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

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

JCC RISK REGISTER - RISKS WITH SCORES >15

Risk Ref	Risk Title	Revised Risk Descriptor (by Commissioning Team)	Provider Risk Indicator	Provider Risk Indicator Link	Strategic Risk Owner	Commissioning Team/ Directorate	Identified Risk Owner/Manager	JCC Strategic Objective	NWJCC Risk Domain	Risk Appetite Level	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (C x L)		Rating (Target) (C x L)		Target Deadline	Trend	Risk Opened	Last Reviewed	Next Review Date
															C	L	C	L					
61	**Obesity surgery at Salford Royal Hospital waiting times**	If…Salford Royal Hospital is unable to significantly reduce its long waiting times for obesity surgery Then…the service, which serves the populations of patients from Betsi Cadwaladr University Health Board and North Powys will fail to meet the requirements of the JCC service standards and contractual obligations. Resulting in… • the potential for poorer population outcomes and inequity of service provision across Wales. • and the JCC seeking alternative provision at a potentially increased financial cost			Director of Commissioning for Specialised Services	Cardiac	Head of Commissioning, Cardiac	**Improve equity and population health:** ensure that people are able to access the right service when they need it whoever they are, wherever they live	Health Inequalities Strategic Commissioning Resources	To be agreed	BCUHB/Salford Royal Hospital	• Director oversight in place, action plan and task finish group established to manage the required change.	• Agree cost with Swansea, agree process of moving patients, liaise with Llais and the Tier 3 BCUHB service and ensure patients are fully aware and engaged. • Continue process to identify a new provider for Obesity surgery for North Wales population. **Update January 2026 -** The risk has been reviewed and refreshed by the commissioning team, using the JCC domains and risk scoring matrix. The risk score has increased from 16 (C4 x L4) to 20 (C4 x L5) on the basis that the risk will almost certainly happen (5).	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	20	4	4	1		Risk Score has been escalated from a 16 to 20	Dec-23	Jan-2026	Mar-2026
77	**Commissioning of sufficient Emergency Ambulance Services capacity**	**If…**the NWJCC does not commission sufficient capacity for the Welsh Emergency Ambulance Service (WAST) **Then…**the Welsh Ambulance Service Trust (WAST) will be unable to deliver the requirements of the JCC commissioned service standards which will contribute to reduced performance and quality standards with increased risk of patient harm and reduced system flow. **Resulting in…**the JCC being exposed to significant reputational and financial risk	Risk 223 QuEST	https://ambulance.nhs.wales/files/trust-board-papers/papers-27-november-2025/ Agenda Item 10	Director of Commissioning for Ambulance Services and 111	Ambulance Services and 111	Deputy Director of Commissioning for Ambulance Srevices 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	Strategic Commissioning Resource Reputation	To be agreed	WAST / EMRTS	• The NWJCC have commissioned ambulance services capacity in-line with the 2019 ambulance services demand and capacity review. In addition to the 2019 demand and capacity review, the NWJCC and Welsh Government have commissioned additional ambulance service capacity, to respond to the changing demands for ambulance services. • Establishment of the clinically led National Improvement Delivery Group on 1st July 2025 to reduce ambulance handover delays of which the JCC is an active participant	• Increase the number of patients managed at Step 2 of the ambulance commissioning framework • Investment in additional ambulance service capacity by pass through of 2024/25 uplift • Completion of 2024 Demand and Capacity review - findings being considered as part of 2025/26 IMTP plan development • Assessment of implications of Manchester Arena Inquiry submission by the ambulance service being undertaken • The Ministerial Advisory Group report into NHS Wales Performance and Productivity (Recommendation 13) recommends urgent action should be taken to reduce ambulance handover delays at emergency departments by implementing a national improvement programme, supported by real-time data, operational standards, and accountability mechanisms. The JCC is working collaboratively to support implementation of this recommendation including taking a lead on the development of a performance dashboard. • Continued monitoring of performance against the Number of lost hours due to handover delays (this has historically reduced (September 2025) to circa 11,500 hours which is an improving trend. **Update for January 2026 -** The Ambulance & 111 commissioning team have reviewed the risk. The score rating of 15 current, with target 10 remains unchanged. The NWJCC Strategic review findings outcomes Q1 2026 and understanding of the impact of the Phase 2 ambulance performance framework changes 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. Although January lost hours total of 18,077 continues to drive up against the likelihood decreasing.	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	15	5	5	2		↔	Sep-24	Jan-2026	Mar-2026
84	**Financial break-even 2025/26**	**If…**the NWJCC overspends against the agreed Annual Foundation Plan 2025/26 **Then…**the Health Boards will have to include the relevant amounts in their own financial reporting **Resulting in…**unexpected overspends/restriction of JCC/HB services to patients/breaching HB statutory financial requirements. If this happens there is a risk that the JCC financial position will have a detrimental impact on individual Health Board financial positions leading to potential reputational damage to the JCC			Director of Finance & Value	Finance & Value	Deputy Director of Finance & Value	**Maximise Value:** through our expertise and advice, determine where resources are best focussed and prioritised to inform choices that support the improvement of patient outcomes and commission appropriate services where value is demonstrated	Strategic Commissioning Resources	To be agreed	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. **Update for January 2026** - The NWJCC financial position for 2025-2026 reported at Month 9 shows an improvement in the deficit to a forecast year end overspend position of £6.9m. Work is ongoing to mitigate this in conjunction with Financial Planning for 2026/2027. There have been regular updates and highlight reports presented and discussed at NWJCC committee meetings which have scrutinised the financial position, resulting in some improvements, however, the financial position remains challenging.	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	15	3	5	3		↔	Apr-25	Jan-2026	Mar-2026
87 NCC059	**Commissioning of Acute Neurosurgery Therapy MDT at CVUHB**	**If…**the NWJCC is unable to provide funding to address the insufficient commissioned establishment for the Neurosurgery Therapy MDT at Cardiff & Vale University Health Board **Then…**there is a risk of delay to acute therapy service provision for patients on the acute neurosurgery pathway, the potential for poorer population outcomes for South Wales and inequity of service provision compared to North Wales **Resulting in…** The JCC being open to reputational risk and potential judicial review of decisions linked to service investment		cavuhb.nhs.wales/files/board-and-committees/board-2025-26/00-2026-01-29-public-board-papers-pdf/ Page 282	Director of Commissioning for Specialised Services	Neurosciences	Head of Commissioning, Neurosciences	**Improve equity and population health:** ensure that people are able to access the right service when they need it whoever they are, wherever they live	Health Inequalities Resources Reputation	To be agreed	CVUHB	• Continue to monitor the position at the quarterly Neurosciences Performance Meeting. • Acute Neurosurgery therapies was approved in the ICP 24/25.	• CIAG proposal submitted in Aug 2023 – the highest scoring scheme included in the ICP 24/25 – require approval and sign off of ICP 24/25 – Q4 24/25 • Commissioning team to clarify if the funding release can proceed in 25/26 which will be dependent on the ICP for 26/27. **Update for January 2025** - The risk has been reviewed and refreshed by the commissioning team and the consequence score reduced to 'Major' (4).	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16	4	4	4	2		Risk Score has been de-escalated from a 20 to 16	Jul-25	Jan-2026	Mar-2026
94	**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			Medical Director	Medical Directorate	Medical Director	**Maximise value –** through our expertise and advice, determine where resources are best focussed and prioritised to inform choices that support the improvement of patient outcomes and commission appropriate services where value is demonstrated	Resources	To be agreed	ALL	• 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 January 2026 -** The Medical team has reviewed the risk using the JCC domains and risk scoring matrix and the risk remains unchanged	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	15	3	5	3	3			Nov-25	Jan-2026	Mar-26

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

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
68 NCC064	**Specialist Auditory Implant Device Service' CVUHB**	**If...**CVUHB is unable to right-size its commissioned staffing establishment for the South Wales Specialist Auditory Implant Device Service **Then...**South Wales patients requiring a Cochlear Implant or Bone Conduction Hearing Implant (BCHI) will be unable to access the Specialis Service within the national standard waiting times target, with the potential for poorer population outcomes and inequity of service provision between the South and North Wales service **Resulting in...** • the service being put into escalation and the potential need to seek an alternative provider at an increased financial cost	Director of Commissioning for Specialised Services	**Improve equity and population health:** ensure that people are able to access the right service when they need it whoever they are, wherever they live	Strategic Commissioning Resources	• The service is at Level 3 of the NWJCC Escalation Framework wef October 2025	• In March 25 CVUHB shared the work force requirement to right size the service, indicating significant investment required. The JCC has undertaken a financial assessment which identified that CVUHB receives more income than it costs to deliver the current service. The JCC is awaiting confirmation from CVUHB regarding both its financial position and recruitment plans to right size the service without further investment. • A performance meeting with the south Wales Specialist Auditory Hearing Service was held on the 7th August 25 no update from CVUHB was received. • As a result of lack of progress the service was put into level 3 of the NWJCC Escalation Framework in October 2025.	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**12** **C3 x L4** **(Reduced from 20)**	**6** **(C3 x L2)**	Jan-26	**Update for January 2026 -** An improvement plan has been agreed that will address the number of 52 week breaches within the current funding envelope by the end of March 2025-26. The next step (Q1 2026-27) will be to de-escalate the service and work on a sustainable plan to achieve 26 week RTT and right sizing of the service in order to be in a position to designate a permanent provider by Q4 2026-27. There have been no recent patient complaints or incidents. On this basis, using the JCC domains and risk scoring matrix, and calibrating risk scores across the directorate, the risk has been reviewed and the score reduced to a 12. The risk will continue to be monitored through the Directorate risk management process and via the NWJCC Escalation Framework.
69 P/21/25	**Paediatric Radiology Service at CVUHB**	**If...**the commissioned 24/7 paediatric radiology service model is not operationalised within the children's hospital for Wales **Then...**this will leave a gap in out of hours' provision, and the provider not meeting the requirements of the NWJCC commissioned service standards. This could have a negative impact on the patients well-being due to the extra travelling involved if they have to access services outside of Wales. **Resulting in...**a financial risk to the NWJCC as patients are transferred out of Wales, out of hours, for diagnostic assessment and potentially their ongoing treatment.	Director of Commissioning for Specialised Services	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Strategic Commissioning Resources	• Business case with phased approach to delivering a 24/7 service agreed September 2024, in implementation. The implementation is based on whether the service is successful with recruitment. No set date for completion.	• Progression against business plan monitored through quarterly assurance meetings with service leads	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**12** **(C4xL3)** **(reduced from 20)**	**4** **(C4xL1)**	Jan-26	**Update for Janauary 2026 -** The service has confirmed that there remains a risk due to the service continuing to operate without a formal out-of-hours rota. However, work is ongoing to ensure gaps in the rota are covered and the service is actively trying to recruit as they work towards having a formal out of hours rota. To date the service has reported only one patient affected by the current service provision in the previous 24 months and no concerns or complaints had been raised. On this basis, using the JCC domains and risk scoring matrix, and calibrating risk scores across the directorate, the risk has been reviewed and the score reduced to a 12. The risk will continue to be monitored through the Directorate risk management process
79	**Commissioning of the Frozen Elephant Trunk Procedure**	**If...**the JCC is unable to commission the Frozen Elephant Trunk procedure to treat complex aortic diseases for the population of South Wales in line with the recommendations of the 2021 GIRFT review **Then...**patients from South Wales will not have access to the recommended single Type A Aortic Dissection treatment pathway within Wales, and will continue to need to be transferred to England if identified as benefiting from the Frozen Elephant Trunk procedure **Resulting in...**the potential for additional financial risk due to the need to transfer patients to alternative providers in England.	Director of Commissioning for Specialised Services	**Improve equity and population health:** ensure that people are able to access the right service when they need it whoever they are, wherever they live	Strategic Commissioning Resources	• Patients are transferred to NHS England to access to receive this procedure	• Continue working with CVUHB and SBUHB to identify the means of implementing the GIRFT recommendation • The requirement for an aortic dissection pathway was included in the cardiac surgery deep dive Joint Committee Development session in August 2025. This work will be considered in the context of the work that is required for the cardiac review project.	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**10** **(C5 x L2)** **(Reduced from 16)**	**5** **(C5 x L1)**	Jan-26	**Update for Janauary 2026 -** Whilst there continues to be a risk of not being able to deliver the service within Wales, patients who would benefit from this procedure are transferred to England to receive it. Work for the cardiac review project continues, including the development / implementation of an interim pathway for these patients. On this basis, using the JCC domains and risk scoring matrix, and calibrating risk scores across the directorate, the risk has been reviewed and the score reduced to a 10. The risk will continue to be monitored through the Directorate risk management process
83 P/21/27	**Full commissioning of paediatric orthopaedic surgical service**	**If...**the commissioning of all elements of paediatric orthopaedic surgical service at CVUHB is not fully transferred to the NWJCC **Then...**the NWJCC will not have full commissioning accountability for the entire service **Resulting in...**the potential inequitable or unavoidable differences in health provision across the population which may result in poor or worsening health outcomes for individuals or the population	Director of Commissioning for Specialised Services	**Improve equity and population health:** ensure that people are able to access the right service when they need it whoever they are, wherever they live	Strategic Commissioning	• Quarterly assurance meetings with the service.	• The health board surgical board to submit a paper to the JCC which includes activity and costs, paediatric orthopaedic costs, theatre activity and a breakdown of coded activity by 30th June 2025. The details of the paper will aid the next steps for commissioning of the service. • Meeting held with the service on 9th October 2025. During that meeting, the Health Board presented an overview of a report they had compiled. This report was received on the morning of the meeting. The Health Board proposed that levels 1 to 3 paediatric orthopaedic surgery should be commissioned by the JCC.	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**12** **(C3xL4)** **(Reduced from 15)**	**6** **(C3xL2)**	Jan-26	**Update for January 2026 -** A response has been drafted for the health board to advise that the JCC will not be supporting the commissioning of all levels of orthopaedic care, this has not yet been issued. This will be held until the IMTP process currently taking place confirms the decisions relating to commissioning intentions. There is currently no follow up meeting scheduled with the Health Board. On this basis, using the JCC domains and risk scoring matrix, and calibrating risk scores across the directorate, the risk has been reviewed and the score reduced to a 12. The risk will continue to be monitored through the Directorate risk management process
92 P/21/29	**Women & Children commissioned services posts not advertised in CVUHB**	**If...**there is no timely release of posts for JCC funded women & children commissioned services in Cardiff & Vale University Health Board **Then...**services will not meet the commissioning policies and services specifications which outline the high-quality service required by the JCC and a risk to poorer population outcomes for South Wales **Resulting in...** • the need to consider re-commissioning of services to meet required standards and performance • placing the service into escalation and the potential need to seek an alternative provider at an increased financial cost	Director of Commissioning for Specialised Services	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Strategic Commissioning	• No controls identified	• Concerns raised by health boards particularly C&VUHB regarding posts being frozen and not advertised. This has affected all posts including JCC funded commissioned posts. Currently on health board risk registers. Discussed in Specialised service team meeting, with agreement received from Director of Specialised Services to add to risk register.	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**12** **(C4xL3)** **(Reduced from 16)**	**4** **(C4xL1)**	Jan-26	**Update for January 2026 -** Previously, posts were subject to executive-level scrutiny, causing delays in approval and advertisement. The situation has improved significantly. Approval processes have been streamlined, with decisions now made at clinical board level rather than executive level and posts are now expected to be released for advertisement.On this basis, using the JCC domains and risk scoring matrix, and calibrating risk scores across the directorate, the risk has been reviewed and the score reduced to a 12 reflecting a lower likelihood of delay while maintaining awareness of potential risks if circumstances change. The risk will continue to be monitored through the Directorate risk management process.

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

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.
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 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.
Risk Scoring Matrix					
	Likelihood				
Consequence	**1**	**2**	**3**	**4**	**5**
	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

JCC 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