

Risk Dashboard (Risks Graded 15 and Above) - March 2026

		CONSEQUENCE (C)				
		CxL	1 - Negligible	2 - Minor	3 - Moderate	4 - Major
LIKELIHOOD (L)	1 - Highly Unlikely					
	2 - Unlikely					
	3 - Likely					77 Commissioning of sufficient Emergency Ambulance Services capacity 80 JACIE certification - south Wales CAR T service 81 JACIE certification - south Wales BMT service 91 Hereditary Anaemias service - capacity in south Wales
	4 - Highly Likely				61 Obesity surgery at Salford Royal Hospital waiting times - De-escalated from 20 to 16 in March 2026 65 Renal dialysis capacity across Wales 68 - Specialist Auditory Implant Device Service' CVUHB - Escalated from 12 to 16 in March 2026 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	78 Utilisation of Emergency Ambulance capacity 88 Commissioning of 24/7 South Wales Thrombectomy Service
	5 - Almost Certain			84 Financial Break-even 2025/26	94 High-cost medicines	

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

JCC RISK REGISTER - RISKS WITH SCORES >15																								
Risk Ref	Risk Title	Revised Risk Descriptor (by Commissioning Team)	Provider Risk Indicator	Provider Risk Indicator Link	Strategic Risk Owner	Commissioning Team/ Directorate	Identified Risk Owner/ Manager	JCC Strategic Objective	NWJCC Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current)			Rating (Target)			Target Deadline	Trend	Risk Opened	Last Reviewed	Next Review Date
														(C x L)			(C x L)							
														C	L		C	L						
61	Obesity surgery at Salford Royal Hospital - waiting times for the population of North Wales	If...Salford Royal Hospital is unable to significantly reduce its long waiting times for obesity surgery - the JCC is unable to secure an alternative provider for obesity surgery for the North Wales population Then...the service, which serves the populations of 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 - fail to meet the requirements of the JCC service standards and contractual obligations. 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. • and the JCC seeking alternative provision at a potentially increased financial cost • 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 of Commissioning for Specialised Services	Cardiac	Head of Commissioning, Cardiac	Improve equity and population health: ensure that people are able to access the right service when they need it wherever they are, wherever they live	Health Inequalities Strategic Commissioning Resources	BCUHB/Salford Royal Hospital	• Director oversight in place, action plan and task finish group established to manage the required change. • The SBUHB proposal and costs have been agreed in principle by the Health Board Executives; final governance sign-off by the Health Board's Performance and Finance Committee is expected on the 14th of April. A meeting is planned for week commencing 13 April with the WIMOS team, Northern Care Alliance (NCA), and Betsi Cadwaladr University Health Board to discuss and agree the process of moving patients. This process will also include the communications required for patients and liaison with Liais. • Continue process to identify a new provider for Obesity surgery for North Wales population. Update March 2026 - The risk has been reviewed and refreshed by the commissioning team using the JCC domains and risk scoring matrix. The risk score has decreased from 20 (C4 x L5) to 16 (C4 x L4). This reduction is based on current progress in establishing the interim provider solution with WIMOS, SBUHB.	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16	4		4	4			Risk Score has been decreased from a 20 to 16 (March 26) ↓	Dec-23	Mar-2026	May-2026	
68	Specialist Auditory Implant Device Service' CVUHB	If...CVUHB is unable to right size its commissioned staffing establishment for the 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 service being put into escalation and the potential need to seek an alternative provider at an increased financial cost and reputational impact to the NWJCC			Director of Commissioning for Specialised Services	Neurosciences	Head of Commissioning, Neurosciences	Improve equity and population health: ensure that people are able to access the right service when they need it wherever they are, wherever they live	Strategic Commissioning Resources Reputation	CAVUHB	• 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. • Following escalation meetings to date, some assurance has been provided in terms of improving waiting times with a target of 52 weeks to be met by March 2026. • Contract re baselining discussions have begun to ensure sustainable and efficient resource allocation to deliver activity levels to agreed quality standards. March 2026 - there have been a number of quality related issues raised and staff wellbeing concerns and due to the impact on quality of service delivery this risk has been re-escalated. The next executive level escalation meeting is scheduled for late April 2026. There will be a focused discussion to address accurate baselining of the contract, to ensure delivery against contracted quality and activity, and that adequate staffing is in place. This will aim to fully support performance and quality whilst meeting and sustaining waiting time targets	• Joint Commissioning Committee • Planning, Performance and Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16	4		4	4	1		Risk Score has increased from 12 to 16 (March 26) ↑	Mar-25	Mar-2026	May-2026	
77	Commissioning of sufficient Emergency Ambulance Services capacity	If...the NWJCC does not commission sufficient capacity for the Welsh Emergency Ambulance Service (WAST) Then...the Welsh Ambulance Service Trust (WAST) will be unable to deliver the requirements of the JCC commissioned service standards which will contribute to reduced performance and quality standards with increased risk of patient harm and reduced system flow. Resulting in...the JCC being exposed to significant reputational and financial risk	Risk 223 QUES	https://ambulance.nhs.wales/files/trust-board-papers/papers-27-november-2025-Aenda-Item-10	Director of Commissioning for Ambulance Services and 111	Ambulance Services and 111	Deputy Director of Commissioning for Ambulance Services and 111	Facilitate integration: through effective engagement and collaboration, provide the key mechanisms to support regional and national integration for commissioning services for the people of Wales	Strategic Commissioning Resource Reputation	WAST / EMRTS	• The NWJCC have commissioned ambulance services capacity in-line with the 2019 ambulance services demand and capacity review. In addition to the 2019 demand and capacity review, the NWJCC and Welsh Government have commissioned additional ambulance service capacity, to respond to the changing demands for ambulance services. • Establishment of the clinically led National Improvement Delivery Group on 1st July 2025 to reduce ambulance handover delays of which the JCC is an active participant • Increase the number of patients managed at Step 2 of the ambulance commissioning framework • Investment in additional ambulance service capacity by pass through of 2024/25 uplift • Completion of 2024 Demand and Capacity review - findings being considered as part of 2025/26 IMTP plan development • Assessment of implications of Manchester Arena Inquiry submission by the ambulance service being undertaken • The Ministerial Advisory Group report into NHS Wales Performance and Productivity (Recommendation 13) recommends urgent action should be taken to reduce ambulance handover delays at emergency departments by implementing a national improvement programme, supported by real-time data, operational standards, and accountability mechanisms. The JCC is working collaboratively to support implementation of this recommendation including taking a lead on the development of a performance dashboard. • Continued monitoring of performance against the Number of lost hours due to handover delays (this has historically reduced (September 2025) to circa 11,500 hours which is an improving trend. Update for March 2026 - Ambulance Services and 111 Commissioning Team reviewed the risk. The score rating of 15 currently with target of 10 remains unchanged. Progress with the Ambulance Services Strategic review will be shared in April 2026, and understanding of the benefits and evaluation of the ambulance performance framework changes will continue to inform further work in this area related to the re-assessment of demand and capacity requirements moving forward. Further progress on reduction of handover delays to 2018/19 commissioned levels will also support a reduction in this risk, however performance currently remains variable with a deterioration of lost hours in March 2026 to 15,322 compared to February 2026.	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	15	4		4	10	2	←	Sep-24	Mar-2026	May-2026		
84	Financial break-even 2025/26	If...the NWJCC overspends against the agreed Annual Foundation Plan 2025/26 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			Director of Finance & Value	Finance & Value	Deputy Director of Finance & Value	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	N/A	• 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. • New 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 March 2026 - The NWJCC final financial position for 2025-2026 is £6.3m, which is slightly less than previous forecasts. Individual risk shares have been attributed to the health boards and accepted, which leaves the NWJCC with a balanced position for the year 2025-2026.	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	15	3		5	9	2	↔	Apr-25	Mar-2026	May-2026		
87	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			Director of Commissioning for Specialised Services	Neurosciences	Head of Commissioning, Neurosciences	Improve equity and population health: ensure that people are able to access the right service when they need it wherever they are, wherever they live	Health Inequalities Resources Reputation	CVUHB	• 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 March 2026 - the risk has been reviewed and the scoring remains the same	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16	5		3	3		←	Jul-25	Mar-2026	May-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			Medical Director	Medical Directorate	Medical Director	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	ALL	• 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 March 2026 - The Medical team has reviewed the risk using the JCC domains and risk scoring matrix and the risk remains unchanged	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	15	4		4	9		↔	Nov-25	Mar-2026	May-26		

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	<ul style="list-style-type: none"> Negligible risk to communities, with limited impact on health inequalities or disparities 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Health outcomes for certain populations are negligible, with only immaterial variations to care or health status observed 	<ul style="list-style-type: none"> Minor risk which may lead to noticeable effects on health outcomes, leading to minor disparities in disease management, treatment outcomes, or overall well-being 	<ul style="list-style-type: none"> Moderate risk which may lead to significant impacts to health outcomes, resulting in disease progression, functional impairment, and health-related quality of life 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> No impact or negligible impact or breach of guidance / statutory duty 	<ul style="list-style-type: none"> Breach of statutory legislation Reduced performance rating if unresolved 	<ul style="list-style-type: none"> Single breach in statutory duty Challenging external recommendations / improvement notice 	<ul style="list-style-type: none"> Enforcement action Multiple breaches in statutory duty Improvement notice Low performance rating Critical report 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Short-term low staffing level that temporarily reduces business quality and delivery (<1 day) 	<ul style="list-style-type: none"> Low staffing level that reduces business quality and delivery 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Rumours Potential for public concern 	<ul style="list-style-type: none"> Local media coverage – short-term reduction in public confidence Elements of public expectation not being met 	<ul style="list-style-type: none"> Local media coverage – long-term reduction in public confidence 	<ul style="list-style-type: none"> National media coverage with <3 days well below reasonable public expectations 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Small loss Risk of claim remote 	<ul style="list-style-type: none"> Loss of 1-2% of budget Claim less than £10,000 	<ul style="list-style-type: none"> Loss of 2-5% of budget Claim(s) between £10,000 and £100,000 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Minimal or no impact on the environment 	<ul style="list-style-type: none"> Minor impact on environment 	<ul style="list-style-type: none"> Moderate impact on environment 	<ul style="list-style-type: none"> Major impact on environment 	<ul style="list-style-type: none"> Catastrophic impact on environment

<p>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.</p>	<ul style="list-style-type: none"> • Negligible disruption to commissioning activities with no impact on service delivery or population outcomes. • Temporary delay in pathway design or contract negotiation. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Moderate disruption to commissioning functions. • Inability to deliver planned service changes or meet transformation targets. • Moderate impact on access, equity, or quality of care. 	<ul style="list-style-type: none"> • Major failure in commissioning processes. • Inability to deliver key services or meet statutory duties. • Major impact on population health outcomes, equity, or financial sustainability 	<ul style="list-style-type: none"> • Catastrophic failure / systemic breakdown in commissioning capability. • Widespread service failure or collapse of strategic programmes. • Catastrophic impact on population health and organisational viability.
<p>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</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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
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