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

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	Risk Descriptor	Controls in place	Action Plan	Strategic Risk Owner/ Commissioning 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			
61	**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. • Continue the process to identify a new provider of obesity surgery for the North Wales population. **Update July 2026:** 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.	Director of Commissioning for Specialised Services Cardiac	Improve Equity and Population Health Cardiac Review	Health Inequalities Strategic Commissioning Resources	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	BCUHB Salford Royal Hospital			• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**16** 4 4	**4** 4 1	⟷	Dec-23	Jul-2026
68 NCC064	**Specialist Auditory Implant Device Service' CVUHB**	**If...**CVUHB South Wales Specialist Auditory Implant Device Service continues to experience staffing shortages, high sickness absence, poor staff morale and ongoing funding pressures within the specialist Audiology, while the service remains at escalation level 3 **Then...**South Wales patients requiring a Cochlear Implant or Bone Conduction Hearing Implant (BCHI) will be unable to access the Specialist Service within the national standard waiting times target, with the potential for poorer population outcomes and inequity of service provision between the South and North Wales service **Resulting in...**the potential need to seek an alternative provider at an increased financial cost and reputational impact to the NWJCC	• The service is at Level 3 of the NWJCC Escalation Framework wef October 2025	• As a result of lack of progress in improving performance and meeting waiting time targets, the service was put into level 3 of the NWJCC Escalation Framework in October 2025. • 52 week breaches were addressed by March 2026 and at the last escalation meeting (5th August 2026) it was reported that that there was only 1 patient waiting over 36 weeks that would be cleared by September. Sustainability remains a key concern. • Contract re baselining discussions have begun to ensure sustainable and efficient resource allocation to deliver activity levels to agreed quality standards. • A number of quality related issues raised and staff wellbeing concerns. Due to the impact on the quality of service delivery this risk was re-escalated in January 2026. • The next executive level escalation meeting is scheduled for mid September 2026. A key action prior to the next meeting is for JCC and CVUHB finance colleagues to have a focused discussion regarding the baselining of the contract, to ensure delivery against contracted quality and activity, and adequate staffing is in place. This will aim to fully support performance and quality whilst meeting and sustaining waiting time targets. **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 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	CAVUHB			• Joint Commissioning Committee • Planning, Performance and Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**16** 4 4	**8** 4 2	⟷	Mar-25	Jul-2026
84	**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. U**pdate for July 2026 -** Continued monitoring of strategic sustainability and efficiency to ensure a break even position, with a view to go further and reduce commissioner contributions. A paper was presented to the JCC on the 21st July outlining progress to date in respect of financial sustainability. The previous dispute with C&VUHB with regards to their LTA has been concluded, the outcome being NWJCC is able to include a 2% savings requirement as part of the 2026/2027 LTA. At month 3 there does not appear to be any financial risk to break even.	Director of Finance & Value	Maximise Value	Strategic Commissioning Resources	Strategic Risk 6 - Financial Sustainability and Affordability Cautious Treat	N/A			• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**15** 3 5	**9** 3 3	⟷	Apr-25	Jul-2026
87 NCC059	**Commissioning of Acute Neurosurgery Therapy MDT at CVUHB**	**If...**the NWJCC is unable to provide funding to address the insufficient commissioned establishment for the Neurosurgery Therapy MDT at Cardiff & Vale University Health Board **Then...**there is a risk of delay to acute therapy service provision for patients on the acute neurosurgery pathway, the potential for poorer population outcomes for South Wales and inequity of service provision compared to North Wales **Resulting in...** The JCC being open to reputational risk and potential judicial review of decisions linked to service investment	• Continue to monitor the position at the quarterly Neurosciences Performance Meeting. • Acute Neurosurgery therapies was approved in the ICP 24/25.	• Commissioning team to clarify if the funding release can proceed in 25/26 which will be dependent on the ICP for 26/27. **Update for 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	Health Inequalities Resources Reputation	Strategic Risk 2 - Service Sustainability, Fragility and Equity of Access Open Tolerate	CVUHB			• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**16** 4 4	**8** 4 2	⟷	Jul-25	Jul-2026
94	**High-Cost Medicines**	**If...**Medicine costs increase by a predicted 30% plus inflation due to geo-political pressures and inflation **Then...**the JCC's expenditure could increase by circa £39m **Resulting in...**significant financial pressures for the organisation which will impact on our ability to achieve financial targets and/or savings. Additionally this will impact on our ability to deliver our Foundational Plan or future IMTP plans	• 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 July 2026 -** The Medical team has reviewed the risk using the JCC domains and risk scoring matrix and the risk remains unchanged	Medical Director	Maximise Value	Resources	Strategic Risk 6 - Financial Sustainability and Affordability Cautious Treat	ALL			• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**15** 3 5	**9** 3 3	⟷	Nov-25	Jul-2026
96	**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.	• NWJCC EAS (WAST) commissioning forum • JCC system/health boards touchpoints (plan to be instated) • Strategic review on Ambulances (provider) • NWJCC annual plan - planning / forecasting current and future demand (increase/decreases) • Commissioning Intentions 26/27 specific to the provider to deliver against non-cash releasing productivity gains (2%) • Joint demand & capacity reviews • NWJCC strategic review, and a more evidenced based Commissioning approach (framework) • Regularly reviewed performance, and in collaboration with HB's • NWJCC continued conversations with Committee - Ongoing (Joint agreed acceptance of tolerance for commissioning of current 6.000 hours or when required JCC to provide options) • Monitoring for Assurances; WAST IMTP service improvement 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	• Forecasting population for Commissioning (deprivation metrics) - Q3 2026 • JCC Assurance - Regular (weekly) monitoring of utilisation, UHP and performance reporting inc % provision - Ongoing • Agree Provider targets (notification if exceeds threshold for escalating) - Q2 2026 **Update for July 2026** - The Ambulance services and National programmes team have reviewed new risk 96. The score rating of 20 current, with target 10 remains unchanged, based on provider performance during the month of June where WAST declared a critical incident, due to the increase in temperatures across Wales, and the impact this has had on Wales population. WAST have since returned from REAP4 escalation to REAP2 and with continuous close monitoring and updates provided in place, for planning ahead. Handover lost hours for June 14,263 although higher than the target (of 9,000hrs) has decreased by 11% compared to June 2025 (15,948). This remains challenging across health boards, who continue to undertake assessments in relation to further expectations around handover improvement. No recent updated timescales shared for this NHS Wales wide work. The month of July has seen an improvement to 9,167 lost hours. This trajectory will be closely monitored, as if contiues this could bring the lost hours target back in line with WAST Commissionned levels. Ambulance service Unit Hour Production (UHP) continues to be monitored as part of regular commissioning performance monitoring. Against the action plan a JCC performance dashboard is developed to provide metrics required for commissioning population forecasting with a focus on deprivation.To inform demand and capacity. Areas of provider targets are set out in the WAST MIQPR (Monthly Integrated Quality Performance Report) although full agreement of these remains' dependant on the strategic review outputs to be delivered later in the year.	Director of Commissioning for Ambulance Services and National Programmes Ambulance Services	Facilitate Integration Ambulance / 111 Review	Strategic Commissioning Health Outcomes Resources Reputation	Strategic Risk 3 – Ambulance Commissioning Model Open Tolerate	WAST NEPTS NHS 111 WALES EMRTS	WAST Risk 223 QUEST *Trust inability to reach Patients in the Community. Causing patient harm and death.*	https://ambulance.nhs.wales/files/committee-meetings/audit-committee/arac-papers-23-june-2026/ Agenda Item 10	• Joint Commissioning Committee NWJCC • Planning, Performance & Finance Sub-Committee PPF • Senior Leadership Team SLT • CTMUHB Audit & Risk Committee ARAC	**20** 5 4	**10** 5 2	⟷	May-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				
	1	**2**	**3**	**4**	**5**
Consequence	**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