

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

JCC Risk Register - RISKS WITH SCORES >15																			
Risk Ref	Risk Opened	Risk Title	Revised Risk Descriptor (by Commissioning Team)	Controls in place	Action Plan	Provider/s	Provider Risk Indicator	Provider Risk Indicator Link	NWJCC Assuring Committees / Sub-Committees	Rating (current)		Rating (Target)		Trend	NWJCC Strategic Objective and Annual Plan Priority	NWJCC Risk Domain	NWJCC JAF Strategic Risk	Next Review Date	Commissioning Team/ Directorate
										(C x L)		(C x L)							
										C	L	C	L						
80 CB12	May-25	JACIE certification south Wales CAR T service	If...CVUHB does not achieve JACIE certification for its CAR-T service due to facilities not meeting standards Then...pharmaceutical companies will withdraw their approvals for CVUHB to administer their products and there will be no CAR-T service in Wales for the NWJCC to commission leading to: - patients having to travel further for treatment at a certified centre; - an increased risk of patients not receiving treatment in a timely manner - risk of poorer patient outcomes and adverse impact on patient and family experience Resulting in... significant increase in costs to the JCC and NHS Wales due to commissioning additional services in England and an inability to deliver against the strategic intention of ATMP delivery in Wales therefore damaging the reputation of the JCC and NHS Wales	The NWJCC continues to work with providers to ensure that services are being delivered to previously agreed service specifications, or where this is not possible that assurance is provided that appropriate mitigations are in place, including stringent infection control measures	- In conjunction with the provider, to advise Welsh Government on the implications for the service and patients if JACIE certification is not achieved. - Continue to meet with the service on a regular basis to monitor progress—COMPLETE - Meet CVUHB and SBUHB to discuss the revenue business case on 9th October. September 2026 update - JACIE report received by CVUHB on 8th January deferring their final decision with regards to recertification pending CVUHB's submission of their corrective actions by 8th July. It is noted that there is acceptance that deficiencies requiring longer-term solutions (such as construction) are not expected to be complete by the deadline. Plans for such corrections were included with the response submitted to JACIE on 8th July showing that CVUHB complies-with all the standards which do not require further investment. A proposal to address areas highlighted by JACIE report as requiring staff has been received from the health board and is being scrutinised by the Cancer & Blood team. The Cancer & Blood commissioning team has reviewed the score using the JCC domains and risk scoring matrix and the scoring remains unchanged.	CVUHB	Bone Marrow Transplant/2 010-1102	https://cavuhb.nhs.wales/files/board-and-committees/board-2025-26/2025-11-27-board-papers-bundle-pdf/-Page 360 and 361	- Joint Commissioning Committee - Quality, Safety & Outcomes Sub-Committee - Senior Leadership Team - CTMUHB Audit & Risk Committee	15		5		↔	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Health Outcomes Strategic Commissioning Resources Reputation	Strategic Risk 1 – Commissioning of Sustain High Quality, Safe and Effective Services Cautious Treat	Nov-2026	Cancer & Blood
81 CB13	May-25	JACIE certification south Wales BMT service	If... CVUHB does not achieve JACIE certification for its BMT service due to facilities not meeting standards Then...a commissioning decision will need to be made by NWJCC to either commission from a non-certified centre (CVUHB) or from certified centres in NHS England meaning that: - either patients will receive treatment from a centre which does not meet national standards or the NWJCC service specification, or - there is an increased risk of patients not receiving treatment in a timely manner leading to poorer patient outcomes and experience due to complex pathways with multiple providers requiring significant coordination and administration Resulting in... If continuing to commission from CVUHB: Patients receiving treatment from a centre which is deemed not to reach national standards or the NWJCC service specification. If outsourcing: significant increase in costs and administration to the JCC and NHS Wales due to commissioning additional services in England	The NWJCC continues to work with providers to ensure that services are being delivered to previously agreed service specifications, or where this is not possible that assurance is provided that appropriate mitigations are in place, including stringent infection control measures	- In conjunction with the provider, to advise Welsh Government on the implications for the service and patients if JACIE certification is not achieved. - Continue to meet with the service on a regular basis to monitor progress - COMPLETE - Meet CVUHB and SBUHB to discuss the revenue business case on 9th October. September 2026 update - JACIE report received by CVUHB on 8th January deferring their final decision with regards to recertification pending CVUHB's submission of their corrective actions by 8th July. It is noted that there is acceptance that deficiencies requiring longer-term solutions (such as construction) are not expected to be complete by the deadline.Plans for such corrections were included with the response submitted to JACIE on 8th July showing that CVUHB complies with all the standards which do not require further investment. A proposal to address areas highlighted by JACIE report as requiring staff has been received from the health board and is being scrutinised by the Cancer & Blood team. The Cancer & Blood commissioning team has reviewed the score using the JCC domains and risk scoring matrix and the scoring remains unchanged.	CVUHB	Bone Marrow Transplant/2 025-2601	https://cavuhb.nhs.wales/files/board-and-committees/board-2025-26/2025-11-27-board-papers-bundle-pdf/-Page 360 and 361	- Joint Commissioning Committee - Quality, Safety & Outcomes Sub-Committee - Senior Leadership Team - CTMUHB Audit & Risk Committee	15		5		↔	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Health Outcomes Strategic Commissioning Resources Reputation	Strategic Risk 1 – Commissioning of Sustainable High Quality, Safe and Effective Services Cautious Treat	Nov-2026	Cancer & Blood
88 NCC068/ NCC070	Jul-25	Commissioning of 24/7 South Wales Thrombectomy Service	If...the JCC is unable to commission a 24/7 mechanical thrombectomy service on behalf of South Wales Health Board's and their populations, and there continue to be lower number of thrombectomies than anticipated undertaken by North Bristol Hospitals Trust (NBHT), Then...there is a risk of continued inequity of access to services between patients in South Wales and South Powys, compared to those in North East Wales and North Powys who have access to a 24/7 Mechanical Thrombectomy Service, and the potential for poorer population outcomes in South Wales and South Powys. In addition, the number of mechanical thrombectomies in the block contract with NBHT will not be achieved, Resulting in...the JCC being open to significant reputational risk and potential judicial review of decisions linked to service provision, and a financial risk to the JCC.	- Discussions with North Bristol Hospital Trust (NBHT) being held regarding 24/7 service provision. - JCC to continue to meet Cardiff service regularly as required (currently fortnightly) to monitor activity. - A deep dive into Mechanical Thrombectomy provision has been included as a strategic priority for 26/27 and aims to conclude by Q3 to update a way forward for this service and addressing this risk in the long term.	- Discussions with Cardiff & Vale University Health Board (CVUHB) North Bristol Hospital Trust (NBHT) being held regarding 24/7 service provision. - JCC to continue to meet Cardiff service quarterly as part of the Neurosciences performance and assurance meetings to monitor activity. - A deep dive into Mechanical Thrombectomy provision has been included as a strategic priority for 26/27 and aims to conclude by Q3 to update a way forward for this service and addressing this risk in the long term.	CVUHB	No risk for Thrombectomy on CVUHB Risk Register or BAF - From the provider's perspective, it delivers to its current contract.	N/A	- Joint Commissioning Committee - Quality, Safety & Outcomes Sub-Committee - Senior Leadership Team - CTMUHB Audit & Risk Committee	20		8		↔	Improve equity and population health: ensure that people are able to access the right service when they need it whoever they are, wherever they live. Thrombectomy Deep Dive	Health Inequalities Legal Reputation	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	Nov-26	Neurosciences
89 P/21/28	Jul-25	Paediatric Neurology Service provision for North Wales	If...neurology services in Alder Hey NHSE remain under resourced Then...North Wales paediatric patients will not have access to the full range of specialised Paediatric neurology services with the potential for poorer population outcomes in North and inequity of access between North Wales and South Wales Resulting in... - the JCC being open to significant reputational risk and potential judicial review of decisions linked to service provision - the need to re-commission Paediatric Neurology services for North Wales at a potential financial consequence to the JCC	Continue regular SLA performance meetings with Alder Hey to discuss JCC commissioned services.	The next SLA meeting, scheduled for the 19th March 2026, will discuss the continued reduced service due to work force constraints. Members of the commissioning team will be attending in person and confirmation of consultation start date, full service capacity and plan to mitigate any backlog caused from lack of resource. Update for September 2026 - W&C Commissioning Team have reviewed the risk which remains unchanged. Following the meeting with Alder Hey and BCUHB in June, BCUHB have requested a further meeting to discuss whether the agreed model will proceed. The discussion will include the contracting arrangements and the referral criteria. Due to annual leave in both teams a meeting is not currently scheduled. In August - BCUHB have not agreed to the new service offered by AHCH. Further meetings between BCUHB & AHCH are taking place. The risk remains unchanged awaiting the outcome of these meetings.	Alder Hey			- Joint Commissioning Committee - Quality, Safety & Outcomes Sub-Committee - Senior Leadership Team - CTMUHB Audit & Risk Committee	16		8		↔	Improve equity and population health: ensure that people are able to access the right service when they need it whoever they are, wherever they live. Sustainability & Efficiency	Health Inequalities Strategic Commissioning Resource Reputation	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	Nov-26	Women & Children
97 (Replaces ORR Risk 68) Combines Directorate Risks: NCC064 NCC065 NCC072 NCC073 NCC077	Apr-25	Unsustainable Neurosciences Capacity and Workforce Resilience	If...the NWJCC's providers of Neurosciences specialities are unable to provide greater work force and pathway resilience for the services that the NWJCC commissions, Then...the NWJCC may be unable to reliably commission resilient, equitable and timely access to specialised Neurosciences services for the population of Wales in accordance with commissioned standards and contractual requirements. Resulting in...poorer population outcomes, widening inequity and access to specialist care across Wales, service escalation, reputational and legal risk for the NWJCC, and increased commissioning costs associated with service recovery or alternative provision.	- Provider contract performance and assurance meetings focused on workforce, capacity, finance, activity and service resilience risks. - Monitoring of workforce establishments, recruitment challenges and service capacity across key Neurosciences services. - Annual commissioning intention planning and investment prioritisation processes to assess affordability and value of service developments. - Scrutiny of high-cost treatments, specialist devices and emerging service pressures through financial and commissioning governance processes. - NWJCC escalation arrangements and executive-level engagement where provider financial pressures threaten service sustainability. - Review of activity, demand and contractual performance to identify emerging financial risks and pressures.	- Develop a Specialist Rehabilitation Strategy which includes a workforce sustainability plan and financial sustainability framework. (This will require additional resource and funding. There was a strategy developed but paused on 2024 due to resource and finance constraints) - Develop contingency plans for fragile services to reduce reliance on unplanned and higher-cost alternative provision.(This is requires strategic action outside of the commissioning team) - Align commissioning intentions with workforce and capacity requirements. - Work with providers to develop sustainable workforce and succession plans for critical specialist roles. - Undertake a strategic review of high-cost services, treatments and devices to support value-based commissioning and investment prioritisation decisions. (This will require a strategic action outside of the commissioning team) - Strengthen activity and demand forecasting to improve investment planning and affordability modelling. (This requires strategic action outside of the commissioning team) - NWJCC escalation arrangements and regional collaboration to maximise value and reduce avoidable expenditure. (This requires strategic action - linking with regional partnership boards) - Review contracts and baselining as required (This would require be led by finance)	CVUHB, SBUHB			- Joint Commissioning Committee - Quality, Safety & Outcomes Sub-Committee - Senior Leadership Team - CTMUHB Audit & Risk Committee	16		8		↔	Improve equity and population health: ensure that people are able to access the right service when they need it whoever they are, wherever they live. Sustainability & Efficiency	Health Inequalities Strategic Commissioning Resources Reputation	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	Nov-26	Neurosciences
99 P/21/31	01/09/2025 Risk Escalated	Paediatric Neurology Service provision for South Wales	If...paediatric neurology services are not delivered regionally by Cardiff & Vale UHB to the South and West Wales health boards, as per commissioning arrangements Then...South Wales paediatric patients will not have access to the full range of specialised paediatric neurology services with the potential for poorer population outcomes and inequity of access to opinions, reviews, medication and treatments in paediatric services across Wales. This could cause potential unfair or unavoidable differences in health across the population which may result in poor or worsening health outcomes for patients or the population. Resulting in... - poorer patient outcomes and experience - the JCC being open to significant reputational risk and potential judicial review of decisions linked to service provision - the need to re-commission Paediatric Neurology services for South Wales at a potential financial risk to the JCC	Meetings in place with CVUHB and affected health boards	Update for September 2026 - Meetings with health boards where outreach clinics are held ongoing and plans are being developed. Further follow up meeting with CVUHB to be held. An interim on call arrangement has been commenced by CVUHB in September. A letter has been formulated by the JCC and sent to all health boards. Within the letter the JCC stipulates assurance that is required from CVUHB whilst working with them and health boards to understand and address any emerging issues, risks or unintended consequences. Communication between the JCC, CVUHB and surrounding health boards is ongoing.	CVUHB			- Joint Commissioning Committee - Quality, Safety & Outcomes Sub-Committee - Senior Leadership Team - CTMUHB Audit & Risk Committee	16		8		New Risk Added Sept 2026	Improve equity and population health: ensure that people are able to access the right service when they need it whoever they are, wherever they live. Sustainability & Efficiency	Health Inequalities Strategic Commissioning Resources Reputation	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	Nov-26	Women & Children

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

Risk Ref	Risk Opened	Risk Title	Revised Risk Descriptor (by Commissioning Team)	Controls in place	Action Plan	Provider/s	Provider Risk Indicator	Provider Risk Indicator Link	NWJCC Assuring Committees / Sub-Committees	Rating (current) (C x L)	Rating (Target) (C x L)	Trend	NWJCC Strategic Objective and Annual Plan Priority	NWJCC Risk Domain	NWJCC JAF Strategic Risk Risk Appetite Level	Next Review Date	Commissioning Team/ Directorate
100 MHLDVG06	New Risk Added 01/09/2026	Commissioning of the Welsh Gender Service	If... the Welsh Gender Service review identifies significant concerns regarding clinical governance, assessment processes, referral pathways, quality assurance arrangements, commissioning oversight, or the effectiveness of the current service model. Then... the Joint Commissioning Committee may be required to implement substantial service improvements, redesign elements of the care pathway, and strengthen oversight and assurance arrangements. Resulting in... potential disruption to patient pathways, delays in access to appropriate treatment, deterioration in patient experience and outcomes, increased service and financial pressures, heightened stakeholder and government scrutiny, reputational damage, and potential legal or regulatory challenge.	- Independent review of the Welsh Gender Service commissioned to assess governance, quality and referral pathways. - Escalation of the service to Level 3. - Established commissioning and contract management arrangements. - Regular performance, quality and governance oversight arrangements. - Monitoring of waiting times, demand, activity, patient outcomes and incidents through routine reporting. - Established clinical governance and quality assurance processes. - Referral benchmarking and activity analysis against NHS England services.	- Complete the independent clinical review and Welsh Gender Service review. - Develop and implement recommendations arising from both reviews. - Strengthen commissioning, quality assurance and clinical governance arrangements where required. - Review service specifications and pathway requirements against emerging evidence and policy developments. - Develop and deliver an improvement and recovery plan where necessary. - Implement enhanced performance, quality and outcome monitoring. - Continue engagement with Welsh Government, providers, patients and stakeholders. - Assess implications for demand, capacity and financial planning. - Monitor delivery of recommendations through formal governance and assurance structures.	CVUHB			- Joint Commissioning Committee - Quality, Safety & Outcomes Sub-Committee - Senior Leadership Team - CTMUHB Audit & Risk Committee	16	8	New Risk Added Sept 2026	Maximise value Ensure quality Improve equity and population health	Health Outcomes Strategic Commissioning Resources	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	Nov-26	MHLDVG
										4	4	4	2				
101 MHLDVG07	New Risk Added 01/09/2026	Quality, Safety and Patient Outcomes for the Welsh Gender Service	If... concerns regarding the Welsh Gender Service's, patient safety, clinical governance, assessment processes, referral appropriateness and pathway management are not fully identified and addressed, Then... patients may be assessed, referred or managed through pathways that are not consistently safe, evidence-based or clinically appropriate, Resulting in... potential harm to patient experience and outcomes, delayed access to appropriate treatment, increased psychological distress, and potential patient safety incidents.	- Routine quality, safety and assurance monitoring arrangements. - Clinical governance oversight through provider and commissioner arrangements. - Escalation of the service to Level 3. - Pause of referrals for gender-affirming surgery. - Pause of surgical assessments and surgery. - Independent clinical review of patients awaiting surgery. - Desktop review of patients awaiting surgical assessment. - Quality Impact Assessment (QIA). - Equality and Welsh Language Impact Assessment (EWLIA).	- Complete the independent clinical review of affected patients. - Implement recommendations arising from the review. - Strengthen assessment and referral processes as necessary. - Review clinical governance arrangements. - Ensure appropriate psychological support for affected patients. - Reinstate referrals and surgery only where clinically appropriate. - Monitor delivery of improvement actions and patient outcomes.	CVUHB			- Joint Commissioning Committee - Quality, Safety & Outcomes Sub-Committee - Senior Leadership Team - CTMUHB Audit & Risk Committee	16	8	New Risk Added Sept 2026	Maximise value Ensure quality Improve equity and population health	Health Inequalities Health Outcomes	Strategic Risk 1 – Commissioning of Sustainable High Quality, Safe and Effective Services Cautious Treat	Nov-26	MHLDVG
										4	4	4	2				

JCC Risk Register for De-Escalated Risks >15												
Risk ID	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (Current)	Rating (Target)	Strategic Risk owner	Strategic Objective	NWJCC Risk Domain	Month De-escalated	De-escalation Rationale
ORR 65 WKN18	Renal Dialysis Capacity across Wales	If...the number of patients requiring dialysis continues to grow annually at a rate of 3–4% (or higher based on some projections) Then...the demand will exceed current commissioned capacity across Wales for both unit-based and home dialysis, and there will be delays or limits on the number of patients accessing home dialysis, as the growing demand exceeds the capacity of the nursing workforce to provide timely training and ongoing monitoring. Resulting in... - the need to commission additional capacity, at financial risk to the NWJCC, to avoid population harm - Increased pressure on the commissioned NEPTS service to transport a greater number of patients to and from dialysis session 3 times per week at a financial risk to the JCC	- Value in Health Care funding secured to increase the number of transplant and home dialysis patients - Monitoring through provider WKN meetings through the WKN commissioning performance dashboard - Additional capacity provided in Welshpool and through the new Bridgend Dialysis Unit will be monitored through provider meetings - A focus on increasing home therapies and transplant will increase capacity in the units, although a percentage of patients will return to unit dialysis for respite or due to kidney transplant failure, which needs to be accounted for when assessing capacity pressures - The following strategic Prevention workstreams are expected to have a medium/long term effect, led by the WKN Clinical Prevention Lead: - All Wales Community Healthcare Pathway for referrals for Chronic Kidney Disease have been agreed and introduced into Primary Care - Regional actions plans have been developed and introduced for increasing patient numbers for home dialysis and transplantation, monitored through the WKN Regional performance meetings - National Primary Care CKD optimisation project approved as a mandatory component of the new GMS contract for all GP practices in Wales £4.5m budget. Educational webinar to completed to supported by regional workshops and implementation. Target metrics have been developed by DHCW and EMIS searches - CKD e-learning module for primary care focusing on prevention, screening and optimisation for early CKD - CPD-approved is now live, awaiting a report on the level of uptake by cluster areas	Prevention workstream medium/long term effect: - Community Cardiorenal clinic pilot being developed in SBUHB - start date to be confirmed Commissioned services: - A focus on increasing home therapies and transplant will increase capacity in the units, although a percentage of patients will return to unit dialysis for respite or due to kidney transplant failure, which needs to be accounted for when assessing capacity pressures - Commission a distinct piece of work on Demand and Capacity Modelling. The HEOR presentation was provided to WKN Network Board meeting 24/09/25 on the demand, Further workshops to be held with the regional providers (x3) to go through the regional detail - This session took place on 10th December 2025 with further refinement required by end of January 2026 - Full workforce analysis with Regions and bench marking to quantify the various staffing costs per session by Quarter 4 2025/26 This action will now be picked up in the WKN Deep Dive review in 2026/27. - Monitor the variation between the 1.77% uplift applied as part of the IMTP Foundation plan and the projected 3.7% growth for dialysis across Wales - Qtr 4 2025/26 - Development of action plans for increasing capacity to include opening of Twilight - Risk will form part of the IMTP plan for 2026/2027 - Deep dive review to include projecting the inflationary costs requirement and projected growth for 2026/27 - Development of a report with recommendations and next steps to deliver system value and improve efficiency and sustainability	- Joint Commissioning Committee - Quality & Patient Safety Sub-Committee - Senior Leadership Team - CTMUHB Audit & Risk Committee	12 (Reduced from 16)	8	Director of Commissioning for Specialised Services	Ensure quality: with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these.	Strategic Commissioning Resource	Sep-26	The risk has been de-escalated from a risk of 16 to 12. This is due to increased capacity within the South West Wales provision and additional investment provided through Care Closer to Home focused on increasing home dialysis across Wales

NWJCC Risk Domains

Risk Domains	1. Negligible (1-3) Negligible impact on objective/s. Day to day operational challenges.	2. Minor (4-6) Minor impact on objective/s. Temporary restriction to business delivery with limited impact on stakeholder confidence.	3. Moderate (8-12) Moderate impact on objective/s. Short term failure to deliver key objectives with temporary adverse local publicity.	4. Major (15-20) Major impact on objective/s. Medium term failure to deliver key objectives with ongoing adverse publicity or negative impact on stakeholder confidence.	5. Catastrophic (25) Catastrophic impact on objective/s. Continued failure to deliver key objectives with long term adverse publicity or fundamental loss of stakeholder confidence.
Health Inequalities Risks that may result in unfair or unavoidable differences in health across different groups within society	• Negligible risk to communities, with limited impact on health inequalities or disparities	• Minor risk which may lead to noticeable effects on certain populations, leading to minor disparities in access to healthcare services or health outcomes across different groups within society	• Moderate risk which may significantly affect certain populations, resulting in substantial disparities in health status, access to care, or health related quality of life among affected groups	• Major risk which may have a profound impact on certain populations, exacerbating disparities in morbidity, mortality, and overall well-being, with far reaching consequences for affected communities	• Catastrophic threats to certain populations, leading to widespread and severe health crises, overwhelming healthcare systems, and causing significant loss of life and societal disruption
Health Outcomes Risks that may result in poor or worsening health outcomes for individuals or populations	• Health outcomes for certain populations are negligible, with only immaterial variations to care or health status observed	• Minor risk which may lead to noticeable effects on health outcomes, leading to minor disparities in disease management, treatment outcomes, or overall well-being	• Moderate risk which may lead to significant impacts to health outcomes, resulting in disease progression, functional impairment, and health-related quality of life	• Major risk which may lead to profound impact on health outcomes, exacerbating disparities in morbidity, mortality, and life expectancy, with significant implications for health trajectories and long term prognoses	• Catastrophic threats to health outcomes, leading to severe and potentially life-threatening consequences, overwhelming the ability of certain populations to cope, and causing significant harm to their physical and mental well-being
Legal Risks that may result in successful legal challenge and/or non-compliance with regulatory requirements. May include, but not limited to, risks linked to statutory duties, inspections, information governance, data management, general governance / probity, compliance and safeguarding	• No impact or negligible impact or breach of guidance / statutory duty	• Breach of statutory legislation • Reduced performance rating if unresolved	• Single breach in statutory duty • Challenging external recommendations / improvement notice	• Enforcement action • Multiple breaches in statutory duty • Improvement notice • Low performance rating • Critical report	• Multiple breaches in statutory duty • Prosecution • Complete systems change required • Zero performance rating • Severely critical report
People Risks that may result in damage to staff morale, wellbeing and/or adversely impact workforce collaboration and integration. May include, but not limited to, risks linked to human resource issues, organisational development, skills mix and staff experience	• Short-term low staffing level that temporarily reduces business quality and delivery (<1 day)	• Low staffing level that reduces business quality 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 / business due to lack of staff • Ongoing unsafe capacity or competency levels • Loss of several key staff • Staff unable to attend mandatory training on ongoing basis
Reputation Risks that may result in damage to reputation, poor experience and/or destruction of trust and relations. May include, but not limited to, risks linked to adverse publicity and engagement	• Rumours • Potential for public concern	• Local media coverage – short-term reduction in public confidence • Elements of public expectation not being met	• Local media coverage – long-term reduction in public confidence	• National media coverage with <3 days well below reasonable public expectations	• National media coverage with >3 days well below reasonable public expectation • MP concerned (questions in the House) • Total loss of public confidence
Resources Risks that may result in the organisation, or system, operating outside its resource allocations, poor productivity, inefficiencies, or no return on investment. May include, but not limited to, risks linked to workforce, finance, stability, value for money, procurement and claims	• Small loss • Risk of claim remote	• Loss of 1-2% of budget • Claim less than £10,000	• Loss of 2-5% of budget • Claim(s) between £10,000 and £100,000	• Uncertain delivery of key objective • Loss of 5-10% of budget • Purchasers failing to pay on time • Claim(s) between £100,000 and £1 million	• Non-delivery of key objective • Loss of 10% of budget • Failure to meet specification • Slippage • Loss of contract/ payment by results • Claim(s) >£1 million
Social and Economic Development Risks relating to decisions or events which may have favourable social, ethical and/or environmental outcomes	• Minimal or no impact on the environment	• Minor impact on environment	• Moderate impact on environment	• Major impact on environment	• Catastrophic impact on environment

Strategic Commissioning Risks associated with potential threats or uncertainties that may impact the NWJCC's ability to plan and commission services that meet population needs, improve population outcomes, and ensure value for money. Strategic commissioning risks emerge when this process is disrupted or compromised. These risks may affect the NWJCC's ability to ensure person-centred, equitable, and sustainable care.	- Negligible disruption to commissioning activities with no impact on service delivery or population outcomes. - Temporary delay in pathway design or contract negotiation.	- Negligible disruption to commissioning activities with no impact on service delivery or population outcomes. - Temporary delay in pathway design or contract negotiation. - Minor misalignment with strategic objectives.	- Moderate disruption to commissioning functions. - Inability to deliver planned service changes or meet transformation targets. - Moderate impact on access, equity, or quality of care.	- Major failure in commissioning processes. - Inability to deliver key services or meet statutory duties. - Major impact on population health outcomes, equity, or financial sustainability	- Catastrophic failure / systemic breakdown in commissioning capability. - Widespread service failure or collapse of strategic programmes. - Catastrophic impact on population health and organisational viability.
Strategy and Operations Risks associated with identifying and pursuing strategies /plans (including risks associated with the establishment of innovative systems and processes to deliver the strategies /plans), which could lead to improvements, opportunities for growth or may contribute positively to the achievement of aims and objectives. May include, but not limited to, risks linked to capacity, demand, service/ business interruption, digital, projects, planning, delivery, commissioning, partnership working and transformation	- Day to day operational challenges - Loss/ interruption of >1 hour - Insignificant cost increase / schedule slippage - Key 'political' target is being achieved and impact prevents improvement	- Temporary restriction to service delivery with limited impact on stakeholder confidence - Loss/ interruption of >8 hours - Key 'political' target is being achieved but impact reduces performance marginally below target in the near future or performance currently on target, but there is no agreed plan to meet	- Short term failure to deliver key objectives with temporary adverse local publicity - Loss/ interruption of >1 day 5–10 per cent over project budget - Schedule slippage - Key 'political' goal is marginally below target or is soon projected to deteriorate beyond acceptable limits or there is an agreed plan, but it does not yet meet the rising target	- Medium term failure to deliver key objectives with ongoing adverse publicity or negative impact on stakeholder confidence - Loss/ interruption of >1 week - Non-compliance with national 10–25 per cent over project budget - Schedule slippage - Key 'political' target not being achieved, and impact prevents improvement, or substantial decline in performance trend.	- Continued failure to deliver key objectives with long term adverse publicity or fundamental loss of stakeholder confidence - Permanent loss of service or facility - Incident leading >25 per cent over project budget - Schedule slippage - Key objectives not met - Key 'political' target is not being achieved and the impact further deteriorates the position

Risk Scoring Matrix

	Likelihood				
	1	2	3	4	5
	Rare - This will probably never happen / recur only in very exceptional circumstances. (Not for years)	Unlikely - Do not expect it to happen / recur but it is possible it may do so. (At least annually)	Possible - Might happen or recur occasionally (At least monthly)	Likely - Will probably happen / recur but it is not a persisting issue (At least weekly)	Almost certain - Will undoubtedly happen / recur, expected to occur in most circumstances. (At least daily)
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

NWJCC STRATEGIC OBJECTIVES

Maximise value – through our expertise and advice, determine where resources are best focussed and prioritised to inform choices that support the improvement of patient outcomes and commission appropriate services where value is demonstrated

Ensure quality – with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these

Reduce duplication – use value based health principles to reduce variation to identify and maximise opportunities for collaborative commissioning in Wales

Improve equity and population health - ensure that people are able to access the right service when they need it whoever they are, wherever they live

Facilitate integration - through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales