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

LIKELIHOOD (L)	CxL	1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
	1 – Highly Unlikely					
	2 – Unlikely					**91 Hereditary Anaemias service - capacity in south Wales - Risk DE-ESCALATED from 15 to 10 in May 2026**
	3 – Likely				**77 Commissioning of sufficient Emergency Ambulance Services capacity - Risk DE-ESCALATED from 15 to 12 in May 2026**	**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	**78 Utilisation of Emergency Ambulance capacity - Risk CLOSED in May 2026** **88** Commissioning of 24/7 South Wales Thrombectomy Service **96 - Delivery and sustainability of safer, quality, valuable, integrated and more equitable Commissioning - Capacity - Emergency Ambulance Service (EMS) - New Risk added May 2026**
	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)	Provider Risk Indicator	Provider Risk Indicator Link	Strategic Risk Owner	Commissioning Team/ Directorate	JCC Strategic Objective	NWJCC Risk Domain	Provider/s	Controls in place	Action Plan	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 of Commissioning for Specialised Services	Cardiac	**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	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; the business case proposal was recommended for approval by the Health Board's Performance and Finance Committee on the 20 May. Formal sign off by the Health Boards Executive Board is expected week commencing 8 June. A number of meetings have already taken place 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 has included the communications required for patients and liaison with Llais, and this has included the development of a letter and a FAQ sheet for patients. • Continue process to identify a new provider for Obesity surgery for North Wales population. **Update May 2026 -** The risk score remains unchanged. A reduction in the score is contingent upon the approval (anticipated week commencing 8 June 2026) and implementation of the business case.	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16 4 4	4 4 1	⟷	Dec-23	May-2026
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			Director of Commissioning for Specialised Services	Welsh Kidney Network	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Strategic Commissioning Resource	BCUHB, CVUHB, SBUHB	• 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 May 2026 -** Risk reviewed and risk remains unchanged, awaiting Care Closer to Home submissions from Regions for NWJCC Foundation plan funding allocation.	• 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	May-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			Director of Commissioning for Specialised Services	Neurosciences	**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	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. • 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 was scheduled for late April 2026. There will be a focused discussion to address accurate baselining of the contract, to ensure delivery against ontracted 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 May 2026 -** the risk has been reviewed, the impact on staff has been noted and the additional operational manager the HB have put in place to mitigate the risk; the scoring remains the same.	• Joint Commissioning Committee • Planning, Performance and Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16 4 4	8 4 2	⟷	Mar-25	May-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	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	Director of Commissioning for Specialised Services	Cancer & Blood	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Strategic Commissioning Resources Reputation	CVUHB	• 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 **Update for May 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 plans for such corrections to be included with the response with as much detail as possible. An action list has been drawn up by the service in order to provide a response to JACIE by the deadline. CVUHB expects to have complied with all the standards which do not require further investment. Submission of a proposal to address areas highlighted by JACIE report as requiring staff is expected from the health board. The Cancer & Blood commissioning team has reviewed the score using the JCC domains and risk scoring matrix and the scoring remains unchanged.	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	15 5 3	5 5 1	⟷	May-25	May-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	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	Director of Commissioning for Specialised Services	Cancer & Blood	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Strategic Commissioning Resources Legal	CVUHB	• 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 **Update for May 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 plans for such corrections to be included with the response with as much detail as possible. An action list has been drawn up by the service in order to provide a response to JACIE by the deadline. CVUHB expects to have complied with all the standards which do not require further investment. Submission of a proposal to address areas highlighted by JACIE report as requiring staff is expected from the health board. The Cancer & Blood commissioning team has reviewed the score using the JCC domains and risk scoring matrix and the scoring remains unchanged.	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	15 5 3	5 5 1	⟷	May-25	May-2026

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

Risk Ref	Risk Title	Revised Risk Descriptor (by Commissioning Team)	Provider Risk Indicator	Provider Risk Indicator Link	Strategic Risk Owner	Commissioning Team/ Directorate	JCC Strategic Objective	NWJCC Risk Domain	Provider/s	Controls in place	Action Plan	Assuring Committees / Sub-Committees	Rating (current) (C x L)	Rating (Target) (C x L)	Trend	Risk Opened	Last Reviewed
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			Director of Commissioning for Specialised Services	Neurosciences	**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	Strategic Commissioning Resources Reputation	SBUHB	• 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 May 2026** - this risk has been reviewed and no change to the scoring in this reporting period.	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16 4 4	8 4 2	⟷	Apr-25	May-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			Director of Finance & Value	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. • 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 May 2026** - Continued monitoring of strategic sustainability and efficiency to ensure a break even position, with a view to go further and reduce commissioner contributions. Currently the NWJCC is in dispute with CAVUHB in respect of their provider LTA which is currently in the arbitration process with Welsh Government. At month 2 there does not appear to be any financial risk to break even, except in the instance of arbitration being found against the NWJCC.	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	15 3 5	9 3 3	⟷	Apr-25	May-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			Director of Commissioning for Specialised Services	Neurosciences	**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	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 May 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 4 4	8 4 2	⟷	Jul-25	May-2026
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	No risk for Thrombectomy on CVUHB Risk Register or BAF - From the provider's perspective, it delivers to its current contract.	N/A	Director of Commissioning for Specialised Services	Neurosciences	**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	Health Inequalities Legal Reputation	CVUHB	• 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 May 2026 -** the risk has been reviewed and the scoring remains the same	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	20 4 5	8 4 2	⟷	Jul-25	May-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			Director of Commissioning for Specialised Services	Women & Children	**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	Health Inequalities Strategic Commissioning Resource Reputation	Alder Hey	• 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 May 2026 -** Paediatric Neurology was discussed in the Alder Hey SLA meeting on the 19th March. The Alder Hey team have recruited and have a member of the team on a phased return. They were reviewing job plans therefore the service is still limited but are hoping to be able to deliver a comprehensive service in the future. Meeting held on the 27th May between Alder Hey and BCUHB, with JCC in attendance. Alder Hey confirmed that they will be commencing tertiary paediatric neurology via a MDT for the population of North Wales. They have agreed the lead consultants who will cover the 3 main hospitals. Discussions are ongoing but they hope to commence the MDT sessions as soon as final arrangements have been agreed. The risk score will be reviewed when Aldr Hey has committed to a start date, until that time the risk score remains unchanged.	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16 4 4	8 4 2	⟷	Jul-25	May-26
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	**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 May 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 3 5	9 3 3	⟷	Nov-25	May-2026
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)			Director of Specialised Services	Neurosciences	**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	CAVUHB	• 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 May 2026** - the risk has been reviewed and the scoring remains the same	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	16 4 4	8 4 2	⟷	Jan-26	May-2026

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

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96 (Replaces Risk 78)	**Delivery and sustainability of safer, quality, valuable, integrated and more equitable Commissioning - Capacity - Emergency Ambulance Service (EMS)**	**If...** the NWJCC provider, WAST (Welsh Ambulance Services University NHS Trust), is unable to utilise the Emergency Ambulance Service capacity planned for, secured and commissioned by the NWJCC (based on system assumptions (e.g. demand, alternative and community pathways, handover delays) due to Provider and/or NHS Wales system-wide inefficiencies **Then...** Health boards populations will not receive the pre-hospital emergency care they require leading to **Resulting in...**patient harm and deteriorating patient experience and the NWJCC being exposed to reputational harm and potential financial consequences attributed to commissioning mitigations to improve the utilisation of Emergency Ambulance Service capacity, it being acknowledged that, in the prevailing operational circumstances, the commissioning of additional capacity alone will not mitigate current inefficiencies.	WAST Risk 223 QUEST *Trust inability to reach Patients in the Community. Causing patient harm and death.*	https://ambulance.nhs.wales/files/trust-board-papers/papers-27-november-2025/ Agenda Item 10	Director of Commissioning for Ambulance Services and National Programmes	Ambulance Services and National Programmes	**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	Strategic Commissioning Health Outcomes Resources Reputation	WAST NEPTS NHS 111 WALES EMRTS	• 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 May 2026** - This new risk replaces Risk 78 (previously assigned to QSOC) which now better describes the impact to the JCC from a commissioner perspective and was considered by SLT on 17th June 2026 and subsequently agreed for inclusion on the ORR. The new risk has been assigned to the PPF sub-committee for scrutiny and assurance as it largely relates to service delivery and commissioned capacity.☐	• 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	New Risk Added May 2026	May-26	May-2026

JCC RISK REGISTER FOR DE-ESCALATED RISKS >15

Risk ID	Risk Title	Risk Description	Strategic Risk owner	Strategic Objective	NWJCC Risk Domain	Controls in place	Action Plan	Assuring Committees	Rating (Current)	Rating (Target)	Month De-escalated	De-escalation Rationale
91 CB15	**Hereditary Anaemias Service - Capacity in south Wales**	**If...** commissioned capacity in the south Wales hereditary anaemias service is not increased in order to meet increasing demand (doubling of patient population in last 5 years) **Then...**patients may not be seen in a timely way or in accordance with the quality standards of the service specification with the potential for poorer patient outcomes and experience and an adverse impact on the wellbeing of staff in the service including: • delays in access to timely clinic review • inability to provide timely review of emergency admissions • lack of capacity to deliver timely access to red cell exchange transfusions • lack of medical cover particularly in the adult service (dependence on a single consultant) • delays in access to psychology support • lack of social work support placing pressure on and diverting the work of CNSs • lack of capacity to deliver specialist obstetric support for a growing number of pregancies affected by haemoglobinopathies **Resulting in...**An NWJCC commissioned service that is not sustainable, resilient, safe or of high quality and the NWJCC being open to reputational risk and potential judicial review of decisions linked to service investment.	Director of Commissioning for Specialised Services	**Ensure quality:** with a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence based service specifications for commissioned services and monitor delivery against these	Strategic Commissioning Resources Legal	• 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 clinical prioritisation plans and workforce planning to maximise the level of service provided.	• Obtain more detail from the service in CVUHB on what would be required for a more sustainable service. In progress. • Seek to understand increase in demand in more depth by asking Liverpool service if they have seen a similar trend. In progress. • Propose as a "Must do" in the 2026-29 IMTP Planning Process - ~~awaiting outcome~~ COMPLETE. Funding approved within the Annual Plan. • Request business case to address service sustainability. COMPLETE	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**10 (C5 x L2)**	**10 (C5 x L2)**	May-26	Following approval of funding in the 2026/27 Annual Plan, a business case has been requested from CVUHB which will ensure the sustainability of the service and meet the NWJCC service specification. A timeline for the receipt of the business case is awaited. The business case will be scrutinised by the Cancer & Blood commissioning team before approval for funding release to CVUHB is sought. The Cancer & Blood commissioning team has reviewed the risk and agreed that the commissioning risk has reduced due to a provision of funding being included in the Annual Plan.
77	**Commissioning of sufficient Emergency Ambulance Services capacity**	**If...** NWJCC provider, WAST (Welsh Ambulance Services University NHS Trust) and the wider NHS system is able to eradicate, or significantly reduce emergency medical ambulance service inefficiencies and the capacity planned for, secured and commissioned by the NWJCC, based on system assumptions, becomes insufficient **Then**... the capacity will not be sufficient to meet the pre-hospital emergency care needs of the population leading to patient harm and deteriorating patient experience **Resulting in**...the JCC being exposed to significant reputational and financial risk due to the need to commission additional capacity.	Director of Commissioning for Ambulance Services and National Programmes	**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	Strategic Commissioning Resource Reputation	•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. •Historical establishment of the clinically led National Improvement Delivery Group (1st July 2025) to reduce ambulance handover delays of which the JCC was an active participant • Investment in additional ambulance service capacity by pass through of previous 2024/25 uplift •NWJCC Strategic Review currently taking place •Plan for Forecasting and Modelling with a focus on Population Health need and deprivation (Health Board level)	• Assurance from the ambulance commissioning framework evaluation • Investment in additional ambulance service capacity by pass through of previous 2024/25 uplift • Completion of Demand and Capacity reviews - findings considered as part of 2026/27 IMTP plan development • Assessment of implications of Manchester Arena Inquiry submission by the ambulance service undertaken • Continued monitoring of performance for Commissioning Assurance, against the Number of lost hours due to handover delays (this has historically reduced and seen an improving trend.	• Joint Commissioning Committee • Planning, Performance & Finance Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	**12 (C4 x L3)**	**8 (C4 x L2)**	May-26	This risk has been reviewed as part of ongoing work to review Ambulance Service risks. Within this review a decision had been made to refresh and reword the risk description, and to reduce the rating from 15 to 12, leading to a de-escalation from the ORR. On review the consequence score has been reduced from 5 (Catastrophic) to 4 (Major) on the basis that with the improvements noted, it is unlikely there would be a rapid catastrophic manifestation. The likelihood score has also been reduced from 4 (likely) to 3 (possible). Similarly, the target score of 10 has been revised to 8 to reflect the above change. The NWJCC Annual Plan 2026/27, Ambulance Services Strategic Rreview findings, coupled with a full understanding of the impact of the provider Phase 2 ambulance performance framework changes introduced in December 2025, will continue to inform further work in this area and specifically the re-assessment of demand and capacity requirements moving forward. Further progress on reduction of handover delays to 2018/19 commissioned levels also support a reduction in this risk. Additionally, handover has seen monthly improvements, and based on an assumption of continuing improvements in this area, the rationale for the reduction in likelihood score is supported.

JCC RISK REGISTER FOR CLOSED RISKS >15

Risk ID	Risk Title	Risk Description	Strategic Risk Owner	Strategic Objective	Risk Domain	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
78	**Utilisation of Emergency Ambulance Capacity**	**If...**the capacity commissioned by the NWJCC is not utilised for its intended purpose **Then...**Health boards and their populations will not receive the services they require **Resulting in...**patients not receiving a timely emergency ambulance response, increasing the risk of harm, disability and death	Director of Commissioning for Ambulance Services and 111	**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	Safety & Well-being - Patients/ Staff/ Public Quality/ Complaints/ Assurance/ Patient Outcomes	• Implementation of Welsh Government ambulance handover targets for health boards • NWJCC collaborative working with health boards and WAST to reduce conveyance to Emergency Departments • 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	• 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. JCC are working collaboratively to support implementation of this recommendation and support a weekly operational discussion regarding national ambulance handover performance with Welsh Government and NHS Wales Performance & Improvement including taking a lead on the development of a performance dashboard. • Increase the number of patients managed at Step 2 of the ambulance commissioning framework • Investment in additional ambulance service capacity by pass-through uplift • Developing of productivity improvement plan aligned to the 5 step ambulance pathway - maximising efficiency of commissioned capacity early 2026 • Introduction of rapid clinical screening from December 2024, to clinically optimise dispatch decisions • Phased introduction of Remote Integrated Care Service (RICS) in Q4, providing consistency for 111 and 999 to remotely clinically assess patients via a single point and appropriately refer patients to a direct pathway (where available). This ensures ensuring patients can access the right response first time. • Accelerated design events planned took place during August/September 2025 to improve handover delays further.	• Joint Commissioning Committee • Quality, Safety & Outcomes Sub-Committee • Senior Leadership Team • CTMUHB Audit & Risk Committee	May-26	Risk 78 has been held previously and predominantly mitigates the risk from a Provider perspective and a refreshed risk has been prepared that more appropriately describes and mitigates against the risk from a commissioner perspective. The new risk will be held and managed by the directorate going forward, reflecting the impact to the NWJCC.

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