual Foundation Plan 2025/26 <b>Then...</b> the Health Boards will have to include the relevant amounts in their own financial reporting <b>Resulting in...</b> unexpected overspends/restriction of JCC/HB services to patients/breaching HB statutory financial requirements. If this happens there is a risk that the JCC financial position will have a detrimental impact on individual Health Board financial positions leading to potential reputational damage to the JCC.	Director of Finance & Value	Finance & Value	<b>Maximise Value:</b> through our expertise and advice, determine where resources are best focussed and prioritised to inform choices that support the improvement of patient outcomes and commission appropriate services where value is demonstrated	Financial Stability & Impact of Litigation	N/A	• Financial performance monitored and reported to LHBS on a monthly basis providing key variance analysis in a timely manner to allow LHBS to make their own financial provisions or to take mediating actions to manage their demand. • New business partner arrangements with monthly directorate team meetings • Internal budget management regime updated in tandem with the scheme of delegation. • Bi-monthly CCLG and collaborative commissioning group meetings. • Bi-monthly Joint Committee meetings to discuss key variances from plan, formulate plans to manage demand where possible and to provide LHBS with sufficient information and financial forecasts to be able to make their own financial provisions in advance.	• Continuation of discussion with Welsh Government and Health Boards • SLT prioritising the work plan aligned to the risk based foundational plan and strategic priorities.  <b>Update for November 2025 - The NWJCC financial position for 2025-2026 reported at Month 7 remains as a forecast year end overspend position of £7.7m. The risk remains unchanged.</b>	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	15 5 3	9 3 3	↔	Apr-25	Nov-2025
86 NCC066	C&VUHB Neurosciences National Standards	<b>If...</b> Cardiff and Vale University Health Board is unable to meet the current commissioned nursing establishment of the unit and therefore not meeting BSRM standards <b>Then...</b> the gap in the number of posts that have been commissioned means that the service is not meeting the national standards <b>Resulting in...</b> patients requiring admission to the Inpatient Neuro-rehabilitation Unit are unable to access the specialist rehabilitation this also includes tracheostomy patients, due to the number of patients that can be cared for safely	Director of Commissioning for Specialised Services	Neurosciences	<b>Ensure quality:</b> with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB	• JCC to continue meeting with CVUHB Neurosurgery Service to discuss performance, staffing issues/level and risks • JCC receiving and monitoring performance information • Performance reporting and oversight via Risk assurance and recovery meetings, SLA meetings and to Management Group and JCC	• New risk added in May 2025 following identification of this risk through the provider risk based assessment for the JCC Foundation Plan. • JCC has arranged further performance meetings with the service  <b>Update for November 2025 - The Neurosciences Commissioning Team has reviewed the risk which remains unchanged.</b>	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16 4 4	4 2 2	↔	May-25	Nov-2025

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

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

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

JCC RISK REGISTER FOR NEW RISKS >15													
Datix ID	Risk Title	Risk Description	Strategic Risk owner	Commissioning Team / Directorate	JCC Strategic Objective	CTM Risk Domain	Provider(s)	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) C x L	Rating (Target) C x L	Month Added
92 P/21/29	<b>Women &amp; Children commissioned services posts not advertised in CVUHB</b>	<p><b>If...</b>in C&amp;V UHB there is no timely release of posts for JCC funded women &amp; children commissioned services</p> <p><b>Then...</b>services will not meet the commissioning policies and services specifications which outline the high-quality service required by the JCC.</p> <p><b>Resulting in...</b>quality and safety concerns, poor patient experience and poor patient outcomes.</p>	Director of Commissioning for Specialised Services	Women & Children	<p><b>Ensure quality:</b> with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these</p>	Safety & Well-being - Patients/ Staff/ Public  Quality/ Complaints/ Assurance/ Patient Outcomes	CVUHB		<ul style="list-style-type: none"> <li>Concerns raised by health boards particularly C&amp;V UHB regarding posts being frozen and not advertised. This has affected all posts including JCC funded commissioned posts. Currently on health board risk registers. Discussed in Specialised service team meeting, with agreement received from Director of Specialised Services to add to risk register.</li> </ul> <p><b>Update for October 2025</b> -New Risk added.</p>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Quality, Safety &amp; Outcomes Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	16 (4x4)	4 (2x2)	Oct-25
94	<b>Increased Medicines Costs</b>	<p><b>If...</b>Medicine costs increase by a predicted 30% plus inflation due to geo-political pressures and inflation</p> <p><b>Then...</b>the JCC's expenditure could increase by circa £39m</p> <p><b>Resulting in...</b>significant financial pressures for the organisation which will impact on our ability to achieve financial targets and/or savings. Additionally this will impact on our ability to deliver our Foundational Plan or future IMTP plans</p>	Medical Director	Medical Directorate	<p><b>Maximise value</b> – 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</p>	Financial Stability & Impact of Litigation	All	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Make representations and lobby key stakeholders - ABPI, Welsh Government</li> <li>Review all medicines commissioned to ensure they all remain appropriate for JCC commissioning</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	15 (C3 x L5)	TBC	Nov-26

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

JCC RISK REGISTER FOR DE-ESCALATED RISKS >15												
Datix ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	CTM Risk Domain	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Month De-escalated	De-escalation Rationale
28 CS3/ CD01	<b>Business Continuity</b>	<p>If...JCC staff are unable to deliver core business whilst implementing the transition plan to form the new JCC</p> <p><b>Then...</b>this will have an impact on the ability to deliver core business on delivery of the integrated commissioning plan and/or the actions to implement new systems and processes</p> <p><b>Resulting in...</b> the workforce being under pressure and affecting morale; a negative impact on the reputation of the JCC and failure to deliver all of our plans and transition to the new operating model.</p>	Director of Corporate Planning & Strategy	<b>Facilitate Integration:</b> through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales	Service/ business interruption	<ul style="list-style-type: none"> <li>A Transition Director has been appointed to lead the work to implement the new operating model for the JCC.</li> <li>The Transition Plan has been agreed with the SLT to ensure realistic timescales are set for implementation.</li> <li>The overarching governance framework for the JCC is complete.</li> <li>As part of the establishment of the JCC, the staffing structure for the JCC team will be reviewed following the appointment of the JCC Directors in June/July to ensure we have the right people in the right teams to fulfil our commissioning responsibilities. Any risks or gaps will be identified and mitigations developed – either by identifying work that will be de-prioritised, with agreement of the JCC where necessary, or by ensuring the right resources are in place by increasing the Direct Running Costs (subject to JCC approval).</li> <li>Any new areas of work coming into the JCC remit will be fully scoped to identify the resource implications for the JCC team, with the resource identified explicitly before the new responsibilities are accepted and endorsed.</li> <li>Close working with CTM as the host body in respect of timely recruitment of staff where vacancies arise, or new posts are established should minimise gaps in the core JCC team.</li> <li>Prioritised recruitment plan in place.</li> <li>Re-aligning existing resources to key priorities focussed on delivering the annual foundation plan 25/26.</li> </ul>	<ul style="list-style-type: none"> <li>The Director of Transition and Transformation is leading work to develop the directorate structures to support the new operating model for the JCC - COMPLETE</li> <li>A vacancy scrutiny panel has been established to review the organisational finances and workforce structures - COMPLETE</li> <li>Following the announcement that the interim Chief Commissioner has attained a new role with SBUHB and left in October 2024, the process to recruit a substantive replacement commenced with plans in place to identify interim leadership arrangements - COMPLETE</li> <li>Interim cover arrangements are planned for the Director of Commissioning (Specialised Services) and Director of Planning &amp; Performance whilst substantive appointments are made/commence - COMPLETE</li> <li>Delivery of the Foundation Plan is being monitored and risk assessed given the capacity and resource constraints in the JCC. With support from our member CEOs, opportunities are being explored with CTM (host) and HEIW to secure additional short term capacity through secondments and training/development placements.</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	8 (Reduced from 16)	4	Oct-25	<p><b>Update for October 2025</b> -</p> <ul style="list-style-type: none"> <li>6 posts (5%) remain in the recruitment process following OCP. Normal turnover rate is currently 6%.</li> <li>Corporate Induction session for Assistant and Deputy Directors took place early October 2025 to support collective awareness and meet the SLT. Session was opened to existing staff at that level to promote networking and collaboration.</li> <li>Delivery of JCC 2025/2026 Foundation Plan is closely monitored by SLT and reported through PPF Sub-Committee and Joint Committee through with plan adjustments being made accordingly to strengthen delivery confidence. Decision to reduce the likelihood score to 2, reducing the overall score to 8.</li> </ul>
3 CB03	<b>South Wales Plastic Surgery Service</b>	<p>If...SBUHB as the sole provider of plastic surgery services for the south Wales Health Boards' populations, continues to be unable to sustainably meet the Welsh Government key performance indicator for elective care and reduce its backlog</p> <p><b>Then...</b>there will be a risk that patients in south Wales will experience long waits in breach of the national target</p> <p><b>Resulting in...</b>a commissioned service that does not meet national standards and:  <ul style="list-style-type: none"> <li>has the potential for poorer population outcomes</li> <li>inequity in access to treatment compared to patients in North Wales</li> <li>and the need to consider re-commissioning of services to meet required standards and performance</li> </ul> </p>	Director of Commissioning for Specialised Services	<b>Improve equity and population health:</b> ensure that people are able to access the right service when they need it wherever they are, wherever they live	Quality/ Complaints/ Assurance/ Patient Outcomes  Adverse Publicity or Reputation	<ul style="list-style-type: none"> <li>The service is in JCC escalation level 2 due to the waiting times performance position.</li> <li>A delivery plan to maintain the Welsh Government target through 2025/26 is in place</li> <li>SBUHB has received additional planned care funding to maintain achievement of the 104wk waiting time target through the 2nd quarter 2025/26 (planned care funding is released by Welsh Government on a quarter by quarter basis).</li> </ul>	<ul style="list-style-type: none"> <li>To monitor progress against the plastic surgery delivery plan for quarter 3 via monthly commissioner assurance meetings with SBUHB – next escalation meeting 08/12/2025.</li> <li>Re-benchmark efficiency - in progress.</li> <li>Request comprehensive demand and capacity plan. REQUESTED</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	12 (Reduced from 15)	9	Nov-2025	<p><b>Update for November 2025</b> - The health board has confirmed that the 104wks maximum waiting time target for treatment continues to be met and is on track to be met for the remainder of the quarter. However, this position will not be sustainable without additional funding above baseline in 25/26. Planned care funding has been made available for quarter 3; quarter 4 funding will be applied for in November/December. Planned care funding has been secured in order to meet the revised WG target of having no patients waiting &gt;26 weeks for a first outpatient appointment by the end of March 2026. Additional clinics are planned in order to achieve this target. The CAB Commissioning team reviewed the risk and agreed to reduce the score to 12 as targets are currently being met. However, additional funding above baseline is required in quarter 4 to maintain the target.</p>
90	<b>JCC Organisational Development through Effective Strategic Workforce Planning</b>	<p>If...Strategic workforce planning is not undertaken to help identify and create the right workforce and the right ways of working to deliver the organisational strategic objectives.</p> <p><b>Then...</b>there will be an inability to establish effective ways of working, capabilities and organisational culture to align priorities and execution of key plans</p> <p><b>Resulting...</b>in a lack of recruitment and retention of workforce with the right skills to meet evolving organisational priorities.</p>	Director of Corporate Planning and Strategy	<b>Maximise Value:</b> through our expertise and advice, determine where resources are best focussed and prioritised to inform choices that support the improvement of patient outcomes and commission appropriate services where value is demonstrated	Staff / Health Wellbeing/ Organisational Resilience	<ul style="list-style-type: none"> <li>Currently receive ad hoc OD support from our host CTMUHB</li> <li>Prioritised recruitment plan in place</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing phased recruitment drive</li> <li>Development for Senior Manager Orientation - October 2025</li> <li>Development Sessions for Line Managers December 2025</li> <li>Scoping of Secondment opportunity across CTMUHB to address skills gap October 2025</li> <li>Organisational training needs analysis and skills mapping - November 2025</li> <li>Working with CTMUHB (Host) to identify OD resources and development of a comprehensive OD plan</li> <li>Line Manger Developmental Session is ongoing. A leadership series is being created to develop of competency and confidence is being developed with CTMUHB colleagues. ESR Training is being promoted as part of data assurance as well as Welsh Language recruitment training to ensure TRAC Welsh Language Standard compliance.</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Committee</li> <li>Planning, Performance &amp; Finance Sub-Committee</li> <li>Senior Leadership Team</li> <li>CTMUHB Audit &amp; Risk Committee</li> </ul>	12 (Reduced from 16)	8	Nov-2025	<p><b>Update for November 2025</b> - The OCP is now complete and all key posts recruited to. Capacity and capability in the JCC has therefore strengthened and roles are filled to support delivery of the accountabilities and responsibilities of all members of the JCC SLT. The Director of Corporate Planning &amp; Strategy is working with CTM OD to develop a comprehensive OD Programme for the JCC. The plan will form part of the JCC's IMTP 2026/29 and be based on development of capability, values and behaviours across the organisation.</p>