

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

		CONSEQUENCE (C)					
		CxL	1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
LIKELIHOOD (L)	1 - Highly Unlikely						
	2 - Unlikely						
	3 - Likely					<b>90 JCC Organisational Development through Effective Strategic Workforce Planning - Risk De-escalated from 16 to 12 Nov 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 Nov 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</b> <b>94 Increased medicines costs - New Risk Added Nov 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 Nov 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
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</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 Cardioresnal 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 - This session is scheduled for the 10th December 2025</li> <li>Full workforce analysis with Regions and bench marking to quantify the various staffing costs per session by Quarter 4 2025/26</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	2	↔	Jan-24	Nov-2025
78	<b>Utilisation of Emergency Ambulance Capacity</b>	<b>If...</b> the capacity commissioned by the NWJCC is not utilised for its intended purpose  <b>Then...</b> Health boards and their populations will not receive the services they require  <b>Resulting in...</b> patients not receiving a timely emergency ambulance response, increasing the risk of harm, disability and death	Director of Commissioning for Ambulance Services and 111	Ambulance Services and 111	<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	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><b>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.</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>	20	15	4	1	↔	Sep-24	Nov-2025
79	<b>Type A Aortic Dissection</b>	<b>If...</b> the recommendations of the 202 GIRFT review relating to the treatment of Type A Aortic Dissections cannot be implemented  <b>Then...</b> 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  <b>Resulting in...</b> suboptimal patient outcomes and inequity of 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		<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><b>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.</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	3	↔	Mar-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
82 NCC057	SBUHB Neuro-rehabilitation	<b>If...</b> 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  <b>Then...</b> 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  <b>Resulting in...</b> poor patient experience and poor outcomes	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	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><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	2	↔	Apr-25	Nov-2025
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> <ul style="list-style-type: none"> <li>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;</li> <li>adverse impact on patient and family experience;</li> <li>significant increase in costs to NHS Wales;</li> <li>inability to deliver against the strategic intention of ATMP delivery in Wales therefore damaging reputation of NHS Wales;</li> <li>potential workforce issues with long term implications for re-starting the service and the future of ATMPs in south Wales;</li> <li>increase in administrative burden</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>No controls identified</li> </ul>	<ul style="list-style-type: none"> <li>In conjunction with the provider, to advise Welsh Government on the implications for the service and patients if JACIE accreditation is not achieved.</li> </ul> <p><b>Update for November 2025 - The risk has been reviewed and remains unchanged (JACIE report not yet received)</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>	4   4	1   2	↔	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	<ul style="list-style-type: none"> <li>Stringent infection control measures are in place</li> <li>Appropriate governance arrangements would need to be in place if the service does not have JACIE accreditation.</li> </ul>	<ul style="list-style-type: none"> <li>In conjunction with the provider, to advise Welsh Government on the implications for the service and patients if JACIE accreditation is not achieved.</li> </ul> <p>The following actions would be undertaken if accreditation is not renewed by JACIE:</p> <ul style="list-style-type: none"> <li>Increased reporting re IP&amp;C and plans and progress regarding reaccreditation via updates with capital investment</li> <li>Implement enhanced patient consenting</li> <li>To place the service in escalation level 3</li> </ul> <p>If outsourcing:  <ul style="list-style-type: none"> <li>Outsourcing framework to be agreed and in place.</li> </ul> </p> <p><b>Update for November 2025 - The risk has been reviewed and remains unchanged (JACIE report not yet received)</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>	5   3	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	<ul style="list-style-type: none"> <li>Quarterly assurance meetings with the service.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> <p><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></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>	5   3	5   1	↔	May-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	<ul style="list-style-type: none"> <li>JCC to continue meeting with CVUHB Neurosurgery Service to discuss performance, staffing issues/level and risks</li> <li>JCC receiving and monitoring performance information</li> <li>Performance reporting and oversight via Risk assurance and recovery meetings, SLA meetings and to Management Group and JCC</li> </ul>	<ul style="list-style-type: none"> <li>New risk added in May 2025 following identification of this risk through the provider risk based assessment for the JCC Foundation Plan.</li> <li>JCC has arranged further performance meetings with the service</li> </ul> <p><b>Update for November 2025 - The Neurosciences Commissioning Team has reviewed the 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>	3   5	2   2	↔	May-25	Nov-2025
											4   4	2   2			

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		Trend	Risk Opened	Last Reviewed
											(C x L)	(C x L)			
88	South Wales Thrombectomy Equity 24/7	<p>If...the JCC is unable to commission a 24/7 mechanical thrombectomy service on behalf of South Wales Health Board's and their populations</p> <p>Then...there is a risk of continued inequity of access to services between patients in South Wales and South Powys, compared to those in North East Wales and North Powys who have access to a 24/7 Mechanical Thrombectomy Service</p> <p>Resulting in...</p> <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	<p>Improve equity and population health: ensure that people are able to access the right service when they need it wherever they are, wherever they live</p>	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>Update for November 2025 - 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
89 P/21/28	Paediatric Neurology Service provision for Welsh Patients	<p>If...neurology services in Alder Hey continue to be reduced</p> <p>Then...North Wales paediatric patients will not have access to the full range of Paediatric services.</p> <p>Resulting in...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.</p>	Director of Commissioning for Specialised Services	Women & Children	<p>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</p>	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>	<p>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.</p> <p>Update for November 2025 - 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

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
91 CB15	<b>Hereditary Anaemias Service - Capacity in south Wales</b>	<p><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)</p> <p><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:</p> <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> <p><b>Resulting in...</b></p> <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> </ul> <p><b>Update for October 2025</b> - The risk has been reviewed and 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>	<b>15</b> <b>(5x3)</b>	<b>TBC</b>	Sep-25
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	<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>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>	<b>16</b> <b>(4x4)</b>	<b>4</b> <b>(2x2)</b>	Oct-25

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
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:</p> <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>	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>	<b>12 (Reduced from 15)</b>	<b>9</b>	Nov-2025	<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 >26 weeks for a first outpatient appointment by the end of March 2026. Additional clinics are planned in order to achieve this target. The C&B 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.