

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 Risk Appetite Level	Next Review Date	Commissioning Team / Directorate
										(C x L)		(C x L)							
										C	L	C	L						
61	Dec-23	Obesity surgery for the population of North Wales	If...the JCC is unable to secure an alternative provider for obesity surgery for the North Wales population Then...patients from Betsi Cadwaladr University Health Board (BCUHB) and North Powys will be unable to access the surgery they require, or the need to travel a distance to receive their surgery. This would lead to fragmented care and extended delays for BCUHB patients, worsening an already deteriorating waiting list position. Resulting in... - the potential for poorer population outcomes and inequity of service provision across Wales. - alternative service provision from another provider being at a potential increased financial cost to the JCC, and - the JCC being open to reputational risk and potential litigation	Director oversight in place, action plan and task finish group established to manage the required change.	- The SBUHB Executive Board approved the business case proposal on 10 June 2026. Regular meetings have taken place between SBUHB, Northern Care Alliance (NCA) and Betsi Cadwaladr University Health Board, with discussions continuing regarding the transfer of patients on the waiting list from NCA to WIMOS. - Regular meetings have taken place with the WIMOS Clinical Lead and the Head of Commissioning and continue while working through the implementation of the business case proposal and the patient transfer. - Continue the process to identify a new provider of obesity surgery for the North Wales population. Procurement of a sustainable long-term provider solution is being progressed and a designated provider process has been initiated with expressions of interest currently underway. Update September 2026: Following the withdrawal of services by Northern Care Alliance NHS Foundation Trust (Salford Royal Hospital) in March 2026. This has required the development of an interim arrangements with the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) to ensure continuity of care for patients on the waiting list while a longer-term provider solution is secured. The transfer of patients is progressing, the NWJCC has been working closely with the WIMOS team to progress the transfer of patients from the NCA. This work is now in its final stages, and we anticipate completion of the transfer arrangements shortly (October 2026). Procurement of a sustainable long-term provider solution is being progressed and a designated provider process has been initiated with expressions of interest currently underway. The risk score remains unchanged. The Commissioning Team will review the risk score once confirmation has been received that implementation of the business case is underway and the transfer of patients to WIMOS has been completed.	BCUHB/Salford Royal Hospital			- Joint Commissioning Committee - Planning, Performance & Finance Sub-Committee - Senior Leadership Team - CTMUHB Audit & Risk Committee	16		4		↔	Improve equity and population health: ensure that people are able to access the right service when they need it whoever they are, wherever they live. Cardiac Review	Health Inequalities Strategic Commissioning Resources	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	Nov-2026	Cardiac
84	Apr-25	Financial break-even 2026/27	If...the NWJCC overspends against the agreed Annual Plan 2026/27 Then...the Health Boards will have to include the relevant amounts in their own financial reporting Resulting in...unexpected overspends/restriction of JCC/HB services to patients/breaching HB statutory financial requirements. If this happens there is a risk that the JCC financial position will have a detrimental impact on individual Health Board financial positions leading to potential reputational damage to the JCC	- Financial performance monitored and reported to LHBS on a monthly basis providing key variance analysis in a timely manner to allow LHBS to make their own financial provisions or to take mediating actions to manage their demand. - Business partner arrangements with monthly directorate team meetings - Internal budget management regime updated in tandem with the scheme of delegation. - Bi-monthly CCLG and collaborative commissioning group meetings. - Bi-monthly Joint Committee meetings to discuss key variances from plan, formulate plans to manage demand where possible and to provide LHBS with sufficient information and financial forecasts to be able to make their own financial provisions in advance.	- Continuation of discussion with Welsh Government and Health Boards - SLT prioritising the work plan aligned to the risk based foundational plan and strategic priorities. Update for September 2026 - Continued monitoring of strategic sustainability and efficiency to ensure a break even position, with a view to go further and reduce commissioner contributions. At September (Month 6) we are reporting a forecast underspend of £2.4M. Work in respect of identifying further savings is progressing with a paper due to be presented to the JCC Strategy Workshop (15th October 2026) which identifies potential for the underspend to increase to £7.5M.	N/A			- Joint Commissioning Committee - Planning, Performance & Finance Sub-Committee - Senior Leadership Team - CTMUHB Audit & Risk Committee	15	4	9	1	↔	Maximise Value: through our expertise and advice, determine where resources are best focussed and prioritised to inform choices that support the improvement of patient outcomes and commission appropriate services where value is demonstrated.	Strategic Commissioning Resources	Strategic Risk 6 - Financial Sustainability and Affordability Cautious Treat	Nov-2026	Finance & Value
94	Nov-25	High-Cost Medicines	If...Medicine costs increase by a predicted 30% plus inflation due to geo-political pressures and inflation Then...the JCC's expenditure could increase by circa £39m Resulting in...significant financial pressures for the organisation which will impact on our ability to achieve financial targets and/or savings. Additionally this will impact on our ability to deliver our Foundational Plan or future IMTP plans	Whilst we do not have any control over the organisations responsible for this risk, financial mitigations could be put in place within our commissioning plans for the future.	- Make representations and lobby key stakeholders - ABPI, Welsh Government - Review all medicines commissioned to ensure they all remain appropriate for JCC commissioning Update for September 2026 - The Medical team has reviewed the risk using the JCC domains and risk scoring matrix and the risk remains unchanged	ALL			- Joint Commissioning Committee - Planning, Performance & Finance Sub-Committee - Senior Leadership Team - CTMUHB Audit & Risk Committee	15	5	9	3	↔	Maximise value – through our expertise and advice, determine where resources are best focussed and prioritised to inform choices that support the improvement of patient outcomes and commission appropriate services where value is demonstrated	Resources	Strategic Risk 6 - Financial Sustainability and Affordability Cautious Treat	Nov-26	Medical Directorate
96	May-26	Delivery and Sustainability of Commissioned Capacity for Emergency Ambulance Service (EMS)	If...The Welsh Ambulance Service University NHS Trust (WAST) is unable to fully utilise the Emergency Ambulance Service capacity commissioned by the NWJCC due to provider and wider NHS Wales system pressures, including increased demand, ambulance handover delays, and limited alternative care pathways. Then... Health Board populations may not receive timely access to pre-hospital emergency care Resulting in...Patient harm, poorer patient experience, reputational damage to the NWJCC, and additional financial pressures, with the commissioning of additional ambulance capacity alone unlikely to fully mitigate the risk without wider system improvements. Commissioning of additional capacity alone will not mitigate current inefficiencies.	- New JCC commissioning arrangements Provider Performance Assurance Group (PPAG) - Review WAST MIQPR (Performance Report) - JCC & health boards touchpoints - monthly liaison meetings. 6 weekly meetings with HB Quality teams - Commissioning Intention within 26/27 for provider to deliver against non-cash releasing productivity gains (2%) - Joint demand & capacity reviews - NWJCC strategic review, resulting in strengthened commissioning approach - Regularly reviewed performance - NWJCC ongoing conversations with Committee (Joint acceptance of tolerance for commissioning of current 6,000, hours) - Monitoring of WAST IMTP delivery 2026/2027-29 Ongoing e.g. WAST culture change programme, areas outlined inc. Workforce; sickness absence challenges and monitoring provider service improvements e.g. meal breaks workstream.	- Forecasting population for Commissioning (deprivation metrics) against a newly developed performance dashboard - Update data validation stage - Q3 2026 - JCC Assurance; Regular (weekly) monitoring of utilisation, UHPinc. % provision and HB handover performance reporting - Ongoing/BAU - ASI Reviews (Power BI) Measures review JCC/WAST - Agree Provider targets (notification if exceeds threshold for escalating) - Q2/Q3 2026 (as part of the Commissioning for Value framework delivery project). Update September 2026 - During the last 2 month period, new commissioning assurance structures have been implemented inclusive of provider performance assurance groups and health board liaison meetings. The risk rating over 15 for Risk 96 remains unchanged at score 20, with target of 10 and is dependent on the profile of handover improvements and winter pressures. Handover lost hours for July (9,336) and August (8,608) show some improvement when compared with June, however have increased again in September (11,677). WAST winter scorecard focus meetings due to commence October are also expected to achieve closer monitoring and performance assurance.	WAST NEPTS NHS 111 WALES EMRTS	WAST Risk 223 QUEST	https://ambulance.nhs.wales/files/trust-board-papers/papers/27-november-2025/AgendaItem10	- Joint Commissioning Committee NWJCC - Planning, Performance & Finance Sub-Committee PPF - Senior Leadership Team SLT - CTMUHB Audit & Risk Committee ARAC	20	5	10	2	↔	Facilitate Integration: through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales. Ambulance / 111 Review	Strategic Commissioning Health Outcomes Resources Reputation	Strategic Risk 3 - Ambulance Commissioning Model Open Tolerate	Nov-26	Ambulance Services and National Programmes
98 (Replaces ORR Risks 82, 87 & 95) Combines Directorate Risks: NCC057 NCC059 NCC071 NCC076	Jul-25	Neurosciences service pressures due to NWJCC investment decisions.	If...following Annual Planning decisions not to invest in Neuroscience specialities, the NWJCC does not prioritise funding for neurosciences during the IMTP 2027-2030 Then...patients may experience delays, restricted access or variation in service provision based on geography or provider capacity, Resulting...in health inequalities, poorer patient outcomes, failure to meet national clinical service standards, increased complaints and regulatory scrutiny, and reputational or legal challenge to NWJCC as commissioner.	- Quality and assurance meetings with providers to monitor delivery against service standards, service specifications and commissioned outcomes. - NWJCC escalation framework for services demonstrating significant performance, quality or safety concerns. - Stakeholder engagement with providers, Welsh Government and patient groups. - Annual commissioning intention planning and investment prioritisation processes to assess affordability and value of service developments.	- Develop a Specialist Rehabilitation Strategy which includes a workforce sustainability plan and financial sustainability framework. (This will require additional resource and funding) - Implement an all-Wales quality improvement programme targeting services with the greatest impact on patient outcomes and waiting times. (This is a strategic action to be lead by quality across all JCC) - Strengthen outcome-based commissioning, including the development of a consistent suite of quality, safety and patient outcome measures. - Undertake pathway reviews and service deep dives to identify and address system bottlenecks causing delays to diagnosis and treatment. - Enhance quality surveillance through triangulation of performance, patient experience, complaints and clinical outcome information. - Develop targeted recovery and improvement plans for services at risk of failing national standards or access targets.	CVUHB, SBUHB			- Joint Commissioning Committee - Planning, Performance & Finance Sub-Committee - Senior Leadership Team - CTMUHB Audit & Risk Committee	16	4	8	2	↔	Improve equity and population health: ensure that people are able to access the right service when they need it whoever they are, wherever they live. Sustainability & Efficiency	Health Outcomes Health Inequalities Resources Reputation	Strategic Risk 1 - Commissioning of Sustainable High Quality, Safe and Effective Services Cautious Treat	Nov-2026	Neurosciences

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