4.1.2 - App 2 - Risk Dashboard (Risks Graded 15 and Above) - July 2026

	CONSEQUENCE (C)					
LIKELIHOOD (L)	CxL	1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
	1 – Highly Unlikely					
	2 – Unlikely					
	3 – Likely					**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 **65** Renal dialysis capacity across Wales **68** Specialist Auditory Implant Device Service' CVUHB - **82** Neuro-rehabilitation service at SBUHB **87** Commissioning of Acute Neurosurgery Therapy MDT at CVUHB **89** Paediatric Neurology Service provision for North Wales **95** Neuro-rehabilitation services at C&VUHB	**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 Title	Revised Risk Descriptor (by Commissioning Team)	Controls	Mitigating Actions	Strategic Risk Owner/ Commissioning Team Portfolio	NWJCC Strategic Objective/ Annual Plan Priority	NWJCC Risk Domain	NWJCC JAF Strategic Risk/ Risk Appetite Level/ Risk Treatment	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	Risk Opened	Last Reviewed
													C L	C L			
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 retun 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 Clincial Prevention Lead: - All Wales Community Healthcare Pathway for referrals for Chonric 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 retun 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 Twillight • 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 **Update for July 2026 -** Risk reviewed and risk remains unchanged, awaiting Care Closer to Home submissions from Regions for NWJCC Foundation plan funding allocation.	Director of Commissioning for Specialised Services Renal Deep-Dive Welsh Kidney Network	Ensure quality Renal Deep-Dive	Strategic Commissioning Resource	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	BCUHB, CAVUHB, SBUHB			• Joint Commissioning Committee • Welsh Kidney Network Board • Quality & Patient Safety Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16 4 4	8 4 2	⟷	Jan-24	Jul-2026
80 CB12	**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 - ~~next meeting 5th June 2026~~ COMPLETE • Meet CVUHB and SBUHB to discuss the revenue business case on 7th August. **Update for July 2026 -** 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.~~, they expect the pl~~Plans for such corrections ~~to be~~ were included with the response ~~with as much detail as possible~~ submitted to JACIE on 8th July~~. An action list has been drawn up by the service in order to provide a response to JACIE by the deadline.~~ showing that CVUHB ~~expects to have~~ complie~~d~~ with all the standards which do not require further investment. ~~Submission of a~~ A proposal to address areas highlighted by JACIE report as requiring staff ~~is expected~~ 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.	Director of Commissioning for Specialised Services Cancer & Blood	Ensure quality	Strategic Commissioning Resources Reputation	Strategic Risk 1 – Commission to Sustain High Quality, Safe and Effective Services Cautious Treat	CAVUHB	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 3	5 5 1	⟷	May-25	Jul-2026
81 CB13	**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 - ~~next meeting 5th June 2026~~ COMPLETE • Meet CVUHB and SBUHB to discuss the revenue business case on 7th August. **Update for July 2026 -** 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.~~, they expect the pl~~Plans for such corrections ~~to be~~ were included with the response ~~with as much detail as possible~~ submitted to JACIE on 8th July~~. An action list has been drawn up by the service in order to provide a response to JACIE by the deadline.~~ showing that CVUHB ~~expects to have~~ complie~~d~~ with all the standards which do not require further investment. ~~Submission of a~~ A proposal to address areas highlighted by JACIE report as requiring staff ~~is expected~~ 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.	Director of Commissioning for Specialised Services Cancer & Blood	Ensure quality	Strategic Commissioning Resources Legal	Strategic Risk 1 – Commission to Sustain High Quality, Safe and Effective Services Cautious Treat	CAVUHB	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 3	5 5 1	⟷	May-25	Jul-2026
82 NCC057	**Neuro-rehabilitation service at SBUHB**	**If...**the NWJCC is unable to support the investment required to recruit to the multi-disciplinary staffing establishment at the SBUHB Inpatient Neuro-rehabilitation Unit to meet the minimum BSPRM standards **Then...**specialist neuro-rehabilitation at the Unit will be compromised or lost **Resulting in...** • the potential for poorer population outcomes for South West Wales • inequity of service provision • and the JCC being open to reputational risk and potential judicial review of decisions linked to service investment • placing the service into escalation and the potential need to seek an alternative provider at an increased financial cost	• Recommendations to mitigate the current risks and medium to longer term staffing requirements by recruiting and maintaining a well-resourced and competent multidisciplinary team. • SBUHB have reduced the number of Neuro-rehabilitation inpatient beds from 14 to 10 beds in the short term whilst recruitment gaps are resolved. • Information re: delayed admissions/discharges shared with the JCC • Half yearly Performance meetings with the service in place.	• 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. • 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, these meetings continue to monitor the position. **Update for July 2026 -** the risk has been reviewed and remains unchanged. Consideration is currently being given to a consolidated number of themed risks for Neurosciences that more accurately reflect their cumulative impact on the NWJCC.	Director of Commissioning for Specialised Services Neurosciences	Improve equity and population health Sustainability & Efficiency	Strategic Commissioning Resources Reputation	Strategic Risk 1 – Commission to Sustain High Quality, Safe and Effective Services Cautious Treat	SBUHB			• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16 4 4	8 4 2	⟷	Apr-25	Jul-2026

Risk Ref	Risk Title	Revised Risk Descriptor (by Commissioning Team)	Controls	Mitigating Actions	Strategic Risk Owner/ Commissioning Team Portfolio	NWJCC Strategic Objective/ Annual Plan Priority	NWJCC Risk Domain	NWJCC JAF Strategic Risk/ Risk Appetite Level/ Risk Treatment	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	Risk Opened	Last Reviewed
													C	L	C	L			
88	**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 **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 **Resulting in...** • the JCC being open to significant reputational risk and potential judicial review of decisions linked to service provision	• 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. • Ongoing discussions with North Bristol Hospital Trust (NBHT) being held regarding service provision.	• JCC were awaiting a business case from CAVUHB by end of September 2025. CVUHB advised that they were not in a position to submit a revised business case to expedite the 4 phase plan (agreed with Joint Committee in 2024) to mitigate the risk of lack of 24/7 access. The NWJCC continue to discuss the 24/7 service provision with North Bristol Hospital Trust • 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 addresing this risk in the long term. **Update for July 2026 -** the risk has been reviewed and remains unchanged. Consideration is currently being given to a consolidated number of themed risks for Neurosciences that more accurately reflect their cumulative impact on the NWJCC.	Director of Commissioning for Specialised Services Neurosciences	Improve equity and population health Thrombectomy Deep Dive	Health Inequalities Legal Reputation	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	CAVUHB	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** **4**	**5**	**8** **4**	**2**	⟷	Jul-25	Jul-2026
89 P/21/28	**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 perfomance 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 July 2026 -** W&C Commissioning Team have reviewed the risk which remains unchanged. Meeting held on 19th June to discuss the planned tertiary paediatric neurology MDT. BCUHB agree with Alder Hey on the planned tertiary neurology MDT. The MDT clinics will only involve clinicians. Patients/families will have appointments with their local consultant who will update them on the decisions made in these meetings regarding their care. There is currently no planned start date as this will be dependent on the approval of SLAs. Contact has been made with Alder Hey regarding the start date and the team in Alder Hey is currently arranging a meeting with BCUHB colleagues to discuss, with the JCC to be included.	Director of Commissioning for Specialised Services Women & Children	Improve equity and population health Sustainability & Efficiency	Health Inequalities Strategic Commissioning Resource Reputation	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	Alder Hey			• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**16** **4**	**4**	**8** **4**	**2**	⟷	Jul-25	Jul-26
95	**Neuro-rehabilitation services at C&VUHB**	**If...**The JCC does not provide funding to increase the commissioned establishment to meet the minimum BSPRM standards **Then...**The service will not have the staffing levels required to respond to the patient needs (complexity) that change over time meaning potentially poorer outcomes for the patient population **Resulting in...** • CVUHB being unable to take patients with more complex needs or admit new patients in line with demand thereby not fulfilling their contractual obligations • Financial implications for both the JCC and CVUHB and the need to consider the re-commissioning of services (bed closures)	• CVUHB have successfully recruited to the commissoned staffing establishment, however still remain below the minimum standards for the British Society Physical Rehabilitation Medicine. • JCC receiving and monitoring performance and repatriation delay information • Performance reporting and oversight via Risk Assurance and Recovery meetings, SLA meetings and to Management Group and JCC	• JCC to continue meeting quarterly with the C&VUHB team to understand the risks • The concerns raised by the Rehabilitation team will be addressed in the Rehabilitation Strategy which is currently paused for review in 25/26. **Update for July 2026 -** the risk has been reviewed and remains unchanged. Consideration is currently being given to a consolidated number of themed risks for Neurosciences that more accurately reflect their cumulative impact on the NWJCC.	Director of Commissioning for Specialised Services Neurosciences	Maximise value Sustainability & Efficiency	Strategic Commissioning Resources	Strategic Risk 1 – Commission to Sustain High Quality, Safe and Effective Services Cautious Treat	CAVUHB			• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**16** **4**	**4**	**8** **4**	**2**	⟷	Jan-26	Jul-2026

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 qualiyt and delivery	• Late delivery of key objective / business due to lack of staff • Unsafe capacity or competency levels (>1 day) • Low staff morale • Poor staff attendance for mandatory training	• Uncertain delivery of key objective / business due to lack of staff • Unsafe capacity or competency levels (>5 days) • Loss of key staff • Very low staff morale • No staff attending mandatory training	• Non-delivery of key objective / businessdue to lack of staff • Ongoing unsafe capacity or competency levels • Loss of several key staff • Staff unable to attend mandatory training on ongoing basis
Reputation Risks that may result in damage to reputation, poor experience and/or destruction of trust and relations. May include, but not limited to, risks linked to adverse publicity and engagement	• Rumours • Potential for public concern	• Local media coverage – short-term reduction in public confidence • Elements of public expectation not being met	• Local media coverage – long-term reduction in public confidence	• National media coverage with <3 days well below reasonable public expectations	• National media coverage with >3 days well below reasonable public expectation • MP concerned (questions in the House) • Total loss of public confidence
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				
Consequence	**1**	**2**	**3**	**4**	**5**
	Rare - This will probably never happen / recur only in very exceptional circumstances. (Not for years)	**Unlikely -** Do not expect it to happen / recur but it is possible it may do so. (At least annually)	**Possible -** Might happen or recur occasionally (At least monthly)	**Likely -** Will probably happen / recur but it is not a persisting issue (At least weekly)	**Almost certain -** Will undoubtedly happen / recur, expected to occur in most circumstances. (At least daily)
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

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